National AOD Workforce Development Strategy

Submission By: Pharmaceutical Society of Australia (PSA)

Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy

Response to selected questions (below) submitted by:

Pharmaceutical Society of Australia (PSA)

Discussion Questions

GENERAL WFD QUESTIONS

Discussion question 1: What are the priority WFD issues that have emerged since the first Strategy (2015-2018)?

One WFD issue that has emerged is the necessity to create service delivery models that are agile and able to move quickly with the changes brought about by the pandemic. The COVID-19 pandemic has highlighted the necessity to have flexible systems within AOD services.

However, it is important to note that these systems and service delivery options must allow health professionals or staff to follow AOD guidelines, while also adhering to their professional codes of conduct. That is to say, AOD systems with the flexibility to adapt to the changes brought about by the COVID-19 pandemic must also align with legislation associated with relevant health professions.

For example, in order for a pharmacist to supply additional take-home doses for a patient in isolation, it is necessary that there is a prescription or emergency phone order (with follow up prescription) reflecting these circumstances, that also meets regulatory arrangements.

This is just one example of how AOD guidelines and legislation must be consistent with the practice or service delivery scenario. Further, there may be other requirements for different health professionals that must be considered when adapting service delivery models.

Discussion question 2: What are the priority actions to improve WFD at the a) systems, b) organizational, and c) individual worker levels in the short-medium (3-5 years) and longer (6-10 years) terms?

It is important that the AOD workforce is of sufficient size to allow effective service delivery and that in order to overcome staff shortages there is flexibility within organisations and arrangements.

Pharmacists are generally considered as playing a small role in AOD organisations, despite their ability to cover a broad range of tasks which may otherwise require several people to complete. PSA suggests that pharmacists are further integrated within AOD organisations as a way to streamline staffing and to provide a greater range of services with fewer staff members. The contribution of pharmacists may include: providing basic health checks, such as blood pressure monitoring; dispensing medicines for clients (including on verbal emergency orders); dosing clients; administering vaccines; destroy unused or expired

medicines; monitoring clients for signs of intoxication; and liaising with prescribers. Pharmacists are highly trained health professionals who manage AOD clients in the community, and their skills would be an asset to AOD organisations in the clinic setting.

For rural and remote areas, or areas with staffing shortages, pharmacists should be considered as playing a significant role in organisations as a way to improve workforce capacity. Allowing pharmacists to specialise in this area by developing recruitment pathways would lead to significant patient benefits due to increased service delivery capacity, as well as providing cost benefits.

Discussion question 3: Thinking about specialist AOD workers:
(a) What are the priority WFD issues for AOD specialist workers?
(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)
(c) What are the major steps in the short-medium and longer term to achieve these goals?

Priority issues for AOD specialist workers may include burnout due to low staffing levels, particularly in rural and remote areas. This burnout may be exacerbated by service limits in these geographical areas, with high demand for these services but limited capacity to take on new clients.

Strategies to build workforce, such as improved training and programs to address burnout would be beneficial. Further, inclusion of other health professionals as part of the AOD workforce would be beneficial as a way to improve staffing levels and better distribute workload. Providing advanced training for health professionals (such as pharmacists) to become AOD specialist workers would allow greater capacity for service delivery and decreased burnout and staff loss.

PSA is aware that, due to a lack of pharmacist-specific professional development opportunities in AOD, some pharmacists interested in expanding their knowledge base and professional contribution to the AOD sector have undertaken Certificate IV AOD training. PSA understands that the Certificate IV training is generally targeted at new AOD workers who do not necessarily possess any background in health. It is not surprising therefore that those pharmacists found the Certificate IV content very basic and not particularly relevant from a pharmacist's perspective.

PSA urges consideration be given to the development of pharmacist-specific professional development content in AOD training.

Discussion question 4: Thinking about generalist workers:
(a) What are the priority WFD issues for generalist workers?
(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what

should be we aiming for?)

(c) What are the major steps in the short-medium and longer term to achieve these goals?

There is a significant scope for change in the way that 'generalist' workers are easily able to upskill and be considered 'specialist' workers if training and professional development opportunities were available.

Pharmacists are considered generalist workers as part of the AOD workforce. However, pharmacists are heavily involved in the care of AOD clients in the community and play a large role in bridging the gap between the addiction specialist who writes the prescription, and the client. Pharmacists dispense medicines, dose clients and form part of the support network available to AOD clients in the community. As such, pharmacists are highly skilled in the care of AOD clients, with the ability to have their broad skill set utilised as a way to improve the AOD workforce.

There are often limited opportunities for pharmacists as part of the AOD workforce, despite extensive skills related to health and medicines, as well as experience in working with AOD clients. Pharmacists in the community are also readily accessible. There is a necessity for AOD organisations to consider alternative ways in which roles can be filled, that although many roles have traditionally been filled by certain health professions, there is a wide range of health professionals with significant skills and knowledge to offer the AOD sector.

WFD goals should involve better incorporation of health professionals (such as pharmacists) to the AOD workforce, with more training and professional development opportunities to allow continued high levels of service as part of the AOD workforce.

PRIORITY GROUPS

Discussion question 6: Thinking about other the workforce groups with unique needs (e.g. rural, regional and remote workers, peer workers, law enforcement and corrections workers):

(a) What are the priority WFD issues for these workers?

Priority WFD issues for workforce groups with unique needs may include the necessity to improve or initiate programs which lead to the recruitment and retention of staff. Particularly in regards to rural and remote areas, there may be limited opportunities to access training to upskill prospective staff which can lead to low staff levels and increased staff dissatisfaction. Suggest utilising other health professionals (such as pharmacists) to make up for the staff shortages in rural and remote areas.

(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)

An aim for workforce groups with unique needs is staffing levels that are appropriate for the number of clients/patients.

Discussion question 7: What WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups who identify as Aboriginal and Torres Strait Islander? What are the immediate priorities for attention and action in this area?

Culturally safe care leads to improved health outcomes for all Australians. PSA recognises the need to improve awareness and understanding of Aboriginal and Torres Strait Islander health and cultural considerations amongst pharmacists and pharmacy staff. PSA encourages pharmacists to develop relationships with Aboriginal and Torres Strait Islander people and communities in their local area to optimise health benefits to community members.

PSA and its pharmacist members are involved in many programs and projects that support Aboriginal and Torres Strait Islander health, including but not limited to:

- Professional practice guidance and support for pharmacists – Guide to providing pharmacy services to Aboriginal and Torres Strait Islander people (currently under review and redevelopment).
- Scope of practice and research into flexible service delivery options – In partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) and James Cook University (College of Medicine and Dentistry), PSA led the Integrating practice Pharmacists into Aboriginal Community Controlled Health Services (ACCHSs) to improve chronic disease management (IPAC) project, which embedded pharmacists within 18 ACCHSs across three states of Australia. The project was funded under the 6th Community Pharmacy Agreement and is currently the subject of consideration by the Medical Services Advisory Committee under application 1678.
- Program design and support – subject matter advice and collaborative input into Aboriginal and Torres Strait Islander programs, such as the Indigenous Dose Administration Aids (IDAA) Program and the Indigenous Health Services Pharmacy Support (IHSPS) Program, under the 7th Community Pharmacy Agreement.
- Professional development – *Deadly Pharmacists*: Aboriginal and Torres Strait Islander Primary Health Care Service Pharmacist (a 7-module foundation training course for pharmacists, currently under development and due for release mid-2022).
- Continuing education – Opportunities to increase pharmacists' understanding, value and recognition of Aboriginal and Torres Strait Islander cultures, histories, knowledge and rights through cultural learning. PSA co-develops and co-delivers cultural mindfulness training to assist pharmacists to communicate effectively with Aboriginal and Torres Strait Islander patients to help ease the transition between healthcare settings, particularly with helping patients access and manage their medications. By way of example, coinciding with National Reconciliation Week 2021, PSA hosted a webinar titled, "Culturally safe health care explained".

- Workforce expansion – PSA is a Registered Training Organisation (RTO) and provides training for skills development including through university programs and job programs.

PSA seeks to establish and strengthen mutually beneficial relationships with Aboriginal and Torres Strait Islander stakeholders and organisations, respecting the principles of self-determination.

In 2021, PSA's Reflect Reconciliation Action Plan (RAP) was endorsed by Reconciliation Australia, and PSA is committed to promoting reconciliation through its sphere of influence.

PSA is committed to further progressing its work across a broad range of activities which focus on continuing to upskill pharmacists in delivering culturally safe care, work with ACCHSs and Aboriginal Health Workers, and provide practice support to deliver safe and appropriate health care to Aboriginal and Torres Strait Islander people and communities.

Discussion question 8: What are the key WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups with specific and unique needs (e.g., younger or older people, people who identify as LGBTIQ+, clients with complex needs)? What are the immediate priorities for attention and action in this area?

PSA suggests improve training and staff development to ensure the staff are highly trained in these areas and service delivery is provided without stigma, and in line with best practice. Further, including people from all client groups in creating training programs would assist in the provision of high levels of service. In addition, ensuring there is diversity amongst the AOD workforce is important and should be prioritised.

INTEGRATED CARE

Discussion question 9: How can integrated care with other sectors (e.g., mental health) best be achieved in practice to support clients with multiple and complex needs? Are there Australian or international examples of best practice in this area that could be replicated?

Inclusiveness and improved collaboration between AOD staff and other healthcare professionals would ensure improved support and service delivery for clients. Creating referral systems that allow better provision of care for clients with complex needs would be helpful to ensure clients are able to access care in all areas of their life. Regular meetings and collaboration between healthcare providers would improve support for clients with complex needs.

PSA also suggests consideration be given to telehealth models for increasing accessibility and funding for case conferencing involving the multidisciplinary team, including pharmacists.

FUNDING MODELS RETENTION AND TRAINING

Discussion question 10: Considering funding models and arrangements in the AOD sector: (a) What are the priority WFD funding issues for the AOD sector? (b) What are the immediate priorities for attention and action in relation to WFD-related funding? (c) What types of funding models would best support the capacity and effectiveness of the AOD workforce?

Community pharmacies provide excellent access points to support AOD patients. In several jurisdictions, this is one of the reasons for delivering opioid treatment programs (OTPs) through community pharmacies.

However, access to treatment programs are not always equitable as patients have to subsidise the cost. Further, such arrangements are not uniform across jurisdictions (see, for example, the summary at www.pbs.gov.au/reviews/post-market-review-of-opiate-dependence-treatment-program/summary-of-state-and-territory-ODT-programs-April-2021.PDF).

Standardising and subsidising access to OTPs would help to increase accessibility for patients and also more pharmacies are likely to deliver OTP services.

The NCETA team may be interested in PSA's recent submission to the public consultation for the post-market review of opiate dependence treatment program medicines – available at: https://consultations.health.gov.au/technology-assessment-access-division/odtp-pmr-public-consultation/consultation/view_respondent?uuId=393652317

Discussion question 12: What substances should be considered of particular concern for the AOD sector at the current time and into the future and what are the implications for AOD WFD to ensure effective responses?

Increased use or increased dispensing of some types of opioids, gabapentinoids, benzodiazapines, quetiapine and other antipsychotics, stimulants and some antidepressants can be of particular concern. Any increased dispensing of client medication may indicate there could be a problem of overuse which needs to be addressed with the client or the addiction specialist. The enhanced monitoring of Schedule 8 and Schedule 4 medication will make it easier to see clients' medication-taking behaviour and could have an impact on some clients. It is important there are referral pathways in place for clients who may require additional support should issues with prescription medication habits be identified in this way.

There is also the issue of novel analogues, or synthetic versions of illicit drugs which may be available and can create significant health issues. While any illicit drug use is of concern, there may be increased health risks associated with novel analogues and synthetic versions of illicit drugs due to their unpredictable physical and psychological effects. Often these novel analogues are yet to receive illegal status due to their novelty and, as a result, may be easy to access and can be purchased from some stores. Ensuring staff members are armed

with up-to-date information about these substances may help identify any issues clients have.

Discussion question 13: Should minimum educational qualification standards for specialist AOD workers be implemented in all jurisdictions?

Due to the importance of integrating a range of people from different backgrounds into the AOD sector, it is vital to recognise there are valuable ways people can contribute due to their lived experience despite a lack of formal qualification. Although there are many roles which do require formal qualifications (particularly those that directly relate to health), there are roles such as peer support workers which should also be accessible to people with lived experience.

As such, assigning particular education standards for 'specialist' AOD workers (a classification which includes peer workers) may prevent people with valuable skills and experience from being employed in these roles. While people should be encouraged to progress their education once employed, it is suggested that lived experience should be considered a valuable asset; thus, people with lived experience but possibly lacking in formal educational qualifications should not be excluded from these positions.

Discussion question 14: How well is the current vocational education system meeting the needs of the AOD workforce and sector? What are the immediate priorities for action in this area?

As mentioned earlier (under discussion question 3), PSA is aware that some pharmacists interested in expanding their professional contribution to the AOD sector, have undertaken Certificate IV AOD training due to a lack of pharmacist-specific professional development opportunities. The pharmacists found the Certificate IV content very basic and not particularly relevant from a pharmacist's perspective, understandably as the target audience is generally new AOD workers without necessarily any other background in health.

Discussion question 15: What are the key issues and challenges for professional development (PD) in the AOD workforce? This may include issues related to accessibility, quality, modalities (e.g., supervision, training), content (e.g., priority KSAs) or other matters.

From the pharmacy profession's perspective, there is a lack of professional development offered in this area, and it is sorely needed. PSA is aware that pharmacists consider there to be a gap in, for example, a specialised pathway for pharmacists as well as multidisciplinary education and training opportunities. This is particularly concerning given pharmacists are readily accessible in the community and there is much scope to make valuable contributions to AOD services in the community.

Where there is training available to health professionals, often there are anomalies in terms of recommendations or requirements to undertake additional training. For example, PSA

understands that, in NSW, there is no training offered other than the Opioid Treatment Accreditation Course (https://otac.org.au) for Opioid Treatment Program (OTP) providers. PSA is aware that this is compulsory for general practitioners who wish to prescribe through the OTP, but not for pharmacists who are providers of the service. Some pharmacists have undertaken the training regardless but found the content and delivery to be very 'GP-centric'. PSA strongly suggests that comparable training designed for pharmacists should be available. PSA can assist in co-design and co-delivery of such training for pharmacists.

PSA is also aware that available training and professional requirements in the AOD sector can differ between jurisdictions. From a medication safety and harm minimisation perspective, PSA strongly supports consistency in AOD workforce and services across jurisdictions – and this would also likely promote equitable access to services.

PSA is keen to work with AOD organisations generally (not just in the OTP space), to develop and deliver training for pharmacists wishing to expand their knowledge (beyond their general level competencies) or specialise in this area as a way to strengthen the AOD workforce. PSA has a track record of successfully creating and delivering programs through multiple modalities to meet the learning and access needs of pharmacists, including increasing accessibility to training for those in rural and remote areas.

By way of example, PSA with the AOD team at NSW Health developed the Prescription Medicine Safety Program (www.psa.org.au/prescription-medicines-safety) to educate pharmacists in this space and also focus on the importance of clinical interventions when patients are taking multiple medications and seeing multiple prescribers.

Pharmacists are also critical in helping regulators with knowledge about local trends in medicine use and misuse. Again, PSA would welcome the opportunity to work with AOD organisations and government to help deliver any necessary interventions that would minimise harm and promote better health and quality use of medicines.

DIGITAL AND ONLINE PLATFORMS

Discussion question 16: What WFD strategies will best support AOD services, workers and clients to engage effectively with digital and online service provision? What are the immediate priorities for attention and action in this area?

Digital and online service provision is important when considering barriers to accessing treatment for people based in rural and remote areas. However, it is important to ensure there are also face-to-face service delivery opportunities. Building rapport with clients is an important part of AOD services, and allows an open dialogue between client and service provider. Online technology can make this facet of care difficult, so it is suggested that initial appointments are undertaken in person.

It has also been mentioned that with an ageing population there are higher rates of older people with AOD problems and digital and online service provision may further exclude these people from accessing the care they need.

More research needs to be done to define the appropriate and acceptable ratio of online vs. face-to-face service delivery. It is important for people to have access to AOD services, but it is critical that the services they have access to are fit-for-purpose. PSA suggests a priority area of digital and online service provision is research to confirm the appropriateness of this care model. Considering there may be significant negative consequences associated with inadequate care provision, PSA believes it is important to ascertain to what extent digital and online service delivery may be helpful, in what context, and for which population.

DATA SYSTEMS, MONITORING AND EVALUATION

Discussion question 18: What are the priority actions for effective and timely monitoring and implementation of the revised Strategy?

PSA supports development of a clear, multi-stakeholder implementation plan. PSA can assist with the co-design and co-delivery of an implementation plan.

Further, any evaluation activities must be designed and commenced as early as possible in order to maximise opportunity and value of any data collection, and the outcome of analyses should be used to inform future policy and practice.

FINAL

Are there any other questions or comments?

Pharmacists are important members of the AOD workforce, but often there is limited scope available for pharmacists to work within AOD organisations and undertake specialist AOD roles.

As the peak professional body for pharmacists and a registered training organisation, PSA is keen to work with AOD-sector organisations to provide better engagement with pharmacists. Improving training and professional development opportunities for pharmacists would allow them to become more involved in the care of AOD clients and make a greater contribution overall.