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Our Healthcare Future
Health Planning
Department of Health
GPO Box 125
Hobart Tasmania 7001

Submission to Our Healthcare Future Immediate Actions and Consultation Paper.

The Pharmacy Guild of Australia, Tasmanian Branch (the Guild) welcomes the opportunity to provide the enclosed submission to the *Our Healthcare Future Immediate Actions and Consultation Paper* on behalf of our members, community pharmacy owners across the state.

As stated in our submission, the Guild believes an approach to health care which breaks down the traditional silos between doctors, pharmacists and other allied health care providers can enhance health outcomes for patients and deliver significant productivity benefits without eroding the role of the medical practitioner.

Reforms which include community pharmacy and pharmacists working to their full scope of practice, supported by legislative changes, would enable Government to realise the full potential of a strong healthcare system in Tasmania and better health outcomes for all Tasmanians.

We look forward to participating in ongoing discussions.

Yours sincerely

Helen O'Byrne
President, Tasmanian Branch
Pharmacy Guild of Australia



**The Pharmacy
Guild of Australia**

TAS Branch

Submission to *Our Healthcare Future*

Immediate Actions and Consultation Paper

Contact: Monique Mackrill, Branch Director

Pharmacy Guild of Australia, Tasmanian Branch

ph: 03 6220 2955 email: monique.mackrill@guild.org.au

The Pharmacy Guild of Australia, Tasmanian Branch (the Guild) welcomes the opportunity to provide a submission to the Our Healthcare Future Immediate Actions and Consultation Paper.

The Guild is a national employers' organisation with over 90 years of experience in representing and promoting the value of the role of community pharmacy in the Australian and Tasmanian health care systems. Community pharmacies are a vital part of the Tasmanian health system with the potential to make an even bigger contribution to the health of all Tasmanians.

Ongoing public sector investment into healthcare in Tasmania must include the recognition that the private sector, if well utilised and supported, has a major role to play in assisting Tasmanians to achieve better health and wellbeing outcomes. Tasmania, similar to other Australian jurisdictions, is heavily reliant on the public healthcare system. The consultation paper details increasing spending in hospital and acute care, without achieving consummate gains in lowering chronic disease and comorbidity conditions.

While the Guild applauds the Tasmanian Government in ensuring investment into acute care, we believe that some public health initiatives are misdirected and not achieving altered behaviours and improved health outcomes. Messaging and promotion of health programs and initiatives are often restricted to public health and related sectors, overlooking the opportunity to explore engagement with the private sector.

An example of this is the Government's free Hepatitis A vaccination targeted at specific cohorts and made available through general practitioners and sexual health clinics. Uptake of the vaccine could be further augmented if Tasmania's community pharmacy sector was engaged to target and deliver vaccinations to the defined cohorts.

More recently a series of smoking cessation messages were produced, along with printed materials and videos. While these messages are well intentioned, what marked improvement has this program had with smoking cessation and how has this program been evaluated?

Our comments and feedback serve to provide specific examples of where community pharmacy and pharmacists can play a greater role in improved health outcomes for Tasmanians, offering efficient and effective place-based solutions. We believe that community pharmacies located throughout the state provide an existing infrastructure asset with capable, trained pharmacists able to augment health services and the Government's desired reform goals. Some solutions require changes in legislation, however working examples exist in other States and Territories.

Executive Summary

Genuine health reform and significant cost savings can be delivered through the better utilisation of community pharmacy. International experience shows that there are both significant savings and improved health outcomes by following two key principles:

1. Removing regulatory restrictions which inhibit health practitioners from practising at the top of their capabilities;
2. Allowing patients to choose who provides their primary health care, particularly in the case of chronic disease management.

Many Australians have more frequent interaction with their community pharmacist than with their GP. Studies have demonstrated that on average consumers interact with their community pharmacist 12 to 15 times per year, yet only visit their doctor three to four times per year, putting pharmacy in a better position to monitor the progress of patients. Community pharmacists provide a range of primary health care services beyond dispensing that are crucial to the health of Australians.

These services help patients achieve health outcomes and cover, for example, advice to mothers regarding the use of medicines while breastfeeding; sexual health and contraception advice; assessing ailments such as minor wounds and sporting injuries and providing assistance to elderly and other people regarding the health system and their access to social welfare and other community services.¹

The Guild believes an approach to health care which breaks down the traditional silos between doctors, pharmacists and other allied health care providers can enhance health outcomes for consumers and deliver significant productivity benefits without eroding the role of the medical practitioner.

Whilst not addressing specific reform questions we have tabled pragmatic proven suggestions, addressing key themes and issues identified in the reform document, including access to, and equity of healthcare services in Tasmania for consumers, identification and management of chronic and co-morbid disease states, opportunities to reduce potential preventable hospitalisations (PPH's) and education/awareness of health conditions and the health system.

Community pharmacy in Tasmania is uniquely connected to the health of their patients; many community pharmacists have deep and enduring relationships with their patients. Reforms which include community pharmacy and pharmacists, supported by legislative changes, would enable Government to realise the full capacity of the healthcare eco system in Tasmania and better health outcomes for all Tasmanians.

¹ ACSQHC Literature Review: Medication Safety in Australia; Aug 2013;
<http://www.safetyandquality.gov.au/wpcontent/uploads/2014/02/Literature-Review-Medication-Safety-in-Australia-2013.pdf>

1. Minor Ailments Service

It is estimated that some 26 million GP consultations a year in Australia subsidised under Medicare are for minor ailments.² Based on the fee for a standard GP consultation this amounts to almost \$1 billion annually in Medicare costs. Increased recognition, awareness and enhancement of the valuable role community pharmacies have in providing advice, treatment and triage for minor ailments would enable patients with more immediate and less expensive access to treatments while freeing up GP time to treat complex conditions.

In a number of countries, such as the UK,^{3 4} governments have enabled pharmacies to play an enhanced role in managing minor ailments by raising consumer awareness of the benefits of visiting community pharmacies for advice and treatment, and creating a greater capacity to treat a range of readily identifiable ailments with medicines that had previously been limited to supply on prescription.⁵ A 2013 systematic review which included 3,308 publications found⁶:

- A mean price per consultation (excluding cost of medicines) ranging from £1.44 to £15.90, compared to means of £36 for GPs and £111 for emergency department visits;
- Associated savings to the UK's National Health Service (NHS) of £112 million per year;
- No difference in health outcomes, measured by re-consultation and referral rates. Scotland also has a Minor Ailment Service that allows eligible individuals (mostly over 60s and people on income support) to register with and use a community pharmacy as the first port of call for the treatment of common illnesses.⁷

Payments are made on a capitation model that provides a minimum pharmacy payment of £608 per month (for 1 to 250 patients).⁸ For pharmacies with more than 1,250 patients the monthly payment is £1,267 plus £0.67 per person beyond 1,250 patients. At the end of March 2015, 913,483 patients were registered for Scotland's Minor Ailment Service, across 1,253 participating pharmacies (an average of 729 patients per pharmacy).⁹

The role of community pharmacy in Tasmania could be extended to ailments such as uncomplicated eye, ear or urinary tract infections, skin conditions or pain management. This would be supported by the introduction of a recordable pharmacist-only medicine schedule, which could be integrated into the Tasmanian eReferral system and would require community pharmacists to refer to the patient's GP.

This service would direct patients with health conditions that can be managed by a pharmacist away from more costly health care options, representing not only a cost-saving, but greater access and convenience for patients. The Pharmacy First minor ailments scheme which operates in Nottingham, has been accessed by more than 250,000 patients who would have otherwise added to the pressure on GP resources.¹⁰

² ASMI Minor Ailments Report Sep 2009

³ National Health Service. Community Pharmacy Minor Ailments Schemes. 2004; United Kingdom

⁴ Paudyal V et al, 2012. Health and cost-related outcomes of community pharmacy-based minor ailment schemes: a systematic review [Report]

⁵ Puntong S et al. A multi-method evaluation of the Pharmacy First Minor Ailments Scheme. *International Journal of Clinical Pharmacy*, 2011, 33(3): 573-81.

⁶ Vibhu Paudyal et al, "Are pharmacy-based minor ailment schemes a substitute for other service providers? A systematic review", *British Journal of General Practice*, July 2013, pp.472-481

⁷ http://www.communitypharmacy.scot.nhs.uk/core_services/mas.html

⁸ <http://www.communitypharmacyscotland.org.uk/media/101469-99732-CPS-Financial-Framework-201516-FINAL.pdf>

⁹ <http://www.isdscotland.org/Health-Topics/Prescribing-and-medicines/Community-Dispensing/Minor-Ailment-Service/>

¹⁰ Puntong S, Boardman HF, and Andersen CW. A multi-method evaluation of the Pharmacy First Minor Ailments scheme. *International journal of clinical pharmacy* 06/2011; 33(3):573-8

In support of the Minor Ailments Service, we believe that this could also assist with potential preventable hospitalisations (PPH) in Tasmania, specifically in the treatment of uncomplicated urinary tract infections (UTI's). In Tasmania 2017-18¹¹ data demonstrate that there have been 1300 cases of PPH attributed to urinary tract infections, including pyelonephritis, resulting in some 4,694 hospital bed days with an average of 3.6 days. The average cost per night of a hospital stay in a public hospital is \$4600¹².

Queensland commenced trialling the treatment of uncomplicated UTI's in a pharmacy environment in July 2020. Trained pharmacists can diagnose, prescribe and dispense antibiotic therapy in line with treatment protocols established under the trial. To date there have been over 3000 treatments provided.

2. Pharmacist Vaccination

Since 2016 Tasmanian pharmacists as approved Pharmacist Immunisers (PI's) have been able to administer vaccines, initially starting with influenza for adults. More recently pharmacists were utilised by the Department to assist in a state-wide roll out of meningococcal vaccine to help protect young people, resulting in a lower of age for pharmacist immunisation of influenza from 10 years.

From 2019 Tasmanian PI's have been able to deliver dTPa and MMR vaccinations to approved cohorts. In 2020 due to concerns of influenza circulating in conjunction with COVID-19, pharmacies administered record numbers of influenza vaccinations in Tasmania to those aged between 10-64 years.

In many other countries, pharmacies are a leading destination for influenza vaccination, with pharmacists also administering immunisation against other diseases such as shingles and pneumonia. In Ireland pharmacists receive a government fee of €15 to vaccinate patients over 65 and at-risk patients who have a medical card against seasonal influenza. The vaccines are supplied directly by the Health Service Executive. Pharmacies typically charge private patients €15-30 per vaccination.

In England, pharmacies providing the influenza vaccination service are paid £7.64 per administered dose of vaccine plus an additional fee of £1.50 per vaccination (i.e. a total of £9.14 per administered vaccine). The additional fee is in recognition of costs incurred relating to the provision of the service including training and disposal of clinical waste. In Alberta (Canada) there is a fee of C\$20 per pharmacist-administered vaccination (this includes assessment and administration of publicly funded vaccines and other medications by injection).

Successful vaccination programs rely on the concept of opportunistic vaccination and community pharmacy is perfectly positioned to provide this service. This may increase 'herd immunity' and has the potential to reduce the number of preventable infections and the associated costs of PPH's in Tasmania. In 2017-18 there were 1497 vaccine preventable PPHs recorded in Tasmania resulting in 11,301 days in hospital with an average stay of 7.5 days.¹³

Flow-on effects of higher productivity, with reduced sick days for both patients and parents of infected children, an impact on emergency departments and inpatient day beds for the public hospital sector could all be realised gains.

¹¹ AIHW (Australian Institute of Health and Welfare) 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017-18 . Cat. No. HPF 36. Canberra: AIHW.

¹² Australian Institute of Health and Welfare 2020, Spending on hospitals; spending on admitted patients, <https://www.aihw.gov.au/reportsdata/myhospitals/intersection/spending/apc>

¹³ AIHW (Australian Institute of Health and Welfare) 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017-18 . Cat. No. HPF 36. Canberra: AIHW.

Pharmacists are now able to administer influenza vaccinations to adults in community pharmacies in every State and Territory and in Victoria, WA and ACT as part of the National Immunisation Program (NIP).

With communicable diseases remaining a significant health problem in all parts of Australia, it is not unreasonable to expect other jurisdictions including Tasmania to consider using Pharmacist Immunisers (PIs) as part of their NIP strategy. Pharmacists have high interactions with those who are eligible NIP vaccinations, specifically those over the age of 65 and those with chronic health conditions.

In 2021, all hands will be required to assist with the State's COVID-19 vaccine rollout plans. This will place greater strain on GPs through the busy winter season where people will also need to be vigilant in protecting themselves against influenza. It would make sense from an ease of access perspective, to enable PIs to administer NIP influenza vaccines and, to further capitalise on health gains across the Tasmanian population, expand the vaccination schedule available to PIs including pneumococcal, shingles, polio and catch up human papilloma virus vaccines.

3. Pharmacist administration of non-vaccine injectable medicines

PIs with their existing training and skills could be further utilised to provide administration of non-vaccine injectable medicines. Pharmacists are more than capable of providing, upon receipt of a valid prescription issued by the patient's GP, injection administration services as this is within their current scope of practice.¹⁴ There is also a broader role for pharmacists to provide education in self-administration of medications to ensure safety and medication adherence and compliance.

As more medicines are delivered via injection an opportunity exists to enable pharmacists to dispense and administer such medications to patients. This would preserve cold chain requirements, ensure that medications regimes are adhered to and advice and care is provided.

A recognised impact of the coronavirus pandemic response has been the change in the way many people interact with their healthcare practitioners, including GPs and nurses.

Our members have raised instances where patients who would normally attend their local general practice for the administration of essential injectable medicines have found this service difficult to access due to a switch to telehealth appointments and a reduction or suspension of face to face consultations.

Enabling PIs to administer non-vaccine injectable medicines would free up GP appointment times a patients would not have to make an appointment just to have a medication administered. Administration by a PI in a community pharmacy would also be more cost effective for the patient and would not normally necessitate an appointment.

Examples of prescription medicines in the table below illustrates that there are a broad range of indications which require treatment with non-vaccine injectable medicines. The following table illustrates that it is not just a small proportion of the population affected; many people across many disease states, typically older and vulnerable people, are the recipients of many of these medications.

¹⁴ <https://my.psa.org.au/s/article/2016-Competency-Framework>

Table1: Examples of non-vaccine injectable medicines (this is not an exhaustive list)

Restricted Drug	Approved Route of Administration	Indication/Drug Class
Denosumab (Prolia)	Subcutaneous injection once every six months	Osteoporosis Increase bone mineral density
Vitamin B12 (Hydroxocobalamin (Neo-B12), Cyanocobalamin)	Intramuscular	Vitamin B12 deficiency
Risperidone (Risperdal)	Intramuscular every two weeks	Antipsychotic
Medroxyprogesterone (Depo-Provera)	Intramuscular every 12 weeks	Contraception Endometriosis
Adalimumab (Humira)	Subcutaneous injection every two weeks	Rheumatoid arthritis

4. Continued Dispensing

As part of the pandemic response the Federal and State Governments provisioned emergency supply and continuous dispensing arrangements, including recognising these items as PBS medicines for patients. These arrangements at both State and Federal level are due to expire on **31st March 2021**. The emergency measures allow community pharmacists, under strict conditions, to give patients up to one month's supply of their PBS medicine, once in a twelve-month period, without a prescription.

Currently in Tasmania these provisions are supported by Tasmania's *Emergency Management Act 2006*. These provisions are an important step in ensuring that Tasmanians, when faced with situations defined as an 'emergency', can access their medications via community pharmacy.

In Tasmania between July 2020 and December 2020, close to 8000 medications were dispensed under this measure. The most common dispensed medications were for the treatment of cardiovascular disease, diabetes, reflux, and depressive or anxiety related disorders, important conditions to ensure ongoing supply and adherence to regular prescribed medications.

The Guild believes that the Tasmanian Government should advocate at a Federal level for this arrangement to become permanent and that State legislation should support a permanent change. This provision has enormous benefits in terms of continuity of care, Medicare saving, and reduced out of pocket costs for patients who may not have been able to access a bulk-billing doctor and potential unintended hospital visits. Pharmacists can access dispensary history, making an informed clinical decision on the validity of the request.

5. Prescription Renewal

In Australia, at least four million visits to GPs per year involve issuing another prescription for a medicine that a patient is already taking.¹⁵

As part of a collaborative arrangement with the GP and patient, pharmacists could provide ongoing repeat prescriptions to people with stable long term conditions, such as diabetes and high blood pressure, and work with the GP to help patients manage these conditions.

¹⁵ Access all areas: New solutions for GP shortages in rural Australia; Grattan Institute; September 2013 140
<http://www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/>

The community pharmacy could work to an agreed management plan to monitor the patient's adherence and response to the prescribed medicine. Doctors in the UK and Canada¹⁶ already authorise pharmacists to renew prescriptions for an agreed period, leading to more efficient use of pharmacist and GP time and expertise, and reduced costs to patients.

Prescription Renewal arrangements will benefit patients who will no longer have to make unnecessary GP appointments; whilst GPs' time will be freed to deal with more complex cases. This will be particularly important in rural areas where there is less access to GPs. According to the BEACH general practice survey, in 2013-14, 3.1% of GP patient encounters were recorded as 'managing a prescription', which was a higher rate than any of the previous nine years.¹⁷

6. Consumer Education and Awareness campaigns

In 2015, the Victorian Department of Health and Human Services (DHHS) conducted a major review of Victoria's ambulance services.¹⁸ Among the issues identified was the fact that there had been a substantial increase in the number of non-emergency calls to 000 and that these calls were diverting up to 10 ambulances a day away from urgent cases.

In 2016 the Victorian Government initiated a three year campaign designed to highlight alternative options for non-acute/urgent medical treatment including community pharmacy.¹⁹ The \$29.5M consumer campaign titled "*Save lives. Save 000 for emergencies*" included pharmacies as options to receive non urgent medical care and advice. The campaign included TV and digital assets, with an opportunity for healthcare professionals to socialise where applicable, as demonstrated below:



Hammered the wrong nail? Your local pharmacy can help. Save 000 for emergencies:
www.betterhealth.vic.gov.au/savelives

The Save Lives Save 000 for Emergencies campaign harnessed the Theory of Planned Behaviour, which posits that behavioural intentions are influenced by attitudes (toward the behaviour), subjective norms (perceived social pressure to engage in the behaviour) and perceived behavioural control (apparent ease or difficulty of engaging in the behaviour).²⁰

After evaluating the outcomes of the first phase, a follow up campaign was produced in 2018. "Meet the Team", introduced viewers to a team of (typical) non-emergency health care professionals, including a General Practitioner, Pharmacist and Registered Nurse, who are available to people with non-life-threatening health issues.

¹⁶ <http://www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/>

¹⁷ 141 A decade of Australian general practice activity, 2004-05 to 2013-14 (Table 7.4)

http://ses.library.usyd.edu.au/bitstream/2123/11883/4/9781743324240_ONLINE.pdf

¹⁸ <https://www.behaviourworksaustralia.org/portfolios/save-lives-save-000-for-emergencies/>

¹⁹ <https://www.betterhealth.vic.gov.au/savelives>

²⁰ <https://www.behaviourworksaustralia.org/portfolios/save-lives-save-000-for-emergencies/>

Results showed that the short-term effects of the campaign were successful in shifting attitudes towards using ambulances. An increase in calls to NURSE-ON-CALL coincided with a decrease in calls to 000 during the three months after “Meet the Team” advertisement was aired, compared to the same time in previous years. After the launch of ‘Community Pharmacies’ (19-Aug to 31-Oct 2018), the average number of calls per day for Triple Zero and ASP was 9% lower than the same time in 2017.²¹

The short-term change did not translate into a decrease in behavioural trends for any of the services included in the study. Rather than shifting from 000 to another specific healthcare service, it is likely that those who would have previously called 000 in a non-emergency sought advice or treatment from other healthcare services, essentially dispersing among the Victorian healthcare system.²²

In addition to the consumer messaging campaign the Victorian Government also invested into nine ‘supercare’ pharmacies in targeted locations across Melbourne. The funding was provisioned to assist the pharmacies in opening 24 hours and included funding a nurse from 6pm-10pm in the pharmacy.

Importantly the Victorian campaign demonstrates that people will consider alternatives if they are available. In Tasmania many people call ambulances and present at EDs as there is no cost to the individual. In addition to the considerable cost borne by the State, this practice is contributing to over-crowded Emergency Departments, perceived issues of ambulance ramping and associated loss of productivity across the public health system. Pharmacists practising at their full scope supported by legislative changes and funded accordingly through a minor ailments service scheme, could play a major role in the overall cost containment of the provision of health services in Tasmania and provide people with better access and choice.

7. Pharmacist workforce in Tasmania.

The Guild’s research indicates there are numerous factors impacting on regional workforce availability including increasing feminisation of the pharmacist workforce leading to concerns regarding, flexible work conditions and schooling support available to females when they start families. More graduates are from city locations and tend to return to cities for lifestyle and family/friend support.

When considering the workforce by age group and the increasing number of females in the workforce the table below demonstrates the outflow of those who no longer remain registered after 34 years of age, and the declines are most prevalent between 34 years and 49 years.²³

This data is representative of all registered pharmacists in Australia and is not gender specific. Assumptions could be drawn that as the workforce is increasingly female, once females decide to undertake child raising there is a natural decline of females staying in the workforce and maintaining their health practitioner registration.

In addition, there is a shift toward flexible working arrangements such as part time hours to assist with child raising.

²¹ Ambulances are for Emergencies: Community Pharmacies. Monitoring & Evaluation Report. Prepared by BehaviourWorks Australia for Victorian Department of Health and Human Services

²² Ibid

²³ Australian Health Practitioner Regulation Authority. "<https://www.pharmacyboard.gov.au/About/Statistics.aspx>." 30 September 2019. <https://www.ahpra.gov.au/>.

The below table demonstrates AHPRA registrations-Pharmacists -across age groups

Age group	General	Provisional	Limited	Non-practising	Total
			Postgraduate training or supervised practice		
U - 25					0
25 - 29	5,380	525	4	55	5,964
30 - 34	6,126	228	5	153	6,512
35 - 39	4,967	109	4	196	5,276
40 - 44	3,179	61	2	143	3,385
45 - 49	2,294	15		121	2,430
50 - 54	1,782	11		101	1,894
55 - 59	1,643	6		101	1,750
60 - 64	1,361			62	1,423
65 - 69	730			58	788
70 - 74	412			57	469
75 - 79	200			40	240
80+	111			57	168
Total	28,185	955	15	1,144	30,299

The below table demonstrates AHPRA registrations by gender for pharmacists²⁴

Gender	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Female	66.7%	62.0%	61.8%	62.5%	61.3%	58.8%	61.9%	64.2%	64.4%	62.3%
Male	33.3%	38.0%	38.2%	37.5%	38.7%	41.2%	38.1%	35.8%	35.6%	37.7%

In Tasmania there are some 719 registered pharmacists with 677 classified as having a general registration²⁵ employed across various settings:

- Community Pharmacy in Private Sector, where pharmacists are employed by owners of pharmacies who are required to be registered pharmacists
- Hospital Pharmacy, where pharmacists are employed by State and Private Hospitals to undertake a range of duties including dispensing and clinical roles interacting with other healthcare staff. As of December 2019, there are 174 pharmacist staff employed in public hospitals in the state, working fulltime and part-time hour's equivalent to 134.76 FTEs.²⁶
- Regulatory and Public Service roles where pharmacists undertake roles where they are required to advise on health policy, research, regulation and administration.
- Industry, where pharmacists are employed in areas such as sales and marketing, educative or regulatory affairs.

²⁴ Ibid

²⁵ Australian Health Practitioner Regulation Authority. <https://www.pharmacyboard.gov.au/About/Statistics.aspx>.

²⁶ Simpson, Tom. Number of Pharmacists employed in Tasmania Public Hospitals. Hobart, 3 December 2019. Email.

- Academia where pharmacists are employed as teaching or research staff, underpinned due to the University of Tasmania has a School of Pharmacy.

Registration types	Registration subtypes	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
General		541	8,587	234	5,606	1,993	677	7,228	3,043	276	28,185
Provisional		38	338	14	151	55	31	224	89	15	955
Limited	Postgraduate training or supervised practice	1	10		2			1	1		15
Non-practising		12	286	3	142	52	11	284	60	294	1,144
Total		592	9,221	251	5,901	2,100	719	7,737	3,193	585	30,299

Anecdotally we note the increasing number of pharmacists employed through the Tasmanian Hospital Service and Public Service. There are perceived benefits of being employed in the public sector inclusive of hospital settings, due to policies supporting part time and flexible working conditions, further education and professional development, annual wage increases based on tenure over performance and higher superannuation contributions.

The Public Service has the advantage of size and scale, making it hard for private enterprise to compete on wages and conditions. Further-more many roles are based in city locations, with access to support networks via friends and family.

Ongoing Federal Government reforms to the remuneration to community pharmacy via the PBS – known as PBS reforms and increased business expenses has resulted in constraint in profitability for community pharmacy with wages being the obvious candidate for expense management.

A recent report by a pharmacy industry recruitment agency indicates that wages in regional areas including Tasmania are higher than those paid in metropolitan areas. For a pharmacist employee the salary band in metropolitan Melbourne is between \$75,000 and \$83,000, versus the same position in regional areas inclusive of Hobart where the salary band was between \$82,000 and \$94,000.²⁷ Typically pharmacies in regional and rural areas are lower in turnover and increased wage costs due to supply issues a further concern for pharmacy owners.

The Guild has identified a disconnect between the Federal Government's migration policy for healthcare workers and the requirement for internships to be undertaken and the hurdles which exist before those healthcare workers can be fully deployed.

The Guild's Tasmanian Budget submission provides for a pragmatic approach to the healthcare workforce in Tasmania, specifically of pharmacists and uses an established network of local community pharmacies to assist in workforce capacity and resettlement opportunities in Tasmania.

Briefly the Guild asks that the Tasmanian Government provides a wage subsidy for the purpose of employing overseas trained pharmacists who have gained their provisional Australian Health Practitioner Regulation Agency (AHPRA) registration and are required to undertake an internship to gain full registration.

²⁷ Raven's Recruitment. "2019 Pharmacy Recruitment Report." n.d. <https://www.ravensrecruitment.com.au/>. Report

Due to visa requirements for those looking to work in Australia and apply for residency, overseas trained pharmacists must work in regional areas; Tasmania being classified as regional. The issue that most face is that they struggle to find employment in their profession and without an internship they are unable to work towards pharmacist registration in Australia.

As the University of Tasmania produces pharmacy graduates, overseas trained interns are also competing for intern positions with local graduates who have built up relationships through clinical placements. The Guild also recognises that there is a level of assumed knowledge that local graduates have, particularly in cultural aspects, understanding of the Australian healthcare system including the Pharmaceutical Benefits Scheme, federal and state legislative requirements, Medicare and specific pharmacy programs initiated across many community pharmacies.

A subsidy would encourage community pharmacies who wouldn't normally do so to consider taking an intern, or for a larger pharmacy to take on two interns. Taking on an intern encourages and exposes the intern to the role of a community pharmacist and helps to build relationships within the community, leading to a decision to stay within a community permanently.

We note that in the Premier's Economic & Social Recovery Advisory Council (2020) interim report (released in July 2020 as part of the Governments COVID-19 response) pages 15 & 16 detail the importance of migration to Tasmania's economy.²⁸ Migration of healthcare professionals should be duly considered due to the potential of those currently employed in the healthcare sector moving to working in front line health through the pandemic.

In conclusion, community pharmacy employing skilled pharmacists can play a much greater role in chronic disease state management, point of care testing, immunisation and sub - acute care. These areas of healthcare service and delivery would result in savings to Government by keeping people out of acute care.

Increasing use of technology which has aided telehealth uptake and ePrescribing has resulted in safe, patient centric provision of healthcare. We believe that Interim solutions to aid healthcare provision fast tracked during Covid-19 should be made permanent arrangements of our health care system.

Enabling pharmacists to practice at their full scope supported by university pharmacy courses reflective of such would see increased enrolments and interest. Tasmania has a unique position to lead the way in healthcare models which recognise our unique demographic and socio-economic challenges. Community pharmacy can be better utilised to provide solutions in tandem with healthcare reform, albeit supported through legislative mechanisms.

²⁸ Tasmanian Department of Treasury. Premier's Economic and Social Recovery Advisory Council, July 2020. [PESRAC Reports | Premier's Economic and Social Recovery Advisory Council](#)