



2 July 2004

Mr Lee Ridoutt  
Director  
Human Capital Alliance International  
PO Box 2014  
Normanhurst NSW 2076

Dear Lee

**Re: Evaluation of the Rural and Remote Workforce Development Program (RRPWDP)**

Thank you for contacting SHPA and our recent discussion regarding the evaluation of the RRPWDP program. SHPA recognises the particular stress that exists in the rural and remote pharmacist workforce and strongly endorses programs designed to support this vital ingredient of our national rural health workforce.

There are a number of elements of the current RRPWDP which apply only to community pharmacy practice. The main benefits of the current program that do flow to hospital pharmacy practice relate to support to access continuing education services.

Therefore in this letter, comments from SHPA will be under the headings of:

1. Useful extensions of features of the current program
2. New ideas to support increased training of pre-registration pharmacists in rural hospitals
3. Developing future pharmacists who can support rural and remote health in a new practice paradigm.

**1. Useful extensions of features of the current program**

1.1 Access to support to attend continuing education and professional development is an important factor in retaining hospital pharmacists in the workforce.

**This should be maintained in the RRPWDP and better promoted to hospital pharmacists.**

1.2 Access to **locum** pharmacist services is also a crucial need for hospital pharmacy practice. The current scheme does **not** support access to locums for hospital pharmacy. There are many sole pharmacists in hospitals and even if there is more than one pharmacist, his/her absence on leave causes a major impact. Similarly, taking leave to attend continuing education is almost impossible.

**The locum scheme should be extended to also cover national hospital pharmacy practice.**

**Rural locum pharmacists could be based at regional hospitals to support all rural pharmacy practice settings. This may make it more viable to recruit "locums" to live in rural areas, if they could provide a locum service across both hospital and community pharmacy settings for a geographical area, rather than a jurisdiction.**

**A better system of locum pharmacist support is crucial to support the existing pharmacist workforce, in both hospital and community settings.**

## **2. New ideas to support increased training of pre-registration pharmacists in rural hospitals.**

Increasing access to pre-registration training places in hospital pharmacy is a key part of the current recruitment strategy for hospital pharmacy nationally.

It is hoped that a high percentage of pharmacy students who undertake undergraduate studies in rural and regional universities will continue to work in the health workforce of rural and regional areas.

### **It is therefore timely to introduce a funded scheme for additional support to train pre-registrant pharmacists in hospitals in rural and remote centres.**

Specific funding would be needed to fully support increased pre-registration training positions (with access to a living allowance if necessary) to support training positions from bases in rural / remote hospital pharmacy practices.

This scheme should be **national** and commence with new funded positions in all jurisdictions.

Dedicated support for potential future rural hospital pharmacists is important to:

- Ensure that there are future pharmacists trained to support rural and regional hospital pharmacy practice.
- Ensure that pharmacists who want to work in rural areas have a strong hospital base to their practice, so that in future, they are able to support their community in both community pharmacy and hospital pharmacy practice, across the continuum of care.  
This aspect will be further developed under point 3 “*Developing future pharmacists who can support rural and remote health in a new practice paradigm*”.  
Training more pre-registrants in hospitals, will be essential to change the paradigm in rural practice.

This program should have built-in incentives which encourage and support pharmacy students to take on pre-registration training in hospitals in rural areas.

A national rural pre-registration year scheme could be promoted and advertised nationally (as for other current pre-registrant positions) via the SHPA website ([www.shpa.org.au](http://www.shpa.org.au)).

Funding should also cover promotion (and possibly incentives) to pharmacy students from rural schools of pharmacy or those on rural scholarships or those whose families reside in rural areas.

This program must also have built-in support for the pharmacist supervisors at rural hospital pharmacy sites. They are already massively overstretched and unlikely to be able to take on extra tasks.

Therefore, the program should provide support that would alleviate the pressure of educational tasks needed to be provided by the local on-site pharmacist supervisor.

Examples of educational support for pre-registrants to be included in the scheme are:

- National funding to allow pre-registration pharmacists to be registered with an education provider for the whole pre-registration year. For example, Monash University currently offers a web based education program for pre-registration pharmacists. If all rural pre-registrants nationally (in both hospital and community) were funded and enrolled in that program their basic education needs would be covered.
- National funding for a national rural clinical supervisor would be needed to provide specialised one on one assistance and web based supervisory support on a national basis.
- National funding to attend the SHPA weekend seminars on introductory clinical pharmacy practice could be covered.

To support broader hospital training, the position should contain a three-month rotation to a metropolitan hospital/s, preferably the hospital/s with existing linkages associated with the medical intern or resident 'rural' rotations of each jurisdiction. This would assist to develop a wider professional network and to learn about a range of services that they could draw on to assist their future practice in rural areas.

Hospital pharmacist pre-registrants should be encouraged to spend part of the week in the hospital and part of the week in the local community practice throughout the year.

Some pre-registrant pharmacists on successful completion of the year could be offered a one year extension to take on a **locum** relief role for the region. During times when the locum is not required, s/he could work at the base hospital. From this base, she could go out on visits to aboriginal health services and pharmacy depots to support services to these areas.

This one year extension program should have built-in incentives to encourage the pharmacist to stay on. This could include a salary loading and also refund of HECS payments, say for 2-5 years post registration. **This may develop into a mechanism to establish a cohort of rural pharmacist locums for all pharmacy practice settings.** In addition, cover by these **locums** could also be used to permit the current pharmacist workforce to attend weekend clinical seminars, conferences or other professional development support, which is recognised as being essential and is offered by the RRPWDP yet is almost impossible to attend at present, without locum back-up being available.

### **3. Developing future pharmacists who can support rural and remote health in a new pharmacy practice paradigm.**

Pharmacists are a scarce resource. We should endeavour to train pharmacists who are able to work in all practice settings in rural communities. Consider the possible future scenario.....

*“The future could see a rural pharmacist carrying a pager and mobile phone who works in the hospital in the mornings. She sees all newly admitted patients and conducts medication history interviews and reviews the patient’s current medication and liaises with medical and nursing staff to optimise the medicines.*

*Patients being discharged are counselled on their medicines and a suitable discharge supply is arranged from the hospital or later on from the community pharmacy. This pharmacist has been trained to work in the emergency department, intensive/special care areas, operating theatres and medical and surgical wards. In other words, she is familiar with a range of hospital functions. There is an ongoing relationship with a metropolitan hospital from which she can obtain drug information and other drug protocol management back-up to support local services.*

*In the afternoon, she drives to the community pharmacy where trained pharmacy technicians have accepted and processed prescriptions for later collect by clients. Everyone in the community knows that the pharmacist works in the hospital in the morning and if needing urgent pharmacist advice, she can be contacted via mobile telephone from the community pharmacy practice.*

*However, community members are aware that she will be in attendance in the community pharmacy in the afternoon, while continuing to be on-call for the hospital. Folks make arrangements to collect their medicines and discuss other needs with the pharmacist routinely each afternoon.*

*In both the hospital and community, trained pharmacy technicians support the dispensing and supply of medicines which are compiled for checking by pharmacists when on duty. Video telephones are used if needed so that a pharmacist can easily check a dispensed item that needs to be released before a scheduled pharmacist visit or to discuss medicine information needs with a patient.”*

**A vision for a new paradigm for the delivery of pharmacy services in rural and remote communities needs to be developed now by all professional pharmacy, registration board, government and consumer stakeholders.**

Future pharmacists must be trained to that they are comfortable to take on a variety of roles across the continuum of care for rural communities.

They should be competent in both community and hospital practice in the rural areas, as well as supporting medicines management reviews in residential aged care facilities, and undertaking home medicines reviews for the community. Where aboriginal health services are also close by, pharmacy services should be provided to support their quality use of medicines services.

A new paradigm would need pharmacists who are:

- trained to work in all areas with confidence and who can receive ongoing professional development support
- have access to locum pharmacists who can undertake a similar range of services
- supported by a seamless funding system for subsidising the cost of medicines and for associated professional pharmacy (cognitive) services to enable equal access in all practice settings. **The funding system should not be a barrier to services flowing across the continuum of care.**

In addition to these comments, SHPA has recently reviewed the available evidence from Australian research studies to better understand the current hospital workforce issues in response to the National Health Workforce Strategic Framework which was released by the Australian Health Ministers' Conference in April 2004.

Copies of the covering SHPA letter to Mr John Ramsay (Chair, Australian Health Workforce Officials' Committee) and the SHPA paper entitled "Strategies to improve the retention and recruitment of Australia's Hospital Pharmacy Workforce as part of the National Workforce Action Plan" are attached for your general information.

Please feel free to contact me for further discussion on the contents of this document, as well as follow-up and for SHPA comment on your recommendations for the future of the RRPWDP as they are developed.

With kind regards



Yvonne Allinson  
Executive Director

cc. Helen Matthews, SHPA Federal President  
Anne Leversha, SHPA National Rural Adviser