

Mr Gerard Hayes  
Secretary  
Health Services Union  
Level 2, 109 Pitt Street  
SYDNEY NSW 2000

[greg.odonohue@hsu.asn.au](mailto:greg.odonohue@hsu.asn.au)

Dear Mr Hayes

**RE: Pharmacy Service Changes Update**

I wish to provide the Health Services Union (HSU) with an update on CCLHD pharmacy services since the last dispute meeting held 2 December 2022. As agreed at this meeting, the District has progressed a number of items relating to the proposed restructure.

Rationale for change and benchmarking

The rationale for undertaking this service restructure is included for your review. This rationale includes benchmarking with peer pharmacy services and a summary of the external pharmacy review recommendations.

Position Descriptions

Draft position descriptions (PDs) for pharmacy service roles have been developed. These were developed in collaboration with a working group of pharmacists and technicians. They are consistent with the Awards and include PDs for pharmacist grade 1-5, pharmacy administration, pharmacy assistant and technician roles. All staff were invited to participate in this process via an expression of interest (EOI). Nine staff participated in the working group and once their initial review was completed a further 18 staff were consulted for their input. Updates on the progress of this group was provided at general pharmacy staff meetings.

As a result of continued feedback and concerns raised by the HSU in regard to the delineation of roles between Pharmacy Assistants or Pharmacy Technicians, we have also considered the classification of all Pharmacy Assistant G2 and Pharmacy Technician G1 positions. All of these positions are engaged in drug distribution duties, hospital pharmacy production and dispensing activities and in the current structure there is no clear delineation between a Pharmacy Technician Grade 1 and a Pharmacy Assistant. To address this concern, in the new structure we are proposing that all Pharmacy Assistant G2/Pharmacy Technician G1 roles are set up as multidisciplinary positions allowing appointment at either Pharmacy Assistant Grade 1, Pharmacy Assistant Grade 2 or Pharmacy Technician Grade 1, as appropriate for the qualification held by the applicant/employee. This will allow staff in these roles to be classified appropriately according to their qualification in accordance with the award.

Organisational Charts

Organisational charts are provided including the 2018 structure submitted to the HSU (82.63 FTE), the 2022 existing one prior to the review (94.09 FTE) and the new proposed structure (85.5 FTE). The new organisational chart delineates staff by location, Wyong and/or Gosford service and between operational and clinical service streams as well as by grading, FTE and service/ward assignment (i.e. rotational pharmacists, cancer pharmacists, emergency

department pharmacists). I am pleased to advise that an additional pharmacist position (1.0 FTE) has now been included as an approved enhancement to support the implementation of a new model of care in the Medical Assessment Unit at Gosford Hospital.

#### Service Prioritisation Tool

Work continues on the development of a patient/service prioritisation tool. A working party of eight pharmacists was established using an EOI process. Senior medical staff have also been assisting in the tool development which identifies low risk patients not needing a full pharmacy clinical review on discharge. The tool is now being prepared for trial with select clinical areas before considering a roll-out across services. Upon completion this tool will assist in the management of workloads and service demand.

#### Preferred Wholesaler

Initial work has been undertaken in assessing the opportunity to implement a preferred wholesaler model. Liaison with other health services has been undertaken to understand the approach and benefit. It is expected that a working group will now be pulled together to develop the requirements for this approach. The expected benefits include a reduction in technician and pharmacist workloads as the appointed wholesaler will be responsible for picking, packing and delivery of imprest stock.

#### Increasing Staff Hours and Recruitment

As agreed at the last meeting, requests were sent out to all part time and casual staff to identify staff willing to temporarily increase their hours. As a result a total of five pharmacists and one technician requested and have had their regular hours temporarily increased. As with other clinical services staff recruitment remains challenging. In our December 2022 round of recruitment, we had one new external technician join our team, five new casual pharmacists and two new casual pharmacy support staff.

Could you please consider this update and the attached documentation and provide any feedback to Mr Justin English, Manager Organisational Programs via [justin.english@health.nsw.gov.au](mailto:justin.english@health.nsw.gov.au) by 1 March 2023.

If you would like to meet and discuss this proposal or wish to raise any concerns please contact me on 02 4320 2086.

Yours sincerely



Jude Constable  
**Executive Director Acute Services**

Date: 20 February 2023

cc: Mr Matthew Ramsey – HSU, Mr Greg O'Donohue – HSU

## **Attachments**

1. Pharmacy Restructure Rationale
2. Draft Position Descriptions
  - 2.1. Pharmacist PD grades 1 to 5
  - 2.2. Pharmacist Assistant level 1 to 2, Technician level 1
  - 2.3. Pharmacy Technician level 3
  - 2.4. Pharmacy Administration Officer 3 and 4
  - 2.5. Intern Pharmacist
3. Organisational Charts
  - 3.1. Pharmacy Service Restructure (submitted to HSU) 2018
  - 3.2. Current pharmacy structure 2022
  - 3.3. Proposed pharmacy structure 2023
4. Expression of Interest correspondence to pharmacy staff for working group participation
5. Offer to temporary and casual staff to increase hours
6. Frequently Asked Questions
7. Change Proposal submitted to staff and HSU July 2022
8. Summary of Pharmacy Review consultation

## Attachment 1. Pharmacy Restructure Rationale

### Introduction

CCLHD has a responsibility to managing available resources in a challenging environment. This requires the organisation to review and ensure that it is providing services that not only deliver high quality outcomes for patients but responsibly use public monies. As part of the CCLHD Organisational Sustainability Program (OSP) a review of pharmacy services was undertaken due to the service continuing to over-run its allocated budget. This review was undertaken in two parts:

1. A benchmark review in August 2021 of pharmacy resourcing against similar regional Local Health District pharmacy services (Nepean Blue Mountains LHD and Illawarra Shoalhaven LHD) and the Society of Hospital Pharmacist Association guidelines for the provision of clinical pharmacy services. This review identified potential opportunity to reduce CCLHD pharmacy FTE in line with ISLHD pharmacy FTE (reduction in FTE potentially 15-20 FTE),
2. The engagement of independent pharmacy expertise (PharmConsult) in September 2021 to review the CCLHD pharmacy service model to identify efficiencies and service enhancements and to identify opportunities to realise benefits identified within the first review without compromising safety and quality of patient care. This review, under the executive sponsorship of the Executive Director Operations, has identified opportunities to improve consistency of service, access and flow, service coverage and meet the objectives of OSP through reducing service FTE in line with benchmarked peers.

### Benchmark Review Findings

The three Districts in comparison have been selected due to the acknowledged similar size and complexity, as well as being regional Local Health Districts.

This similarity is further seen when reviewing both Bureau of Health Information and NSW Health ABM data reveals similarities in numbers of ED presentations, admitted patient episodes, hospital bed days, encounter volume and NWAUs (Table 1A and 1B)

Table 1A:

BHI Healthcare Quarterly Oct-Dec 2021					
Facility	ED Presentations	Admission to hospital from EDs	Admitted Patients (all episodes)	Acute ALOS (days)	Hospital Bed Days
Gosford	20,478	4,829	13,098	3.4	48,586
Wollongong	18,855	4,980	12,634	3.6	47,443
Nepean	18,777	5,422	15,912	3.1	57,790
Wyong	18,899	4,342	8,149	2.8	29,101

Table 1B:

2019/20 ABM				
Facility	Encounter Volume	Total NWAU(20)	Average NWAU(20) per Encounter	Weekly ED presentations
Gosford	72,497	9,958.5	0.137	1,503
Wollongong	70,114	9,843.0	0.140	1,411
Nepean	71,764	9,948.3	0.139	1,404
Wyong	69,136	9,100.0	0.132	1,401

Comparing the three district pharmacy services reveals (Table 2):

- CCLHD had the highest FTE between the LHD services of 92.65 which is 17.15 FTE higher than ISLHD and 42.99 FTE higher than NBMLHD.
- CCLHD has also the highest Pharmacist FTE of 62.45, which is 15.45 FTE higher than ISLHD and 27.29 FTE higher than NBMLHD.
- CCLHD has also the highest Pharmacy Technician / Aide FTE of 29.2, which is 5.9 FTE higher than ISLHD and 17.73 FTE higher than NBMLHD.

Table 2: Pharmacy Services FTE

	Pharm FTE	Tech/Aide	Admin/Other	Total FTE
CCLHD	62.45	29.20	1.00	92.65
ISLHD	47.00	23.30	5.20	75.50
NBMLHD	35.16	11.47	3.03	49.66

- This difference is further highlighted when comparing total hours worked (Graph 2 and Table 3). CCLHD is providing. For 2019/20, CCLHD provided 13,519 more hours of pharmacy than ISLHD and 62,241 hours more than NBMLHD.
- In addition CCLHD recorded the highest overtime and non-productive percentage of hours in comparison to the other LHDs.

Graph 2: Pharmacy Services Hours (2019/20)

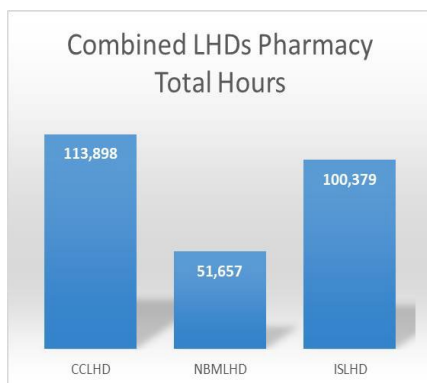


Table 3: Pharmacy Hours 2019/20 (Productive & non-Productive)

	% Productive Hours	% Overtime Hours	% Non-Productive Hours	% Sick Leave Hours
CCLHD	84.6%	2.0%	13.4%	2.6%
NBMLHD	85.1%	1.8%	13.1%	3.0%
ISLHD	86.5%	0.8%	12.7%	2.1%

## Peer Hospital Comparison – Gosford and Wollongong

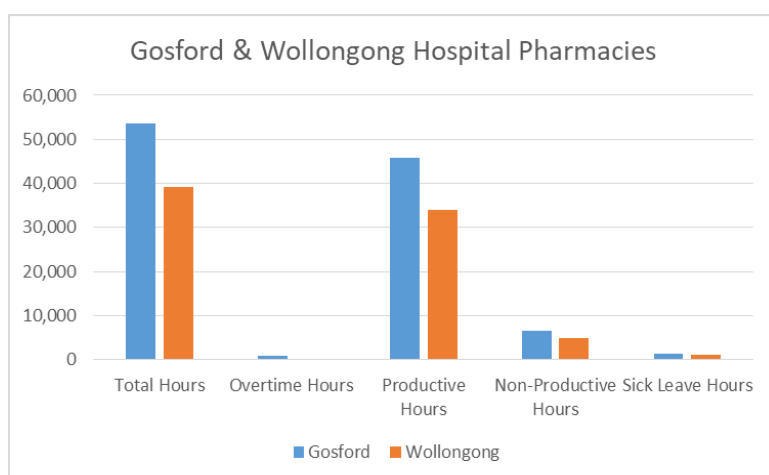
An additional comparison is between Gosford Hospital and Wollongong Hospital pharmacy services which are both of a similar size and complexity and oversee similar district-wide functions such as procurement, production and trials. In this comparison:

- Gosford pharmacy service establishment is approximately 13.9 FTE higher than Wollongong including 10.5 FTE pharmacists and 6.7 FTE technician/aides FTE higher.
- Gosford is providing approximately 14,000 more hours per annum than Wollongong including 739 more hours of overtime and has higher non-productive and sick leave hours.

Table 4: Gosford and Wollongong Pharmacy FTE

	Pharm	Tech / Aide	Admin	Total
GOS	42.20	21.70	1.00	64.90
Wollongong	31.70	14.10	5.20	51.00

Graph 3: Gosford and Wollongong Pharmacy Services Hours



## PharmConsult Review Findings

The key findings from the PharmConsult review included:

- Although there appears to be accountability at the Pharmacy team level, the line management structure is not as functional as envisaged by the 2018 restructure, and is top heavy.
- There is sometimes confusion, anxiety and some angst from ward medical and nursing staff when clinical pharmacy services are not available. There is inconsistency across the Directorate in the way pharmacists and especially clinical pharmacists prioritise the services they will provide and the patients they will review.
- There is some disparity between pharmacy resources and the pharmacy model operating at Wyong compared with Gosford, when considered from the perspective of number and acuity of patients and intensity of medical services provided.

- It was found that the way in which clinical pharmacists and technicians are allocated to meet demand, lacks consistency due mostly to the inconsistent way services and patients are prioritised for clinical pharmacy input and review.
- Although pharmacists and ward staff very strongly agree that medication reconciliation on admission and at discharge provides great value to patients and staff and the patient flow system, that despite best efforts only about 40% of Gosford patients receive medication reconciliation within 24 hours of admission, increasing to 60% within the admission, and 65% of Wyong patients receive medication reconciliation on admission rising to 90% during the admission.
- There is inconsistency in the way medications and counselling are provided at discharge and the timeliness of this process (which is not always the fault of Pharmacy due to the lack of discharge medication orders). Nevertheless, it was found that not infrequently patients had their discharge delayed, in some cases delayed until the next day because of the unavailability of discharge medications.
- Given that many discharges occur in the late afternoon and that there are many overnight admissions from ED, the current Pharmacy hours often do not meet the need for timely supply of discharge medications or new medications for patients admitted from ED, nor documenting an on-admission medication history or medication reconciliation.
- The balance of the number of pharmacists to technicians across the District is in line with good hospital pharmacy practice being 2:1; the balance of the number of clinical pharmacy staff (pharmacists and technicians), with operational pharmacy staff is appropriate, but for the future should be directed by the number and mix of staff required to perform the highest priority tasks as per agreement between the Pharmacy and each Hospital (and recommended by this Review).
- Although it is difficult to definitively assess without reviewing every imprest list for every imprest location across CCLHD, based on discussions with nurses and pharmacy staff at both Gosford and Wyong hospitals, it's reasonable to conclude that the balance between the products which need to be available in imprest for urgent use or very frequent use and those which need to be individually dispensed (because of restrictions based on indications, prescribers or cost) is appropriate.
- In regard to imprest management, discussions with ward and management staff revealed that nurses are performing pharmaceutical imprest tasks in some wards because Pharmacy has said that it has insufficient staff to perform these tasks in these wards.
- In regard to the model for pharmacy services, from discussions it was concluded that that current district-based model is not as flexible and agile as required to meet demand, or to be integrated more effectively with other services. In addition, the district model has increased a siloed approach to service provision and is less conducive to department wide teamwork / sharing of information and workload.

## Proposed Restructure

After careful consideration of the feedback from stakeholders and the findings of the two reviews a proposed new contemporary structure will be implemented. This new structure will:

- Retain a district-wide leadership role,
- Flatten the existing structure into clinical services, operations and district-wide service streams removing issues of silo's with the current teams based structure,
- Pool pharmacy resources, technicians and pharmacists, within these streams for assignment guided by clinical prioritisation and pharmacists specialty. Streamlining clinical pharmacists away from these small teams into a larger clinical stream team will allow the service to flexibly respond where highest demand occurs.
- Rebalance resources between the two sites,
- Implement a work prioritisation model which prioritises patients with complex health conditions and those at most risk of medication harm and which is:
  - Understood by all pharmacy staff that they may be allocated to wards and specialty care areas to support these priority patients first before their home service/ward non-priority patients,
  - Understood by Heads of Department and Service Managers, and why there may be changes to the levels of pharmacy provided to their service,
- Reduce Team Leader administrative role requirements (rostering, performance management and payroll tasks) and recognise Pharmacist Specialists roles (grade 3s). This change will provide a clear pathway for pharmacists to be recognised for their expertise. This allows focus of their expertise being put into patient care and mentoring junior pharmacists rather than rostering and administration work.
- Reclassify the Pharmacy Procurement Manager role from a Health Services Manager grade to a pharmacists grades/PDs to maximise operational support during peak periods.
- Ensure the service is financially sustainable through reducing the FTE from the current establishment of 94.09 FTE to 85.5 FTE. No current permanent staff will be displaced as the reduction will be achieved by removing existing vacancies.
- Actively involve pharmacy staff and clinical stakeholder in implementing the restructure changes.



**Attachment 2.1 DRAFT Pharmacist PD grades 1 to 5**

<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD – Pharmacist Level 1</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees Pharmacists (State) Award
	Classification: Pharmacist Level 1
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <b>MAXIMUM 3400 characters</b>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	<p>Provide clinical and operational Pharmacy services to the CCLHD to optimise safe and appropriate medication usage for patients and staff, whilst supporting patient flow.</p> <p>This role rotates through a variety of clinical and operational pharmacy areas on an extended rotation schedule.</p>
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <b>MAXIMUM 3400 characters</b>  <b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b>  <b>THIS IS NOT A TASK LIST</b> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Provide clinical and operational Pharmacy services to defined practice area(s) including but not limited to; ward/inpatient units, dispensary, manufacture, cancer care, Hospital-in-the-Home, clinical trials, distribution.</li> <li>• Review, validate, dispense, compound and check medicines, to ensure timely, safe and appropriate provision of key therapy and to facilitate patient flow.</li> <li>• Ensure all care is delivered within professional, organisational, legal, and ethical boundaries with input from supervisor/senior clinician.</li> <li>• Support and oversee tasks undertaken by pharmacy support staff (assistant/technician/other) to achieve safe, appropriate and timely supply of medications to patients.</li> <li>• Support the quality use of medicines by evaluating and optimising individual patient therapy, participating in formal review processes and departmental projects and applying and disseminating evidence-based guidelines and recommendations to improve safe, efficient and economical use of medicines for patients.</li> <li>• Participation in Continuing Professional Development (CPD) activities, including support and active participation in the Pharmacy department programs of education, quality use of medications and</li> </ul>
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	<p>practice-based research to advance pharmacy practice and patient outcomes</p> <ul style="list-style-type: none"> <li>Collaborate effectively as part of a multidisciplinary team, work effectively with colleagues and students in the delivery of timely and appropriate client-focused care.</li> </ul>
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<p><b>KEY CHALLENGES (OPTIONAL)</b> <b>MAXIMUM of 3</b></p> <p><i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i></p>	<ul style="list-style-type: none"> <li>Remaining flexible to changing work and workload priorities due to variations in staffing levels, hospital demand capacity, and resource constraints.</li> <li>Balancing service expectations from medical, nursing staff and patients with Pharmacy department priorities and requirements in a fast-paced challenging environment.</li> <li>Supporting new and innovative approaches to existing work practices as part of continuous improvements.</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<p><b>Internal Relationships</b></p> <p><b>MAXIMUM of 3</b> <b>Both sections to be completed</b></p> <p><i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i></p>	Patients and families/carers	Ensure the delivery of high quality Pharmacy services to support optimal patient care
	Senior Pharmacy staff and Managers	For operational and professional support and mentoring to support patient-centred care
	Health professionals/Multidisciplinary Team	Multidisciplinary collaboration to support the delivery of a high quality service to patients.
<p><b>External Relationships</b></p> <p><b>MAXIMUM of 2</b> <b>Both sections to be completed</b></p>	Community Partners/Vendors	To provide and receive feedback to support seamless care of the patient
	Universities/Educational institutions/Professional bodies	Maintain professional knowledge and provide support with training and/or students

<b>FINANCIAL DELEGATION</b>	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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## ESSENTIAL REQUIREMENTS

*What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check*

- Registered as a practicing pharmacist with the Australian Health Practitioner Regulation Agency (AHPRA) (or eligible for registration within 3 months of commencement)
- Current unencumbered driver's license and ability to travel across sites within the District and to other external sites as required.
- Maintained ability to participate in oncall, afterhours, weekend and public holiday work as required.
- National Criminal Record Check
- Working with Children Check
- Category A Immunisation

### **Responsibilities Under WHS: Non Supervisor**

- You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing.
- Actively identify, communicate and escalate risks and understand their responsibility to manage risk in their day-to-day roles.

## SELECTION CRITERIA

*If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.*

***(Maximum of 8 including Caring for the Coast)***

- Demonstrated effective clinical drug knowledge and competence in its application to achieve safe and efficient quality of care.
- Effective verbal, written and interpersonal communication skills with a demonstrated ability to adapt communication style to suit different audiences.
- Demonstrated ability to take the initiative with skills and experience in managing a complex workload, problem-solving, and application of innovative work practices.
- Proven commitment to professional development, evidence-based practice, continuous improvement, and pharmacy research.
- Demonstrated ability to work collaboratively as part of a team and independently to meet Pharmacy Department objectives

## JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) WHS responsibilities specific to the position.

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Job Demands Frequency Key	
I = Infrequent	intermittent activity exists for a short time on a very infrequent basis
O = Occasional	activity exists up to 1/3 of the time when performing the job
F = Frequent	activity exists between 1/3 and 2/3 of the time when performing the job
C = Constant	activity exists for more than 2/3 or the time when performing the job
R = Repetitive	activity involved repetitive movements
N = Not Applicable	activity is not required to perform the job

**Note: any entries not assigned a value will be automatically set to "N"**

**Click on "Not Applicable" to make a selection from the drop box.**

PHYSICAL DEMANDS – description (Comment)	FREQUENCY
	<b>Job Demands Frequency Key</b>
<b>Sitting</b> – remaining in a seated position to perform tasks	Frequent
<b>Standing</b> – remaining in a standing without moving about to perform tasks	Occasional
<b>Walking</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Occasional
<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
<b>Leg/Foot Movement</b> – use of leg and or foot to operate machinery	Not Applicable
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (0 to 9kg)	Infrequent
<b>Lifting/Carrying</b> – moderate lifting and carrying (10 to 15kg)	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (16kg and above)	Not Applicable
<b>Reaching</b> – arms fully extended forward to raise above shoulder	Infrequent
<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objects toward or away from the body	Infrequent
<b>Head/Neck Postures</b> – holding head in a position other than neutral (facing forward)	Infrequent
<b>Hand and Arm Movements</b> – repetitive movements of hands and arms	Constant
<b>Grasping/Fine Manipulations</b> – gripping, holding, clasping with fingers or hands	Constant
<b>Working at Heights</b> – using ladders, footstools, scaffolding, or other objects to perform work	Not Applicable
<b>Driving/Riding</b> – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle.)	Infrequent
SENSORY DEMANDS – Description (comment)	FREQUENCY
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing of X-rays, computer screen)	Constant
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
<b>Touch</b> – use of touch is an integral part of work performance	Constant
PSYCHOSOCIAL DEMANDS – Description (comment)	FREQUENCY
<b>Distressed People</b> – e.g. emergency or grief situations	Not Applicable
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Not Applicable
<b>Unpredictable People</b> – e.g. dementia, mental illness, head injuries	Not Applicable
<b>Restraining</b> – involvement in physical containment of patient/clients	Not Applicable
<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
ENVIRONMENTAL DEMANDS – Description (comment)	FREQUENCY
<b>Dust</b> – exposure to atmospheric dust	Not Applicable
<b>Gases</b> – working with explosive or flammable gases requiring precautionary measures	Not Applicable

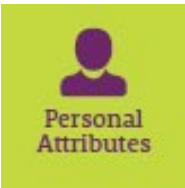



<b>Fumes</b> – exposure to noxious or toxic fumes	Not Applicable
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
<b>Hazardous Substances</b> – e.g. dry chemicals, glues	Not Applicable
<b>Noise</b> – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
<b>Inadequate Lighting</b> – risk of trip, falls or eyestrain	Not Applicable
<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Not Applicable
<b>Slippery or Uneven Surfaces</b> - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
<b>Inadequate Housekeeping</b> - obstructions to walkways and work areas cause trips and falls	Not Applicable
<b>Working At Heights</b> – ladders/stepladders/scaffolding are required to perform tasks	Not Applicable
<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable

### CAPABILITIES FOR THE ROLE

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role’s key accountabilities. Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. **If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.**

Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
	<input type="checkbox"/>	Display Resilience and Courage	Intermediate
	<input type="checkbox"/>	Act with Integrity	Adept
	<input type="checkbox"/>	Manage self	Intermediate
	<input type="checkbox"/>	Value Diversity	Intermediate
	<input type="checkbox"/>	Communicate Effectively	Intermediate
	<input type="checkbox"/>	Commit to Customer Service	Adept
	<input type="checkbox"/>	Work Collaboratively	Intermediate
	<input type="checkbox"/>	Influence and Negotiate	Intermediate
	<input type="checkbox"/>	Deliver Results	Intermediate
	<input type="checkbox"/>	Plan and Prioritise	Intermediate
	<input type="checkbox"/>	Think and Solve Problems	Adept
	<input type="checkbox"/>	Demonstrate Accountability	Intermediate
	<input type="checkbox"/>	Finance	Foundational
	<input type="checkbox"/>	Technology	Intermediate
	<input type="checkbox"/>	Procurement and Contract Management	Foundational
	<input type="checkbox"/>	Project Management	Foundational

<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD – Pharmacist Level 1/2</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees Pharmacists (State) Award
	Classification: Pharmacist Level 1, Pharmacist Level 2
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <b>MAXIMUM 3400 characters</b>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	<p>Provide clinical and operational Pharmacy services to the CCLHD to optimise safe and appropriate medication usage for patients and staff, whilst supporting patient flow.</p> <p>This role rotates through a variety of clinical and operational pharmacy areas on an extended rotation schedule.</p>
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <b>MAXIMUM 3400 characters</b>  <b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b>  <b>THIS IS NOT A TASK LIST</b> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Provide clinical and operational Pharmacy services to defined practice area(s) including but not limited to; ward/inpatient units, dispensary, manufacture, cancer care, Hospital-in-the-Home, clinical trials, distribution.</li> <li>• Review, validate, dispense, compound and check medicines, to ensure timely, safe and appropriate provision of key therapy and to facilitate patient flow.</li> <li>• Ensure all care is delivered within professional, organisational, legal, and ethical boundaries with input from supervisor/senior clinician.</li> <li>• Support and oversee tasks undertaken by pharmacy support staff (assistant/technician/other) to achieve safe, appropriate and timely supply of medications to patients.</li> <li>• Support the quality use of medicines by evaluating and optimising individual patient therapy, participating in formal review processes and departmental projects and applying and disseminating evidence-based guidelines and recommendations to improve safe, efficient and economical use of medicines for patients.</li> <li>• Participation in Continuing Professional Development (CPD) activities, including support and active participation in the Pharmacy department programs of education, quality use of medications and practice-based research to advance pharmacy practice and patient outcomes</li> </ul>
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	<ul style="list-style-type: none"> <li>Collaborate effectively as part of a multidisciplinary team, work effectively with colleagues and students in the delivery of timely and appropriate client-focused care.</li> <li></li> </ul>
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<b>KEY CHALLENGES (OPTIONAL)</b> <b>MAXIMUM of 3</b>  <i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i>	<ul style="list-style-type: none"> <li>Remaining flexible to changing work and workload priorities due to variations in staffing levels, hospital demand capacity, and resource constraints.</li> <li>Balancing service expectations from medical, nursing staff and patients with Pharmacy department priorities and requirements in a fast-paced challenging environment.</li> <li>Supporting new and innovative approaches to existing work practices as part of continuous improvements.</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<b>Internal Relationships</b>  <b>MAXIMUM of 3</b> <b>Both sections to be completed</b> <i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i>	Patients and families/carers	Ensure the delivery of high quality clinical pharmacy services to support optimal patient care
	Senior Pharmacy staff and Managers	For operational and professional support and mentoring to support patient-centred care
	Health professionals/Multidisciplinary Team	Multidisciplinary collaboration to support the delivery of a high quality service to patients.
<b>External Relationships</b>  <b>MAXIMUM of 2</b> <b>Both sections to be completed</b>	Community Partners/Vendors	To provide and receive feedback to support seamless care of the patient
	Universities/Educational institutions/Professional bodies	Maintain professional knowledge and provide support with training and/or students

<b>FINANCIAL DELEGATION</b>	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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**ESSENTIAL REQUIREMENTS**

<p><i>What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check</i></p>	<ul style="list-style-type: none"> <li>• Registered as a practicing pharmacist with the Australian Health Practitioner Regulation Agency (AHPRA) (or eligible for registration within 3 months of commencement)</li> <li>• A Pharmacist who has after registration not less than three years' experience in hospital pharmacy and can demonstrate competency in at least one of the essential competency criteria and 3 other competency criteria as per the NSW Health Employee's Pharmacists (State) Award will be classified as a Pharmacist Grade 2. Otherwise, pharmacists will be employed as a Pharmacist Grade 1, with opportunity to apply for upgrade, pending compliance with the Award.</li> <li>• Current unencumbered driver's license and ability to travel across sites within the District and to other external sites as required.</li> <li>• Maintained ability to participate in oncall, afterhours, weekend and public holiday work as required.</li> <li>• National Criminal Record Check</li> <li>• Working with Children Check</li> <li>• Category A Immunisation</li> </ul> <p><b>Responsibilities Under WHS: Non Supervisor</b></p> <ul style="list-style-type: none"> <li>• You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing.</li> <li>• Actively identify, communicate and escalate risks and understand their responsibility to manage risk in their day-to-day roles.</li> </ul>
<p><b>SELECTION CRITERIA</b> <i>If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.</i> <b>(Maximum of 8 including Caring for the Coast)</b></p>	<ul style="list-style-type: none"> <li>• Demonstrated effective clinical drug knowledge and competence in its application to achieve safe and efficient quality of care.</li> <li>• Effective verbal, written and interpersonal communication skills with a demonstrated ability to adapt communication style to suit different audiences.</li> <li>• Demonstrated ability to take the initiative with skills and experience in managing a complex workload, problem-solving, and application of innovative work practices.</li> <li>• Proven commitment to professional development, evidence-based practice, continuous improvement, and pharmacy research.</li> <li>• Demonstrated ability to work collaboratively as part of a team and independently to meet Pharmacy Department objectives</li> </ul>

<p><b>JOB DEMANDS CHECKLIST</b></p>
<p>The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-</p>



employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) WHS responsibilities specific to the position.

Job Demands Frequency Key	
I = Infrequent	intermittent activity exists for a short time on a very infrequent basis
O = Occasional	activity exists up to 1/3 of the time when performing the job
F = Frequent	activity exists between 1/3 and 2/3 of the time when performing the job
C = Constant	activity exists for more than 2/3 or the time when performing the job
R = Repetitive	activity involved repetitive movements
N = Not Applicable	activity is not required to perform the job

**Note:** any entries not assigned a value will be automatically set to "N"

Click on "Not Applicable" to make a selection from the drop box.

PHYSICAL DEMANDS – description (Comment)	FREQUENCY
	<b>Job Demands Frequency Key</b>
<b>Sitting</b> – remaining in a seated position to perform tasks	Frequent
<b>Standing</b> – remaining in a standing without moving about to perform tasks	Occasional
<b>Walking</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Occasional
<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
<b>Leg/Foot Movement</b> – use of leg and or foot to operate machinery	Not Applicable
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (0 to 9kg)	Infrequent
<b>Lifting/Carrying</b> – moderate lifting and carrying (10 to 15kg)	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (16kg and above)	Not Applicable
<b>Reaching</b> – arms fully extended forward to raise above shoulder	Infrequent
<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objects toward or away from the body	Infrequent
<b>Head/Neck Postures</b> – holding head in a position other than neutral (facing forward)	Infrequent
<b>Hand and Arm Movements</b> – repetitive movements of hands and arms	Constant
<b>Grasping/Fine Manipulations</b> – gripping, holding, clasping with fingers or hands	Constant
<b>Working at Heights</b> – using ladders, footstools, scaffolding, or other objects to perform work	Not Applicable
<b>Driving/Riding</b> – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle.)	Infrequent
<b>SENSORY DEMANDS – Description (comment)</b>	<b>FREQUENCY</b>
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing of X-rays, computer screen)	Constant
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
<b>Touch</b> – use of touch is an integral part of work performance	Constant
<b>PSYCHOSOCIAL DEMANDS – Description (comment)</b>	<b>FREQUENCY</b>
<b>Distressed People</b> – e.g. emergency or grief situations	Not Applicable
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Not Applicable
<b>Unpredictable People</b> – e.g. dementia, mental illness, head injuries	Not Applicable
<b>Restraining</b> – involvement in physical containment of patient/clients	Not Applicable


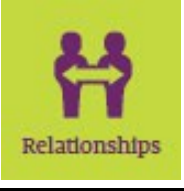


<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
<b>ENVIRONMENTAL DEMANDS</b> – Description (comment)	<b>FREQUENCY</b>
<b>Dust</b> – exposure to atmospheric dust	Not Applicable
<b>Gases</b> – working with explosive or flammable gases requiring precautionary measures	Not Applicable
<b>Fumes</b> – exposure to noxious or toxic fumes	Not Applicable
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
<b>Hazardous Substances</b> – e.g. dry chemicals, glues	Not Applicable
<b>Noise</b> – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
<b>Inadequate Lighting</b> – risk of trip, falls or eyestrain	Not Applicable
<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Not Applicable
<b>Slippery or Uneven Surfaces</b> - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
<b>Inadequate Housekeeping</b> - obstructions to walkways and work areas cause trips and falls	Not Applicable
<b>Working At Heights</b> – ladders/stepladders/scaffolding are required to perform tasks	Not Applicable
<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable

## CAPABILITIES FOR THE ROLE

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role's key accountabilities. Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. **If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.**

Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
 Personal Attributes	<input type="checkbox"/>	Display Resilience and Courage	Intermediate
	<input type="checkbox"/>	Act with Integrity	Adept
	<input type="checkbox"/>	Manage self	Intermediate
	<input type="checkbox"/>	Value Diversity	Intermediate
 Relationships	<input type="checkbox"/>	Communicate Effectively	Intermediate
	<input type="checkbox"/>	Commit to Customer Service	Adept
	<input type="checkbox"/>	Work Collaboratively	Intermediate
	<input type="checkbox"/>	Influence and Negotiate	Intermediate
 Results	<input type="checkbox"/>	Deliver Results	Intermediate
	<input type="checkbox"/>	Plan and Prioritise	Intermediate
	<input type="checkbox"/>	Think and Solve Problems	Adept
	<input type="checkbox"/>	Demonstrate Accountability	Intermediate
 Business Enablers	<input type="checkbox"/>	Finance	Foundational
	<input type="checkbox"/>	Technology	Intermediate
	<input type="checkbox"/>	Procurement and Contract Management	Foundational
	<input type="checkbox"/>	Project Management	Foundational

<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD – Pharmacist Level 2</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees Pharmacists (State) Award
	Classification: Pharmacist Level 2
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <b>MAXIMUM 3400 characters</b>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	<p>Plan, coordinate and deliver high-quality clinical and operational Pharmacy services to the CCLHD to optimise safe and appropriate medication usage for patients and staff, whilst supporting patient flow.</p> <p>Support and where appropriate supervise Pharmacists, Pharmacy interns, support staff and students and actively engage in education/training, and continuous improvement initiatives.</p>
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <b>MAXIMUM 3400 characters</b>  <b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b>  <b>THIS IS NOT A TASK LIST</b> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Provide high-level clinical and operational Pharmacy services and specialist leadership within a defined practice area (as outlined within the role title), acting as a resource, mentor and supervisor to other healthcare professionals, Pharmacy support staff and services to ensure safe, efficient and economical use of medicines.</li> <li>• Review, validate, dispense, compound and check medicines, to ensure timely, safe and appropriate provision of key therapy and to facilitate patient flow.</li> <li>• Ensure all care is delivered within professional, organisational, legal, and ethical boundaries.</li> <li>• Exercise independent professional judgement in solving problems and managing cases where principles, procedures, techniques and methods require expansion, adaptation or modification.</li> <li>• Identify, plan, implement, evaluate, and report on continuous improvement initiatives to promote effectiveness and efficiency of medication use.</li> <li>• Participation in Continuing Professional Development (CPD) activities, including support and active participation in the Pharmacy department programs of education, quality use of medications and practice-based research to advance pharmacy practice and patient outcomes</li> </ul>
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	<ul style="list-style-type: none"> <li>Collaborate effectively as part of a multidisciplinary team, work effectively with colleagues and students in the delivery of timely and appropriate client-focused care</li> </ul>
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<p><b>KEY CHALLENGES (OPTIONAL)</b> <b>MAXIMUM of 3</b></p> <p><i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i></p>	<ul style="list-style-type: none"> <li>Remaining flexible to changing work and workload priorities due to variations in staffing levels, seasonal demand capacity, and resource constraints.</li> <li>Balancing service expectations from medical, nursing staff and patients with Pharmacy department priorities and requirements in a fast-paced challenging environment.</li> <li>Supporting new and innovative approaches to existing work practices as part of continuous improvements.</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<p><b>Internal Relationships</b></p> <p><b>MAXIMUM of 3</b> <b>Both sections to be completed</b></p> <p><i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i></p>	Patients/clients and families/carers and other health professionals	Ensure the delivery of high quality clinical pharmacy services to support optimal patient care
	Senior Pharmacy staff and Managers	For operational and professional support and mentoring to support patient-centred care
	Health Professionals/Multidisciplinary Team members	Multidisciplinary collaboration to support the delivery of a high quality service to patients.
<p><b>External Relationships</b></p> <p><b>MAXIMUM of 2</b> <b>Both sections to be completed</b></p>	Community Partners/Referrers/Vendors	To provide and receive feedback to support seamless care of the patient
	Universities/Educational institutions/Professional bodies or Associations	Two-way support with training and/or students and maintaining professional knowledge

<b>FINANCIAL DELEGATION</b>	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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<b>ESSENTIAL REQUIREMENTS</b>
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<p><i>What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check</i></p>	<ul style="list-style-type: none"> <li>• Registered as a practicing pharmacist with the Australian Health Practitioner Regulation Agency (AHPRA), with a high level of broad generalist and/or specialist knowledge.</li> <li>• Unencumbered driver’s license and ability to travel across the District and to other external sites as required</li> <li>• Maintained ability to participate in oncall, afterhours, weekend and public holiday work as required.</li> <li>• National Criminal Record Check</li> <li>• Working with Children Check</li> <li>• Category A Immunisation</li> </ul> <p><b>Responsibilities Under WHS: Non Supervisor</b></p> <ul style="list-style-type: none"> <li>• You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing.</li> <li>• Actively identify, communicate and escalate risks and understand their responsibility to manage risk in their day-to-day roles.</li> </ul>
<p><b>SELECTION CRITERIA</b> <i>If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.</i> <b>(Maximum of 8 including Caring for the Coast)</b></p>	<ul style="list-style-type: none"> <li>• Demonstrated effective clinical drug knowledge and competence in its application to achieve safe and efficient care in specialty practice area (as outlined within the role title).</li> <li>• Well-developed written, verbal and interpersonal communication skills.</li> <li>• Ability to provide in-depth advice and education to enhance service delivery and guide and support others in service excellence, with the capacity to provide clinical supervision to other staff.</li> <li>• Demonstrated advanced reasoning and problem-solving skills, effective time management and the ability to prioritise workload.</li> <li>• Demonstrated ability to work collaboratively as part of a team and independently to meet Pharmacy Department objectives</li> <li>• Proven commitment to professional development, evidence-based practice and continuous improvement.</li> </ul>

<p><b>JOB DEMANDS CHECKLIST</b></p>
<p>The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.</p> <p>Each position should be assessed at the site as to the incumbent’s (or future incumbent’s) WHS responsibilities specific to the position.</p>

<p><b>Job Demands Frequency Key</b></p>	
<p>I = Infrequent</p>	<p>intermittent activity exists for a short time on a very infrequent basis</p>
<p>O = Occasional</p>	<p>activity exists up to 1/3 of the time when performing the job</p>

F = Frequent	activity exists between 1/3 and 2/3 of the time when performing the job
C = Constant	activity exists for more than 2/3 or the time when performing the job
R = Repetitive	activity involved repetitive movements
N = Not Applicable	activity is not required to perform the job

**Note:** any entries not assigned a value will be automatically set to "N"

Click on "Not Applicable" to make a selection from the drop box.

PHYSICAL DEMANDS – description (Comment)	FREQUENCY
	<b>Job Demands Frequency Key</b>
<b>Sitting</b> – remaining in a seated position to perform tasks	Frequent
<b>Standing</b> – remaining in a standing without moving about to perform tasks	Occasional
<b>Walking</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Occasional
<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
<b>Leg/Foot Movement</b> – use of leg and or foot to operate machinery	Not Applicable
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (0 to 9kg)	Infrequent
<b>Lifting/Carrying</b> – moderate lifting and carrying (10 to 15kg)	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (16kg and above)	Not Applicable
<b>Reaching</b> – arms fully extended forward to raise above shoulder	Infrequent
<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objects toward or away from the body	Infrequent
<b>Head/Neck Postures</b> – holding head in a position other than neutral (facing forward)	Infrequent
<b>Hand and Arm Movements</b> – repetitive movements of hands and arms	Constant
<b>Grasping/Fine Manipulations</b> – gripping, holding, clasping with fingers or hands	Constant
<b>Working at Heights</b> – using ladders, footstools, scaffolding, or other objects to perform work	Not Applicable
<b>Driving/Riding</b> – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle.)	Infrequent
SENSORY DEMANDS – Description (comment)	FREQUENCY
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing of X-rays, computer screen)	Constant
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
<b>Touch</b> – use of touch is an integral part of work performance	Constant
PSYCHOSOCIAL DEMANDS – Description (comment)	FREQUENCY
<b>Distressed People</b> – e.g. emergency or grief situations	Not Applicable
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Not Applicable
<b>Unpredictable People</b> – e.g. dementia, mental illness, head injuries	Not Applicable
<b>Restraining</b> – involvement in physical containment of patient/clients	Not Applicable
<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
ENVIRONMENTAL DEMANDS – Description (comment)	FREQUENCY
<b>Dust</b> – exposure to atmospheric dust	Not Applicable
<b>Gases</b> – working with explosive or flammable gases requiring precautionary measures	Not Applicable
<b>Fumes</b> – exposure to noxious or toxic fumes	Not Applicable
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
<b>Hazardous Substances</b> – e.g. dry chemicals, glues	Not Applicable
<b>Noise</b> – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
<b>Inadequate Lighting</b> – risk of trip, falls or eyestrain	Not Applicable





<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Not Applicable
<b>Slippery or Uneven Surfaces</b> - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
<b>Inadequate Housekeeping</b> - obstructions to walkways and work areas cause trips and falls	Not Applicable
<b>Working At Heights</b> – ladders/stepladders/scaffolding are required to perform tasks	Not Applicable
<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable

### CAPABILITIES FOR THE ROLE

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role’s key accountabilities. Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. **If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.**

Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
 Personal Attributes	<input type="checkbox"/>	Display Resilience and Courage	Adept
	<input type="checkbox"/>	Act with Integrity	Adept
	<input type="checkbox"/>	Manage self	Adept
	<input type="checkbox"/>	Value Diversity	Adept
 Relationships	<input type="checkbox"/>	Communicate Effectively	Adept
	<input type="checkbox"/>	Commit to Customer Service	Adept
	<input type="checkbox"/>	Work Collaboratively	Adept
	<input type="checkbox"/>	Influence and Negotiate	Intermediate
 Results	<input type="checkbox"/>	Deliver Results	Intermediate
	<input type="checkbox"/>	Plan and Prioritise	Intermediate
	<input type="checkbox"/>	Think and Solve Problems	Intermediate
	<input type="checkbox"/>	Demonstrate Accountability	Intermediate
 Business Enablers	<input type="checkbox"/>	Finance	Foundational
	<input type="checkbox"/>	Technology	Intermediate
	<input type="checkbox"/>	Procurement and Contract Management	Foundational
	<input type="checkbox"/>	Project Management	Foundational



<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD – Pharmacist Level 3</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees Pharmacists (State) Award
	Classification: Pharmacist Level 3
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <b>MAXIMUM 3400 characters</b>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	<p>Provide leadership, delivering specialist clinical pharmacy services which may include inpatient, outpatient and/or community services.</p> <p>Lead by example in providing supervision and support of junior pharmacists and/or pharmacy assistants/technicians to optimise performance and achieve excellence in service provision.</p>
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <b>MAXIMUM 3400 characters</b>  <b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b>  <b>THIS IS NOT A TASK LIST</b> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Leadership, co-ordination, management, and development of pharmacy services to the defined practice area(s) (as outlined within the role title), ensuring that the Pharmacy service (clinical, operational and workforce) performance goals and targets are achieved.</li> <li>• Provide specialist clinical leadership, acting as a resource, mentor and peer supervisor to other health care professionals and services to enhance capability and knowledge of staff to deliver optimal care within professional, organisational, legal, and ethical boundaries</li> <li>• Identify, plan, implement, evaluate, and report on continuous improvement initiatives to promote effectiveness and efficiency of medication use.</li> <li>• Work in collaborative partnerships with other Pharmacy department staff and key stakeholders external to Pharmacy as appropriate, and actively lead and support programs of education, quality use of medications, in a creative, innovative patient-centred pharmacy service.</li> <li>• Review, validate, dispense, compound and check medicines, to ensure timely, safe and appropriate provision of key therapy and to facilitate patient flow.</li> </ul>
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<b>KEY CHALLENGES (OPTIONAL)</b> <b>MAXIMUM of 3</b>  <i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i>	<ul style="list-style-type: none"> <li>To deliver effective services to the defined practice area(s) as part of the CCLHD Pharmacy team within available resources (human, financial, physical).</li> <li>Responding to a wide range of current and emerging priorities while maintaining a safe and effective service.</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<b>Internal Relationships</b>  <b>MAXIMUM of 3</b> <b>Both sections to be completed</b> <i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i>	Patients/clients and families/carers and other health professionals	Ensure the delivery of high quality pharmacy services to support optimal patient care
	Pharmacy Managers	For operational and professional support and mentoring to support patient-centred care
	Health Professionals / Multidisciplinary Team members	Multidisciplinary collaboration to support the delivery of a high quality service to patients.
<b>External Relationships</b>  <b>MAXIMUM of 2</b> <b>Both sections to be completed</b>	Community Partners / Referrers / Vendors	To provide and receive feedback to support seamless care of the patient
	Universities / Educational institutions / Professional bodies or Associations	Two-way support with training staff, supporting students, and maintaining own professional knowledge

<b>FINANCIAL DELEGATION</b>	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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<b>ESSENTIAL REQUIREMENTS</b>	
<i>What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check</i>	<ul style="list-style-type: none"> <li>Registered as a practicing pharmacist with the Australian Health Practitioner Regulation Agency (AHPRA), with a high level of broad generalist and/or specialist knowledge.</li> <li>Unencumbered driver's license and ability to travel across the District and to other external sites as required</li> <li>National Criminal Record Check</li> <li>Working with Children Check</li> </ul>

	<ul style="list-style-type: none"> <li>• Category A Immunisation</li> <li>• Ability to rotate across CCLHD sites, participate in oncall, afterhours, weekend and public holiday work if required</li> </ul> <p><b>Responsibilities Under WHS: Supervisor</b></p> <p>As a leader, you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace.</p>
<p><b>SELECTION CRITERIA</b>  <i>If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.</i>  <b>(Maximum of 8 including Caring for the Coast)</b></p>	<ul style="list-style-type: none"> <li>• Significant experience and a demonstrated high level of competence, expertise, skill and application of clinical judgment in clinical pharmacy services relevant to the defined practice area(s) (as outlined within the role title).</li> <li>• Demonstrated ability to lead by example in proactively building and maintaining cooperative professional patient-centred relationships through the application of well-developed written, verbal, interpersonal, negotiation, influencing, and conflict resolution skills to assist in building a positive work culture.</li> <li>• Demonstrated ability to develop high-quality written guidelines, procedures, educational, research or business materials.</li> <li>• Demonstrated advanced reasoning and problem-solving skills, effective time management and the ability to prioritise a complex workload while applying professional and ethical boundaries.</li> <li>• Successful track record of active participation in professional development, evidence-informed practice and continuous improvement in area of specialty.</li> <li>• Demonstrated ability to work collaboratively as part of a team and independently to meet Pharmacy Department objectives</li> <li>• Demonstrated experience in the use of electronic applications, including provision of staff training initiatives, and monitoring in support of safe, efficient and waste management practices.</li> </ul>

**JOB DEMANDS CHECKLIST**

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent’s (or future incumbent’s) WHS responsibilities specific to the position.

Job Demands Frequency Key	
I = Infrequent	intermittent activity exists for a short time on a very infrequent basis
O = Occasional	activity exists up to 1/3 of the time when performing the job
F = Frequent	activity exists between 1/3 and 2/3 of the time when performing the job
C = Constant	activity exists for more than 2/3 or the time when performing the job
R = Repetitive	activity involved repetitive movements
N = Not Applicable	activity is not required to perform the job

**Note:** any entries not assigned a value will be automatically set to "N"

Click on "Not Applicable" to make a selection from the drop box.

PHYSICAL DEMANDS – description (Comment)	FREQUENCY
	<b>Job Demands Frequency Key</b>
<b>Sitting</b> – remaining in a seated position to perform tasks	Frequent
<b>Standing</b> – remaining in a standing without moving about to perform tasks	Occasional
<b>Walking</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Occasional
<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
<b>Leg/Foot Movement</b> – use of leg and or foot to operate machinery	Not Applicable
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (0 to 9kg)	Infrequent
<b>Lifting/Carrying</b> – moderate lifting and carrying (10 to 15kg)	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (16kg and above)	Not Applicable
<b>Reaching</b> – arms fully extended forward to raise above shoulder	Frequent
<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objects toward or away from the body	Infrequent
<b>Head/Neck Postures</b> – holding head in a position other than neutral (facing forward)	Infrequent
<b>Hand and Arm Movements</b> – repetitive movements of hands and arms	Constant
<b>Grasping/Fine Manipulations</b> – gripping, holding, clasping with fingers or hands	Constant
<b>Working at Heights</b> – using ladders, footstools, scaffolding, or other objects to perform work	Infrequent
<b>Driving/Riding</b> – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle.)	Infrequent
SENSORY DEMANDS – Description (comment)	FREQUENCY
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing of X-rays, computer screen)	Constant
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
<b>Touch</b> – use of touch is an integral part of work performance	Constant
PSYCHOSOCIAL DEMANDS – Description (comment)	FREQUENCY
<b>Distressed People</b> – e.g. emergency or grief situations	Infrequent
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Infrequent
<b>Unpredictable People</b> – e.g. dementia, mental illness, head injuries	Infrequent
<b>Restraining</b> – involvement in physical containment of patient/clients	Not Applicable
<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
ENVIRONMENTAL DEMANDS – Description (comment)	FREQUENCY
<b>Dust</b> – exposure to atmospheric dust	Not Applicable
<b>Gases</b> – working with explosive or flammable gases requiring precautionary measures	Not Applicable
<b>Fumes</b> – exposure to noxious or toxic fumes	Not Applicable
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable





<b>Hazardous Substances</b> – e.g. dry chemicals, glues	Not Applicable
<b>Noise</b> – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
<b>Inadequate Lighting</b> – risk of trip, falls or eyestrain	Not Applicable
<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Infrequent
<b>Slippery or Uneven Surfaces</b> - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
<b>Inadequate Housekeeping</b> - obstructions to walkways and work areas cause trips and falls	Not Applicable
<b>Working At Heights</b> – ladders/stapladders/scaffolding are required to perform tasks	Infrequent
<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable

### CAPABILITIES FOR THE ROLE

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role's key accountabilities. Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. **If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.**

Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
	<input type="checkbox"/>	Display Resilience and Courage	Adept
	<input type="checkbox"/>	Act with Integrity	Adept
	<input type="checkbox"/>	Manage self	Advanced
	<input type="checkbox"/>	Value Diversity	Adept
	<input type="checkbox"/>	Communicate Effectively	Adept
	<input type="checkbox"/>	Commit to Customer Service	Adept
	<input type="checkbox"/>	Work Collaboratively	Adept
	<input type="checkbox"/>	Influence and Negotiate	Intermediate
	<input type="checkbox"/>	Deliver Results	Adept
	<input type="checkbox"/>	Plan and Prioritise	Adept
	<input type="checkbox"/>	Think and Solve Problems	Adept
	<input type="checkbox"/>	Demonstrate Accountability	Intermediate
	<input type="checkbox"/>	Finance	Foundational
	<input type="checkbox"/>	Technology	Adept
	<input type="checkbox"/>	Procurement and Contract Management	Foundational
	<input type="checkbox"/>	Project Management	Adept

<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD – Pharmacist Level 4</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees Pharmacists (State) Award
	Classification: Pharmacist Level 4
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <b>MAXIMUM 3400 characters</b>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	<p>Provide overall leadership, co-ordination, management and development of specialist pharmacy services in the defined practice area to the CCLHD</p> <p>The position is required to undertake a clinical and leadership role, including support to junior and senior (Grade 3) pharmacists, pharmacy technicians and other support staff.</p>
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <b>MAXIMUM 3400 characters</b>  <b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b>  <b>THIS IS NOT A TASK LIST</b> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Leadership, co-ordination, participation and development of clinical pharmacy services within CCLHD, ensuring that the Pharmacy service (clinical, operational and workforce) performance goals and targets are achieved.</li> <li>• Provide Supervision, support, assessment and operational management (including performance management) of pharmacy staff assigned to the defined practice area team to optimise performance and achieve excellence in service provision, working in accordance with ethical and legislative requirements</li> <li>• Review workload and speciality combinations and work with management to build rosters and ensure efficient management of staff and clinical resources.</li> <li>• Work in collaborative partnerships with other Pharmacy department staff and actively lead and support programs of education, quality use of medications, and practice-based research in a creative, innovative patient-centred pharmacy service.</li> <li>• Reviewing, validating, dispensing, compounding and checking of medicines, according to local guidelines and training validations to ensure timely provision of key therapy and to facilitate patient flow.</li> </ul>
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<b>KEY CHALLENGES (OPTIONAL)</b> <b>MAXIMUM of 3</b>	<ul style="list-style-type: none"> <li>• To deliver effective services to the defined practice area(s) as part of the CCLHD Pharmacy team within available resources (human, financial, physical).</li> </ul>
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<p><i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i></p>	<ul style="list-style-type: none"> <li>• Responding to a wide range of current and emerging priorities while maintaining a safe and effective service.</li> <li>• Managing, coaching, mentoring and assessing staff working within the clinical service through performance review, training, supervision and rostering to ensure quality of services.</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<p><b>Internal Relationships</b></p> <p><b>MAXIMUM of 3</b> <b>Both sections to be completed</b></p> <p><i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i></p>	Patients/clients and families/carers and other health professionals	Ensure the delivery of high quality pharmacy services to support optimal patient care
	Pharmacy Managers	For operational and professional support and mentoring to support patient-centred care
	Health Professionals/Multidisciplinary Team members	Multidisciplinary collaboration to support the delivery of a high quality service to patients.
<p><b>External Relationships</b></p> <p><b>MAXIMUM of 2</b> <b>Both sections to be completed</b></p>	Community Partners/Referrers/Vendors	To provide and receive feedback to support seamless care of the patient
	Universities/Educational institutions/Professional bodies or Associations	Two-way support with training and/or students and maintaining professional knowledge

<b>FINANCIAL DELEGATION</b>	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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ESSENTIAL REQUIREMENTS	
<p><i>What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check</i></p>	<ul style="list-style-type: none"> <li>• Registered as a practicing pharmacist with the Australian Health Practitioner Regulation Agency (AHPRA), with a high level of broad generalist and/or specialist knowledge.</li> <li>• Unencumbered driver's license and ability to travel across the District and to other external sites as required</li> <li>• National Criminal Record Check</li> <li>• Working with Children Check</li> <li>• Category A Immunisation</li> </ul>

	<p><b>Responsibilities Under WHS: Supervisor</b></p> <p>As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace.</p>
<p><b>SELECTION CRITERIA</b>  <i>If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.</i>  <b>(Maximum of 8 including Caring for the Coast)</b></p>	<ul style="list-style-type: none"> <li>• Significant experience and a demonstrated high level of competence, expertise, skill and application of clinical judgment in hospital clinical pharmacy services</li> <li>• Demonstrated ability to lead by example in proactively building and maintaining cooperative professional and therapeutic relationships through the application of well-developed written, verbal, interpersonal, negotiation, influencing, and conflict resolution skills to assist in building a positive work culture.</li> <li>• Demonstrated ability to develop high-quality written guidelines, procedures, educational, research or business materials.</li> <li>• Demonstrated experience in leading, initiating, mentoring, completing and presenting quality improvement activities, research and service evaluation process. Extensive experience in clinical teaching and supervision for students and allied health staff.</li> <li>• Extensive skills and specialist knowledge in provision of current clinical practice. Ability to take responsibility for the delivery of evidence-based practice for consumers, carers and families.</li> <li>• Proven ability to work autonomously, including the ability to prioritise work, manage conflicting demands, monitor individual performance, problem solve and utilise independent professional judgement.</li> </ul>

### JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) WHS responsibilities specific to the position.

### Job Demands Frequency Key

I = Infrequent	intermittent activity exists for a short time on a very infrequent basis
O = Occasional	activity exists up to 1/3 of the time when performing the job
F = Frequent	activity exists between 1/3 and 2/3 of the time when performing the job



C = Constant	activity exists for more than 2/3 or the time when performing the job
R = Repetitive	activity involved repetitive movements
N = Not Applicable	activity is not required to perform the job

**Note:** any entries not assigned a value will be automatically set to "N"

Click on "Not Applicable" to make a selection from the drop box.

PHYSICAL DEMANDS – description (Comment)	FREQUENCY
	<b>Job Demands Frequency Key</b>
<b>Sitting</b> – remaining in a seated position to perform tasks	Frequent
<b>Standing</b> – remaining in a standing without moving about to perform tasks	Occasional
<b>Walking</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Occasional
<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
<b>Leg/Foot Movement</b> – use of leg and or foot to operate machinery	Not Applicable
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (0 to 9kg)	Infrequent
<b>Lifting/Carrying</b> – moderate lifting and carrying (10 to 15kg)	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (16kg and above)	Not Applicable
<b>Reaching</b> – arms fully extended forward to raise above shoulder	Infrequent
<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objects toward or away from the body	Infrequent
<b>Head/Neck Postures</b> – holding head in a position other than neutral (facing forward)	Infrequent
<b>Hand and Arm Movements</b> – repetitive movements of hands and arms	Constant
<b>Grasping/Fine Manipulations</b> – gripping, holding, clasping with fingers or hands	Constant
<b>Working at Heights</b> – using ladders, footstools, scaffolding, or other objects to perform work	Not Applicable
<b>Driving/Riding</b> – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle.)	Infrequent
<b>SENSORY DEMANDS – Description (comment)</b>	<b>FREQUENCY</b>
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing of X-rays, computer screen)	Constant
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
<b>Touch</b> – use of touch is an integral part of work performance	Constant
<b>PSYCHOSOCIAL DEMANDS – Description (comment)</b>	<b>FREQUENCY</b>
<b>Distressed People</b> – e.g. emergency or grief situations	Not Applicable
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Not Applicable
<b>Unpredictable People</b> – e.g. dementia, mental illness, head injuries	Not Applicable
<b>Restraining</b> – involvement in physical containment of patient/clients	Not Applicable
<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
<b>ENVIRONMENTAL DEMANDS – Description (comment)</b>	<b>FREQUENCY</b>
<b>Dust</b> – exposure to atmospheric dust	Not Applicable
<b>Gases</b> – working with explosive or flammable gases requiring precautionary measures	Not Applicable
<b>Fumes</b> – exposure to noxious or toxic fumes	Not Applicable
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
<b>Hazardous Substances</b> – e.g. dry chemicals, glues	Not Applicable
<b>Noise</b> – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
<b>Inadequate Lighting</b> – risk of trip, falls or eyestrain	Not Applicable
<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable





<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Not Applicable
<b>Slippery or Uneven Surfaces</b> - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
<b>Inadequate Housekeeping</b> - obstructions to walkways and work areas cause trips and falls	Not Applicable
<b>Working At Heights</b> – ladders/stepladders/scaffolding are required to perform tasks	Not Applicable
<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable

### CAPABILITIES FOR THE ROLE

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role’s key accountabilities. Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. **If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.**

Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
 Personal Attributes	<input type="checkbox"/>	Display Resilience and Courage	Adept
	<input type="checkbox"/>	Act with Integrity	Adept
	<input type="checkbox"/>	Manage self	Advanced
	<input type="checkbox"/>	Value Diversity	Adept
 Relationships	<input type="checkbox"/>	Communicate Effectively	Adept
	<input type="checkbox"/>	Commit to Customer Service	Adept
	<input type="checkbox"/>	Work Collaboratively	Adept
	<input type="checkbox"/>	Influence and Negotiate	Intermediate
 Results	<input type="checkbox"/>	Deliver Results	Adept
	<input type="checkbox"/>	Plan and Prioritise	Adept
	<input type="checkbox"/>	Think and Solve Problems	Adept
	<input type="checkbox"/>	Demonstrate Accountability	Intermediate
 Business Enablers	<input type="checkbox"/>	Finance	Foundational
	<input type="checkbox"/>	Technology	Adept
	<input type="checkbox"/>	Procurement and Contract Management	Foundational
	<input type="checkbox"/>	Project Management	Adept

<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD – Deputy Director of Pharmacy Level 5</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees Pharmacists (State) Award
	Classification: Pharmacist Level 5
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <b>MAXIMUM 3400 characters</b>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	<p>Leadership, coordination, management, and development of effective clinical and operational pharmacy services at the appointed hospital consistent with best practice professional standards and within the organisational budgetary framework, to ensure the safe, efficient and economical use of medicines for patients within CCLHD</p> <p>Operationally and professionally manage direct reports at the appointed Hospital as well as playing a strategic role in supporting the Pharmacy leadership team in determining services, standards and priorities for the pharmacy department across CCLHD.</p>
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <b>MAXIMUM 3400 characters</b>  <b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b>  <b>THIS IS NOT A TASK LIST</b> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Leadership, support and operational management (including performance management of direct reports) to optimise performance and achieve excellence across all aspects of pharmacy services</li> <li>• Demonstrate leadership in the achievement of team and organisation goals and objectives, including planning, implementing, evaluating and reporting on services, to promote efficient and effective clinical care and team performance.</li> <li>• Ensuring that pharmacy service (clinical, operational, workforce and financial) performance goals and targets are achieved, including the development and maintenance of positive working relationships with pharmacy staff and other key stakeholders, through the use of effective communication and collaboration strategies</li> <li>• Active support, participation and commitment to the professional development of the department including programs of education, quality use of medications, practice-based research and contributing to a creative, innovative patient-centred pharmacy service aligned to CCLHD strategic goals</li> </ul>
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<b>KEY CHALLENGES (OPTIONAL)</b> <b>MAXIMUM of 3</b>	<ul style="list-style-type: none"> <li>• To consistently manage provision of safe, effective and timely pharmacy services to the required standard and across a health facility within allocated resources (human, financial, physical)</li> </ul>
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<p><i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i></p>	<ul style="list-style-type: none"> <li>Respond and adapt to a wide range of priorities (current and emerging) while maintaining an effective Pharmacy service</li> <li>Managing organisational expectations in a fast-paced dynamic environment with direct support to the Director of Pharmacy</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<p><b>Internal Relationships</b></p> <p><b>MAXIMUM of 3</b> <b>Both sections to be completed</b></p> <p><i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i></p>	Patients/clients and families/carers and other health professionals	Ensure the delivery of high quality clinical pharmacy services to support optimal patient care
	Pharmacy Leadership	For operational and professional support to develop a high functioning team and to ensure department reaches strategic and operational goals
	Health Professionals/Multidisciplinary Team members	Multidisciplinary collaboration to support the delivery of a high quality service to patients.
<p><b>External Relationships</b></p> <p><b>MAXIMUM of 2</b> <b>Both sections to be completed</b></p>	Community Partners/Referrers/Vendors	To provide and receive feedback to support seamless care of the patient
	Universities/Educational institutions/Professional bodies or Associations	Two-way support with training and/or students and maintaining professional knowledge

FINANCIAL DELEGATION	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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ESSENTIAL REQUIREMENTS	
<p><i>What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check</i></p>	<ul style="list-style-type: none"> <li>Registered as a practicing pharmacist with the Australian Health Practitioner Regulation Agency (AHPRA)</li> <li>Unencumbered driver's license and ability to travel across the District and to other external sites as required</li> <li>Maintained ability to participate in oncall, afterhours, weekend and public holiday work as required.</li> <li>National Criminal Record Check</li> </ul>

	<ul style="list-style-type: none"> <li>• Working with Children Check</li> <li>• Category B Immunisation</li> </ul> <p><b>Responsibilities Under WHS: Supervisor</b></p> <p>As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace.</p>
<p><b>SELECTION CRITERIA</b></p> <p><i>If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.</i></p> <p><b>(Maximum of 8 including Caring for the Coast)</b></p>	<ul style="list-style-type: none"> <li>• Extensive experience in hospital pharmacy practice, preferably in a large teaching hospital, including experience managing the provision of pharmacy services in accordance with National Safety and Quality Health Standards</li> <li>• Demonstrated ability to lead by example in proactively building and maintaining cooperative professional and therapeutic relationships through the application of well-developed written, verbal, interpersonal, negotiation, influencing, and conflict resolution skills to assist in building a positive work culture.</li> <li>• Proven ability and commitment to effectively role model, champion and promote teamwork, manage and develop staff and the ability to recognise and develop talent, build co-operation and overcome barriers to teamwork, communication and collaboration</li> <li>• Demonstrated skills and experience in service planning, including the identification, implementation and evaluation of initiatives to ensure continual quality enhancement and the attainment of operational and performance targets within negotiated timeframes</li> <li>• Significant experience and a demonstrated high level of competence, expertise, skill and application of clinical judgment in clinical pharmacy services relevant to defined practice area(s)</li> </ul>

#### JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) WHS responsibilities specific to the position.

Job Demands Frequency Key	
I = Infrequent	intermittent activity exists for a short time on a very infrequent basis
O = Occasional	activity exists up to 1/3 of the time when performing the job
F = Frequent	activity exists between 1/3 and 2/3 of the time when performing the job
C = Constant	activity exists for more than 2/3 or the time when performing the job
R = Repetitive	activity involved repetitive movements
N = Not Applicable	activity is not required to perform the job

**Note:** any entries not assigned a value will be automatically set to "N"

Click on "Not Applicable" to make a selection from the drop box.

PHYSICAL DEMANDS – description (Comment)	FREQUENCY
	Job Demands Frequency Key
<b>Sitting</b> – remaining in a seated position to perform tasks	Frequent
<b>Standing</b> – remaining in a standing without moving about to perform tasks	Frequent
<b>Walking</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Frequent
<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
<b>Leg/Foot Movement</b> – use of leg and or foot to operate machinery	Not Applicable
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (0 to 9kg)	Infrequent
<b>Lifting/Carrying</b> – moderate lifting and carrying (10 to 15kg)	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (16kg and above)	Not Applicable
<b>Reaching</b> – arms fully extended forward to raise above shoulder	Infrequent
<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objects toward or away from the body	Infrequent
<b>Head/Neck Postures</b> – holding head in a position other than neutral (facing forward)	Infrequent
<b>Hand and Arm Movements</b> – repetitive movements of hands and arms	Constant
<b>Grasping/Fine Manipulations</b> – gripping, holding, clasping with fingers or hands	Constant
<b>Working at Heights</b> – using ladders, footstools, scaffolding, or other objects to perform work	Not Applicable
<b>Driving/Riding</b> – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle.)	Infrequent
SENSORY DEMANDS – Description (comment)	FREQUENCY
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing of X-rays, computer screen)	Constant
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
<b>Touch</b> – use of touch is an integral part of work performance	Constant
PSYCHOSOCIAL DEMANDS – Description (comment)	FREQUENCY
<b>Distressed People</b> – e.g. emergency or grief situations	Infrequent
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Not Applicable
<b>Unpredictable People</b> – e.g. dementia, mental illness, head injuries	Not Applicable
<b>Restraining</b> – involvement in physical containment of patient/clients	Not Applicable
<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
ENVIRONMENTAL DEMANDS – Description (comment)	FREQUENCY
<b>Dust</b> – exposure to atmospheric dust	Not Applicable
<b>Gases</b> – working with explosive or flammable gases requiring precautionary measures	Not Applicable
<b>Fumes</b> – exposure to noxious or toxic fumes	Infrequent
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Infrequent





<b>Hazardous Substances</b> – e.g. dry chemicals, glues	Not Applicable
<b>Noise</b> – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
<b>Inadequate Lighting</b> – risk of trip, falls or eyestrain	Not Applicable
<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Not Applicable
<b>Slippery or Uneven Surfaces</b> - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
<b>Inadequate Housekeeping</b> - obstructions to walkways and work areas cause trips and falls	Not Applicable
<b>Working At Heights</b> – ladders/stapladders/scaffolding are required to perform tasks	Not Applicable
<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable


### CAPABILITIES FOR THE ROLE

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role’s key accountabilities. Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. **If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.**

Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
	<input type="checkbox"/>	Display Resilience and Courage	Adept
	<input type="checkbox"/>	Act with Integrity	Adept
	<input type="checkbox"/>	Manage self	Adept
	<input type="checkbox"/>	Value Diversity	Adept
	<input type="checkbox"/>	Communicate Effectively	Advanced
	<input type="checkbox"/>	Commit to Customer Service	Advanced
	<input type="checkbox"/>	Work Collaboratively	Advanced
	<input type="checkbox"/>	Influence and Negotiate	Adept
	<input type="checkbox"/>	Deliver Results	Advanced
	<input type="checkbox"/>	Plan and Prioritise	Advanced
	<input type="checkbox"/>	Think and Solve Problems	Advanced
	<input type="checkbox"/>	Demonstrate Accountability	Advanced
	<input type="checkbox"/>	Finance	Adept
	<input type="checkbox"/>	Technology	Intermediate
	<input type="checkbox"/>	Procurement and Contract Management	Intermediate
	<input type="checkbox"/>	Project Management	Adept
	<input type="checkbox"/>	Manage and Develop People	Adept
	<input type="checkbox"/>	Inspire Direction and Purpose	Adept
	<input type="checkbox"/>	Optimise Business Outcomes	Adept

Capability Group	Focus?	Capability Name	Level
 People Management	<input type="checkbox"/>	Manage Reform and Change	Adept



## Attachment 2.2 DRAFT Pharmacist Assistant level 1 to 2, Technician level 1

<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD –Pharmacy Assistant Grade 1, Pharmacy Assistant Grade 2, Pharmacy Technician Grade 1</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees (state) Award
	Classification: Pharmacy Assistant Grade 1, Pharmacy Assistant Grade 2 Pharmacy Technician Grade 1
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <i><b>MAXIMUM 3400 characters</b></i>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	Provide pharmaceutical dispensing, technical support, distribution, and coordination of medicines under the supervision of a pharmacist, on a rotating roster across CCLHD, including after hours, weekends and public holiday rosters.
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <i><b>MAXIMUM 3400 characters</b></i>  <i><b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b></i>  <i><b>THIS IS NOT A TASK LIST</b></i> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Management and handling of medicines including drug distribution and dispensing and inventory management to ensure effective medicines management for patients in compliance with pharmacy and hospital guidelines, protocols and procedures, NSW Health legislation and National Standards.</li> <li>• Identify medication issues that may cause harm or risk to patients and/or staff and report to appropriate senior staff member.</li> <li>• Assist with administrative and clerical tasks in support of the Pharmacy’s daily operations.</li> <li>• Develop individual knowledge and skills through active participation in programs of education and training, performance management and development, practice improvement and quality use of medication to advance patient outcomes and pharmacy practice.</li> <li>• Actively contribute to achievement of team goals, KPIs and improved patient care through effective communication, collaboration, strong work ethic, and organisational skills to maintain positive workplace partnerships within Pharmacy and with external stakeholders.</li> <li>• Support cost and waste management strategies.</li> </ul>
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	<ul style="list-style-type: none"> <li>Supporting innovative approaches to existing work practices as part of continuous improvements</li> </ul>
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<b>KEY CHALLENGES (OPTIONAL)</b> <b>MAXIMUM of 3</b>  <i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i>	<ul style="list-style-type: none"> <li>Responding and prioritising (with guidance from senior Pharmacy staff) to service expectations from medical, nursing staff and patients, in addition to Pharmacy department priorities and requirements in a fast-paced dynamic environment.</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<b>Internal Relationships</b>  <b>MAXIMUM of 3</b> <b>Both sections to be completed</b> <i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i>	Clients, patients and families/carers	Ensure the delivery of high quality clinical pharmacy services to support optimal patient care
	Manager/Senior Pharmacy staff	For operational support, communication related to service delivery and escalation of issues
	Health professionals/ Multidisciplinary Team	Multidisciplinary collaboration to support the delivery of a high quality service to patients.
<b>External Relationships</b>  <b>MAXIMUM of 2</b> <b>Both sections completed</b>	Community Partners/Vendors	To provide and receive feedback to support the seamless care of the patient
	Universities/Educational institutions/Professional bodies	Two-way support with training staff, supporting students, and maintaining own professional knowledge

<b>FINANCIAL DELEGATION</b>	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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**ESSENTIAL REQUIREMENTS**

<p><i>What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check</i></p>	<ul style="list-style-type: none"> <li>• Pharmacy assistant Grade 1: No formal qualification</li> <li>• Pharmacy Assistant Grade 2: holds a qualification in a relevant field recognised by the Pharmaceutical Society of Australia or up to the level of Certificate III in Community Pharmacy issued by a Registered Training Organisation or has qualifications deemed by pharmacy management to be equivalent</li> <li>• Pharmacy Technician Grade 1: has successfully completed a qualification in a relevant field recognised by the Pharmaceutical Society of Australia or up to the level of Certificate III issued by a Registered Training Organisation in Hospital and Community Pharmacy (e.g. Charles Sturt University) or has qualifications deemed by the employer to be equivalent.</li> <li>• Driver’s license and ability to travel across sites within the District</li> <li>• National Criminal Record Check</li> <li>• Working with Children Check</li> <li>• Category A Immunisation</li> </ul> <p><b>Responsibilities Under WHS: Non Supervisor</b></p> <ul style="list-style-type: none"> <li>• You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing.</li> <li>• Actively identify, communicate and escalate risks and understand their responsibility to manage risk in their day-to-day roles.</li> </ul>
<p><b>SELECTION CRITERIA</b> <i>If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.</i> <b>(Maximum of 8 including Caring for the Coast)</b></p>	<ul style="list-style-type: none"> <li>• Demonstrated understanding of and experience in dispensing, distribution, stock management and preparation of pharmaceuticals in a hospital setting according to level of experience and commitment to ongoing education in the field.</li> <li>• Demonstrated high-quality customer service skills with the ability to communicate clearly and accurately and explain complex processes to a range of stakeholders (staff and patients/carers).</li> <li>• Demonstrated effective written communication skills and sound computer literacy including (but not limited to) pharmacy dispensing software (such as iPharmacy)</li> <li>• Demonstrated strong work ethic, strong attention to detail and proven ability to prioritise effectively and be accurate, efficient and accountable when completing practical tasks to meet goals and deadlines</li> <li>• Relevant experience working in a hospital pharmacy department in Australia or dispensing experience in an Australian community pharmacy, with appropriate qualifications as per the Health Employees State Award (where applicable).</li> </ul>

## JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) WHS responsibilities specific to the position.

Job Demands Frequency Key	
I = Infrequent	intermittent activity exists for a short time on a very infrequent basis
O = Occasional	activity exists up to 1/3 of the time when performing the job
F = Frequent	activity exists between 1/3 and 2/3 of the time when performing the job
C = Constant	activity exists for more than 2/3 or the time when performing the job
R = Repetitive	activity involved repetitive movements
N = Not Applicable	activity is not required to perform the job

**Note: any entries not assigned a value will be automatically set to "N"**

**Click on "Not Applicable" to make a selection from the drop box.**

PHYSICAL DEMANDS – description (Comment)	FREQUENCY
	<b>Job Demands Frequency Key</b>
<b>Sitting</b> – remaining in a seated position to perform tasks	Frequent
<b>Standing</b> – remaining in a standing without moving about to perform tasks	Occasional
<b>Walking</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Occasional
<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
<b>Leg/Foot Movement</b> – use of leg and or foot to operate machinery	Not Applicable
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (0 to 9kg)	Infrequent
<b>Lifting/Carrying</b> – moderate lifting and carrying (10 to 15kg)	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (16kg and above)	Not Applicable
<b>Reaching</b> – arms fully extended forward to raise above shoulder	Frequent
<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objects toward or away from the body	Infrequent
<b>Head/Neck Postures</b> – holding head in a position other than neutral (facing forward)	Infrequent
<b>Hand and Arm Movements</b> – repetitive movements of hands and arms	Constant
<b>Grasping/Fine Manipulations</b> – gripping, holding, clasping with fingers or hands	Constant
<b>Working at Heights</b> – using ladders, footstools, scaffolding, or other objects to perform work	Infrequent
<b>Driving/Riding</b> – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle.)	Infrequent
<b>SENSORY DEMANDS – Description (comment)</b>	<b>FREQUENCY</b>
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing of X-rays, computer screen)	Constant
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
<b>Touch</b> – use of touch is an integral part of work performance	Constant
<b>PSYCHOSOCIAL DEMANDS – Description (comment)</b>	<b>FREQUENCY</b>




<b>Distressed People</b> – e.g. emergency or grief situations	Infrequent
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Infrequent
<b>Unpredictable People</b> – e.g. dementia, mental illness, head injuries	Infrequent
<b>Restraining</b> – involvement in physical containment of patient/clients	Not Applicable
<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
<b>ENVIRONMENTAL DEMANDS</b> – Description (comment)	<b>FREQUENCY</b>
<b>Dust</b> – exposure to atmospheric dust	Not Applicable
<b>Gases</b> – working with explosive or flammable gases requiring precautionary measures	Not Applicable
<b>Fumes</b> – exposure to noxious or toxic fumes	Not Applicable
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
<b>Hazardous Substances</b> – e.g. dry chemicals, glues	Not Applicable
<b>Noise</b> – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
<b>Inadequate Lighting</b> – risk of trip, falls or eyestrain	Not Applicable
<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Infrequent
<b>Slippery or Uneven Surfaces</b> - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
<b>Inadequate Housekeeping</b> - obstructions to walkways and work areas cause trips and falls	Not Applicable
<b>Working At Heights</b> – ladders/stepladders/scaffolding are required to perform tasks	Infrequent
<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable


#### CAPABILITIES FOR THE ROLE

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role's key accountabilities. Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. **If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.**

Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
	<input checked="" type="checkbox"/>	Display Resilience and Courage	Foundational
	<input type="checkbox"/>	Act with Integrity	Foundational
	<input type="checkbox"/>	Manage self	Foundational
	<input type="checkbox"/>	Value Diversity	Foundational
	<input type="checkbox"/>	Communicate Effectively	Foundational
	<input checked="" type="checkbox"/>	Commit to Customer Service	Intermediate
	<input type="checkbox"/>	Work Collaboratively	Foundational
	<input type="checkbox"/>	Influence and Negotiate	Foundational
	<input type="checkbox"/>	Deliver Results	Foundational
	<input type="checkbox"/>	Plan and Prioritise	Foundational
	<input checked="" type="checkbox"/>	Think and Solve Problems	Foundational
	<input type="checkbox"/>	Demonstrate Accountability	Foundational

Capability Group	Focus?	Capability Name	Level
	<input type="checkbox"/>	Finance	Foundational
	<input checked="" type="checkbox"/>	Technology	Intermediate
	<input type="checkbox"/>	Procurement and Contract Management	Foundational
	<input type="checkbox"/>	Project Management	Foundational

### Attachment 2.3 DRAFT Pharmacy Technician level 3

<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD – Pharmacy Technician Level 3</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees (state) Award
	Classification: Pharmacy Technician Level 3
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <b>MAXIMUM 3400 characters</b>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	Undertake an advanced technical role to support and manage safe, accurate and efficient dispensary functions and quality improvement initiatives in order to deliver optimal medicines management for patients and staff in the CCLHD.
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <b>MAXIMUM 3400 characters</b>  <b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b>  <b>THIS IS NOT A TASK LIST</b> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Undertake an advanced technical role involving complex tasks and providing clinical (per Pharmacy procedures), administrative, and supervisory support. As required, undertake dispensing, manufacturing and drug distribution tasks as part of other teams within CCLHD Pharmacy department, in compliance with current pharmacy and hospital guidelines, protocols and procedures.</li> <li>• Providing supervision, training and support of junior pharmacy assistants/technicians to optimise performance and achieve excellence in service provision.</li> <li>• Identify medication issues that may cause harm or risk to patients and/or staff and report to appropriate Team Leader/Manager.</li> <li>• Undertake administrative and clerical tasks in support of the team’s daily operations.</li> <li>• Develop individual knowledge and skills through active participation in programs of education and training, performance management and development, practice improvement and quality use of medication to advance patient outcomes and pharmacy practice.</li> <li>• Actively contribute to and assist with achievement of team goals, KPIs and improved patient care through effective communication, collaboration, strong work ethic, and organisational skills to maintain positive workplace partnerships within Pharmacy and with external stakeholders.</li> </ul>
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	<ul style="list-style-type: none"> <li>Identify, implement and evaluate quality improvement initiatives in defined area including but not limited to cost and waste management strategies.</li> </ul>
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<b>KEY CHALLENGES (OPTIONAL)</b> <b>MAXIMUM of 3</b>  <i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i>	<ul style="list-style-type: none"> <li>Role modelling and undertaking a greater level of responsibility than other Pharmacy support staff.</li> <li>Remaining flexible to changing work and workload priorities due to variations in staffing levels, seasonal demand capacity, priorities, and resource constraints</li> <li>Responding and prioritising (with guidance from senior Pharmacy staff) to service expectations from medical, nursing staff and patients, in addition to Pharmacy department priorities and requirements in a fast-paced dynamic environment.</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<b>Internal Relationships</b>  <b>MAXIMUM of 3</b> <b>Both sections to be completed</b> <i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i>	Clients, patients and families/carers	Ensure the delivery of high quality clinical pharmacy services to support optimal patient care
	Manager/Senior Pharmacy staff	For operational support, communication related to service delivery and escalation of issues
	Health professionals/ Multidisciplinary Teams	Multidisciplinary collaboration to support the delivery of a high quality service to patients.
<b>External Relationships</b>  <b>MAXIMUM of 2</b> <b>Both sections completed</b>	Community Partners/Vendors	To provide and receive feedback to support the seamless care of the patient
	Universities/Educational institutions/Professional bodies	Two-way support with training staff, supporting students, and maintaining own professional knowledge

<b>FINANCIAL DELEGATION</b>	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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**ESSENTIAL REQUIREMENTS**



<p><i>What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check</i></p>	<ul style="list-style-type: none"> <li>• Certificate Level IV qualification completed at a nationally recognised Pharmacy Technician Certificate Course or equivalent qualifications, has relevant pharmacy experience and displays competency in performing complex tasks under supervision of a pharmacist in specialist areas of practice.</li> <li>• Driver’s license and ability to travel across sites within the District</li> <li>• Maintained ability to participate in afterhours, weekend and public holiday work as required.</li> <li>• National Criminal Record Check</li> <li>• Working with Children Check</li> <li>• Category A Immunisation</li> </ul> <p><b>Responsibilities Under WHS: Non Supervisor</b></p> <ul style="list-style-type: none"> <li>• You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing.</li> <li>• Actively identify, communicate and escalate risks and understand their responsibility to manage risk in their day-to-day roles.</li> </ul>
<p><b>SELECTION CRITERIA</b> <i>If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.</i> <b>(Maximum of 8 including Caring for the Coast)</b></p>	<ul style="list-style-type: none"> <li>• Advanced understanding and experience of dispensing and distribution of pharmaceuticals in a hospital setting including the effective undertaking of more complex tasks with higher levels of responsibility.</li> <li>• Demonstrated high-quality customer service skills with the ability to communicate clearly and accurately explain complex processes to a range of stakeholders.</li> <li>• Demonstrated effective written communication skills and high level computer literacy in information technology systems, including (but not limited to) pharmacy dispensing software (such as iPharmacy) with skills in more advanced functionality such as report generation and data analysis.</li> <li>• Understanding of Good Manufacturing Practice (GMP) principles, and other Work Health and Safety (WHS) requirements for preparation of pharmaceutical products</li> <li>• Demonstrated strong work ethic, strong attention to detail and proven ability to prioritise effectively and be accurate, efficient and accountable when completing practical tasks to meet goals and deadlines</li> </ul>
<p><b>JOB DEMANDS CHECKLIST</b></p>	
<p>The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.</p> <p>Each position should be assessed at the site as to the incumbent’s (or future incumbent’s) WHS responsibilities specific to the position.</p>	

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Job Demands Frequency Key	
I = Infrequent	intermittent activity exists for a short time on a very infrequent basis
O = Occasional	activity exists up to 1/3 of the time when performing the job
F = Frequent	activity exists between 1/3 and 2/3 of the time when performing the job
C = Constant	activity exists for more than 2/3 or the time when performing the job
R = Repetitive	activity involved repetitive movements
N = Not Applicable	activity is not required to perform the job

**Note:** any entries not assigned a value will be automatically set to "N"

Click on "Not Applicable" to make a selection from the drop box.

PHYSICAL DEMANDS – description (Comment)	FREQUENCY
	<b>Job Demands Frequency Key</b>
<b>Sitting</b> – remaining in a seated position to perform tasks	Frequent
<b>Standing</b> – remaining in a standing without moving about to perform tasks	Occasional
<b>Walking</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Occasional
<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
<b>Leg/Foot Movement</b> – use of leg and or foot to operate machinery	Not Applicable
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (0 to 9kg)	Infrequent
<b>Lifting/Carrying</b> – moderate lifting and carrying (10 to 15kg)	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (16kg and above)	Not Applicable
<b>Reaching</b> – arms fully extended forward to raise above shoulder	Frequent
<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objects toward or away from the body	Infrequent
<b>Head/Neck Postures</b> – holding head in a position other than neutral (facing forward)	Infrequent
<b>Hand and Arm Movements</b> – repetitive movements of hands and arms	Constant
<b>Grasping/Fine Manipulations</b> – gripping, holding, clasping with fingers or hands	Constant
<b>Working at Heights</b> – using ladders, footstools, scaffolding, or other objects to perform work	Infrequent
<b>Driving/Riding</b> – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle.)	Infrequent
NSORY DEMANDS – Description (comment)	FREQUENCY
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing of X-rays, computer screen)	Constant
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Infrequent
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
<b>Touch</b> – use of touch is an integral part of work performance	Constant
PSYCHOSOCIAL DEMANDS – Description (comment)	FREQUENCY
<b>Distressed People</b> – e.g. emergency or grief situations	Infrequent
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Infrequent
<b>Unpredictable People</b> – e.g. dementia, mental illness, head injuries	Infrequent
<b>Restraining</b> – involvement in physical containment of patient/clients	Not Applicable
<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
ENVIRONMENTAL DEMANDS – Description (comment)	FREQUENCY
<b>Dust</b> – exposure to atmospheric dust	Not Applicable
<b>Gases</b> – working with explosive or flammable gases requiring precautionary measures	Not Applicable





<b>Fumes</b> – exposure to noxious or toxic fumes	Not Applicable
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
<b>Hazardous Substances</b> – e.g. dry chemicals, glues	Not Applicable
<b>Noise</b> – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
<b>Inadequate Lighting</b> – risk of trip, falls or eyestrain	Not Applicable
<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Infrequent
<b>Slippery or Uneven Surfaces</b> - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
<b>Inadequate Housekeeping</b> - obstructions to walkways and work areas cause trips and falls	Not Applicable
<b>Working At Heights</b> – ladders/stepladders/scaffolding are required to perform tasks	Infrequent
<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable

### CAPABILITIES FOR THE ROLE

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role’s key accountabilities. Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. **If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.**

Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
	<input type="checkbox"/>	Display Resilience and Courage	Adept
	<input type="checkbox"/>	Act with Integrity	Adept
	<input type="checkbox"/>	Manage self	Intermediate
	<input type="checkbox"/>	Value Diversity	Adept
	<input type="checkbox"/>	Communicate Effectively	Adept
	<input type="checkbox"/>	Commit to Customer Service	Adept
	<input type="checkbox"/>	Work Collaboratively	Adept
	<input type="checkbox"/>	Influence and Negotiate	Intermediate
	<input type="checkbox"/>	Deliver Results	Intermediate
	<input type="checkbox"/>	Plan and Prioritise	Adept
	<input type="checkbox"/>	Think and Solve Problems	Intermediate
	<input type="checkbox"/>	Demonstrate Accountability	Intermediate
	<input type="checkbox"/>	Finance	Foundational
	<input type="checkbox"/>	Technology	Adept
	<input type="checkbox"/>	Procurement and Contract Management	Intermediate
	<input type="checkbox"/>	Project Management	Foundational

## Attachment 2.4 DRAFT Pharmacy Administration Officer 3 and 4

<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD – Administration Officer Level 3</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees Administrative Staff (state) Award
	Classification: Admin Officer Lvl3
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <b>MAXIMUM 3400 characters</b>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	<p>Provides a comprehensive range of effective and efficient administrative and public/customer relation support functions to support the unit/department outcomes.</p> <p>Work under broad supervision with scope to exercise initiative in the application of established work practices and procedures in line with administration guidelines and grading.</p>
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <b>MAXIMUM 3400 characters</b>  <b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b>  <b>THIS IS NOT A TASK LIST</b> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Provide a full range of operational, clerical, administrative and customer support services, to support the smooth running of activities within the department/service.</li> <li>• Provide positive first point of contact customer service, ensuring the provision of information and referring enquiries in a confidential, effective and responsive manner.</li> <li>• Coordinate unit administrative systems, procedures and organisational methods to ensure office efficiency in accordance with LHD policies, procedures and standards.</li> <li>• Assist in the collection, collation, recording and production of reports, as required.</li> <li>• Exercise initiative in the application of work practices and procedures to achieve unit/department key outcomes.</li> <li>• Liaise and establish work relationships with various departments and all staff levels to achieve outcomes.</li> </ul>
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<b>KEY CHALLENGES (OPTIONAL)</b> <b>MAXIMUM of 3</b>	<ul style="list-style-type: none"> <li>• Prioritising and balancing competing priorities to meet deadlines within a demanding environment of continuous change.</li> </ul>
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<p><i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i></p>	<ul style="list-style-type: none"> <li>Managing inquiries from demanding and/or sometimes emotional patients/relatives.</li> <li>Developing and maintaining relationships with internal and external stakeholders and other health team members.</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<p><b>Internal Relationships</b></p> <p><b>MAXIMUM of 3</b> <b>Both sections to be completed</b></p> <p><i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i></p>	Clients/patients and families/carers	To provide and receive feedback to support the care of the patient
	Manager/Supervisor/Team Leader	For operational support, direction and communication related to prioritising workflow
	Health professionals/Multidisciplinary Team	Effective multidisciplinary involvement to meet client goals
<p><b>External Relationships</b></p> <p><b>MAXIMUM of 2</b> <b>Both sections completed</b></p>	Community Partners/Care and Service Providers	Information flow to ensure the effective service delivery of the unit/department

<b>FINANCIAL DELEGATION</b>	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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<b>ESSENTIAL REQUIREMENTS</b>	
<p><i>What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check</i></p>	<ul style="list-style-type: none"> <li>Driver's license and ability to travel across sites within the District</li> <li>National Criminal Record Check</li> <li>Working with Children Check</li> <li>Category A Immunisation</li> </ul> <p><b>Responsibilities Under WHS: Non Supervisor</b></p>

	<ul style="list-style-type: none"> <li>You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing.</li> <li>Actively identify, communicate and escalate risks and understand their responsibility to manage risk in their day-to-day roles.</li> </ul>
<b>SELECTION CRITERIA</b> <i>If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.</i> <b>(Maximum of 8 including Caring for the Coast)</b>	<ul style="list-style-type: none"> <li>Effective communication, negotiation and listening skills with the ability to establish and maintain effective working relationships with a variety of stakeholders.</li> <li>Demonstrated ability to take initiative and to exercise basic problem-solving skills with reference to established methods and procedures,</li> <li>Proven ability to work independently and as a team member and maintain strong team commitment working within a clinical environment.</li> <li>Demonstrated administrative and organisational skills and experience and the ability to work under pressure, prioritise workload, meet deadlines and complete activities accurately and in a timely manner.</li> <li>Sound computer literacy and experience with the MS Office suite and with using e-systems such as rostering, procurement, and records management.</li> </ul>

### JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) WHS responsibilities specific to the position.

#### Job Demands Frequency Key

I = Infrequent	intermittent activity exists for a short time on a very infrequent basis
O = Occasional	activity exists up to 1/3 of the time when performing the job
F = Frequent	activity exists between 1/3 and 2/3 of the time when performing the job
C = Constant	activity exists for more than 2/3 or the time when performing the job
R = Repetitive	activity involved repetitive movements
N = Not Applicable	activity is not required to perform the job

**Note:** any entries not assigned a value will be automatically set to "N"

Click on "Not Applicable" to make a selection from the drop box.

PHYSICAL DEMANDS – description (Comment)	FREQUENCY
	Job Demands Frequency Key
<b>Sitting</b> – remaining in a seated position to perform tasks	Frequent





<b>Standing</b> – remaining in a standing without moving about to perform tasks	Occasional
<b>Walking</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Occasional
<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
<b>Leg/Foot Movement</b> – use of leg and or foot to operate machinery	Not Applicable
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (0 to 9kg)	Infrequent
<b>Lifting/Carrying</b> – moderate lifting and carrying (10 to 15kg)	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (16kg and above)	Not Applicable
<b>Reaching</b> – arms fully extended forward to raise above shoulder	Infrequent
<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objects toward or away from the body	Infrequent
<b>Head/Neck Postures</b> – holding head in a position other than neutral (facing forward)	Infrequent
<b>Hand and Arm Movements</b> – repetitive movements of hands and arms	Constant
<b>Grasping/Fine Manipulations</b> – gripping, holding, clasping with fingers or hands	Constant
<b>Working at Heights</b> – using ladders, footstools, scaffolding, or other objects to perform work	Not Applicable
<b>Driving/Riding</b> – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle.)	Infrequent
<b>SENSORY DEMANDS – Description (comment)</b>	<b>FREQUENCY</b>
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing of X-rays, computer screen)	Constant
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
<b>Touch</b> – use of touch is an integral part of work performance	Constant
<b>PSYCHOSOCIAL DEMANDS – Description (comment)</b>	<b>FREQUENCY</b>
<b>Distressed People</b> – e.g. emergency or grief situations	Not Applicable
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Not Applicable
<b>Unpredictable People</b> – e.g. dementia, mental illness, head injuries	Not Applicable
<b>Restraining</b> – involvement in physical containment of patient/clients	Not Applicable
<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
<b>ENVIRONMENTAL DEMANDS – Description (comment)</b>	<b>FREQUENCY</b>
<b>Dust</b> – exposure to atmospheric dust	Not Applicable
<b>Gases</b> – working with explosive or flammable gases requiring precautionary measures	Not Applicable
<b>Fumes</b> – exposure to noxious or toxic fumes	Not Applicable
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
<b>Hazardous Substances</b> – e.g. dry chemicals, glues	Not Applicable
<b>Noise</b> – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
<b>Inadequate Lighting</b> – risk of trip, falls or eyestrain	Not Applicable
<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Not Applicable
<b>Slippery or Uneven Surfaces</b> - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
<b>Inadequate Housekeeping</b> - obstructions to walkways and work areas cause trips and falls	Not Applicable
<b>Working At Heights</b> – ladders/stepladders/scaffolding are required to perform tasks	Not Applicable
<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable

### CAPABILITIES FOR THE ROLE

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role's key accountabilities. Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. **If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.**

Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
 Personal Attributes	<input type="checkbox"/>	Display Resilience and Courage	Foundational
	<input type="checkbox"/>	Act with Integrity	Foundational
	<input type="checkbox"/>	Manage self	Intermediate
	<input type="checkbox"/>	Value Diversity	Foundational
 Relationships	<input type="checkbox"/>	Communicate Effectively	Intermediate
	<input type="checkbox"/>	Commit to Customer Service	Intermediate
	<input type="checkbox"/>	Work Collaboratively	Intermediate
	<input type="checkbox"/>	Influence and Negotiate	Foundational
 Results	<input type="checkbox"/>	Deliver Results	Foundational
	<input type="checkbox"/>	Plan and Prioritise	Foundational
	<input type="checkbox"/>	Think and Solve Problems	Foundational
	<input type="checkbox"/>	Demonstrate Accountability	Foundational
 Business Enablers	<input type="checkbox"/>	Finance	Foundational
	<input type="checkbox"/>	Technology	Foundational
	<input type="checkbox"/>	Procurement and Contract Management	Foundational
	<input type="checkbox"/>	Project Management	Foundational



<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD – Administration Officer Level 4</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees Administrative Staff (state) Award
	Classification: Admin Officer Lvl4
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <b>MAXIMUM 3400 characters</b>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	<p>Provision of accurate, timely, efficient high-level administrative support, including some tasks which may be complex in nature, to support the achievement of unit/service outcomes</p> <p>Work independently under limited direction and utilise sound organisational skills to set priorities and monitor workflow in the area of responsibility.</p>
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <b>MAXIMUM 3400 characters</b>  <b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b>  <b>THIS IS NOT A TASK LIST</b> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Provide a full range of effective and efficient operational, administrative and customer support services, to support the smooth running of activities within the department/service.</li> <li>• Coordinate unit administrative systems, procedures and organisational methods to set priorities and workflow and ensure office efficiency in accordance with LHD policies, procedures and standards.</li> <li>• Utilise judgement to complete functions using established principles, techniques and methods.</li> <li>• Provide positive first point of contact customer service, ensuring the provision of accurate information and referring enquiries in a confidential, effective and responsive manner.</li> <li>• Assist in the collection, collation, drafting and production of reports, as required.</li> <li>• Interpret legislation, procedures and other guidelines to provide advice and apply this information to tasks and responsibilities</li> <li>• Actively contribute to the achievement of team goals and KPIs through effective communication, collaboration, a strong work ethic, and positive workplace partnerships with internal and external stakeholders.</li> </ul>
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<b>KEY CHALLENGES (OPTIONAL)</b>	<ul style="list-style-type: none"> <li>• Prioritising and balancing competing priorities to meet deadlines within a demanding environment of continuous change.</li> </ul>
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<p><b>MAXIMUM of 3</b></p> <p><i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i></p>	<ul style="list-style-type: none"> <li>Utilising judgement and initiative to provide high level of administration support and customer service.</li> <li>Maintaining an up to-date awareness of policies and issues relevant to the department/service.</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<p><b>Internal Relationships</b></p> <p><b>MAXIMUM of 3</b> <b>Both sections to be completed</b></p> <p><i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i></p>	Clients/patients and families/carers	To provide and receive feedback to support the care of the patient
	Manager/Supervisor/Team Leader	For operational support, direction and communication related to prioritising workflow
	Health professionals/Multidisciplinary Team	Effective multidisciplinary involvement to meet client goals
<p><b>External Relationships</b></p> <p><b>MAXIMUM of 2</b> <b>Both sections completed</b></p>	Community Partners/Care and Service Providers	Information flow to ensure the effective service delivery of the unit/department

<b>FINANCIAL DELEGATION</b>	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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ESSENTIAL REQUIREMENTS	
<p><i>What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check</i></p>	<ul style="list-style-type: none"> <li>Driver's license and ability to travel across sites within the District</li> <li>National Criminal Record Check</li> <li>Working with Children Check</li> <li>Category A Immunisation</li> </ul> <p><b>Responsibilities Under WHS: Non Supervisor</b></p>

	<ul style="list-style-type: none"> <li>You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing.</li> <li>Actively identify, communicate and escalate risks and understand their responsibility to manage risk in their day-to-day roles.</li> </ul>
<b>SELECTION CRITERIA</b> <i>If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.</i> <b>(Maximum of 8 including Caring for the Coast)</b>	<ul style="list-style-type: none"> <li>Effective, well-developed written and verbal communication skills, with the ability to establish and maintain effective working relationships with a variety of stakeholders at all levels of the organisation.</li> <li>Demonstrated ability to take initiative and to exercise problem-solving skills with reference to established methods and procedures, and up-to-date knowledge of relevant policies and protocols.</li> <li>Proven ability to work independently and as a team member and maintain strong team commitment working within a dynamic environment.</li> <li>Demonstrated high-level administrative and organisational skills and experience with the ability to work under pressure, prioritise workload, meet deadlines and complete activities accurately and in a timely manner.</li> <li>Sound computer literacy and solid experience using the MS Office suite, and e-systems such as rostering, procurement, and records management.</li> </ul>

### JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) WHS responsibilities specific to the position.

#### Job Demands Frequency Key

I = Infrequent	intermittent activity exists for a short time on a very infrequent basis
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F = Frequent	activity exists between 1/3 and 2/3 of the time when performing the job
C = Constant	activity exists for more than 2/3 or the time when performing the job
R = Repetitive	activity involved repetitive movements
N = Not Applicable	activity is not required to perform the job

**Note:** any entries not assigned a value will be automatically set to "N"

Click on "Not Applicable" to make a selection from the drop box.


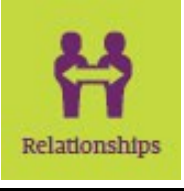


PHYSICAL DEMANDS – description (Comment)	FREQUENCY
	<b>Job Demands Frequency Key</b>
<b>Sitting</b> – remaining in a seated position to perform tasks	Frequent
<b>Standing</b> – remaining in a standing without moving about to perform tasks	Occasional
<b>Walking</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Occasional
<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
<b>Leg/Foot Movement</b> – use of leg and or foot to operate machinery	Not Applicable
<b>Climbing (stairs/ladders)</b> – ascend/descend stairs, ladders, steps	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (0 to 9kg)	Infrequent
<b>Lifting/Carrying</b> – moderate lifting and carrying (10 to 15kg)	Infrequent
<b>Lifting/Carrying</b> – light lifting and carrying (16kg and above)	Not Applicable
<b>Reaching</b> – arms fully extended forward to raise above shoulder	Infrequent
<b>Pushing/Pulling/Restraining</b> – using force to hold/restrain or move objects toward or away from the body	Infrequent
<b>Head/Neck Postures</b> – holding head in a position other than neutral (facing forward)	Infrequent
<b>Hand and Arm Movements</b> – repetitive movements of hands and arms	Constant
<b>Grasping/Fine Manipulations</b> – gripping, holding, clasping with fingers or hands	Constant
<b>Working at Heights</b> – using ladders, footstools, scaffolding, or other objects to perform work	Not Applicable
<b>Driving/Riding</b> – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle.)	Infrequent
SENSORY DEMANDS – Description (comment)	FREQUENCY
<b>Sight</b> – use of sight is an integral part of work performance (e.g. viewing of X-rays, computer screen)	Constant
<b>Hearing</b> – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant
<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
<b>Taste</b> – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
<b>Touch</b> – use of touch is an integral part of work performance	Constant
PSYCHOSOCIAL DEMANDS – Description (comment)	FREQUENCY
<b>Distressed People</b> – e.g. emergency or grief situations	Not Applicable
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Not Applicable
<b>Unpredictable People</b> – e.g. dementia, mental illness, head injuries	Not Applicable
<b>Restraining</b> – involvement in physical containment of patient/clients	Not Applicable
<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
ENVIRONMENTAL DEMANDS – Description (comment)	FREQUENCY
<b>Dust</b> – exposure to atmospheric dust	Not Applicable
<b>Gases</b> – working with explosive or flammable gases requiring precautionary measures	Not Applicable
<b>Fumes</b> – exposure to noxious or toxic fumes	Not Applicable
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
<b>Hazardous Substances</b> – e.g. dry chemicals, glues	Not Applicable
<b>Noise</b> – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
<b>Inadequate Lighting</b> – risk of trip, falls or eyestrain	Not Applicable
<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Not Applicable
<b>Slippery or Uneven Surfaces</b> - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
<b>Inadequate Housekeeping</b> - obstructions to walkways and work areas cause trips and falls	Not Applicable
<b>Working At Heights</b> – ladders/stepladders/scaffolding are required to perform tasks	Not Applicable
<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable

## CAPABILITIES FOR THE ROLE

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role's key accountabilities. Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. **If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.**

Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
 Personal Attributes	<input type="checkbox"/>	Display Resilience and Courage	Intermediate
	<input type="checkbox"/>	Act with Integrity	Intermediate
	<input type="checkbox"/>	Manage self	Intermediate
	<input type="checkbox"/>	Value Diversity	Intermediate
 Relationships	<input type="checkbox"/>	Communicate Effectively	Intermediate
	<input type="checkbox"/>	Commit to Customer Service	Adept
	<input type="checkbox"/>	Work Collaboratively	Intermediate
	<input type="checkbox"/>	Influence and Negotiate	Foundational
 Results	<input type="checkbox"/>	Deliver Results	Intermediate
	<input type="checkbox"/>	Plan and Prioritise	Intermediate
	<input type="checkbox"/>	Think and Solve Problems	Intermediate
	<input type="checkbox"/>	Demonstrate Accountability	Intermediate
 Business Enablers	<input type="checkbox"/>	Finance	Foundational
	<input type="checkbox"/>	Technology	Intermediate
	<input type="checkbox"/>	Procurement and Contract Management	Foundational
	<input type="checkbox"/>	Project Management	Foundational

## Attachment 2.5 DRAFT Intern Pharmacist

<b>POSITION TITLE</b> <i>CCLHD - Position Title - Speciality</i>	<b>CCLHD – Intern Pharmacist</b>
<b>AWARD</b>	Does this role require Multiple Awards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Award: Health Employees Pharmacists (State) Award
	Classification: Pharmacist (Unregistered)
<b>SUPERVISORY</b>	Does this role manage or supervise others? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Position Number</b>	

<b>PRIMARY PURPOSE</b>  <b>MAXIMUM 3400 characters</b>  <i>This must be a concise statement consisting of one or two sentences describing the primary purpose of the role and how it meets service needs.</i>	<p>To develop the necessary skills and competency in the pharmaceutical and clinical care of patients, with the view to gaining registration with the Australian Healthcare Regulation Agency (AHPRA) as a registered pharmacist.</p> <p>This purpose must be balanced with the need to contribute to the functionality of the Pharmacy department, and participate in clinical pharmacy services, including dispensary and clinical ward duties commensurate with the level of skill, knowledge and experience demonstrated throughout the internship year</p>
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<b>STANDARD KEY ACCOUNTABILITIES</b>  <b>MAXIMUM 3400 characters</b>  <b>Recommended maximum of 8 key accountabilities (excluding the mandatory accountabilities)</b>  <b>THIS IS NOT A TASK LIST</b> <i>Accountabilities are the overarching statements under which a number of tasks would sit</i>	<ul style="list-style-type: none"> <li>• Participation in the CCLHD Pharmacy department Internship Training Program which provides the pharmacy intern with the opportunity within one year to complete the AHPRA requirements for registration as a pharmacist in Australia</li> <li>• Supervised training and development of skills and knowledge to provide structured clinical pharmacy tasks/services to defined practice area(s) serviced by the assigned Pharmacy team (clinical, dispensary, production) according to SHPA Clinical Practice Standards and CCLHD Pharmacy department guidelines/procedures</li> <li>• Dispensing, compounding and distribution of medicines when required, according to local guidelines and training validations to ensure timely provision of key therapy and to facilitate patient flow</li> <li>• Ensure all care is delivered within professional, organisational, legal, and ethical boundaries with input from supervisor/senior clinician.</li> <li>• Support of the Quality Use of Medicines by developing skills to evaluate and optimise individual patient therapy and participate in formal review processes and departmental projects related to</li> </ul>
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	<p>medication use including completion of a quality project as determined by AHPRA registration requirements</p> <ul style="list-style-type: none"> <li>• Active development of individual knowledge and skills through Continuing Professional Development (CPD) activities and support and participation in the Pharmacy department programs of education, quality use of medications and practice-based research to advance pharmacy practice and patient outcomes</li> <li>• Active contribution to achievement of team goals, KPIs and improved patient care through effective communication, collaboration, a high standard of work ethic and personal organisation and positive workplace partnerships within the Pharmacy department and with external stakeholders</li> </ul>
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<p><b>KEY CHALLENGES (OPTIONAL)</b> <b>MAXIMUM of 3</b></p> <p><i>The Key Challenges that would be regularly encountered in the role and does not include those that happen intermittently and should not restate the Key Accountabilities.</i></p>	<ul style="list-style-type: none"> <li>• Remaining flexible to changing work and workload priorities due to variations in staffing levels, seasonal demand capacity, and resource constraints.</li> <li>• Balancing the requirements of the Intern Training Program with workplace and stakeholder tasks/duties/expectations</li> <li>• Supporting new and innovative approaches to existing work practices as part of continuous improvements.</li> </ul>
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WHO YOU ARE WORKING WITH	WHO <i>(maximum 200 characters)</i>	WHY <i>(maximum 500 characters)</i>
<p><b>Internal Relationships</b></p> <p><b>MAXIMUM of 3</b> <b>Both sections to be completed</b></p> <p><i>These are generic relationships and should not reference specific names or roles eg Senior management. Outline the key Internal / External stakeholders and customers the role is expected to interact with on a regular basis</i></p>	Patients and families/carers	Ensure the delivery of high quality clinical pharmacy services to support optimal patient care
	Allocated Pharmacy Preceptor (CCLHD Education Pharmacist) and other pharmacy staff	For operational and professional support and mentoring to support patient-centred care
	Health professionals/Multidisciplinary Team	Multidisciplinary collaboration to support the delivery of a high quality service to patients.
<b>External Relationships</b>	Community Partners/Vendors	To provide and receive feedback to support seamless care of the patient

<b>MAXIMUM of 2</b> <b>Both sections to be completed</b>	Assigned Intern Training Program (ITP)	To ensure ITP requirements are completed by end of contract
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<b>FINANCIAL DELEGATION</b>	<input checked="" type="checkbox"/> As per delegation manual	<input type="checkbox"/> Other \$ <a href="#">Click here to enter text.</a> <i>please specify the monetary value of the financial delegation (ex: 5000.00).</i>
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## ESSENTIAL REQUIREMENTS

<p><i>What the applicant must have eg Qualification, Working with Children Check, National Criminal Record Check</i></p>	<ul style="list-style-type: none"> <li>• Bachelor/Master of Pharmacy or equivalent degree and eligible for registration with the Australian Healthcare Practitioners Regulation Agency (AHPRA) as an intern pharmacist</li> <li>• Current unencumbered driver’s license and ability to travel across sites within the District and to other external sites as required.</li> <li>• Maintained ability to participate in oncall, afterhours, weekend and public holiday work as required.</li> <li>• National Criminal Record Check</li> <li>• Working with Children Check</li> <li>• Category A Immunisation</li> </ul> <p><b>Responsibilities Under WHS: Non Supervisor</b></p> <ul style="list-style-type: none"> <li>• You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing.</li> <li>• Actively identify, communicate and escalate risks and understand their responsibility to manage risk in their day-to-day roles.</li> </ul>
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<p><b>SELECTION CRITERIA</b> <i>If essential criteria are to be addressed through the selection process they need to be added into the Selection Criteria.</i> <b>(Maximum of 8 including Caring for the Coast)</b></p>	<ul style="list-style-type: none"> <li>• High level of clinical pharmaceutical knowledge, and understanding of its application in therapeutic situations</li> <li>• Effective verbal, written and interpersonal communication skills with a demonstrated ability to adapt communication style to suit different audiences and to work effectively within a multidisciplinary team setting.</li> <li>• Demonstrated ability to take the initiative with skills and experience in managing a complex workload, problem-solving, and application of innovative work practices.</li> <li>• Proven commitment to professional development, evidence-based practice, continuous improvement, and pharmacy research.</li> <li>• Demonstrated ability to work collaboratively as part of a team and independently to meet Pharmacy Department objectives</li> <li>• Demonstrated initiative and interest in achieving positive patient health outcomes</li> </ul>
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- An interest in a career in hospital pharmacy, and desire to continue in hospital pharmacy post-registration

## JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

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	<b>Job Demands Frequency Key</b>
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<b>Running</b> – floor type; even/uneven/slippery, indoors/outdoors, slopes	Infrequent
<b>Bend/Lean Forward from Waist</b> – Forward bending from the waist to perform tasks	Infrequent
<b>Trunk Twisting</b> – turning from the waist while sitting or standing to performance tasks	Infrequent
<b>Kneeling</b> – remaining in a kneeling posture to perform tasks	Infrequent
<b>Squatting/Crouching</b> – adopting a squatting or crouching posture to perform tasks	Infrequent
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<b>Smell</b> – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
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<b>Touch</b> – use of touch is an integral part of work performance	Constant
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<b>Distressed People</b> – e.g. emergency or grief situations	Not Applicable
<b>Aggressive and Uncooperative People</b> – e.g. drug/alcohol, dementia, mental illness	Not Applicable
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<b>Exposure to Distressing Situations</b> – child abuse, viewing dead/mutilated bodies	Not Applicable
<b>ENVIRONMENTAL DEMANDS</b> – Description (comment)	<b>FREQUENCY</b>
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<b>Fumes</b> – exposure to noxious or toxic fumes	Not Applicable
<b>Liquids</b> – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
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<b>Sunlight</b> – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
<b>Extreme Temperatures</b> – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
<b>Confined Spaces</b> – areas where only one egress (escape route) exists	Not Applicable
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<b>Biological Hazards</b> – exposure to body fluids, bacteria, infectious diseases	Not Applicable



### CAPABILITIES FOR THE ROLE

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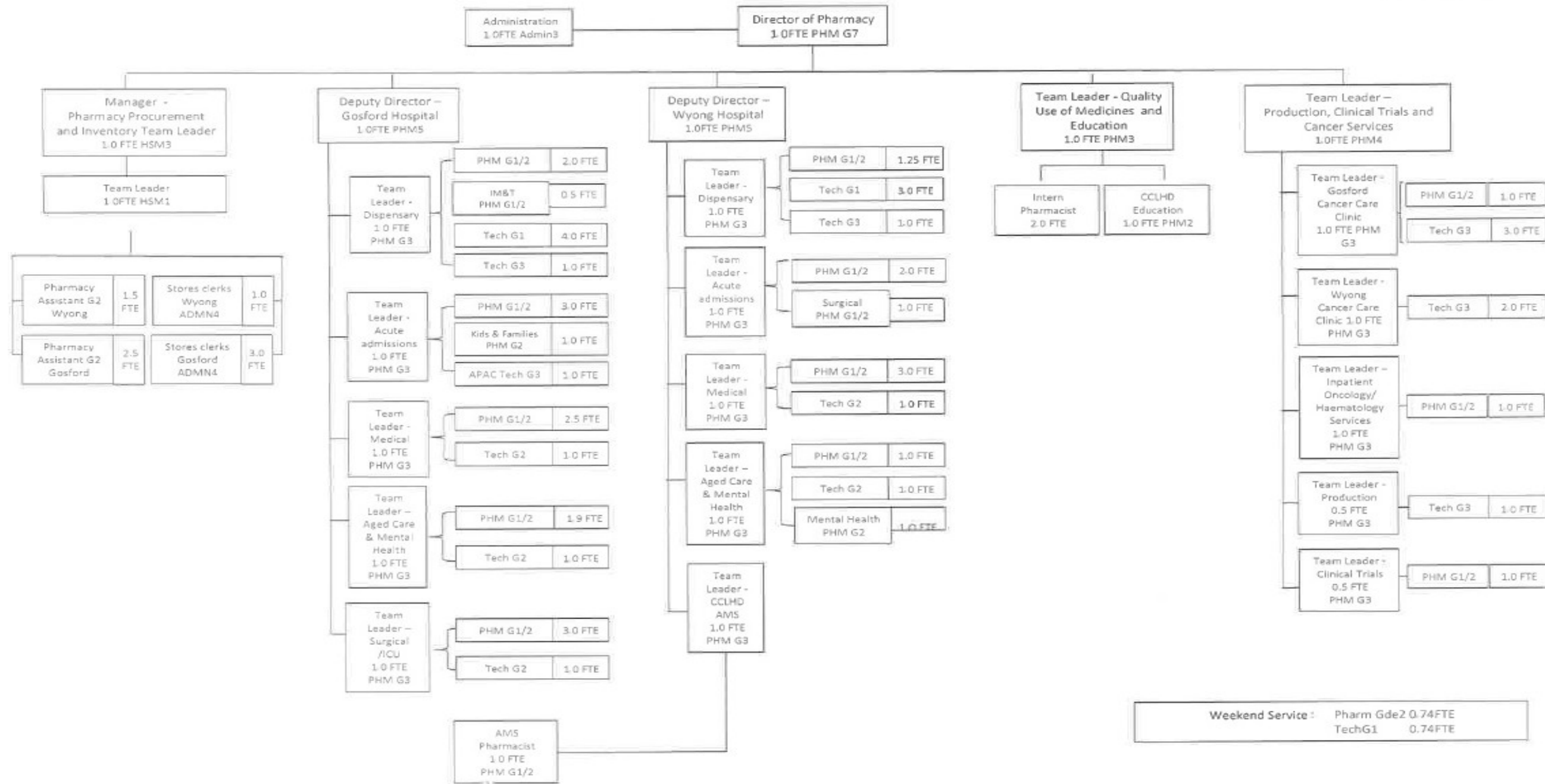
Click here to read more about [Capability Framework](#)

Capability Group	Focus?	Capability Name	Level
	<input type="checkbox"/>	Display Resilience and Courage	Intermediate
	<input type="checkbox"/>	Act with Integrity	Adept
	<input type="checkbox"/>	Manage self	Intermediate
	<input type="checkbox"/>	Value Diversity	Intermediate
	<input type="checkbox"/>	Communicate Effectively	Intermediate
	<input type="checkbox"/>	Commit to Customer Service	Adept
	<input type="checkbox"/>	Work Collaboratively	Intermediate
	<input type="checkbox"/>	Influence and Negotiate	Intermediate

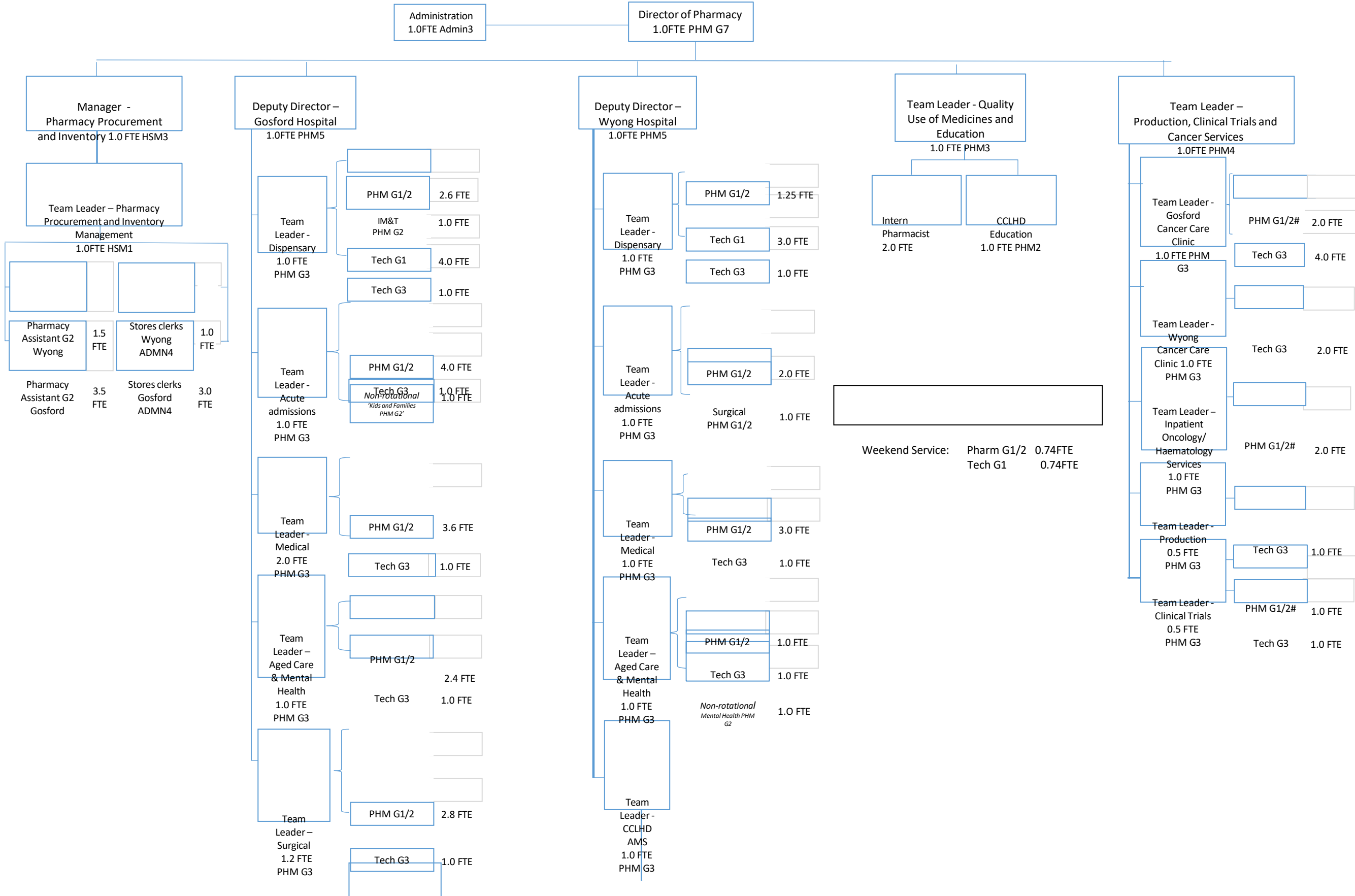
Capability Group	Focus?	Capability Name	Level
	<input type="checkbox"/>	Deliver Results	Intermediate
	<input type="checkbox"/>	Plan and Prioritise	Intermediate
	<input type="checkbox"/>	Think and Solve Problems	Adept
	<input type="checkbox"/>	Demonstrate Accountability	Intermediate
	<input type="checkbox"/>	Finance	Foundational
	<input type="checkbox"/>	Technology	Intermediate
	<input type="checkbox"/>	Procurement and Contract Management	Foundational
	<input type="checkbox"/>	Project Management	Foundational

Attachment 3. Organisation Charts

CCLHD Pharmacy Department – Proposed Organisation Structure – January 2018

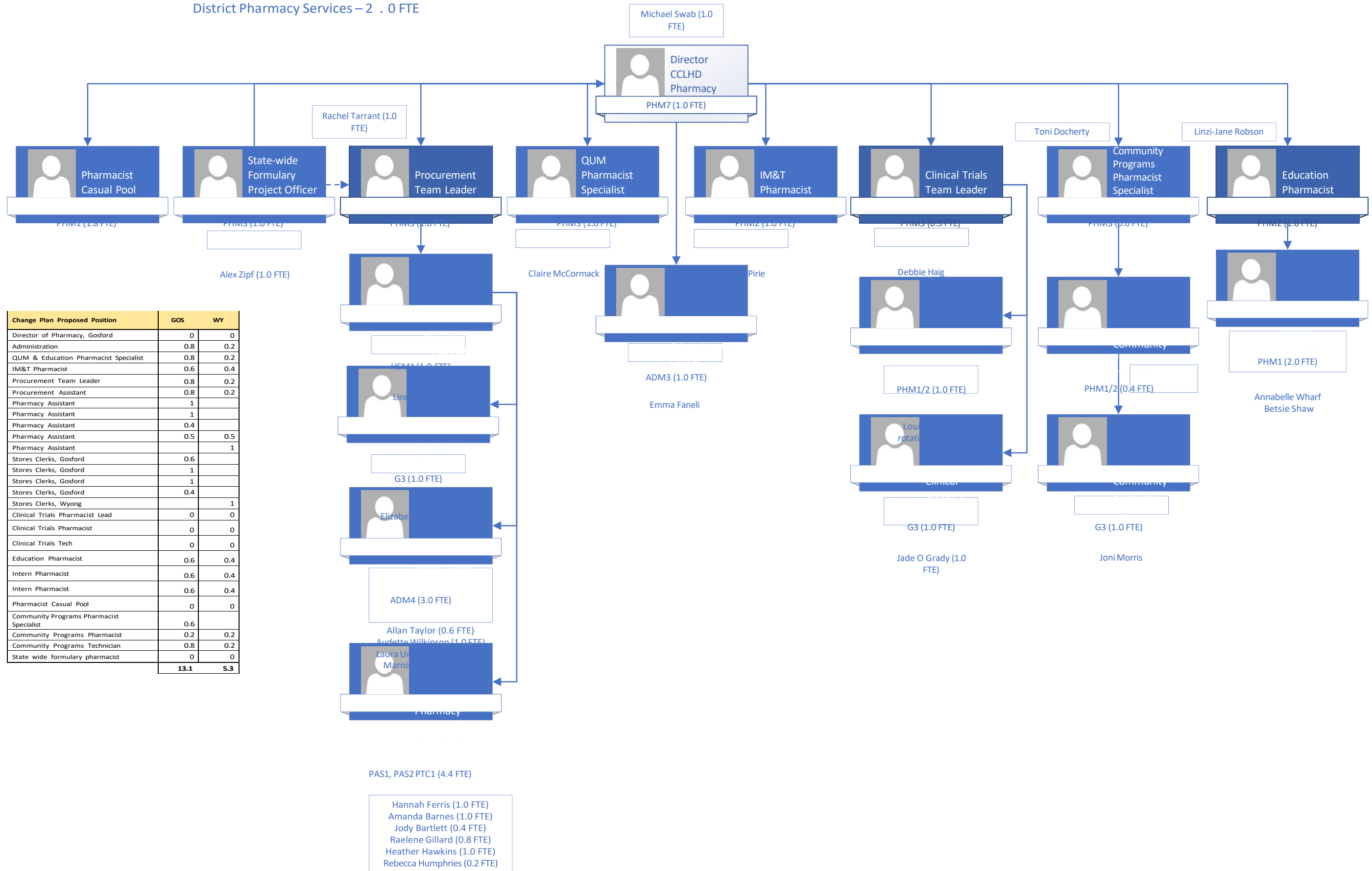


CCLHD Pharmacy Department – Organisational Structure – POSITIONS – Oct 2020





District Pharmacy Services – 2 . 0 FTE



Change Plan Proposed Position	GOS	WY
Director of Pharmacy, Gosford	0	0
Administration	0.8	0.2
QUM & Education Pharmacist Specialist	0.8	0.2
IM&T Pharmacist	0.6	0.4
Procurement Team Leader	0.8	0.2
Procurement Assistant	0.8	0.2
Pharmacy Assistant	1	
Pharmacy Assistant	1	
Pharmacy Assistant	0.4	
Pharmacy Assistant	0.5	0.5
Pharmacy Assistant		1
Stores Clerks, Gosford	0.6	
Stores Clerks, Gosford	1	
Stores Clerks, Gosford	1	
Stores Clerks, Gosford	0.4	
Stores Clerks, Wyong		1
Clinical Trials Pharmacist Lead	0	0
Clinical Trials Pharmacist	0	0
Clinical Trials Tech	0	0
Education Pharmacist	0.6	0.4
Intern Pharmacist	0.6	0.4
Intern Pharmacist	0.6	0.4
Pharmacist Casual Pool	0	0
Community Programs Pharmacist Specialist	0.6	
Community Programs Pharmacist	0.2	0.2
Community Programs Technician	0.8	0.2
State wide formulary pharmacist	0	0
<b>Total</b>	<b>13.1</b>	<b>5.3</b>

Wyong Pharmacy Service – 2 . FTE

Director of Pharmacy

Deputy Director –  
Wyong

PHMS (1.0 FTE)

Jess Hagan

Team Leader  
Operations

Jane Gabb (0.6 FTE) - Dispensary  
Vacant (0.4 FTE) - Dispensary  
Wendy Ho (0.4 FTE) - Cancer  
Lachlan Callis (0.6 FTE) - Cancer

Operations

Andrew Shakespeare (1.0 FTE)  
- Rotational

Operations

Cherice Marini (0.6 FTE) - Rotational  
Jackie Creswick (0.6 FTE) - Rotational  
Tracey Allen (1.0 FTE) - Cancer  
Kellie Brooks (1.0 FTE) - Cancer

Operations

Geetha Mathew (0.1 FTE) -  
Dispensary  
Vacant (0.3 FTE) - Dispensary

Pharmacist

PHM 1/2 (0.4 FTE)

Operations

Loren Holloway (1.0 FTE) - Dispensary  
Brooke Ainsworth (0.2 FTE) - Dispensary  
Maddison Marlow (1.0 FTE) - Dispensary  
Vincenta Longmuir (0.6 FTE) –  
Dispensary

Assistant

PAS1 PAS2 PTC1 (3.0 FTE)

Pharmacy  
Weekend

Vacant (0.1 FTE) - Dispensary  
Vincenta Longmuir (0.1 FTE) -  
Dispensary

Assistant

PAS1 PAS2 PTC1 (0.2 FTE)

Specialist

Katie Laverick (1.0 FTE) - Geriatrics  
Sarah Lawes (1.0 FTE) – General  
Aimee Peterson (1.0 FTE) - Emergency

Clinical  
Services

Brooke Ainsworth (0.8 FTE) -  
Rotational

Pharmacist

Tiana Roccisano (1.0 FTE) – Rotational  
Abby Gallimore (1.0 FTE) - Rotational  
Genie Moon (1.0 FTE) - Rotational  
Sebastian Gaspari (1.0 FTE) - Rotational  
Florence Cottee (1.0 FTE) – Mental Health  
Natalie Glen (1.0 FTE) - Rotational  
Nathan Ross (0.8 FTE\*\*) - Emergency  
Vacant (0.2 FTE\*\*) - Emergency

PHM1/2 (7.0 FTE)

\*\* Weekend emergency service



Gosford Pharmacy Service – .2 FTE

Director of Pharmacy

Deputy Director – Gosford  
PHM5 (1.0 FTE)  
David Gilbert (1.0 FTE)

Angela Tagaroulas (1.0 FTE) - Dispensary  
Sarah Bowen (1.0 FTE) - Cancer

Team Leader Operations  
PHM3 (2.0 FTE)\*

Clinical Services Team Leader  
PHM4 (1.0 FTE)

Vacant (1.0 FTE)

Melinda Street (0.6 FTE) - Rotational  
Kate Woods (0.4 FTE) - Rotational  
Adeline Tan (1.0 FTE) - Rotational  
Steff Worden (1.0 FTE) – Rotational  
Sarah Bourke (0.6 FTE) – Rotational  
Lachlan Callis (0.4 FTE) - Cancer  
Mikie Hughes (1.0 FTE) - Rotational

Operations

Operations Weekend

Madiha Chaudhry (0.2 FTE) - Dispensary  
Si (Hannah) Han (0.1 FTE) – Dispensary  
Vacant – 0. FTE

Beth Murphy (0.6 FTE) - Surgical  
Michelle Bonnette (1.0 FTE) - Emergency  
Mei Abdipranoto (1.0 FTE) – Haematology/ Oncology  
Gauri Godbole (1.0 FTE) – Geriatrics  
Fiona Deery (0.6 FTE) – Critical Care  
Keshendree Govender (1.0 FTE) - Renal  
Semun Galimam (1.0 FTE) - AMS

Specialist

Clinical Services

Beata Kadlec (0.9 FTE) - Cancer  
Sharyn Avery (1.0 FTE) - Cancer  
Dani Wooden (0.6 FTE) - Cancer  
Kristie Nakagawa (0.6 FTE) - Cancer  
Jo O Sullivan (0.4 FTE) - Cancer  
Bianca Jennings (0.8 FTE) - Rotational  
Michelle Cozens (0.2 FTE) - Rotational

Technician  
G3 (4.5 FTE)

Technician  
G3 (0.9 FTE)

Colin Turnbull (0.9 FTE) - Production

Kaitlan Kelliher (1.0 FTE) - Rotational  
Charlene Yang (1.0 FTE) – WCF  
Jennifer Duncan (0.8 FTE) – Emergency\*\*  
Michelle Hillier (0.4 FTE) - Rotational  
Si (Hannah) Han (0.6 FTE) - Rotational  
Jane Lee (1.0 FTE) - Rotational  
Carla Angelopoulos (0.4 FTE) - Rotational  
Imelda Arndt (1.0 FTE) - Rotational  
Jennifer Comerford (1.0 FTE) - Rotational  
Jennifer Moroney (1.0 FTE) - Rotational  
Janelle Sydenham (0.5 FTE) - Rotational  
Hang Nguyen (1.0 FTE) - Rotational  
Shohreh Asghari (1.0 FTE) - Rotational  
Hannah Gibbons (1.0 FTE) - Rotational  
Priyanka Singh (1.0 FTE) – Rotational  
NEW Vacant (1.0 FTE) – MAU

Pharmacists  
PHM1/2 (12.7 FTE)

Michelle Cozens (0.4 FTE) - Rotational  
Kate Cummings (0.6 FTE) - Rotational

Sue Evrard (0.6 FTE) - Dispensary  
Sharron Flight (0.6 FTE) - Dispensary  
Belinda Clark (0.8 FTE) – Dispensary  
Jody Bartlett (0.2 FTE) – Dispensary  
Rebecca Humphries (0.4 FTE) – Dispensary  
Skye Farlow (0.4 FTE) - Dispensary

Operations Assistant  
PAS1 PAS2 PTC1 (3.0 FTE)

Pharmacy Weekend Assistant  
PAS1 PAS2 PTC1 (0.4 FTE)

Sue Evrard (0.1 FTE) - Dispensary  
Jody Bartlett (0.1 FTE) – Dispensary  
Rebecca Humphries (0.1 FTE) – Dispensary  
Vacant (0.1 FTE) - Dispensary

\*\* Weekend emergency service

## Attachment 4 Offer to temporary and casual staff to increase hours



**Health**  
Central Coast  
Local Health District

Dear (Staff member name)  
E: (Staff member email)  
C/ Pharmacy Department

Following recent resignations and current recruitment challenges the Central Coast Local Health District (CCLHD) Pharmacy Department at Gosford and Wyong is currently operating under its established FTE.

Further recruitment events are actively happening however as an interim measure we are offering additional hours to our Part Time and Casual Staff Members on a temporary basis.

If you would **like** the opportunity to work additional hours on a temporary basis, please complete the attached form and return to Michael Swab, Director of Pharmacy CCLHD.

If you have any questions please reach out.

Yours sincerely,

**Michael Swab**  
Director of Pharmacy

Date: (date to be inserted)

*This correspondence will not be sent by post, unless requested*

Staff Member Name:

Role:

Please circle option below:

- Option 1 - I would like to increase my hours
- Option 2 - I would NOT like to increase my hours

If you select Option 1, please complete the below table:

Current Contract Hours	Additional Hours	Preference of days (if any)

Thank you,

Staff Member to sign

Date: (date to be inserted)

## Attachment 5 Expression of Interest correspondence to pharmacy staff for working group participation

Delete | Respond | Quick Steps | Move | Tags | Editing | Zoom | FindTime | Protection |



Tue 22/11/2022 4:26 PM

Michael Swab (Central Coast LHD) <Michael.Swab@health.nsw.gov.au>

Pharmacy review update and EOI for working parties

To  @CCLHD-All-Pharmacy-Department-Staff

Cc  Greg O'Donohue;  Matthew Ramsay

If there are problems with how this message is displayed, click here to view it in a web browser.

Hi team

Just providing an update everyone on the pharmacy review and at the same time seeking expressions of interest from those wishing to be involved in the next phase.

As you are aware the final round of consultation and feedback closed on 20/10/2022. Feedback has been considered and a meeting was held yesterday with the Health Services Union where agreement was reached to proceed with establishing some working parties to look at 3 key things;

1. Developing Draft Position descriptions for all Pharmacists, Technicians, Pharmacy assistants and administration staff.
2. Developing a prioritisation approach for patients and clinical areas in collaboration with the medical staff.
3. Exploring a preferred wholesaler model and negotiating any service requirements from such an arrangement.

We hope to have engagement from a number of staff in these working parties and to progress through each of these fairly quickly, with the aim to have the above drafted early next year. If you are interested in joining any of the working parties, please respond to this email indicating which working party you would like to be involved in by COB Friday 2/12/22. Following completion there will still be opportunity for staff who aren't part of working parties to provide comment.

If anyone has any questions or concerns, please get in touch, I'm happy to make the time.

Thanks

Mick

Director of Pharmacy

**Pharmacy Department | Central Coast Local Health District**

Mobile 0401614745 | [Michael.swab@health.nsw.gov.au](mailto:Michael.swab@health.nsw.gov.au)

## Attachment 6 Frequently Asked Questions

### Pharmacy Rework Frequently Asked Questions:

#### Staffing Cuts

*Are job cuts coming from this change? Why is there a 10% reduction in staff?*

No, with ongoing recruitment challenges the pharmacy department has never reached the proposed organisational chart FTE level of 94.09

The reduction of '0% of workers' comes from the reduction from – 85.5 FTE **No Staff are being displaced**

There is no plan to cut any staff actively working in these roles.

If new service enhancements are developed which require additional pharmacy resources, additional FTE will be funded and recruited to.

#### Staffing Roles

*Where do Grade 3 Pharmacists stand in this new system?*

There are changes being made for Grade 3 Pharmacist Specialists.

Grade 3 pharmacists are now focusing entirely on Clinical specialisation, mentoring and peer supervision and will be no longer required to perform administrative tasks such as rostering, performance management and payroll.

Staff provided feedback that in being required to undertake these administration tasks this was reducing significantly their time devoted to mentoring and patient care.

*What about situations where individuals are being moved from smaller teams to more broad clinical or operational teams?*

The pharmacy department needs to remain agile and flexible, with the ability to pivot according to demand of our patients. The proposed model retains a number of rotational pharmacy staff who will continue to complete clinical rotations, allowing them to up skill in different specialties through the LHD.

Having a singular larger clinical team at both sites in place of the multiple smaller teams in the old model will result in increased knowledge sharing between all pharmacy staff, a greater level of support for staff, with more team members to call upon, and less barriers to rostering skilled pharmacists appropriately.

Feedback from staff during consultation was that the current smaller team structure created silos and a lack of equity in workloads.

This new model is designed to have staff who are unfamiliar in areas *learn and develop* skills to be better equipped to move into these fields. This is not a 'throwing staff into the deep end' situation. We are using this restructure to better facilitate supervising, managing and educating all staff to a universal standard.

*What about more serious, time essential services such as Cancer Services?*

The proposed new model recognises the importance of time essential services such as Cancer services.

The Cancer Services FTE have been placed into the operations arms of both Wyong and Gosford Hospital. This recognises Outpatient Cancer services as an operational function of the pharmacy and ensures it will be staffed appropriately. It will be the responsibility of the Deputy Director at each site to ensure there are trained staff available to run each cancer day unit.

The proposed structure retains a balance of rotational and non- rotational staff in cancer services to foster development and to build greater contingencies and knowledge through the broader department.

### *Staff Morale, we believe that this change worsens the workload and will negatively affect morale, safety and sick leave*

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A number of these proposed changes come from extensive feedback and consultation with staff members including pharmacy staff. The previous pharmacy structure made it difficult to rectify these issues, we believe that by applying the structure outlined in this document, that many of these issues will be decreased. Some examples of this are:

- Making the structure more faculty-focused with consolidated larger teams, for the workload to be spread more evenly, removing the 'siloeing' of the workload in specific departments.
- Prioritising workloads so staff do not feel they have to unrealistically see every patient on their wards.
- Hiring of a new pharmacist to the role of Clinical services manager at the larger Gosford site to better maintain this spread of clinical staff
- All stages of the process, whether it be internal, or from PharmConsult's independent review, has been conducted, finalised and consulted with the aim of addressing concerns raised by staff and therefore improving morale,
- To address staffing short-falls in this challenging recruitment environment, management sought to support increased hours for any part-time and/or casual staff.

### *Staff consultation and involvement in changes to the service*

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Consistent feedback provided by staff was that they felt there was a lack of consultation and involvement of staff in the 2018 restructure. In proposing this change staff have been consulted with at all stages and feedback sought through workshops and one-to-one opportunities. For key changes to the service, staff have been invited to participate in working groups in designing new position descriptions, patient prioritisation tool and new supply chain

### *What about pharmacy technicians and assistants?*

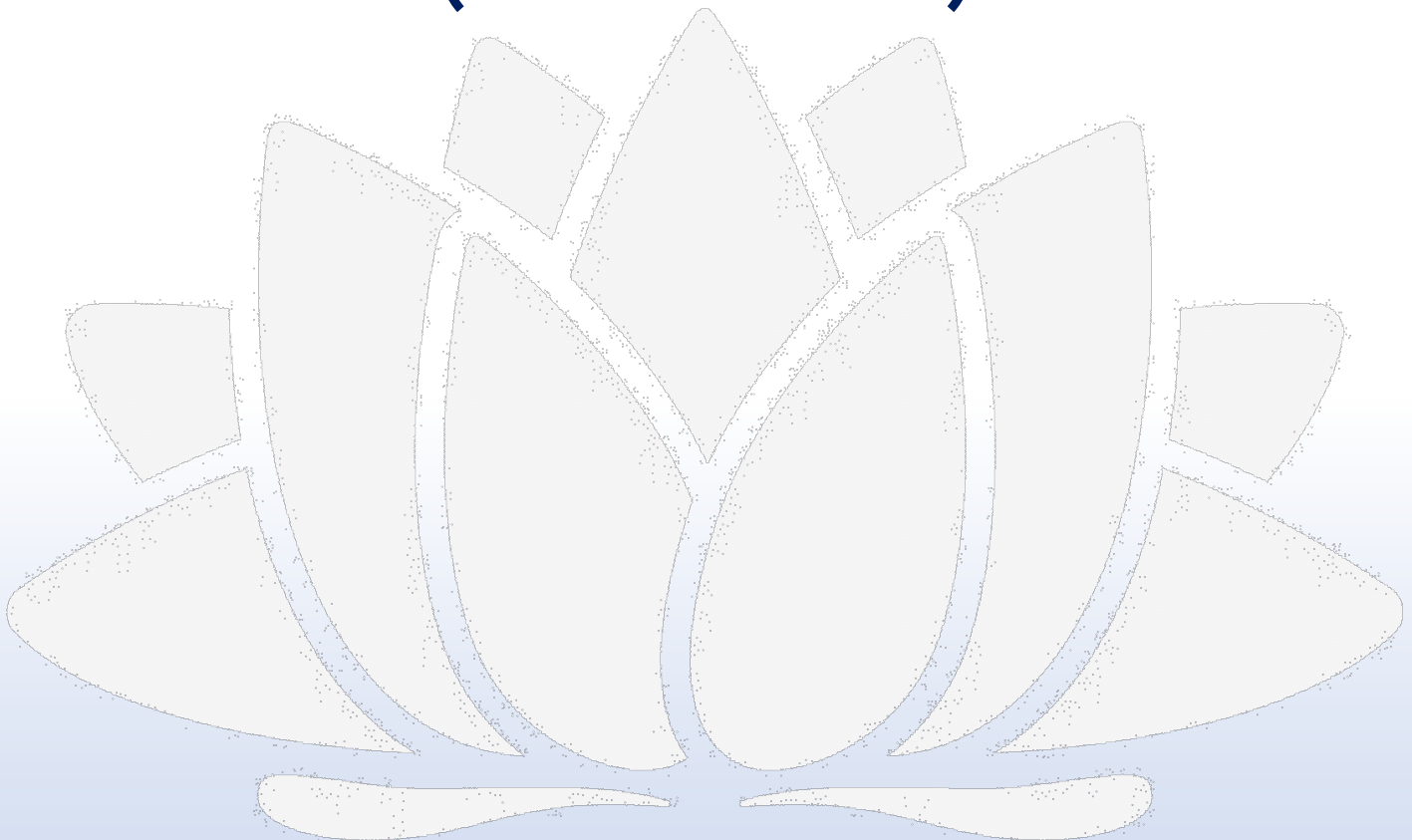
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As a result of continued feedback and concerns raised in regard to delineation of roles between Pharmacy Assistants or Pharmacy Technicians, we have reviewed the classification of all Pharmacy assistant G2 and Pharmacy technician G1 positions. All of these positions are engaged in drug distribution duties, hospital pharmacy production and dispensing activities and in the current structure there is no clear delineation between a Pharmacy Technician Grade 1 and a Pharmacy Assistant.

To address this concern in the new structure we are proposing that all pharmacy Assistant G2/Pharmacy Technician G1 roles are set up as Multidisciplinary positions allowing appointment at either Pharmacy Assistant Grade 1, Pharmacy Assistant Grade 2 or Pharmacy Technician Grade 1, according to the qualification held by the applicant/employee. This will allow staff appointed to these roles to be classified appropriately according to their qualification per the award and provide an improved pathway for career progression for pharmacy support staff (Page 1).

# Central Coast Local Health District

## Pharmacy Services Change Plan 2022 (PROPOSED)



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## 1. Introduction

As part of the CCLHD Organisational Sustainability Program (OSP) a review of pharmacy services has been undertaken in two parts:

3. A benchmark review in August 2021 of pharmacy resourcing against similar regional Local Health District pharmacy services (Nepean Blue Mountains LHD and Illawarra Shoalhaven LHD) and the Society of Hospital Pharmacist Association guidelines for the provision of clinical pharmacy services. This review identified potential opportunity to reduce CCLHD pharmacy FTE in line with ISLHD pharmacy FTE (reduction in FTE potentially 15-20 FTE),
4. The engagement of independent pharmacy expertise (PharmConsult) in September 2021 to review the CCLHD pharmacy service model to identify efficiencies and service enhancements and to identify opportunities to realise benefits identified within the first review without compromising safety and quality of patient care. This review, under the executive sponsorship of the Executive Director Operations, has identified opportunities to improve consistency of service, access and flow, service coverage and meet the objectives of OSP through reducing service FTE in line with benchmarked peers.

The Change Plan outlines:

- Consultation approach undertaken with key stakeholders (pharmacy staff, unions, clinicians, managers etc.),
- Feedback received on review findings and recommendations
- Review recommendations to be implemented and considered as part of the Pharmacy Review Project Plan.

## 2. PharmConsult Review Findings

The key findings from the PharmConsult review included:

- Although there appears to be accountability at the Pharmacy team level, the line management structure is not as functional as envisaged by the 2018 restructure, and is top heavy.
- There is sometimes confusion, anxiety and some angst from ward medical and nursing staff when clinical pharmacy services are not available. There is inconsistency across the Directorate in the way pharmacists and especially clinical pharmacists prioritise the services they will provide and the patients they will review.
- There is some disparity between pharmacy resources and the pharmacy model operating at Wyong compared with Gosford, when considered from the perspective of number and acuity of patients and intensity of medical services provided.
- It was found that the way in which clinical pharmacists and technicians are allocated to meet demand, lacks consistency due mostly to the inconsistent way services and patients are prioritised for clinical pharmacy input and review.
- Although pharmacists and ward staff very strongly agree that medication reconciliation on admission and at discharge provides great value to patients and staff and the patient flow system, that despite best efforts only about 40% of Gosford patients receive medication reconciliation within 24 hours of

admission, increasing to 60% within the admission, and 65% of Wyong patients receive medication reconciliation on admission rising to 90% during the admission.

- There is inconsistency in the way medications and counselling are provided at discharge and the timeliness of this process (which is not always the fault of Pharmacy due to the lack of discharge medication orders). Nevertheless, it was found that not infrequently patients had their discharge delayed, in some cases delayed until the next day because of the unavailability of discharge medications.
- Given that many discharges occur in the late afternoon and that there are many overnight admissions from ED, the current Pharmacy hours often do not meet the need for timely supply of discharge medications or new medications for patients admitted from ED, nor documenting an on-admission medication history or medication reconciliation.
- The balance of the number of pharmacists to technicians across the District is in line with good hospital pharmacy practice being 2:1; the balance of the number of clinical pharmacy staff (pharmacists and technicians), with operational pharmacy staff is appropriate, but for the future should be directed by the number and mix of staff required to perform the highest priority tasks as per agreement between the Pharmacy and each Hospital (and recommended by this Review).
- Although it is difficult to definitively assess without reviewing every imprest list for every imprest location across CCLHD, based on discussions with nurses and pharmacy staff at both Gosford and Wyong hospitals, it's reasonable to conclude that the balance between the products which need to be available in imprest for urgent use or very frequent use and those which need to be individually dispensed (because of restrictions based on indications, prescribers or cost) is appropriate.
- In regard to imprest management, discussions with ward and management staff revealed that nurses are performing pharmaceutical imprest tasks in some wards because Pharmacy has said that it has insufficient staff to perform these tasks in these wards.
- In regard to the model for pharmacy services, from discussions it was concluded that that current district-based model is not as flexible and agile as required to meet demand, or to be integrated more effectively with other services. In addition, the district model has increased a siloed approach to service provision and is less conducive to department wide teamwork / sharing of information and workload.

As a result of these finding PharmConsult provided CCLHD with 21 key recommendations to consider implementing in order to meet the key objectives of achieving service improvements and efficiencies through prioritising pharmacy services and patients (as there will be less staff available to provide the services), flattening and introducing a more facility-focused organisational structure (to spread the workload more evenly), communicating changes to key internal (within CCLHD) and external (e.g. community pharmacy) stakeholders, and using available technology.

### 3. Key Stakeholder Consultation

A comprehensive consultation process was undertaken with pharmacy staff and other key stakeholders.

#### 3.2.1 Director of Pharmacy Services

Consultation with the Director of Pharmacy will be undertaken as follows:

- The Executive Sponsor and PharmConsult Consultant held a 1:1 with the Director of Pharmacy Services (DoP) prior to staff sessions. In this session all key findings and recommendations were discussed and an opportunity provided for the DoP to seek clarification from PharmConsult and provide feedback.
- Additional time has also been provided for the DoP to discuss the review findings with the Executive Director Operations (excluding PharmConsult).
- Employee Assistance Program support was also provided to support the Director of Pharmacy.

#### 3.2.2 Stakeholder Sessions

Dedicated review findings and feedback sessions were facilitated by the PharmConsult Lead Consultant.

The purpose of these sessions were to:

1. Explain to stakeholder why changes are needed
2. Explain the objectives of the changes
3. Explain the benefits of the changes
4. Explain how the changes are likely to positively impact Pharmacy and non-Pharmacy staff, and patients, and
5. Answer participant questions.

Sessions were held on Monday 28<sup>th</sup>, Tuesday 29<sup>th</sup> and Wednesday the 30<sup>th</sup> of March 2022.

1. Monday 28 and 30 April: Pharmacy Leadership Team session - Gosford
2. Monday 28 April: Staff session – Gosford (x2)
3. Monday 28 April: Staff session – Wyong (x2)
4. Monday 28 April: Senior Clinical and Operations Directorate Leadership team – Wyong
5. Tuesday 29 April: Senior Clinical and Operations Directorate Leadership team – Gosford
6. Tuesday 29 April: Staff Session (for staff unable to attend other sessions) – (x2)
7. Tuesday 31 April: Union Session

Employee Assistance Program support was provided to support all pharmacy staff post the facilitation of these consultation and feedback sessions.

#### 3.2.3 Review Report

A copy of the review report was provided to all stakeholders at the completion of the feedback sessions.

### 4. Review Feedback

Formal feedback on the review findings was undertaken as follows.

#### 4.2.1 Formal Feedback Phase

A total of twelve feedback sessions were facilitated from 28 -31 March 2022 with staff, stakeholders and unions followed by a two-week formal feedback process. At the request of the union this feedback timeframe was extended to 28 April 2022. Feedback was received via written submissions and via verbal

feedback through one-to-one appointments. At the close of the formal feedback timeframe a total of 26 individual submission and one combined pharmacy Team Leaders group submissions were received. Seven individual 1:1 sessions were also provided to staff wanting to provide face-to-face feedback. There was one feedback submission received from the Health Services Union.

Overall, stakeholder feedback was supportive of the majority of Review recommendations, noting no proposed structure was presented. There was strong support for key recommendations relating to:

- *Flattening the pharmacy service structure to reduce existing silos:*
  - Realigning FTE under functional streams of clinical services, operations services and district-wide functions,
  - Reducing the work allocation responsibilities to a few designated positions as opposed to the current team leader structure,
  - Recognising specialist pharmacist roles (pharmacy grade 3),
  - Maintaining the balance of pharmacists to technicians,
  - Redistributing pharmacy FTE between the sites based on bed numbers and complexity (approx. 70% of total FTE to Gosford, 30% to Wyong)
  
- *Implementing a work prioritisation model which prioritises patients with complex health conditions and those at most risk of medication harm*
  - Is understood by all pharmacy staff that they may be allocated to wards and specialty care areas to support these priority patients first before their home service/ward non-priority patients,
  - Is understood by Heads of Department and Service Managers, and why there may be changes to the levels of pharmacy provided to their service,
  - Supporting criteria led discharge which identifies patients who can receive a pre-defined discharge supply,
  - Supported by use of a decision support tool.
  
- *Pharmaceutical Supply*
  - Prescribing of PBS medicines in outpatients, for patients in hospital less than 72 hours and if for any reason discharge medication cannot be provided to any medium or low priority patient prior to the scheduled time of discharge with advice that they have the prescription dispensed by a community pharmacy on their way home,
  - Introducing imprest-box preferred supplier model.

There were also a number of key review recommendations that received mixed feedback/support.

- *Pharmacy Service Reporting Lines:*
  - Whilst there was some support for implementing a site-based reporting model (i.e. to General Managers) there were a number of stakeholder concerns expressed that this will make it difficult for other services requiring pharmacy to negotiate appropriate access (i.e. Mental Health, Community)
  - Further concerns expressed related to a possible inconsistent service approach emerging between sites and that there are a number of district-wide functions that pharmacy perform which may not be prioritised by a site (i.e. policy, quality use of medicines, procurement and formulary).

- *Extending Service Hours:*
  - General support for extended hours by senior stakeholders whereas some pharmacists provided feedback that extending hours has been tried before and demand does not warrant the extended times. In particular this was trialled during a past 'winter surge' strategy whereby longer hours weekdays and longer weekend hours were utilised, which demonstrated zero additional impact on discharge numbers resulting instead in workload being spread across a longer workday.

A Thematic Analysis of stakeholder feedback is provided in attachment A

#### 5. Endorsed Recommendations

As a result of the consultation phase and consideration of the feedback received the District Executive has endorsed 32 of the 34 recommendations made for implementation. The District Executive do not support two recommendations provided:

1. A proposed change in the model of pharmacy from the current a district-wide approach to a site-based model under the General Managers (Recommendation 1b, 18a-c). To ensure district-wide consistency of service, to provide a single point of accountability and in recognition of the district-wide functions performed the service will remain a district-wide model.
2. Restricting use of QUM pharmacy expertise to only to Drugs and Therapeutic Committee (DTC) activities (Recommendation 22b) as QUM expertise is wider than just DTC activities and would have an impact on other services if restricted.

A summary of the recommendations and the ELT position is provided in attachment B.

#### 6. Proposed Pharmacy Structure

After careful consideration of the feedback from stakeholders and the two reviews a proposed new structure will be implemented. This new structure will:

- Retain a district-wide leadership role,
- Flatten the existing structure into clinical services, operations and district-wide service streams removing issues of silo's with the current teams based structure,
- Pool pharmacy resources, technicians and pharmacists, within these streams for assignment guided by clinical prioritisation and pharmacists specialty. Streamlining clinical pharmacists away from these small teams into a larger clinical stream team will allow the service to flexibly respond where highest demand occurs.
- Rebalance resources between the two sites,
- Reduce Team Leader role requirements and recognise Pharmacist Specialists roles (grade 3s). This change will provide a clear pathway for pharmacists to be recognised for their expertise. This allows focus of their expertise being put into patient care and mentoring junior pharmacists rather than rostering and administration work.
- Reclassify the Pharmacy Procurement Manager role from a Health Services Manager grade to a pharmacists grades/PDs to maximise operational support during peak periods.

Overall FTE will be reduced from the current establishment of 94.09 FTE to 84.5 FTE. No current permanent staff will be displaced as the reduction will be achieved by removing existing vacancies. The proposed structure by site is outlined in appendix C.

## 7. Implementation

Post consultation of the proposed change plan the District will transition the review into an implementation phase. The implementation is summarised as follows:

- Executive Sponsor

The Executive Director of Acute Care Services

- Pharmacy Services Implementation Working Group

Chaired by the executive sponsor a working group will be established to oversee implementation.

Membership will include:

- Executive Director Acute Care Services (Chair),
- Director of Pharmacy,
- Deputy Director of Pharmacy Gosford,
- Deputy Director of Pharmacy Wyong,
- District Clinical Director
- Manager Organisational Programs.

The working group will report on implementation progress to the OSP Steering Committee.

- Project Work Streams

Implementation will be broken into three work streams:

1. Clinical Service Model

Membership: Director of Pharmacy, District Clinical Director, Deputy Director Wyong, Clinical Services Team Leader Gosford, Clinical Pharmacist x2, QUM Pharmacist, Technician x1.
--

Key Deliverables:
-------------------

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Prioritisation Model</li> <li>• Decision Support Tool*</li> <li>• Allocation of clinical resources/FTE process through prioritisation</li> <li>• Communication to Heads of Department and service managers on model impacts</li> <li>• PBS discharge opportunities</li> <li>• JMO support</li> <li>• Pharmacy Guild and community pharmacy engagement</li> <li>• Extended hours review</li> </ul> |
|--|

\*ICT resources required to support this deliverable

2. Supply and Procurement

Membership: Director of Pharmacy, Procurement Team Leader, Director of Nursing representative, Operations Pharmacists x2, Technician x1, State-wide Formulary Project Officer, Contracts & Leasing Team x1,
---

Key Deliverables:
-------------------

- Chemotherapy contract review and rebates
- Satellite pharmacy opportunities
- Imprest Box
- Imprest Transition to Pharmacy
- State-wide Formulary
- Pre-packs for criteria led discharge
- Outpatient PBS opportunities

### 3. People and Structure

Membership: Director of Pharmacy, HR Business Partner, Deputy Director Pharmacy Gosford, Deputy Director Pharmacy Wyong, Education/Woy Woy Operations Pharmacist

Key Deliverables:

- New structure implementation
- HSM PD to pharmacy role transition
- Rostering and Payroll
- Wage Subsidy Grant opportunities
- Intern Contracts

## **Appendix A: Review Feedback Thematic Analysis**

A thematic analysis of the feedback submissions identified the following key themes:

### Clinical - Patient Prioritisation

- Strong agreement from staff for the introduction of a consistent prioritisation model for pharmacy patients, although some staff felt there was a need for reordering of the Review recommended criteria.
- Support for a fair and equitable distribution of patient workload and increased flexibility of clinical staff to provide assistance to services/wards where there are a higher number of high-priority patients on the day. General feeling and acknowledgement of the review finding that the current pharmacy model has created team silos which inhibits flexibility.
- Some feedback questioning the practicality of the prioritisation process commencing with discharge patients. Prioritising discharge may result in this being the only activity undertaken by staff.
- Non-pharmacy stakeholders generally supported the prioritisation model if it is consistently applied and the impact is well communicated to NUMs and Heads of Department
- Support for the automation of the prioritisation tool, although a number of stakeholders provided feedback on their concerns that there would be ICT barriers to acquiring a commercially available product which would lead to delays in implementing the prioritisation recommendation. Some stakeholders also expressed concern that ICT service would be unable to produce what is needed internally and/or that there needs to be a guarantee that ICT can produce something as effective and on time. In general though, regardless of the software solution, there was strong support for an electronic system which produced priority patient lists based on patient age, number of medications, number of risk medications and renal function.
- Some feedback queried whether there would be a risk that the proportion of patients being categorised as high risk (particularly at Gosford where acuity of patients is higher) will mean more patients required to be serviced than perhaps anticipated. If this does occur, the benefit of Dynamic or any other prioritisation system will be minimal.
- Whilst acknowledging that medication reconciliation is important and contributes to achieving accreditation standards, it is acknowledged that the service is already restricted largely to 8.30am to 4.30pm on Mondays to Fridays and currently the services achieve only 60-65% reconciliations against this KPI.

### Clinical - Junior Medical Officers

- A constraint that will have to be overcome is that there needs to be increased autonomy of JMOs who are over-reliant on clinical pharmacists. Medical Officers accuracy of discharge prescriptions must be improved and requires concerted support by senior doctors, who currently are totally reliant on pharmacists to correct mistakes.
- Some feedback that JMOs rely far too much on pharmacists, to the extent that some pharmacists are actually doing the work of the JMOs (which also interferes with JMOs' learning).

### Clinical - Discharge

- Support for criteria lead discharge for low and potentially (simple) moderate risk patients if criteria can be agreed too. Some feedback indicated there are many simple scripts for standard orders that could be developed and not needed to be reviewed by pharmacy. In turn these pharmacy resources can be allocated to more complex patients.
- Several staff provided feedback that late discharges are often due to consultants undertaking their rounds late in the afternoon.



- Staff feedback that they support the review recommendation of patients for discharge be identified via the Patient Flow Portal and via the pharmacy technician's check with each NUM each morning. That this is in line with practice at Wyong.
- Suggestion of implementing a dedicated discharge pharmacist in line with some other hospitals. The role is based in the discharge lounge and is responsible for ensuring patients are leaving on time with their medications or scripts as well as picking up any patients who have fallen through the gap

#### Pharmacy Structure - Teams

- Strong support for a change in structure which removes silos and creates workload equity. Many staff, in-line with the Review findings, indicated that some teams had an inequitable patient load and that there was no consistent approach or willingness for other teams to assist. Furthermore, it has been difficult to have management (or their willingness) to intervene in these situations.
- A number of staff provided feedback that the proposed structure could be flattened further than that suggested by the Review through removing all existing team structures and aligning staffing under the proposed Clinical, Operational and Quality streams. In this case the Team leader or Manager of the stream would assign the workload and resources based on prioritisation. Grade 3 pharmacists not assigned management duties would be recognised for their specialism. The HSU also stressed this point.
- Another staff provided a suggestion that staff could be rotated between the Clinical and Operations streams to create further flexibility. This endorsement of creating flexibility extended to supporting the recommendations of ensuring that roles not currently patient facing could be used if demand was high (i.e. pharmacy procurement roles, IMT pharmacist role, QUM and AMS pharmacists).
- Support for the recommendation of re-focusing Team leaders on clinical work by removing where possible rostering activities.
- Support for flattening the structure as long as this does not mean significant regrading of positions. Most grade 3 positions reflect the pharmacists specialisation.
- Recommendation to realign some existing management roles into managing the clinical streams or to provide additional clinical/patient facing resources (i.e. Deputy Director role into Clinical Stream Manager role). Also, that educational pharmacists should work on wards with interns assigned to provide interns with patient facing clinical experience.
- Another recommendation was for intern pharmacists to be rotated onto wards with Clinical Educators. This was seen as an opportunity to enhance the intern clinical pharmacy learnings and have educators also provide clinical pharmacy support.
- Concern with the current ratio of AMS pharmacists and ID staff specialists resulting in a reduction in face-to-face AMS interventions when a staff member is absent. These roles ensure the promotion of safe, appropriate and compliant antimicrobial prescribing, as well as ongoing monitoring for patients in both the inpatient and outpatient settings. A reduction in staffing these teams will impact patient care.

#### Pharmacy Structure - Wyong and Gosford FTE Distribution

- There was general support for a fair distribution of pharmacy FTE between the sites based on bed numbers and complexity. It was however noted that if Cancer Services pharmacy FTE is grouped as part of Gosford this distorts the allocation split to Gosford. If removed, an imbalance between Wyong and Gosford is evident.

### Pharmacy Structure - Other

- Some feedback that pharmacy services should not be benchmarked and that CCLHD pharmacy department is not comparable to either the Nepean Blue Mountains LHD pharmacy department or the Illawarra Shoalhaven LHD pharmacy department.
- The raising of revenue and drug cost savings should be considered, not simply the reduction of expenses (i.e. FTE cuts).
- One recommendation that clinical trials is funded out of operating budget with revenue to off-set this expenditure.

### Pharmacy Service Reporting Lines

- Some staff and stakeholders supported aligning service sites under the General Managers (GMs) to ensure the services become more integrated into meeting the acute site's needs and involvement in access and flow problem solving.
- There were also several stakeholders concerned with aligning services under the GMs as it was felt that this would create an additional layer of complexity for negotiating access to pharmacy for non-Wyong or Gosford services. Other issues raised with this recommendation was that there would still be required District-wide functions such as policy, procurement, governance, administration, payroll, on-call duties, recruitment and managing the state-wide formulary. Feedback included that this approach could also be detrimental to service standardisation across the District.
- One submission requested that if pharmacy moves to the GM reporting recommendation that the cancer services pharmacists report directly to the Cancer Directorate.
- The HSU provide feedback that while it does not intend to dictate managerial prerogative, it should be highlighted that such a move will restrict the ability to utilise resources where needed on a needs-basis, potentially reduce the capacity to deliver a consistent pharmacy service throughout the District and may have an impact on gradings of pharmacists in senior roles.

### Service Hours

- General support for extended hours by senior stakeholders whereas some pharmacists provided feedback that extending hours has been tried before and demand does not warrant the extended times.
- Some feedback from pharmacists that this was trialled during a past 'winter surge' strategy whereby longer hours weekdays and longer weekend hours were utilised, which demonstrated zero additional impact on discharge numbers resulting instead in workload being spread across a longer workday.
- A concern of some staff and the union is that extending hours could create shift work which would in turn be a change in staff existing employment conditions.
- Support for improved work flexibility, job sharing and/or use of compressed hours i.e. where a staff member works their full week over less days but over more hours.
- One pharmacist expressed concern that if patients are discharged in the evening, many pharmacies are closed anyway. That many staff that work here travel long distances to get here using public transport, which could cause inconveniences and build-up of fatigue, which would ultimately impact on the patients.
- Feedback that the Grade 3 Technicians at Wyong are aligned to the activities that they perform with significant work put into developing these roles to align with the SHPA standards to assist clinical pharmacists with non-clinical duties where possible to free up their time to focus on clinical duties.
- Feedback from the HSU stated that the provision of providing an adequate after hours or extended hours service has never been properly funded by CCLHD. An ad hoc arrangement of on-call or volunteers has led to

a totally inadequate service that has continued to flounder. The HSU is not opposed to having an effective after-hours service, but it needs to be properly funded and staffed. Just simply changing start and finish times will only reduce the limited services at peak times and cannot be achieved with staff designated as day workers. The only way this proposal could work is if additional staff are recruited as shift workers which the HSU has advocated for quite some time.

#### Pharmaceuticals Supply - PBS

- There was general support from pharmacy and other stakeholders for the use of PBS scripts for patients being discharged where they do not require non-PBS or cost prohibitive medicines and are low risk. Some acknowledged that this is a very grey at best area of practice, and many LHDs would not agree with the approach but if implemented would reduce dispensary workload.
- Whereas some pharmacists were concerned that PBS is not supported by Ministry of Health policy position due to NSW not being a signatory to the Commonwealths PBS reforms and that Drugs and Therapeutics Committee would need to be consulted to provide the support organisationally should this be implemented.
- Some feedback suggested that the Drugs and Therapeutics Committee develop a PBS formulary for JMOs.
- Many clinicians over the past several years have shifted dispensing from hospital to community with the introduction of community codes via PBS. More activity in this area is possible to reduce outpatient pharmacy load further. Note already for outpatient clinics, PBS prescriptions are already utilised e.g. fracture clinics, aged care clinics, endocrine clinics. Especially renal, clozapine, and SHC could increase community acquisition of PBS items.
- Support for the increased engagement of community pharmacy in supporting discharged patients and/or for conducting home medicine reviews.

#### Pharmaceuticals Supply - General

- One feedback questioned the recommendation to establish a dedicated satellite pharmacy at high demand ward as processes currently exist to utilise dispensed medications and / or imprest medications via the discharge stations as well as innovative practices like tubing to wards are in place.
- There was feedback received that current service model has transferred some imprest supply onto clinical teams and that this should be, as per the Review recommendations, transferred back to the procurement pharmacy team.
- Some staff feedback was that nursing should be involved in packing pharmacy supplied imprest onto shelves, which would then provide some resource to procurement team to be proving increased service to more imprest areas.

#### Pharmaceuticals Supply - Imprest Box and Satellite Ward Pharmacy

- Support for the implementation of an imprest-box preferred supplier. Noting one respondent indicated that they did not feel the savings would be as significant as the consulting team propose and one staff feedback concern that this would create a monopoly situation.
- The satellite pharmacy would need to be large to hold all of the medications needed and additional resource would be required to manage the stock holdings.

#### Committees and Accreditation

- A number of pharmacists supported the reduction of their involvement in organisational committees to increase clinical availability whereas some stakeholders were concerned that this would withdraw an important expertise from decision or policy making.

- Feedback also received that committee representation has always been a challenge for pharmacy as they are constantly asked to represent at different levels on various work parties. Besides those committees specifically mentioned in the recommendation there are others (such as eMAGG) where representation should be considered as critical.
- There does need to be a 'rethink' organisationally of Accreditation activities when committee representation is at a peak, and pharmacy has been the lead (almost exclusively) in both Standard 4 Medication Safety and also Standard 3. Perception that nursing and senior medical over the years have depleted their resources involvement with Policy and Procedure, which has necessitated other departments (e.g. pharmacy) taking greater presence in supporting.
- Feedback from another stakeholder concerned if pharmacy expertise limited on designated committees as they are experts on quality use of medicines.
- One staff member reported concern that if you reduce our involvement in governance activities, education that this will diminish our ability to participate in multidisciplinary care.
- Other feedback included that there needs to be an electronic reporting system to meet the District's needs for meeting the National Standards for accreditation and the Antimicrobial Clinical Care Standards, automating the reporting of non-compliance and inappropriate prescribing, where possible. This would allow current AMS staffing levels to remain stable whilst continuing to contribute to other clinical areas such as the dispensary.

## Appendix B Recommendations Endorsed for Implementation

Issue	The Review recommends that:	Comment	Project Implementation Stream
1. Clarification of line management and responsibilities	<p>1. a flatter organisational structure be implemented to achieve:</p> <ul style="list-style-type: none"> <li>- clearer and more effective line management</li> <li>- greater clarity and acceptance of responsibilities</li> <li>- improved co-ordination of activities</li> <li>- decreased activity within 'silos'</li> <li>- increase accountability</li> <li>- greater contingency</li> </ul> <p>a) with a facility-based focus at each of Gosford and Wyong hospitals</p> <p>b) with three broad activity-based groupings, these being: clinical, operations and quality</p> <p>c) with a small number of teams in each grouping, and</p> <p>d) with a larger number of pharmacists and technicians in each team.</p>	<p>ELT Endorses:</p> <ul style="list-style-type: none"> <li>• A new structure that reduces team silos and allocates staffing into broad teams of clinical, operations and district-wide functions</li> </ul> <p>ELT <b>Do Not Support</b>:</p> <ul style="list-style-type: none"> <li>• Facility based reporting model/focus. A District approach will be retained.</li> <li>• Rec 1a</li> </ul>	Structure & People
2. the impact on specialty services (e.g. renal services) when specialty clinical pharmacists are unavailable	<p>2. a prioritisation strategy be introduced using change management principles</p> <p>3. clinical pharmacists provide the required clinical pharmacy services throughout CCLHD according to services and patients being prioritised in the following way:</p> <p>a) in regard to services:</p> <ul style="list-style-type: none"> <li>i) discharge medication and discharge medication reconciliation for high priority patients being discharged</li> <li>ii) discharge medication for medium and low priority patients (and triaging medium priority patients for discharge medication reconciliation)</li> <li>iii) new medications ordered overnight</li> <li>iv) medication reconciliation on-admission for high priority patients</li> </ul>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>• the utilisation of a prioritisation framework which is used to allocate clinical pharmacy resources</li> </ul>	Clinical Model

- v) medication reconciliation on-admission for medium priority patients
- vi) clinical pharmacist review of medication orders for high priority patients
- b) in regard to patients: using a report of patients most at risk of medication-related harm:
  - list the name and ward / unit location of every patient in each hospital (for which the data are available) categorised into one of three categories for clinical pharmacy review these being, high priority, medium priority, and low priority using an approach to prioritisation such as the *PharmConsult* Risk-Based Prioritisation Approach (see Appendix 5) or an approach developed by the CCLHD Pharmacy Department (but not assessed during this Review), and automated via the Dynamic Ward Lists® (by Kraken Code - see Appendix 4)
  - ii) assign staff to provide clinical pharmacy services after determining the patients at highest risk from medication related harm
  - iii) investigate further any risks associated with non-compliance with Standard 4 (Medication Safety) if a prioritisation strategy is applied.
- c) and involving:
  - i) clinical pharmacy technicians visiting patient units first thing every day to identify:
    - patients being discharged (and their requirements) using the Patient Flow Portal and discussions with NUMs
    - new overnight medication orders, and
  - ii) then commence dispensing both
  - iii) Patient Flow Portal reporting, and technicians ward round reporting (for discharges)
  - iv) clinical pharmacists meeting each morning with Pharmacy Leadership at Gosford and Wyong to assign staff to patients and activities.

<p>3. the disparity between pharmacy resources and the pharmacy model operating at Wyong compared with Gosford</p>	<p>4. the perceptions of disparity in the allocation of pharmacist and technician resource beaddressed by:</p> <ol style="list-style-type: none"> <li>a) implementing the amended organisational structure (as described in recommendation 1)</li> <li>b) allocating 70% of FTE clinical and operational staff to Gosford and 30% to Wyong (on the basis of bed numbers, casemix and acuity)</li> <li>c) sharing a number of quality services (such as QUM, AMS, IMT, policies and procedures, DTC support, medication safety, education and training) across the District</li> <li>d) prioritising services and patients at each facility (as described in recommendation 3)</li> </ol> <p>5. clinical pharmacist be allocated patients using a ward-based model because the physicallayout of Gosford Hospital and restrictions imposed by the need to isolate patients with suspected or diagnosed Covid-19, makes the application of speciality-based model is impractical for the time being (albeit it that in an ideal world, is the specialty team-based model optimises the application of clinical pharmacist skills).</p>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>• the re-balancing of FTE between the two sites.</li> </ul>	<p>Structure and people</p>
<p>4. the way in which the required number of clinical pharmacists is calculated and the way in which clinical pharmacy resources are allocated</p>	<p>6. for the purposes of contributing to meeting the objectives of the Organisation-wideSustainability Plan that:</p> <ol style="list-style-type: none"> <li>a) the number of Pharmacy FTE be reviewed, with the split being: <ol style="list-style-type: none"> <li>i) 70% of total FTE to Gosford, 30% to Wyong</li> <li>ii) broadly in line with the current split of staff across the various Pharmacy functionsand activities i.e. management, clinical, dispensary, combining, quality etc.</li> <li>iii) QUM, education, IMT, and procurement, have District-wide responsibilitiesregardless of where they are based, and</li> </ol> </li> <li>b) the allocation of staff be carried out in conjunction with the implementation of prioritisations of services and of patients (recommendation 3), and a preferred wholesaler model which incorporates a District-wide imprest box distribution model (see</li> </ol>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>• the re-balancing of FTE between the two sites and in conjunction with implementing a preferred wholesaler imprest model</li> </ul>	<p>Clinical Model and Procurement and Supply</p>

	recommendation 16b)		
5. the involvement of Pharmacy staff in medication reconciliation on admission and at discharge	<p>7. medication reconciliation on admission and at discharge remain a priority with prioritisation for</p> <p>a) patients on discharge: according to those patients deemed high priority via the recommended implementation of a prioritisation of patients tool</p> <p>b) patients on admission according to those patients deemed high priority</p> <p>c) patients admitted via the Emergency Department, and</p> <p>d) medium priority patients</p>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>• prioritisation of medication reconciliations</li> </ul>	Clinical Model
6. Pharmacy's role in timely discharge of patients	<p>8. discharges be made a priority as per recommendation 8, and that the following process be used in regard to the supply of discharge medications and information:</p> <p>a) patients for discharge be identified via the Patient Flow Portal and via the Pharmacy technician's check with each NUM each morning</p> <p>b) high priority patients (as per the daily Dynamic Ward List® report) from the Patient Flow Portal list especially those waiting for medication on the 'Waiting for what?' list, be prioritised for the provision of medication reconciliation at discharge, and the supply of dispensed medication and a medication profile</p> <p>c) if for any reason discharge medication cannot be provided to any medium or low priority patient (as listed by the Dynamic Ward List report) prior to the scheduled time of discharge, that a PBS prescription be written by the medical officer responsible for authorising the discharge and given to the patient or their carer, with advice that they have the prescription dispensed by a community pharmacy on their way home</p>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>• PBS practices where these can be adopted,</li> <li>• Criteria-based discharge is in concert with the work being done by the expert District Working Group already underway,</li> <li>• Suitable wards for piloting the satellite pharmacy concept can be identified and stock holdings are manageable</li> </ul>	Clinical Model and Procurement and Supply



	<p>9. consider implementing criteria-based discharges (which will allow Pharmacy to preparedischarge medications for many patients potentially the day before discharge)</p> <p>10. consider establishing a satellite Pharmacy in the ward with the highest number of patients requiring discharge medication, specifically for dispensing discharge medication in a more timely and responsive way</p> <p>11. consider not dispensing a new supply of a patient's regular medication at discharge to patients whose admission lasts less than 72 hours and instead provide to them the medication they brought in with them, and suggest that for ongoing supply they obtain aprescription from their GP.</p>		
<p>7. opportunities to enhance the after-hours service services and the need for a 7-day a week pharmacy service (and the costs associated with both)</p>	<p>12. current Pharmacy hours<sup>1</sup> be extended to supply new orders for patients admitted overnight and discharge medication for high priority patients being discharged late in the afternoon, in the following way:</p> <p>a) Monday to Friday 0730 to 1900, Saturday, Sunday and public holidays: 0800 to 1500 with ED continuing as is from 0830 to 1700, and</p> <p>b) be staffed by introducing shift rosters i.e. without paying overtime, in conjunction with the amended organisational structure and the prioritisation of services and patients.</p>	<p>ELT Endorse</p> <ul style="list-style-type: none"> <li>the recommendation to enhance hours <b>subject</b> to a review of hours, time of scripts and discharge to identify where this benefit would be realised.</li> </ul>	<p>Structure and People</p>

<p>8. the balance of the number of clinical pharmacists and distribution / manufacturing pharmacists including workforce substitution (pharmacist to technician) balance/optimisation</p>	<p>13. the balance of pharmacists and technicians in each of the main functional areas of Pharmacy (i.e. clinical, distribution, compounding and quality) be retrained, as this is appropriate to meet CCLHD requirements assuming the changes that have been recommended throughout this report are implemented, particularly in regard to prioritising services and patients, providing PBS prescriptions to many discharge patients, and introducing the imprest box distribution model</p> <p>14. technicians with the appropriate skills conduct the first round to inpatient units each day to triage orders for urgent discharge medication orders and new inpatient medication orders to ensure these are dispensed and provided to patients as quickly as possible</p>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>balance of technicians to pharmacist recommendations and role of technicians in identifying urgent discharge and new orders</li> </ul>	<p>Structure and People and Clinical Model</p>
<p>9. the balance of individually dispensed items and imprest items, the models associated with these different methods of medication distribution and the implications for Pharmacy staffing</p>	<p>15. no recommendations are made in regard to balance of individually dispensed items and imprest items as:</p> <ol style="list-style-type: none"> <li>feedback from medical officers and nurses was positive in this regard, and</li> <li>the procedures used by Pharmacy staff to determine which medicines should be dispensed individually (which mainly seem to be and should continue to be restricted to antimicrobial agents, high-cost medicines and those for which special supply arrangements exist e.g. SAS medicines) is appropriate</li> </ol> <p>16. the management of imprest medicines (excluding IV fluids, irrigation fluids, haemodialysis fluids, antiseptics which should be transferred to the Supply Department):</p> <ol style="list-style-type: none"> <li>be the responsibility of Pharmacy in all imprest locations throughout CCLHD</li> <li>be organised under a Preferred Wholesaler Agreement (established after a Preferred Wholesaler Request for Proposal) using an imprest box distribution model for all imprest locations and Pharmacy dispensaries at all CCLHD hospitals (see Appendix 6 for more information on the benefits of imprest box provided under a Preferred Wholesaler Agreement including the freeing up of Pharmacy Stores staff and a reduction on inventory holding).</li> </ol>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>the management of medicine imprests be the responsibility of pharmacy</li> </ul>	<p>Procurement and Supply</p>

<p>10. any opportunities to consider aseptic compounding / manufacturing based on the costing model review being currently undertaken by CCLHD and the implications for Pharmacy staffing; and</p>	<p>17. although there has been a recent extensive internal review of the Pharmacy's aseptic compounding processes to maximise the outsourcing of compounded products, and although HealthShare NSW has a tender for Chemotherapy Reconstitution Service out at the moment (Tender 861) for a target commencement date of 1 January 2022, that depending on the outcome of the HealthShare NSW Tender 861, that consideration be given to:</p> <p>a) reviewing the rebate paid by the current supplier of ready-to-administer chemotherapy to restructure this on the basis of a fixed rebate for each outpatient PBS chemotherapy item compounded:</p> <p style="margin-left: 20px;">i) by the outsourced provider and ii) in-house (where the outsourced provider also claims the PBS benefit)</p> <p>b) negotiating a contract rights fee in consideration of the exclusivity CCLHD provides to the outsourced provider on PBS chemotherapy (and other) items which required to be aseptically compounded</p> <p>c) negotiating an annual 'biosimilar fee' (i.e. a sharing of the profit the outsourced provider makes by using the biosimilar of their choice when they have the opportunity to substitute a biosimilar for an originator biologic – which is most of the time)</p> <p>d) ensuring that the outsourced compounder is responsible for obtaining all 'owing' PBS prescriptions (and also carries the bad debt if a prescription is not supplied).</p>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>• reviewing the rebate provided by the Chemo provider</li> <li>• negotiating a biosimilar fee</li> </ul>	<p>Procurement and Supply</p>
<p>11. the model for pharmacy services</p>	<p>18. a facility-focussed model be introduced as this model provides the greatest opportunity to:</p> <p>a) facilitate a more multidisciplinary and team-based approach to patient care and problem-solving e.g. discharge planning, and as a result more effectively meet the needs of patients and staff</p> <p>b) introduce greater accountability of Pharmacy to the general managers of Gosford and Wyong hospitals, and</p> <p>c) introduce a more functional operating model within Pharmacy by encouraging</p>	<p><b>ELT Do Not Support</b></p> <ul style="list-style-type: none"> <li>• adoption of a facility based model.</li> </ul>	<p>Not applicable</p>

	a greater sense of 'team', spreading of workload and providing contingency.		
Other issues			
12. Communication	<p>19. <u>within CCLHD</u>, individual meetings between the Director of Pharmacy and the head of each medical speciality / medical unit and each nurse unit manager at each site be organised, for the Director of Pharmacy to:</p> <ol style="list-style-type: none"> <li>explain the steps Pharmacy needs to take under the proposed FTE</li> <li>explain the approach Pharmacy is taking to prioritising services and patients as result of decreased resources (see recommendation 3)</li> <li>discuss the implications for patients and staff of each medical speciality / unit</li> <li>reach agreement on the service levels (which should be formalised with an email)</li> <li>provide a mechanism to discuss the rollout and any unforeseen outcomes</li> </ol> <p>20. within the Pharmacy Department:</p> <ol style="list-style-type: none"> <li>the frequency of communication within the Pharmacy Department be increased to develop a greater sense of a 'one Pharmacy team' instead of teams operating as individual entities</li> <li>the practice of thinking of FTE positions as 'funded positions' be replaced with considering the total number FTE positions as those available to Pharmacy as a team to meet CCLHD needs using a prioritised approach to activities and patients within the constraints of limited resources which need be used as effectively as possible</li> </ol> <p>21. <u>external to CCLHD</u>, a meeting between Pharmacy and the Pharmacy Guild of Australia NSW Branch Central Coast District, be organised to explore ways to more effectively meet the medication needs of patients / customers through closer</p>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>communication of changes to service model internal and external pharmacy</li> <li>communication with the Pharmacy Guild and community pharmacists</li> </ul>	<p>Structure and People And Clinical Model</p>

	<p>cooperation between CCLHD Pharmacy and community pharmacists; in regard to:</p> <ol style="list-style-type: none"> <li>PBS prescriptions given to patients at discharge</li> <li>dose administration aides</li> <li>the Opioid Treatment Program,</li> <li>Home Medication Reviews, and</li> <li>medication requirements of mental health patients (may be modelled on the pharmacy component of the North Western Mental Health model to avoid the need for patients to return to the hospitals for medication)</li> </ol>		
13. Committee involvement and QUM activities	<p>22. in order to support the clinical and operational activities of the Pharmacy under the proposed FTE, that:</p> <ol style="list-style-type: none"> <li>in regard to committee involvement: as part of the prioritisation strategy, that Pharmacy limits its involvement in the 53 committees on which it is currently represented to only those where Pharmacy staff are either: <ol style="list-style-type: none"> <li>a decision-maker, or</li> <li>a provider of information critical to a decision being made, and</li> </ol> </li> <li>in regard to QUM activities: that these be limited to those which are formally requested by the Drug and Therapeutics Committee, the Antimicrobial Stewardship Committee, or the Medication Safety Committee (in relation to requirements of the National Safety and Quality Health Service (NSQHS) Standards (for medication safety and antimicrobial stewardship)).</li> </ol>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>pharmacy reviewing their participation and restricting committee participation where risk is mitigated</li> </ul> <p><b>ELT Do Not Support:</b></p> <ul style="list-style-type: none"> <li>Restricting use of QUM pharmacy expertise to only DTC</li> </ul>	Structure and People
14. Outpatient prescriptions	<p>23. all outpatients be provided with PBS prescriptions (from outpatient 'MBS clinics') to have dispensed by a community pharmacy unless there are reasons a patient won't or can't obtain the medicine from a community pharmacy e.g. the prescription is for a high-cost non-PBS medicine, or for a medicine that is hard to obtain in community pharmacy.</p>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>Use of PBS scripts where possible</li> </ul>	Procurement and Supply
15. Dose administration aides e.g. Webster- Pak®	<p>24. Pharmacy staff (preferably a technician) liaise with the patient's community pharmacist (with the patient's permission) to organise a supply of medication packed by the community pharmacy into a dose administration aide such as a Webster Pak or Dose- Aid® or other medicine sachets</p>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>Pharmacy reviewing opportunity for community pharmacy to supply Webster Pak and Dose Aid</li> </ul>	Procurement and Supply

16. Junior Medical Officers	25. that as part of JMOs orientation to CCLHD, that JMOs be advised of the tools available for obtaining reliable medication-related information, to lessen their reliance of clinical pharmacists for this	ELT Endorse: <ul style="list-style-type: none"> <li>Education of JMOs to lessen reliance on clinical pharmacists for reliable medicine-related information</li> </ul>	Clinical Model
17. Pharmacy Procurement	26. in regard to the operation and staffing of the Pharmacy Procurement and Inventory activity, that to more effectively use the pharmacist resource currently employed as the Manager Pharmacy Procurement and Inventory and to bring additional professional procurement expertise to a critical aspect of Pharmacy and Districts' operations, consideration be given to restructuring the Pharmacy Procurement and Inventory activity such that: <ol style="list-style-type: none"> <li>pharmacy procurement staff who are on HSM classifications be transitioned to pharmacist grade positions in order to provide additional capacity to assist in clinical and operational activity</li> <li>the partnership between Pharmacy and the Contracts and Leasing unit in the procurement of medicines and pharmacy supplies be strengthened including establishing a pharmacy procurement and contracting work plan, and</li> <li>through the introduction of the imprest box distribution model, Pharmacy resources currently managing imprest are reviewed to assess reallocation to other Pharmacy operations e.g. dispensing or clinical activities</li> </ol>	ELT Endorse: <ul style="list-style-type: none"> <li>pharmacy procurement recommendations</li> <li>Endorse transitioning Pharmacy Procurement Manager role from HSM to Pharmacy Grade. Review assistant role only if becomes vacant or certificate 4 achieved.</li> </ul>	Procurement and Supply
18. Policies and procedures	27. in regard to policies and procedures, that the number of Pharmacy staff involved in updating existing or drafting new medication-related policies and procedures be reduced to a maximum of two pharmacists for each new policy which needs to be drafted (i.e. one to draft, one to review) and to one pharmacist for each existing policy which needs to be reviewed.	ELT Endorse: <ul style="list-style-type: none"> <li>Pharmacy numbers involved in updating or drafting medication policies</li> </ul>	Structure and People
19. Antimicrobial stewardship	28. in regard to technology to assist the antimicrobial stewardship program that consideration be given to replacing the Guidance® system with Kraken Coding's AMS system (which is being used in a number of major WA public hospitals).	ELT Endorse:	Clinical Model

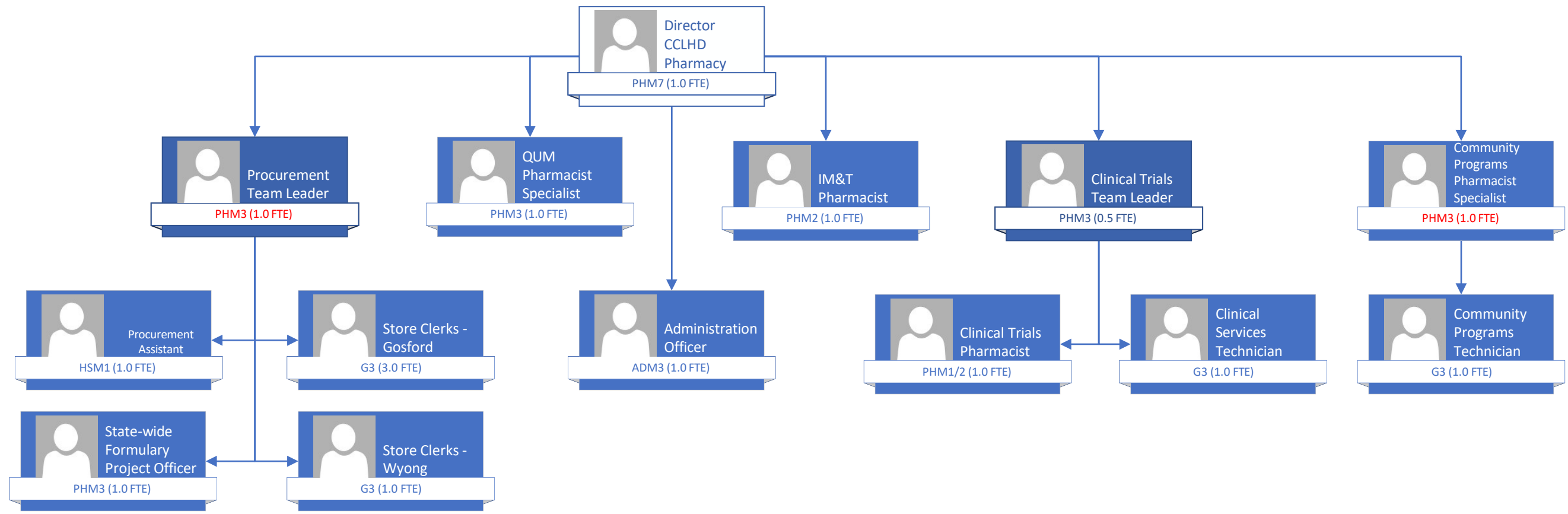
		<ul style="list-style-type: none"> <li>Pharmacy to explore technology available to replace the AMS Guidance system</li> </ul>	
20. Benefits Realisation Plan	29. a Benefits Realisation Plan be developed and implemented to track implementation, and measure and report the extent to which the proposed benefits have been realised.	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>Benefits realisation plan being developed</li> <li>Consider the use of an Improvement Partner if required</li> <li>Rec 29,</li> </ul>	Project Management
21. other staff related matters	<p>30. in regard to rostering and payroll: that advice from Workforce &amp; Culture be sought on introducing alternative ways for rostering and signing off time sheets to remove these tasks from team leaders</p> <p>31. in regard to support with implementation of the recommendations of the Review, that assistance from an Improvement Partner be sought</p> <p>32. in regard to wage subsidies for pharmacy technicians, that CCLHD continue to utilise Apprenticeship Support Australia subsidies to facilitate the training of pharmacy technicians to Certificate IV standard</p> <p>33. in regard to recruitment of pharmacists: that consideration be given to offering pharmacy interns a 18-24 month contract to retain them for at least 6-12 months after they have completed their internship in order to fill vacancies with Grade 1, Year 1 pharmacists without the need for recruitment, induction, and orientation</p> <p>34. in regard to more objective ways of assessing the appropriateness of expertise for higher grading under respective industrial awards that an internal credentialling process be implemented where pharmacist and technicians need to be credentialled as possessing and applying formal and applied specific knowledge and skills, as a pre-requisite for grading to a higher grade (in addition to the Competency Criteria described in the Health Employees'</p>	<p>ELT Endorse:</p> <ul style="list-style-type: none"> <li>Working with Workforce to review sign off task opportunities, continue to access where eligible wage subsidy schemes.</li> <li>Consider the use of an Improvement Partner if required to support project implementation</li> <li>Implementing 18-24 month contracts for future interns</li> <li>Work with Workforce to explore opportunities for a more objective system of assessing regarding applications</li> </ul>	Structure and People

	Pharmacist [State] Award 2021).		
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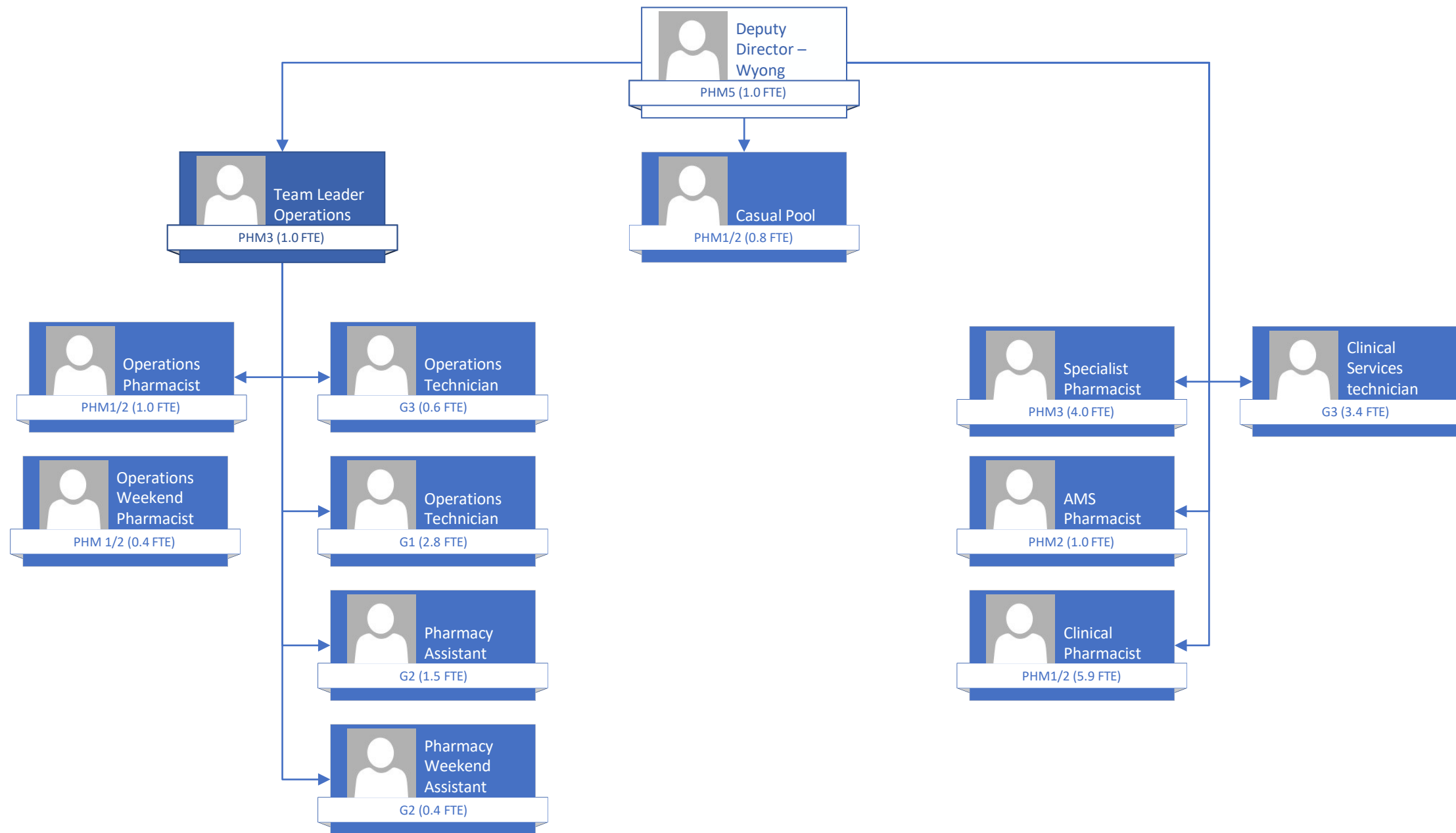


Annex C: Proposed Pharmacy Structure

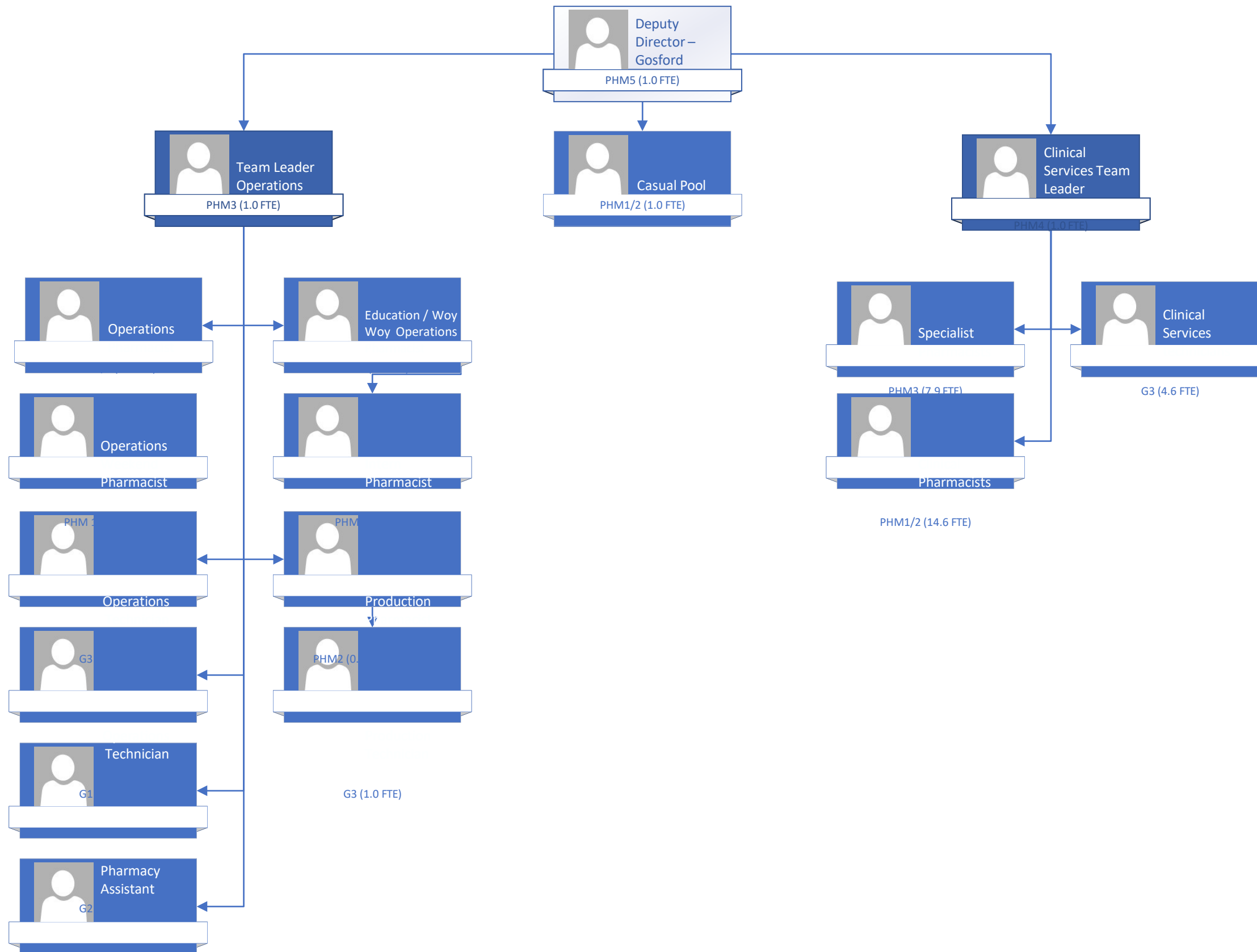
District Pharmacy Services – 12.0 FTE



Wyong Pharmacy Service – 2 . FTE



Gosford Pharmacy Service – .2 FTE





### District-wide Services Profile

Change Plan Proposed Position	Area	Proposed Grade	Proposed FTE
Director of Pharmacy, Gosford	District	PHM7	1
Administration	District	ADM3	1
QUM & Education Pharmacist Specialist	District	PHM3	1
IM&T Pharmacist	District	PHM2	1
Procurement Team Leader	District	PHM3	1
Procurement Assistant	District	HSM1	1
Stores Clerks, Gosford	District	ADM4	0.6
Stores Clerks, Gosford	District	ADM4	1
Stores Clerks, Gosford	District	ADM4	1
Stores Clerks, Gosford	District	ADM4	0.4
Stores Clerks, Wyong	District	ADM4	1
Clinical Trials Pharmacist Lead	District	PHM3	0.5
Clinical Trials Pharmacist	District	PHM1/2	1
Clinical Trials Tech	District	G3	1
Community Programs Pharmacist Specialist	District	PHM3	1
Community Programs Technician	District	G3	1
State wide formulary pharmacist	District	PHM3	1
		<b>FTE</b>	<b>15.5</b>

### Wyong Profile

Change Plan Proposed Position	Area	Proposed Grade	FTE
Deputy Director of Pharmacy, Wyong	Site Leadership	PHM5	1
Team Leader	Operations	PHM3	0.6

Team Leader	Operations	PHM3	<b>0.4</b>
Pharmacist	Operations	PHM1/2	<b>1</b>
Pharmacist Weekend	Operations	PHM1/2	<b>0.1</b>
Pharmacist Weekend	Operations	PHM1/2	<b>0.3</b>
Technician	Operations	G3	<b>0.6</b>
Technician	Operations	G1	<b>1</b>
Technician	Operations	G1	<b>1</b>
Technician	Operations	G1	<b>0.2</b>
Technician	Operations	G1	<b>0.6</b>
Pharmacy Assistant	Operations	G2	<b>1</b>
Pharmacy Assistant	Operations	G2	<b>0.5</b>
Pharmacy Assistant Weekends	Operations	G2	<b>0.1</b>
Pharmacy Assistant Weekends	Operations	G2	<b>0.3</b>
	<b>Operations FTE</b>	<b>7.7</b>	
Specialist Pharmacist	Clinical Services	PHM3	<b>1</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>1</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>1</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>0.4</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>0.6</b>
AMS Pharmacist	Clinical Services	PHM2	<b>0.6</b>
AMS Pharmacist	Clinical Services	PHM2	<b>0.4</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.8</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.4</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.3</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.8</b>

Pharmacist	Clinical Services	PHM1/2	<b>0.6</b>
Technician	Clinical Services	G3	<b>0.6</b>
Technician	Clinical Services	G3	<b>0.8</b>
Technician	Clinical Services	G3	<b>1</b>
Technician	Clinical Services	G3	<b>1</b>
	<b><i>Clinical Services FTE</i></b>	<b><i>14.3</i></b>	
Pharmacist Casual Pool	Site	PHM1	<b>0.8</b>
<b>TOTAL FTE</b>			<b>23.8</b>

#### Gosford Profile

<b>Change Plan Proposed Position</b>	<b>Area</b>	<b>Proposed Grade</b>	<b>FTE</b>
Deputy Director of Pharmacy, Gosford	Site Leadership	PHM5	<b>1</b>
Team Leader	Operations	PHM3	<b>1</b>
Pharmacist	Operations	PHM1/2	<b>0.6</b>
Pharmacist	Operations	PHM1/2	<b>0.4</b>
Pharmacist	Operations	PHM1/2	<b>1</b>
Pharmacist Weekend	Operations	PHM1/2	<b>0.2</b>
Pharmacist Weekend	Operations	PHM1/2	<b>0.1</b>
Pharmacist Weekend	Operations	PHM1/2	<b>0.3</b>
Education Pharmacist / Woy Woy	Operations	PHM2	<b>1</b>
Intern Pharmacist	Operations	PHM1	<b>1</b>
Intern Pharmacist	Operations	PHM1	<b>1</b>
Pharmacist Production	Operations	PHM2	<b>0.4</b>
Technician	Operations	G3	<b>1</b>
Technician	Operations	G1	<b>0.6</b>
Technician	Operations	G1	<b>0.6</b>

Technician	Operations	G1	<b>0.8</b>
Technician Production	Operations	G3	<b>1</b>
Pharmacy Assistant	Operations	G2	<b>1</b>
Pharmacy Assistant	Operations	G2	<b>1</b>
Pharmacy Assistant	Operations	G2	<b>0.45</b>
Pharmacy Assistant	Operations	G2	<b>0.45</b>
Pharmacy Assistant	Operations	G2	<b>0.2</b>
Pharmacy Assistant	Operations	G2	<b>0.4</b>
Pharmacy Assistant - Weekend	Operations	G2	<b>0.6</b>
	<b>Operations FTE</b>	<b>15.1</b>	
Team Leader	Clinical Services	PHM4	<b>1</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>0.7</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>0.6</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>1</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>1</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>1</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>1</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>0.6</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>1</b>
Specialist Pharmacist	Clinical Services	PHM3	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.6</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.4</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.6</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.4</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.6</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.4</b>



Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.5</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.5</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.4</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>1</b>
Pharmacist	Clinical Services	PHM1/2	<b>0.2</b>
Technician	Clinical Services	G3	<b>1</b>
Technician	Clinical Services	G3	<b>0.6</b>
Technician	Clinical Services	G3	<b>0.6</b>
Technician	Clinical Services	G3	<b>0.4</b>
Technician	Clinical Services	G3	<b>0.8</b>
Technician	Clinical Services	G3	<b>0.2</b>
Technician	Clinical Services	G3	<b>0.4</b>
Technician	Clinical Services	G3	<b>0.6</b>
	<b><i>Clinical Services FTE</i></b>	<b><i>28.1</i></b>	
Pharmacist Casual Pool	Site	PHM1	<b>1</b>

**TOTAL FTE 45.2**

## Attachment 8 Summary of Consultation

### Pharmacy Services Review Consultation Summary

Date	From	Stakeholder	Topic
20 September 2021	Director of Pharmacy	Pharmacy Leadership Team	Commissioning of Pharmacy Review
30 September 2021	Director of Pharmacy	Pharmacy Staff	Skype meeting on commissioning of Pharmacy Review
30 September 2021	ED Clinical Operations	Pharmacy Staff	Individual letters to staff outlining commissioning of PharmConsult Review
14 October 2021	Director of Pharmacy	Pharmacy Staff	Email update on Review process and feedback
21 October 2021	Director of Pharmacy	Pharmacy Staff	Email update on Review process and feedback
1 November 2021	Director of Pharmacy	Pharmacy Staff	Email update on Review process and feedback
31 Jan 2022	ED Clinical Operations	Pharmacy Staff	Update on Review – report now received and being reviewed
2 March 2022	Director of Pharmacy	Pharmacy Staff	Meeting on Review process and feedback
2 March 2022	ED Clinical Operations	Pharmacy Staff and HSU	Review finding and stakeholder sessions will be held shortly
2 March 2022	ED Clinical Operations	HSU	JCC - Review finding and stakeholder sessions will be held shortly
16 March 2022	ED Clinical Operations	Pharmacy Staff	Confirmation of feedback session dates, times and venues.
24 March 2022	ED Clinical Operations	Pharmacy Staff	In advance of the feedback sessions next week the presentation that PharmConsult will take the groups through. Also attached a series of questions, with answers in anticipation of some of the issues that might be raised.
28 to 30 March 2022	Manager OSP	Pharmacy Staff	Sessions with PharmConsult on review findings and recommendations (x9)
30 March 2022	Manager OSP	Pharmacy Staff and HSU	Final PharmConsult report – consultation and feedback sought by 14 April 2022.
31 March 2022	Manager OSP	HSU	PharmConsult - HSU Discussion session 2-3pm
8 April 2022	Manager OSP	HSU	Confirming extension requested by HSU for stakeholder feedback on review findings to 28 April 2022.
28 April 2022	Manager OSP	Pharmacy Staff	7 individual sessions held with staff (on their request) for feedback
14 July 2022	Manager OSP	Pharmacy leadership (Wyang)	Review finding and ELT acceptance (or not) of recommendations, proposed structure changes, next steps
18 July 2022	Manager OSP	Pharmacy leadership (Gosford)	Review finding and ELT acceptance (or not) of recommendations, proposed structure changes, next steps
18 July 2022	A/ED Acute Services	Pharmacy Staff	Pharmacy Change Plan, Structure, Implementation – formal consultation until 12 August
18 July 2022	A/ED Acute Services	HSU	Pharmacy Change Plan, Structure, Implementation – formal consultation until 12 August

19 July 2022	A/Director of Pharmacy	Pharmacy Staff	Staff forum at Wyong 9.30 and Gosford 1.30pm for 1 hour to talk through change plan proposal, answer questions and encouraged staff feedback.
19 July 2022 (onwards)	A/Director of Pharmacy	Pharmacy Staff	Item raised in morning safety huddles
3 August 2022	HSU	CCHD A/ED Acute Services	Notice that HSU is now placing this proposal into dispute in accordance with Section 26 of the Health Employees Conditions of Employment Award
4 August 2022	Manager OSP	Pharmacy Leadership	Feedback on change plan
16 August 2022	HSU	CCHD A/ED Acute Services	List of concerns with CCLHD Pharmacy Change Plan provided.
18 August 2022	HSU	CCHD A/ED Acute Services	Requesting re-schedule of dispute meeting sue to be held that day.
31 August 2022	CCHD A/ED Acute Services	HSU and Staff delegates	Rescheduled dispute meeting held 2-3pm <ul style="list-style-type: none"> <li>• CCLHD to provide organizational charts (current and proposed) once staff feedback has been captured and considered.</li> <li>• CCLHD to review HSU request for benchmarking data.</li> <li>• CCLHD to organize another meeting with HSU/delegates to discuss concerns over proposed changes.</li> </ul>
26 October 2022	CCLHD Deputy Director HR	HSU and Staff delegates	Draft minutes of meeting held 31 August 2022
10 October 2022	CCHD ED Acute Services	Pharmacy Staff	Updated Pharmacy structure based on feedback from previous consultation. Formal feedback by 20 October 2022.
10 October 2022	CCHD ED Acute Services	HSU	Updated Pharmacy structure based on feedback from previous consultation. Formal feedback by 20 October 2022.
21 November 2022	CCHD ED Acute Services	HSU	Response to issues raised. Discussion and agreement to work together and progress: <ul style="list-style-type: none"> <li>• Recruiting staff to proposed structure (84.5 FTE) including temporary positions and increasing part-time hours</li> <li>• Work with staff and senior clinicians on developing a patient prioritisation tool. This tool will prioritise pharmacy services to patients at most risk and ensure clinical pharmacists have a manageable workload. This tool will be communicated with Heads of Departments to understand why they may have limited pharmacy resources at certain times.</li> <li>• Work with staff on developing Position Descriptions for the new service model. This will include redesigning Specialist pharmacist PDs so that they are focusing on clinical work and mentoring junior staff. They will no longer be required to undertake administration functions, as they are</li> </ul>

			<p>required to do now, such as payroll, timesheets, performance reviews and rostering.</p> <ul style="list-style-type: none"> <li>• Work with staff on developing the requirements for a preferred wholesaler model. This model, used for a number of years interstate, has been demonstrated to effectively provide priority pharmaceutical supplies to the contracting organisation but also frees up technician and pharmacists time.</li> </ul>
2/12/2022	CCHD ED Acute Services	HSU	<p>Urgent meeting to discuss HSU imposed work bans. Discussed and reiterated commitment to:</p> <ul style="list-style-type: none"> <li>• Pursue recruiting additional temporary staff.</li> <li>• Work with staff and senior clinicians on developing a patient prioritisation tool.</li> <li>• Work with staff on developing Position Descriptions for the new service model.</li> <li>• Work with staff on developing the requirements for a preferred wholesaler model. This model, used for a number of years interstate, has been demonstrated to effectively provide priority pharmaceutical supplies to the contracting organisation but also frees up technician and pharmacists time.</li> <li>• Review the 2018 NSWIRC decision and provide a revised summary of the proposed change, rationale and impacts.</li> </ul> <p>Reiterated that senior management is committed to engaging collaboratively with pharmacy staff, HSU members, the HSU and other stakeholders throughout this process and therefore requested in good faith gesture that the HSU revoke the imposed work bans.</p>
20/2/2023	CCHD ED Acute Services	HSU	<p>Updates on proposed restructure: rationale; draft position descriptions, organisational charts (2018, 2022 and proposed 2023), update on working groups, update on staffing hours.</p>