



## **SHPA feedback to Jobs and Skills Australia's Draft Core Skills Occupations List (CSOL) for Consultation, May 2024**

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 7,000+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use.

SHPA welcomes the opportunity to provide feedback to Jobs and Skills Australia (JSM) on the draft Core Skills Occupations List (CSOL). On behalf of Directors of Pharmacy and Chief Pharmacists who lead public and private hospital pharmacy departments across the country and utilise the skilled overseas workforce to support their service, **SHPA calls for the inclusion of hospital pharmacists (ANZSCO 251511) and pharmacy technicians (ANZSCO 311215) on the CSOL** to facilitate the recruitment of qualified professionals and bolster Australia's health system capacity to deliver safe and efficient patient care.

A well-resourced health workforce is an enabler to achieving the [National Medicines Policy \(NMP\)](#) and providing well-coordinated, integrated and person-centred care.<sup>1</sup> The hospital pharmacy workforce, which includes pharmacists and pharmacy technicians, is a cornerstone of the acute care system, facilitating the safe and quality use of complex medicines to the most vulnerable Australians. This workforce is experiencing shortages as recognised in various government reports and stakeholder reports published by the pharmacy sector. Measures to support and futureproof this workforce through maintaining a steady supply of overseas trained pharmacists and pharmacy technicians, will deliver safe, quality and efficient healthcare to all Australians and significantly support major workforce shortages in rural and remote Australian communities.

Directors of Pharmacy nationwide often face significant challenges in recruiting highly skilled and trained hospital pharmacy staff. Approximately 90% of applications for hospital pharmacy roles come from pharmacists and technicians currently working in community settings. While it is encouraging to see such interest in the hospital pharmacy sector, there is concern regarding the extensive training and upskilling required to prepare these applicants, who often lack hospital experience, to practice safely and independently in the fast-paced and acute hospital environment. This preparation process demands dedicated resources, which are frequently unavailable. Furthermore, as highlighted by the JSM Migration Model in the draft CSOL of recommended occupations, the retail pharmacy workforce is also experiencing shortages. Consequently, recruiting from this pool further depletes the existing retail pharmacy workforce.

Additionally, pharmacists and pharmacy technicians in hospitals are operating at the highest level of their professional scope and continuously expanding their practice to address the evolving needs of the healthcare system. For example, while there has been much discussion and attention in recent times on pharmacist prescribing in community-based settings, collaborative pharmacist-led prescribing in hospital settings has been in Australia since 2012.

Working to full scope of practice is especially critical given the increased pressures on the acute care sector. To maintain this high standard of care and effectively manage these pressures, it is essential to include hospital pharmacists and pharmacy technicians on the CSOL. In many countries, pharmacists and pharmacy technicians are practicing at this level or higher. For example, pharmacist prescribing is standard practice in Canada, New Zealand, the United Kingdom (UK), and the United States of America (USA).<sup>2,3</sup> Additionally, technician accuracy checking is commonplace in hospitals and community pharmacies globally. Hospitals in these countries also employ ward-based pharmacy technicians who take on traditional nursing administrative roles related to medication storage and supply, as well as clinical support roles.



SHPA would like to also raise some issues relating to the visas available for hospital pharmacists and pharmacy technicians. Directors of Pharmacy and Chief Pharmacists around the country report that pharmacists and pharmacy technicians are seemingly only able to apply for a short-term, two-year 482 Temporary Skill Shortage Visa.

**SHPA calls for hospital pharmacists and pharmacy technicians to be eligible for the medium-term, four-year visa to incentivise these highly qualified and sought-after workforce to support the Australian health care system.**

The overall process for obtaining a general pharmacist registration with the Pharmacy Board of Australia (PBA), which includes waiting time for visa application review and undertaking the Knowledge Assessment of Pharmaceutical Sciences (KAPS) exam conducted by the Australian Pharmacy Council (APC), often takes up to nine months to complete. This is the case for pharmacists from overseas countries whose overseas tertiary qualifications are recognised by Australia. Therefore, a short-term, two-year 482 Temporary Skill Shortage Visa is not sufficient time to incentivise these pharmacists to work in Australia, and for the health services, they are only getting a pharmacist for a little bit over a year. This is highly inefficient and a significant cost burden to hospitals and health services, although they are often left with limited choice.

In addition, pharmacists who are recruited under the 482 Temporary Skill Shortage Visa are initially employed as pharmacy technicians until they obtain a full registration with the PBA. The minimum guaranteed annual earning threshold to be eligible for this Visa has recently increased from approximately \$54,000 to \$70,000, which represents a challenge as pharmacy technicians are suitably qualified for lower bands in enterprise agreements for allied health assistants employed in Australia.

If you have any queries or would like to discuss our submission further, please contact [REDACTED]

## References

<sup>1</sup> The Australian Government, Department of Health. (2022) National Medicines Policy, Available at: [www.health.gov.au/nationalmedicinespolicy](http://www.health.gov.au/nationalmedicinespolicy)

<sup>2</sup> Tonna, A.P., Stewart, D., West, B. and McCaig, D. (2007), Pharmacist prescribing in the UK – a literature review of current practice and research. *Journal of Clinical Pharmacy and Therapeutics*, 32: 545-556.

<sup>3</sup> Emmerton L, Marriott J, Bessell T, Nissen L, Dean L. (2005). Pharmacists and prescribing rights: review of international developments. *J Pharm Pharmaceut Sci.* 8(2): 217-25.

