



Aged care on-site pharmacist measure

Consultation response template

Instructions

- Please refer to the [consultation paper](#)
- Use the below response template as a guide
- Return your feedback by email to agedcarepharmacist@health.gov.au
- The consultation closes on Friday 9 September 2022
- Information on the consultation is available at <https://consultations.health.gov.au/aged-care-division/aged-care-on-site-pharmacists/>

Funding model for employment of on-site pharmacists	
Question	Response
Background	The Australian Council of Deans of Health Sciences (ACDHS) consists of Deans from University faculties which have programs in a range of health science disciplines, including pharmacy and other allied health professions identified by the Royal Commission into Quality and Safety in Aged Care. As a collective ACDHS Universities are the largest provider of allied health education in Australia; teaching over 83,000 students at any one time. Accredited programs of study in pharmacy in Australia are delivered by ACDHS members.

	<p>Allied health professionals, such as pharmacists, are crucial to aged care services to support people to gain, regain or maintain independent functioning in mobility, communication and social participation. Pharmacy graduates require a mandatory clinical practicum to achieve Australian Health Practitioner Regulation Authority (Ahpra) registration to practice.</p> <p>Without the development and deployment of more clinical placements in aged care, the already significant constraints to building the workforce pipeline will reach a crisis point.</p> <p>ACDHS makes the following comments, noting that individual ACDHS member institutions may make their own submissions.</p>
<p>1. Do you believe funding should be provided directly to residential aged care homes or coordinated through Primary Health Networks (PHNs)?</p> <p>Why is this your recommended funding model?</p>	<p>The Royal Commission into Aged Care Quality and Safety identified access to allied health services as one of the three key problem areas in the aged care system. We note that the Royal Commission (Recommendations 38 and 64 as referenced in the Consultation Paper) did not recommend consideration of the proposition that is advanced by the Department of Health and Aged Care in this consultation (ie PHNs or direct funding to residential aged care homes). Furthermore, Recommendation 58, sets out a potential role for States and Territories in providing outreach pharmacy and other allied health services, is not being canvassed in this consultation. We would like to better understand the models of care that underpin the Department of Health and Aged Care's either/or proposition of direct funding to residential aged care homes or commissioning via PHNs.</p> <p>We recommend caution when considering the introduction of a one-size fits all model for funding the delivery of on-site pharmacy into an already complex aged care financing system. Flexibility is required to account for the range of different contexts across metropolitan/regional/remote settings and small/medium/large, aged care service providers. Whilst 70% of Australians reside in metropolitan areas, the remainder live in rural and remote areas in which Aboriginal and Torres Strait Islander peoples are highly represented. In such communities, facilities are smaller and thus would be eligible for a smaller allocation of pharmacist time under a flat funding model. In such circumstances, the division of pharmacist time between a number of facilities would be precluded due to</p>

	<p>geographical separation. It is also likely to be challenging to recruit and retain pharmacists in regional and remote locations, so alternative models may need to be considered. Whichever funding model (s) are utilised, they must ensure that the health care gap due to geographical and/or social disadvantage is addressed.</p> <p>Furthermore, as the move to home-based support and care increases, there is a need for pharmacists that can provide professional services across the residential and community aged care settings.</p> <p>We also recommend that provision for student clinical placements is built into funding. We know that the existing allied health workforce shortage in aged care will likely reach a crisis point as recommendations of the Royal Commission are progressed. Without attracting new graduates into aged care, the workforce shortfall will be made worse. Exposure to aged care during undergraduate education through quality clinical placements will assist in attracting more pharmacists to work in aged care.</p> <p>In summary, ACDHS considers that whatever funding mechanism is utilised, it must best meet the needs of people receiving the services and include provision for student clinical placements.</p>
<p>Theme 1: Developing and defining the role of the on-site pharmacist</p>	
<p>Question</p>	<p>Response</p>
<p>2. What do you see as the key role and responsibilities for an on-site pharmacist in residential aged care homes?</p> <p>Please consider the role in relation to the Medicines Advisory Committee/residential aged care home clinical governance.</p>	<p>It is difficult to identify a single key role, as the role would include an integrated set of activities and responsibilities. However, ACDHS supports the inclusion of appropriate clinical supervision for pharmacy students as a component of the role.</p>

<p>3. How could residential aged care homes or Primary Health Networks be supported in engagement of pharmacists to work in aged care homes?</p> <p>Do you have a suggested approach to engaging pharmacists in rural and more remote locations to work on-site in residential aged care homes under this measure?</p>	<p>Whatever funding model is utilised ACDHS recommends that there be a requirement for pharmacy student placements to be built in.</p>
<p>4. How could this relatively new role be promoted to pharmacists to encourage uptake?</p>	<p>Exposure to aged care during under-graduate practical training will assist pharmacists in making aged care a career of choice.</p>
<p>5. How can on-site pharmacists best collaborate with the aged care health care teams (including residents and their families, other staff, the local general practitioner and pharmacy) regarding transitioning between health care settings?</p>	<p>As identified in the Consultation Paper, there are several ways in which a pharmacist would collaborate with the residents, their families, the aged care home and other multidisciplinary team members. On-site pharmacists and pharmacy students can collaborate with families and other healthcare providers to reduce medication errors that occur in up to 20% of all patients discharged from hospital to aged care services.</p>
<p>6. How should continuing professional development, mentoring and networking for on-site pharmacists be supported and maintained?</p>	<p>Continuing professional development (CPD) is currently delivered through the Pharmaceutical Society of Australia. CPD for these pharmacists should be focussed on aged care and aligned with pharmacy board requirements.</p>
<p>Theme 2: Training requirements for pharmacists</p>	
<p>Question</p>	<p>Response</p>

<p>7. What training currently exists that could be adapted to meet training requirements? Can existing training be upscaled if required?</p>	<p>Competencies and remuneration for on-site pharmacists must be considered in consultation with relevant bodies. This will determine what additional training may be required</p> <p>ACDHS Universities deliver certificate level courses, microcredentials and other post graduate qualifications in addition to undergraduate pharmacy education. They are well placed to design and deliver quality education for pharmacists in aged care in a way that ensures articulation across qualifications.</p> <p>Training provided by our educational institutions caters to all level of clinical pharmacists and pharmacist leaders in addition to the entry level pharmacists as described in the Consultation Paper.</p>
<p>8. What should be the model/provider of national oversight of the training to ensure the ongoing quality of the training, consistency of training across all training providers and maintenance of currency of knowledge once training is completed?</p>	<p>ACDHS member institutions, as the educators of undergraduate pharmacists, are well placed to design and deliver quality education for pharmacists in aged care. ACDHS also strongly supports increasing the number of under-graduate student placements that provide students with exposure to the complex and multifaceted health and social issues in aged care, including engaging with the multiple stakeholders in addition to clients.</p>
<p>9. How would accredited pharmacists make the transition into the role of an on-site pharmacist in a residential aged care home?</p>	<p>Exposure to aged care during under-graduate training will assist pharmacists to make this transition.</p> <p>Pharmacists are skilled, university qualified, professionals committed to expanding their competence through CPD as evidenced by the current CPD arrangements. It will be important to ensure that there are solid processes for the residential aged care homes and pharmacist to go through for onboarding and embedding the pharmacist into the facility systems and processes.</p>
<p>Theme 3: Development of health outcome indicators and associated reporting</p>	
<p>Question</p>	<p>Response</p>

10. What outcome indicators should be included in addition to the Aged Care Quality Indicators for medication management, e.g. specific indicators on inappropriate antimicrobial use, anticholinergic load reduction?	No further comment
11. Are there any barriers to the on-site pharmacist working with the Medicines Advisory Committee, and if so, how can they be addressed?	No further comment
Theme 4: Transition from services funded under the Seventh Community Pharmacy Agreement Pharmacy Programs	
Question	Response
12. What support will residential aged care homes require with this transition, in addition to the on-site pharmacist?	No further comment
13. What is the optimum period required for this transition, i.e. how long do you think the Residential Medication Management Review and Quality Use of Medicines Program services funded under the 7CPA Pharmacy Programs should continue at residential aged care facilities that have engaged an on-site pharmacist?	The transition period must be adequate to allow for residential aged care homes, relevant professional bodies and education institutions to put in place the systems and processes to support the delivery of new models of care and governance arrangements.
Do you have any other comments or feedback?	

.
