



The Society of Hospital Pharmacists of Australia

Patron: His Excellency The Governor of Victoria

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Committed to promoting the quality use of medicines through leading edge pharmacy practice

Response to the April 2004 National Health Workforce Strategic Framework

Strategies to improve the retention and recruitment of Australia's Hospital Pharmacy Workforce as part of the National Workforce Action Plan

July 2004

1. Introduction

At the April 2004 Australian Health Ministers' Conference the **National Health Workforce Strategic Framework (NHWSF)** was released (www.health.gov.au/mediare/yr2004/jointcom/jc004.htm).

The framework outlines a vision for Australia's future health workforce:

“Australia will have a sustainable health workforce that is knowledgeable, skilled and adaptable. The workforce will be distributed to achieve equitable health outcomes, suitably trained and competent. The workforce will be valued and able to work within a supportive environment and culture. It will provide safe, quality, preventative, curative and supportive care that is population and health consumer focussed and capable of meeting the health needs of the Australian community.”

The principles highlight key actions as:

- Ensuring and sustaining supply (Principle 1);
- Workforce distribution that optimises access to health care and meets health needs for all Australians (Principle 2);
- Health environments being places in which people want to work (Principle 3);
- Ensuring the health workforce is always skilled and competent (Principle 4);
- Optimal uses of skills and workforce adaptability (Principle 5);
- Recognising that health workforce policy and planning must be informed by the best available evidence and linked to the broader health system (Principle 6); and
- Recognising that health workforce policy involves all stakeholders working collaboratively with a commitment to the vision, principles and strategies outlined in this framework (Principle 7).

Ministers agreed that a **National Workforce Action Plan**, focusing on national and cross-jurisdictional issues, will be developed for reporting back to Ministers at their July 2004 meeting.

2. Relevance to the shortage of hospital pharmacists

There is an international shortage of pharmacists, and the follow-on effect of that **shortage is being acutely experienced in the hospital setting, especially in Australia's public hospitals.**

This is the result of an imbalance of supply and demand and the general inflexibility of the public sector to respond to market pressures to terms and conditions, including salary.

Members of the Society of Hospital Pharmacists of Australia's (SHPA) working in public hospitals state that the current staffing crisis is overwhelmingly the most important issue that impacts their ability to provide patient care.

In recent years, SHPA, with the assistance of the Victorian government funded SHPA Pharmacist Liaison Officer, has pro-actively undertaken research on recruitment and retention to enable strategy development to be based on evidence.

Work is also well underway on the production of materials to promote hospital pharmacy as a rewarding experience for pharmacists at any stage of their career, so that hospital pharmacy may continue to attract pharmacists, rather than enter a downward spiral.

In this document, SHPA presents the relevant key Australian research findings and links these to suggested strategic actions, with reference to the relevant principle of **National Health Workforce Strategic Framework** that was released at the April 2004 Australian Health Ministers Conference.

SHPA now seeks the advice of AHWOC and the support of all Health Ministers so that the following suggested actions can be resourced to be undertaken on a national basis as part of the **National Workforce Action Plan for hospital pharmacy.**

3. Overview of current Australian research

There has been a shortage of hospital pharmacists in Australia and across the world over the last decade. The most recent survey of 128 hospital pharmacy services in Australia (54%) in late 2003 showed that 10% of establishment positions for pharmacists in public hospitals are vacant.¹

This survey also found that pharmacy managers anticipate the need for an additional 100 pharmacists to deliver new services planned at their hospitals in the next two years, mainly to provide what is generally termed as *clinical pharmacy services to support the safe and effective use of medicines*.

The Department of Health in Victoria has commissioned several studies into the hospital pharmacy workforce in that state.^{2,3,4}

SHPA has undertaken a national study into the services delivered by hospital pharmacy services in public hospitals⁵ and Dr Fran Collyer a sociologist at the University of Sydney, has surveyed 770 hospital pharmacists to investigate the professional status of hospital pharmacists.⁶

The crucial role played by pharmacy support staff in the delivery of hospital pharmacy services should also be noted and improvements are underway to facilitate greater utilization of trained pharmacy technicians. Newly introduced competency standards for pharmacy technicians provide new opportunities for technicians through a nationally portable qualification, development of skills that improve the variety and scope of their current role and improved career paths. They will be trained to take on more responsible product-related roles. This extended role will free up registered pharmacists to concentrate on their patient-related clinical roles, thereby improving the quality and safety of care and of medicine use.

The overall impact of the chronic shortage of hospital pharmacists is best summarised in terms of its impact on patient care (consumers) and is demonstrated by the figure below.

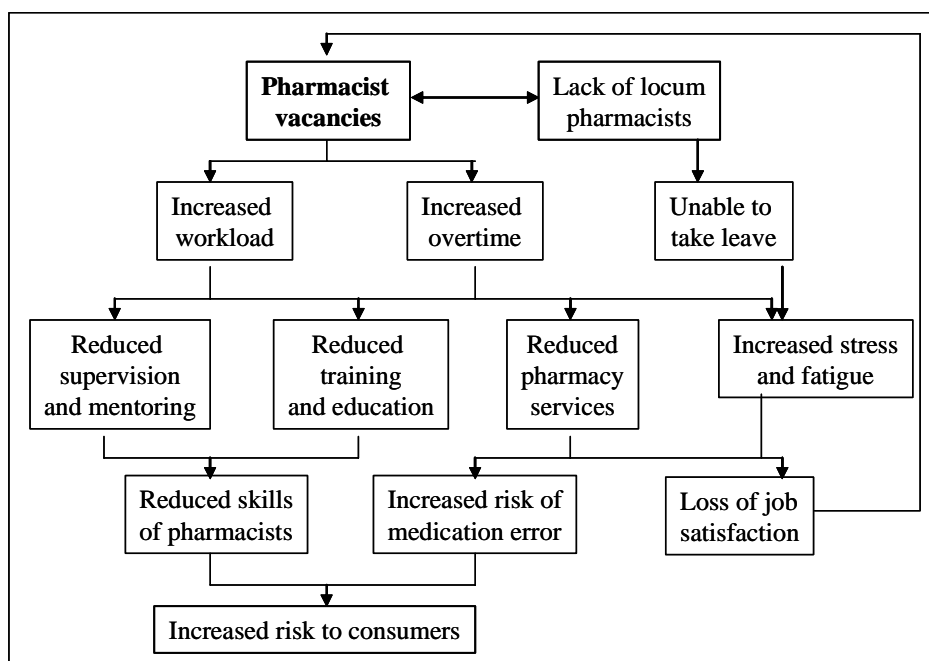


Figure 1: Impact of workforce shortage

The key research findings of the seven recent Australian research reports are summarised in the following paragraphs.

Finding 1 – Establishing the base

The current Australian public hospital workforce is estimated at 2,000 pharmacists filling 1,640 full time equivalent (FTE) positions.¹

- As a national average, 10% of funded hospital pharmacist positions are currently vacant.
- The majority of vacancies are in principal referral hospitals (76%), however at least seven smaller hospitals have all positions vacant.¹
- It is anticipated that there will be demand to create a further 100 hospital pharmacist positions in the next two years.¹
- 18% of the total hospital workforce (public and private hospitals) are planning to leave the sector in the near or distant future, 77% of these are planning to retire. (The average age of hospital pharmacists is 41.38 years and a quarter of hospital pharmacists are aged over 50.)⁶
- 13% of newly qualified pharmacists currently employed in hospitals plan to leave the Victorian hospital sector.⁴

This implies that 400-500 pharmacists need to be recruited to the hospital sector in the next two to five years.

Finding 2 – Work experience and qualifications

Over 50% of the current hospital pharmacy workforce has more than 10 years hospital experience and one in three hospital pharmacists have post graduate qualifications,¹ which makes it a difficult workforce to replace.

Hospital pharmacists are a skilled resource and hard to replace, therefore retention strategies are crucial to retain the current workforce.

Finding 3 – Important factors to aid retention

There has been a shift in the work performed by hospital pharmacists, more pharmacists and a greater proportion of pharmacists' time is spent delivering clinical services.^{5,6} This has improved job satisfaction.^{4,6}

Pharmacists who intend staying in hospital sector generally have a high level of job satisfaction and a positive attitude towards their work.^{4,6} Gender, age, position, or length of experience in the hospital sector are not strong indicators of the likelihood of pharmacists to stay in the hospital sector.⁶

The most important factors in the retention of, and job satisfaction for Victorian hospital pharmacists in both metropolitan and rural areas were:

- the availability of sufficient and suitably qualified staff;
- hospital management's support for the practice of hospital pharmacy;
- professional development opportunities; and
- access to organised continuing education.

Hospital pharmacists in rural areas indicated that the availability of locum and relieving pharmacists was a crucial issue for them.³

These issues were also highlighted by Dr Fran Collyer who notes that "there is a high and rising level of work related stress among this occupational group".⁶

In summary, job satisfaction requires a well staffed department, the ability to take leave and support for the pharmacist's role within the hospital, as well as professional development.

These are crucial retention factors for pharmacists in the hospital sector.

Finding 4 – Impact of public sector salary disparity

Low income is more of an issue for pharmacists with fewer years of hospital experience; 26% of 20-30 year olds or 21% of pharmacists with less than 10 years experience give this as their reason for leaving.

It becomes a less important factor the longer a pharmacist works in the hospital sector.⁶

The major reason new graduates, who had never worked in a hospital, would not work in a hospital is that remuneration is too low.⁴

Many hospitals offer accelerated pay within the hospital pharmacy award as a recruitment strategy; however, anecdotal evidence suggests that the benefit is limited to newly qualified pharmacists in the first few years of their career. In the absence of other retention strategies many pharmacists leave hospital practice when the grade they can achieve under the hospital pharmacy award falls behind community based salaries. This partially explains why pharmacists with 2-5 years hospital experience is the least represented in the current workforce.¹

The structure of the award system in South Australia removes the need for accelerating pay as it offers newly qualified pharmacists a salary comparable to the highest first level grade in other states. South Australia has attracted many new graduates to the hospital sector; nearly a quarter of the pharmacists have less than 2 years experience and the vacancy rate has dropped from 23% to 2% in the last two years.¹

Adequate remuneration is crucial to support the recruitment and retention of younger pharmacists in hospitals.

Finding 5 – Gender balance and re-entry

The workforce is predominately female; this has implications for staff retention, a perceived lack of opportunity for promotion (the majority of senior management positions are held by male pharmacists) and the attraction of female pharmacists back to the sector when they wish to re-enter the workforce.^{4,6}

Family-friendly and flexible working arrangements and formal re-entry programs for hospital pharmacists are crucial to ensure maximal participation in the workforce.

Finding 6 - Important factors to aid recruitment

Four key recruitment strategies are in use across Australia:

- that pharmacy students and particularly pre-registration pharmacists have considerable exposure to the hospital practice setting prior to their registration;
- offering accelerated pay within the hospital pharmacy award where the award does not offer conditions comparable to the community setting;
- a Web-based system for advertising vacant pharmacist positions; and
- the employment of casual full-time overseas pharmacists and the sponsorship of overseas pharmacists for permanent positions.¹

The current registration arrangements for pharmacists registered in the UK is pivotal to the Australian hospital pharmacy workforce, particularly in New South Wales, Queensland and Western Australia.¹

Four key strategies are currently being used in Australia to aid recruitment.

Finding 7 – Career background of hospital pharmacists

Seventy-five percent of newly qualified pharmacists who have worked as a pharmacist in hospital undertook their pre-registration training in hospital, a positive experience during this pre-registration year is important factor in their decision to work in hospital after their qualification.⁴

In 2002, 79% of Victoria's pre-registration pharmacists were retained in the hospital workforce upon registration.

Australia could introduce a compulsory one year pre-registration training to be undertaken in hospitals, which has the potential to introduce 800 pharmacists FTE into the hospital system. Taking on extra pre-registration training places has also been reported as part of the plan for NHS hospitals in the UK.⁷

Increasing the number of pre-registration training places in Australia's hospital should be a key part of the overall recruitment strategy.

Finding 8 – Using more trained pharmacy technicians to free up pharmacists

Less than 40% of pharmacy technicians currently employed have any formal qualification as a pharmacy technician or pharmacist.¹

Promotion and facilitation of formal training for pharmacy technicians is fundamental to being able to free up the time of pharmacists.

4. References

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4. Kainey S. Influence on career choices of recently registered pharmacists. Melbourne: Society of Hospital Pharmacists of Australia (Victoria); 2004. Available from <www.shpa.org.au/branches/hosp_pharm_rural_vic.pdf>.
5. O'Leary KM, Allinson YM. Pharmacy clinical and distribution service delivery models in Australian public hospitals. *J Pharm Pract Res* 2004; 34: 114-21.
6. Collyer F, Kyme K. The national survey of hospital pharmacy 2003 – preliminary report. University of Sydney; 2004.
7. Health Care Intelligence Pty Ltd. A study of the demand and supply of pharmacists 2000 – 2010. Sydney 2003.

5. Components of a National Workforce Action Plan for hospital pharmacy

Current issue	Recommended outcome needed	Tactical action to achieve the outcome as part of overall strategy
Retention of current workforce and skills maintenance		
Low retention of pharmacists with 2-10 years experience in hospital pharmacy <i>(relevant to NHWSF Principles 1 & 4)</i>	<ol style="list-style-type: none"> 1. Remove the need for accelerated pay within the hospital pharmacy award. Restructure award so that first grade salaries are comparable to community sector e.g. award system in South Australia. (Starting from a higher base level ensures that the hospital pharmacist's salary keeps pace with their experience and level of expertise throughout their career.) 2. Maintain access to salary packaging in all jurisdictions 3. Support newly qualified staff to encourage them to stay in the hospital sector 	<ul style="list-style-type: none"> ➤ Restructure award in each state and fund restructured award ➤ Support for pharmacists in understaffed departments ➤ Maintain access to salary packaging in all jurisdictions ➤ Expand mentor program for newly qualified pharmacists and/or offer residency programs ➤ Support for pharmacists in understaffed departments
Large number of hospital pharmacists likely to retire in next 10 years <i>(relevant to NHWSF Principles 1 & 4)</i>	<ol style="list-style-type: none"> 1. Continue and expand range of flexible working arrangements 	<ul style="list-style-type: none"> ➤ Support flexible working arrangements
Retention of current workforce <i>(relevant to NHWSF Principle 3)</i>	<ol style="list-style-type: none"> 1. Offer reasonable remuneration package for hospital pharmacists 2. Working environment and conditions 	<ul style="list-style-type: none"> ➤ Maintain access to salary packaging in all jurisdictions ➤ Ensure benefits such as paid overtime, higher qualifications allowance, annual leave loading, payments for on-call services and salary sacrificing are available to all hospital pharmacists ➤ Support for pharmacists in understaffed departments ➤ Support professional development activities ➤ Improve pharmacy technician workforce ➤ Support flexible working arrangements ➤ Be aware of, and make allowances for, the impact on the workforce of new strategies e.g. introduction of PBS into the public hospital sector
Retention of hospital pharmacists in rural areas <i>(relevant to NHWSF Principle 2)</i>	<ol style="list-style-type: none"> 1. System of locum pharmacists to ensure pharmacists are able to take leave 	<ul style="list-style-type: none"> ➤ Funding of locum pharmacy services in rural and remote areas. ➤ Incentives for pharmacists to work in hospitals outside metropolitan areas
Low numbers of pharmacy technicians with formal qualifications <i>(relevant to NHWSF Principle 5)</i>	<ol style="list-style-type: none"> 1. Ensure individuals currently employed in pharmacy support staff roles to obtain Certificate III and IV qualifications, which are recognised Australia wide. 2. Promote pharmacy technician as a career to school students 	<ul style="list-style-type: none"> ➤ Availability of suitable courses ➤ Attracting current staff to complete these courses ➤ Availability of suitable courses ➤ Attracting school leavers to complete these courses

Current issue	Recommended outcome needed	Tactical action to achieve the outcome as part of overall strategy
Recruitment of skilled and competent workforce		
Insufficient numbers of qualified pharmacists available to meet the demand <i>(relevant to NHWSF Principles 1 & 4)</i>	<ol style="list-style-type: none"> 1. Focus needs to shift to the qualification required to practice as a pharmacist, not just achieving pharmacy degree. Increase and continue to support hospital based training (pre and post graduate). 2. APEC (overseas) candidates– currently no specific funding to support overseas pharmacists to gain qualification in Australia 3. Continue current registration arrangements for pharmacists registered in the UK 	<ul style="list-style-type: none"> ➤ Web based advertising of careers of hospital pharmacist and pharmacy technician ➤ Resolve funding of hospitals pharmacy training. University based training funded by the Commonwealth, practical training in hospitals (student and pre-registration) funded by the state ➤ Increase in the number of undergraduate places has not been met by an increase in hospital based training– requires funding of pharmacists to provide training and the salaries of students. ➤ Substantial increase in the number of hospital based pre-registration positions. Ideally 50% of graduates should have access to hospital based pre-registration training. ➤ Improve access to hospital based training for APEC candidates ➤ Impact on workforce needs to be considered by Pharmacy Board in each jurisdiction
Attracting pharmacists to the hospital sector <i>(relevant to NHWSF Principle 3)</i>	<ol style="list-style-type: none"> 1. Retain current workforce 2. Waive total HECS fee for newly qualified pharmacists who work in public hospitals 3. Improve awareness of opportunities within hospitals 	<ul style="list-style-type: none"> ➤ As per retention of current workforce and skills maintenance ➤ Waive HECS fee (pro rata or total) for pharmacists who work in public hospitals for 2-4 years ➤ Web based advertising of pre-registration, pharmacist and technician positions
Attracting pharmacist re-entering the workforce <i>(relevant to NHWSF Principles 1 & 3)</i>	<ol style="list-style-type: none"> 1. Flexible re-entry courses 	<ul style="list-style-type: none"> ➤ Fund workplace based re-entry training ➤ Fund course based re-entry training
Workforce distribution		
Attracting pharmacists to regional and rural areas <i>(relevant to NHWSF Principle 2)</i>	<ol style="list-style-type: none"> 1. Offer incentives to attract pharmacists and pharmacy technicians to rural and remote areas 	<ul style="list-style-type: none"> ➤ See retention of current workforce ➤ Waive HECS fee (pro rata or total) for pharmacists who work in public hospitals for 2-4 years ➤ Financial location incentives
Attracting pharmacists to outer metropolitan areas and principle referral hospitals <i>(relevant to NHWSF Principle 2)</i>	<ol style="list-style-type: none"> 1. Offer incentives to attract pharmacists and pharmacy technicians to rural and remote areas 	<ul style="list-style-type: none"> ➤ See retention of current workforce ➤ Web based advertising of pre-registration, pharmacist and technician positions