



PHARMACY SERVICES REALIGNMENT PROPOSAL AUGUST 2022 V2

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Background

In January 2021 WNSWLHD created a Pharmacy Services business unit. The service included the creation of a new position District Director of Pharmacy. There are seven hospitals in WNSWLHD with Pharmacies and the Directors of Pharmacy from each of these sites report to the District Director. The current structure is outlined in Appendix 1.

In line with the WNSWLHD Strategic Plan 2020-2025 the Pharmacy Services goal is one Pharmacy team working together to provide world class medication management across Western NSW Local Health District.

Across the 38 facilities in WNSWLHD only seven have an onsite Pharmacy Service, these seven sites provide a supply service to the remaining 31 facilities, with the largest proportion of this work undertaken by Dubbo Pharmacy. The Virtual Clinical Pharmacy Service (VCPS) is being expanded across all non-pharmacy sites in WNSWLHD, this was completed in April 2022.

To build a strong and sustainable workforce with adequate skill mix, opportunity for career progression and specialisation not available in the current structure a realignment in the Pharmacy Service is proposed.

The proposed realignment has three key areas of change:

1. Creation of Clinical Lead and Technician Lead positions that work across the district
2. Realignment of Pharmacy Technician/Assistant resources following the introduction of Direct to Facility Supply
3. Multigrade Pharmacist Grade 1/2 and Pharmacy Assistant/Technician roles

Key Stages & Processes

| Stage 1 First Round Consultation Week Starting 22 June – 6 July 2022 | Stage 2 Consultation 6 July – 30 September 2022 | Stage 3 Implementation Commences |
|--|---|--|
| Initial release of the proposed realignment document for feedback | Feedback considered, document revised as necessary and final structure released | Final structure adopted 7 October 2022 |
| <p>Pharmacy Services Realignment Proposal document and Positions Descriptions distributed to:</p> <ul style="list-style-type: none"> ➤ WNSWLHD Pharmacy Staff ➤ WNSWLHD Chief Executive ➤ WNSWLHD Executive Director of Operations ➤ WNSWLHD Executive Director of Workforce and Culture ➤ Executive Director of Quality, Clinical Safety and Nursing ➤ Health Services Union <ul style="list-style-type: none"> • Consultation Meeting with staff • Individual Consultation Meeting with affected staff • Individual Pharmacy Service discussions • Consultation feedback to be received by 6 July • Feedback to be sent via email to melanie.boyle@health.nsw.gov.au | <ul style="list-style-type: none"> • Feedback considered and document revised as necessary • Revised structure released 16 August • Feedback on final structure to be received by 12 September • Feedback to be sent to be sent via email to: melanie.boyle@health.nsw.gov.au • Final Structure adopted by 7 October • Further discussion with specific affected individuals, teams and union representatives if required 7 – 14 October 2022 • EAP services offered to staff | <ul style="list-style-type: none"> • Finalisation of role changes • budget and cost centre workforce profile aligned • Where applicable recruitment process to commence |

Time Line

The proposed realignment would be undertaken in two phases. Phase one would include the introduction of the Clinical Pharmacist Lead positions and the multigrade Pharmacist Grade 1/2 and Pharmacy Assistant/Technician position descriptions.

Phase two of the realignment, involving the changes to the Pharmacy Assistant/Technician staff allocation would only be possible following the successful introduction of direct to facility supply.

Summary of proposed changes

Clinical Pharmacist Leads

The proposed realignment will provide a mechanism for expert clinical pharmacy advice across all sites, and across all levels of the organisation. The development of district wide Clinical Pharmacist Lead positions will allow a consistent approach to medication management across all sites. The proposed realignment will provide a clear path for career progression for new to hospital pharmacists and provide opportunities to specialise in areas of clinical pharmacy which is not commonly available outside metropolitan areas, while also recognising that Rural General Pharmacy is an important area of specialisation. The Clinical Leads will play an integral role in developing the skills and capability of the Grade 1 and 2 Pharmacists within the organisation which will provide a succession plan for the Clinical Pharmacist Lead positions as well as improve pharmacists input into medication management across all areas of the service, including Clinical Streams and Procedure development.

The proposed Clinical Pharmacist Lead structure is adapted from successful models of care delivery already in place in the District such as the District Clinical Nurse Consultants.

There are a number of key specialty areas within WNSWLHD Pharmacy Service that would benefit from consistent senior clinical pharmacy leadership across the District including:

- Antimicrobial Stewardship
- Critical Care, encompassing, Intensive Care, Emergency and Coronary Care
- Mental Health
- Rural Generalist Pharmacy

Having a senior pharmacist in each of these areas at each hospital is not feasible within our current resourcing and will not contribute to the development of one pharmacy service across all sites.

This realignment proposes that these senior positions sit across all facilities, fulfilling a role similar to a Clinical Nurse Consultant. These roles would support the development of less experienced Pharmacists in the area of expertise, provide advice and representation to clinical streams, lead improvement projects and procedure development in their area of expertise. These positions will continue to provide a clinical service at their 'home' site with an estimated 8-10 hours per week of Clinical Lead work across the LHD.

The exception to this is the Senior Critical Care Pharmacist which is current a 0.5FTE position and as such will only contribute 8-10 hours per fortnight to the tasks as the Clinical Lead.

Pharmacy Technician Lead

The proposed realignment includes the creation of Lead Pharmacy Technician role. Pharmacy Technicians play a vital role in the smooth functioning of a Pharmacy Department. To become a Pharmacy Technician specialist training is required in Hospital Pharmacy. The tasks Pharmacy Technicians are able to undertake have changed dramatically over the last decade expanding from primarily a supply and dispensing role to now play a much more active part in medication management. Pharmacy Technicians working at the top of their scope allows Pharmacists more time to spend on tasks that only they are able to undertake. Pharmacy Technicians within WNSWLHD primarily provide a supply and dispensing service. The introduction of a Pharmacy Technician Lead will enable the pharmacy service to identify areas where technicians can play a greater role in patient care and provide profession specific leadership to develop technicians to undertake these roles. The changes to supply of medications to the Rural Sectors outlined below is anticipated to allow time for technicians to undertake these roles.

The Lead Pharmacy Technician position would be part of the Pharmacy Leadership Team. This position would be responsible for guiding the skill development of the Pharmacy Assistant/Technician with the goal of having technicians working at the top of their scope and representing the Pharmacy Assistant and Technician perspective within the Leadership team. Similar to the Clinical Leads this role is allocated 1 day per week.

Realignment of Pharmacy Technician FTE

Supply of medications to all Rural Sites is currently undertaken through the Base hospitals. The realignment of 1 FTE Pharmacy Technician/Assistant will facilitate direct to facility supply of medications, a recommendation of the Paxton review. Removing this task from the Base hospitals will increase staff availability at the supplying sites, primarily within the assistant/technician workforce. This will have the largest impact on Dubbo Hospital who currently supply medications to 23 regional hospitals. The realignment proposes that 1.6FTE of technician/assistant from Dubbo hospital is reallocated as follows:

- 1FTE – Procurement officer within the Virtual Pharmacy Team to facilitate direct to facility supply
- An uplift of 0.4FTE assistant/technician at Mudgee pharmacy department as recommended in the Paxton review. This will provide a total of 1FTE assistant/technician at Mudgee and Cowra and 1.6 FTE across Parkes and Forbes. By uplifting the onsite assistant/technician workforce at Mudgee will allow the pharmacist to be available for more clinical work instead of undertaking administrative tasks such as ordering and unpacking medications outside the assistant/technician rostered hours.
- Realignment of 0.2FTE to the Pharmacy Technician Lead position

Multigrade Pharmacist and Pharmacy Assistant/Technician Positions

Currently there is inequity across the service on the distribution of Grade 1 and 2 Pharmacist positions. This has evolved due to the difficulty attracting Pharmacists to work in hospital in the late 1990's/early 2000's particularly in Rural areas as a result some sites have a historical exemption from meeting the requirements of the NSW Health Pharmacists Award for a Grade 2 Pharmacist (for example three years hospital experience). This has resulted in new to hospital pharmacists or newly registered pharmacists receiving Grade 2 positions without the required experience. The availability of Pharmacists looking for work in hospitals has improved over recent years, the realignment proposes that all Grade 1 and Grade 2 Pharmacist position are changed to a multi-grade 1/2 Pharmacist positions and the Grade and year point is allocated in-line with the Award. This will enable the Pharmacy Service to support and develop the Grade 1 Pharmacists to become expert clinical pharmacists.

Hospital Pharmacy Assistants and Pharmacy Technicians are not often employed fully trained. Dubbo have recently introduced a multigrade Pharmacy Assistant/Technician role to the Pharmacy department to allow the service to employ an unqualified assistant and then provide them with training and eventually enable them to complete Certificate IV in hospital Pharmacy, qualifying them for the Pharmacy Technician role. The jobs undertaken by these two positions is at its core the same, the experience gained through years of work and completion of the certificate facilitate an extension of their scope of practice.

On review of the current Pharmacy Assistant and technician positions across the District it was identified that the Pharmacy Technicians at Orange Hospital are currently paid as Pharmacy Technician Grade 1 where all other technicians in the District are paid as Technician Grade 2. It is proposed that the realignment will ensure that these three FTE at Orange hospital will be equitable to the assistant and technician FTE across the rest of the LHD.

To facilitate this transition it is proposed that a Pharmacy Grading Committee is established to review Grade 1 Pharmacists and Pharmacy Assistants to ensure that they meet the criteria for each award criteria. This will have the added benefit of promoting an environment of continued education and quality improvement activities within the Pharmacy Service as these are requirements to progress between the awards.

Conclusion

The realignment of the Pharmacy Services as outlined will enable a patient centred approach to medication management across the District, minimise duplication of effort and ensure a consistent approach to medicines management regardless of the facility that they are admitted.

Impact of Positions

| <i>Position</i> | <i>Current Reporting Line</i> | <i>Proposed Change</i> |
|-----------------------------|--|---|
| Bathurst Pharmacy | | |
| Director of Pharmacy | Reports to District Director of Pharmacy | No Change |
| Oncology Pharmacist | Reports to Director of Pharmacy Bathurst | No Change |
| Clinical Pharmacist | Reports to Director of Pharmacy Bathurst | <i>No effect on current substantives. Transition to multigrade Pharmacist Grade 1/2 PD upon vacancy.</i> |
| Pharmacy Technician | Reports to Director of Pharmacy Bathurst | <i>No effect on current substantives. Transition to multigrade Pharmacy Assistant/Technician PD upon vacancy.</i> |
| Pharmacy Assistant | Reports to Director of Pharmacy Bathurst | <i>Transition to multigrade Pharmacy Assistant/Technician PD</i> |
| Dubbo Pharmacy | | |
| Director of Pharmacy | Reports to District Director of Pharmacy | No Change |
| Deputy Director of Pharmacy | Reports to Director of Pharmacy Dubbo | No Change |
| Senior Clinical Pharmacist | Reports to Director of Pharmacy Dubbo | No change |
| Oncology Pharmacist | Reports to Director of Pharmacy Dubbo | No Change |
| AMS Pharmacist | Reports to Director of Pharmacy Dubbo | <p><i>Reporting Line change for 0.2FTE.</i></p> <p><i>This position will change from Northern and part of Central Sector AMS Pharmacist to dual reporting line:</i></p> <ul style="list-style-type: none"> <i>0.8 FTE at Dubbo Health Service only reporting to the Director of Pharmacy at Dubbo AND</i> <i>0.2FTE as the Senior AMS Pharmacist for the LHD reporting to the District Director of Pharmacy, minor changes to duties – PD amendments</i> |
| Pharmacy Educator | Reports to District Director of Pharmacy | No change |
| Intern Pharmacists | Report to Director of Pharmacy Dubbo | No change |
| Clinical Pharmacist | Reports to Director of Pharmacy Dubbo | <i>No effect on current substantives. Transition to multigrade Pharmacist Grade 1/2 PD upon vacancy.</i> |

Impact of Positions

| <i>Position</i> | <i>Current Reporting Line</i> | <i>Proposed Change</i> |
|---------------------------------------|--|--|
| Pharmacy Technician | Reports to Director of Pharmacy Dubbo | <p><i>No effect on current substantive technicians, Transition to a to multigrade Pharmacy Assistant/ Technician PD upon vacancy.</i></p> <p><i>Pharmacy Assistants - Transition to a to multigrade Pharmacy Assistant/ Technician PD</i></p> <p><i>The change in the work anticipated to occur through the direct to facility supply process will enable the release of 1.6FTE. This process is currently in pilot phase.</i></p> <ul style="list-style-type: none"> <i>1.0FTE will be allocated to manage the Direct to facility supply, reporting via the Director of Pharmacy - Virtual</i> <i>0.4FTE will be reallocated to Mudgee Pharmacy</i> <i>0.2FTE will be reallocated to the Pharmacy Technician Lead</i> <p><i>The Paxton Partners Review of Pharmacy Services in 2016 estimated that the change to Direct to facility supply will save Dubbo Hospital 72hours of Technician time per week.</i></p> |
| Pharmacy Assistant | Reports to Director of Pharmacy Dubbo | |
| Orange Pharmacy | | |
| Director of Pharmacy Grade 5 1 FTE | Reports to District Director of Pharmacy | No Change |
| Deputy Director of Pharmacy 1 FTE | Reports to Director of Pharmacy Orange | No Change |
| Senior Clinical Pharmacist 0.5FTE | Reports to Director of Pharmacy Orange | <p><i>Reallocation of tasks, becomes a dual reporting position with:</i></p> <ul style="list-style-type: none"> <i>0.1FTE allocated to Critical Care Lead reporting to District Director of Pharmacy, minor changes to duties – PD amendments</i> <i>0.4FTE Senior Clinical Pharmacist – Orange hospital, reports to the Director of Pharmacy OHS</i> |
| Oncology/Haematology Pharmacist 1FTE | Reports to Director of Pharmacy Orange | No Change |

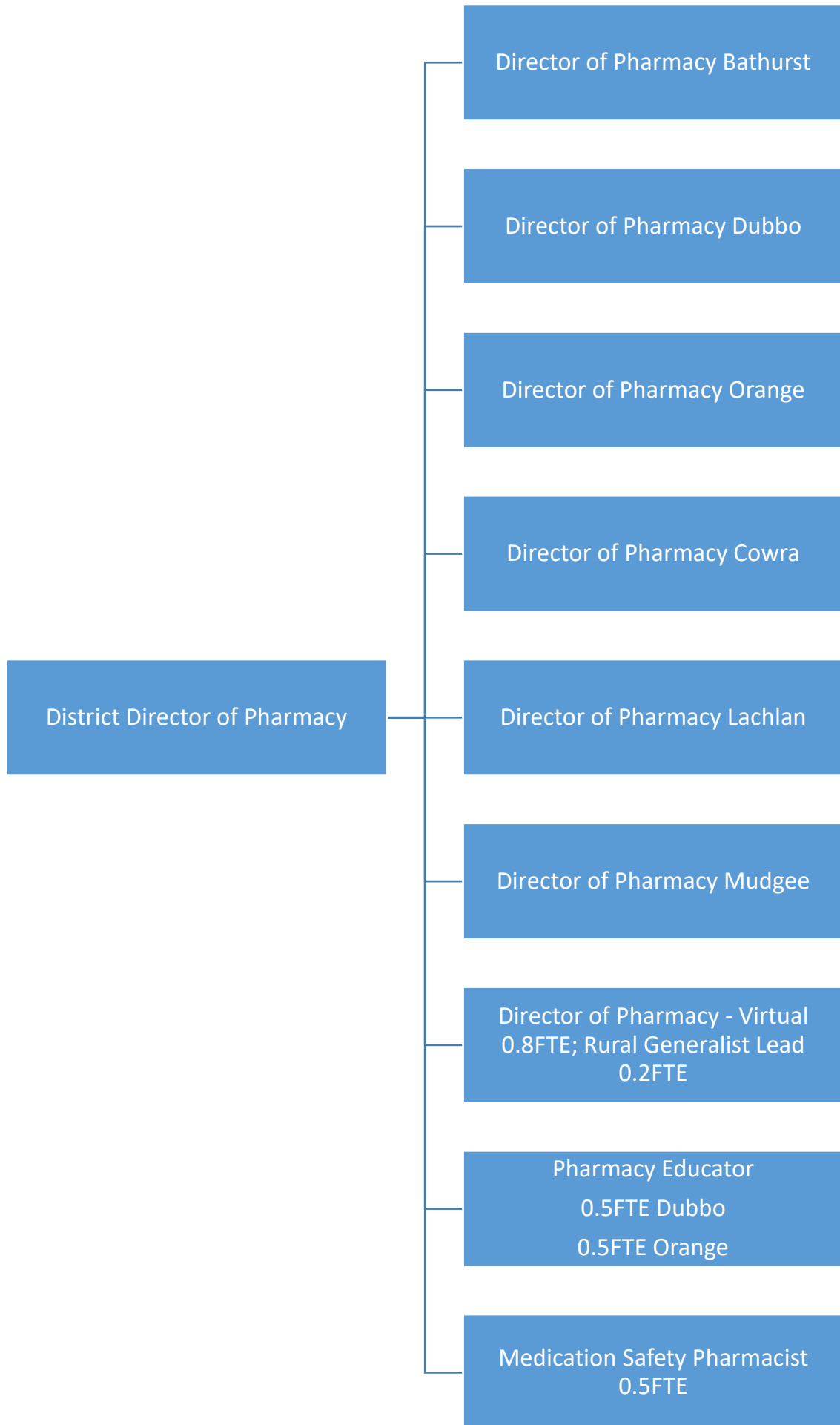
Impact of Positions

| <i>Position</i> | <i>Current Reporting Line</i> | <i>Proposed Change</i> |
|---|--|--|
| Mental Health Senior Clinical Pharmacist 1FTE | Reports to Director of Pharmacy Orange | <i>Reallocation of tasks, becomes a dual reporting position with:</i> <ul style="list-style-type: none"> • 0.2FTE allocated to Mental Health Lead reporting to District Director of Pharmacy, minor changes to duties – PD amendments • 0.8FTE Senior Clinical Mental Health Pharmacist – Orange hospital, reports to the Director of Pharmacy OHS |
| Pharmacy Educator 0.5FTE | Reports to District Director of Pharmacy | No change |
| Medication Safety Pharmacist 0.5FTE | Reports to District Director of Pharmacy | No Change |
| Clinical Trials Lead | Reports to Director of Pharmacy Orange | No change |
| Clinical Trials Pharmacist | Reports to Clinical Trials Lead | No Change |
| Clinical Pharmacist | Reports to Director of Pharmacy Orange | <i>No change to substantives, PD change to a Grade 1/2 Pharmacist upon vacancy.</i> |
| Clinical Pharmacist | Reports to Director of Pharmacy Orange | <i>Transition to a multigrade 1/2 Pharmacist PD</i> |
| Intern Pharmacist | Reports to Director of Pharmacy Orange | No Change |
| Pharmacy Technician | Reports to Director of Pharmacy Orange | <i>Transition to a to multigrade Pharmacy Assistant/Technician PD</i> |
| Procurement Officer | Reports to Deputy Director of Pharmacy | No Change |
| Cowra Hospital | | |
| Director of Pharmacy | Reports to District Director of Pharmacy | No Change |
| Pharmacy Technician | Reports to Director of Pharmacy Cowra | <i>No effect on current substantives. Change to Pharmacy Assistant/Technician PD upon vacancy.</i> |
| Pharmacy Assistant | Reports to Director of Pharmacy Cowra | <i>Transition to a to multigrade Pharmacy Assistant/Technician PD</i> |
| Lachlan | | |
| Director of Pharmacy | Reports to District Director of Pharmacy | No Change |
| Clinical Pharmacist | Reports to Director of Pharmacy Lachlan | <i>Transition to a multigrade 1/2 Pharmacist PD</i> |

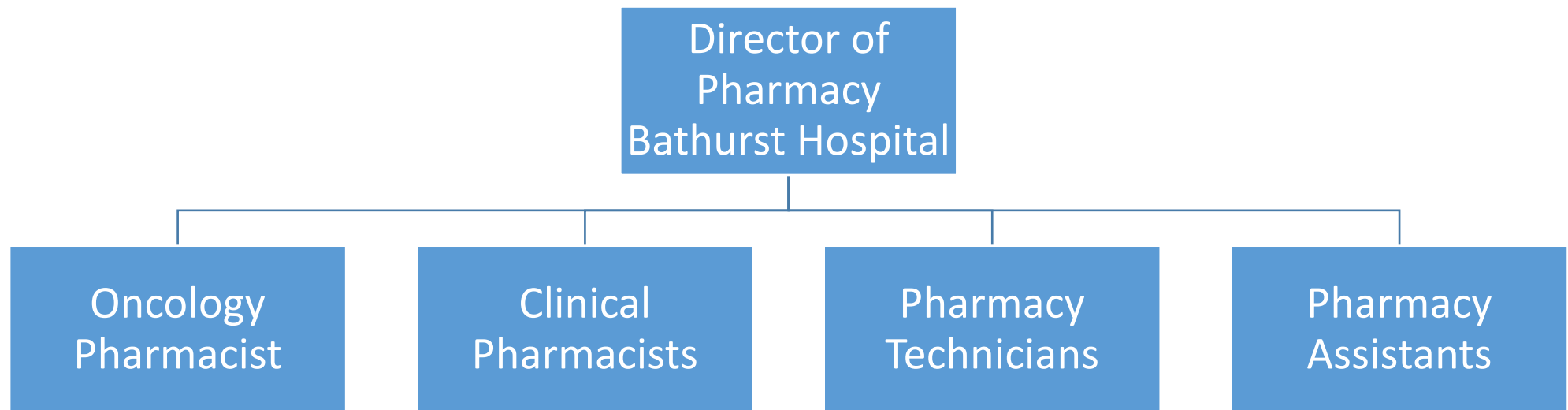
Impact of Positions

| <i>Position</i> | <i>Current Reporting Line</i> | <i>Proposed Change</i> |
|--------------------------------|---|--|
| Pharmacy Technician | Reports to Director of Pharmacy Lachlan | <i>No effect on current substantives. Change to Pharmacy Assistant/Technician PD upon vacancy.</i> |
| Pharmacy Assistant | Reports to Director of Pharmacy Lachlan | <i>Transition to a to multigrade Pharmacy Assistant/Technician PD</i> |
| Mudgee Hospital | | |
| Director of Pharmacy | Reports to District Director of Pharmacy | No change |
| Pharmacy Assistant | Reports to Director of Pharmacy Mudgee | <i>Transition to a to multigrade Pharmacy Assistant/Technician PD</i> |
| Pharmacy Assistant/Technician | Reports to Director of Pharmacy Mudgee | New Position |
| Virtual Pharmacy Team | | |
| Director of Pharmacy - Virtual | Reports to District Director of Pharmacy | No Change advertised to include 0.2FTE Senior Rural Generalist Pharmacist |
| Virtual Clinical Pharmacist | Reports to Director of Pharmacy - Virtual | <i>No effect on current substantives. Change to Grade 1/2 Pharmacist upon vacancy.</i> |
| Virtual Clinical Pharmacist | Reports to Director of Pharmacy - Virtual | <i>Transition to a multigrade 1/2 Pharmacist PD</i> |
| Rural Pharmacy Technician | Reports to Director of Pharmacy - Virtual | New Position |
| District Role | | |
| Pharmacy Technician Lead | Reports to District Director of Pharmacy | New Position |

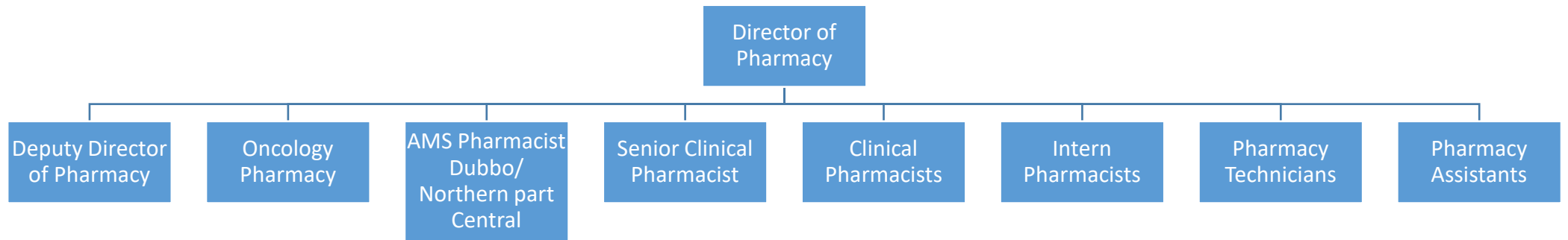
WNSWLHD Pharmacy Services - Current Reporting Structure



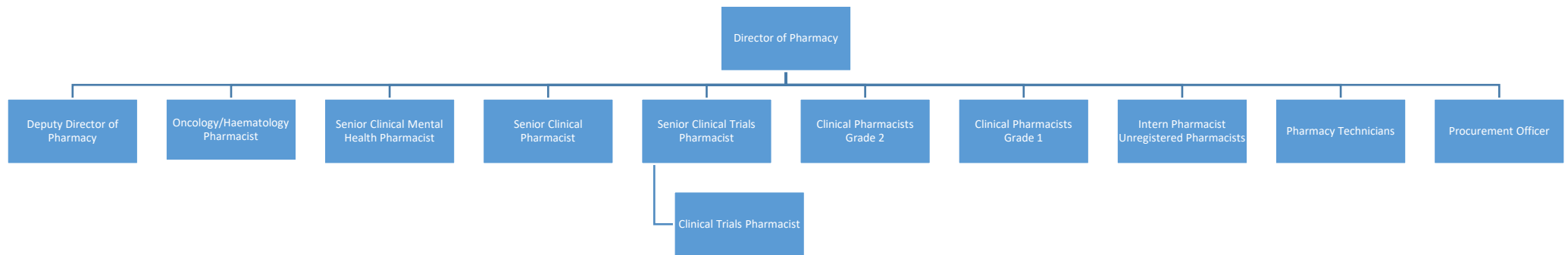
Bathurst Hospital Pharmacy - Current Reporting Structure



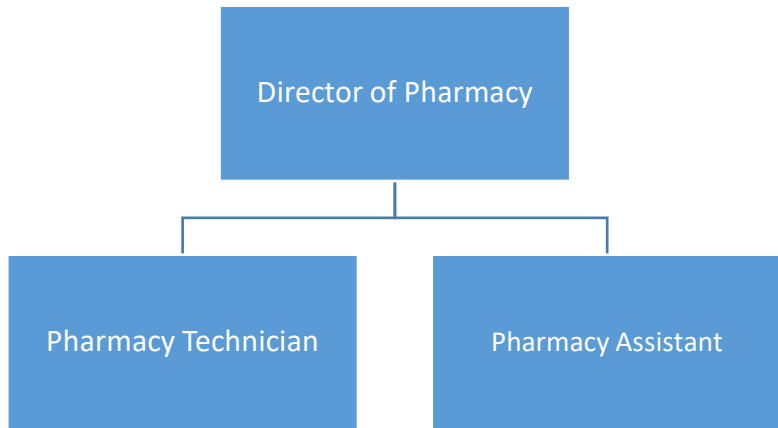
Dubbo Hospital Pharmacy – Current Reporting Structure



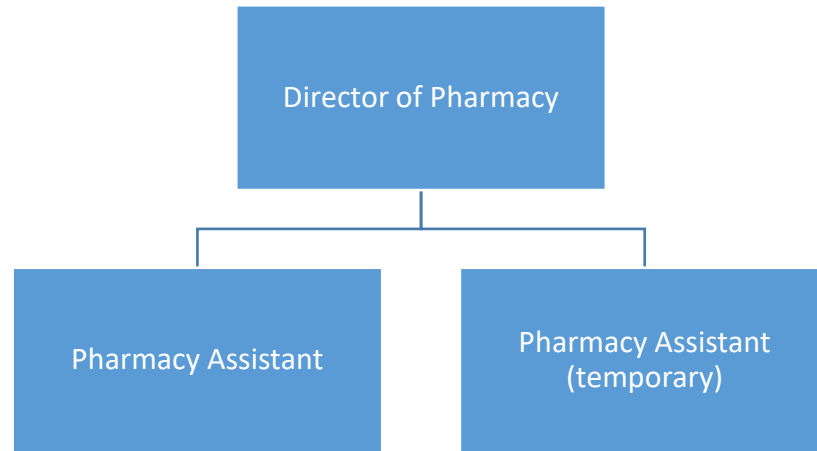
Orange Hospital Pharmacy – Current Reporting Structure



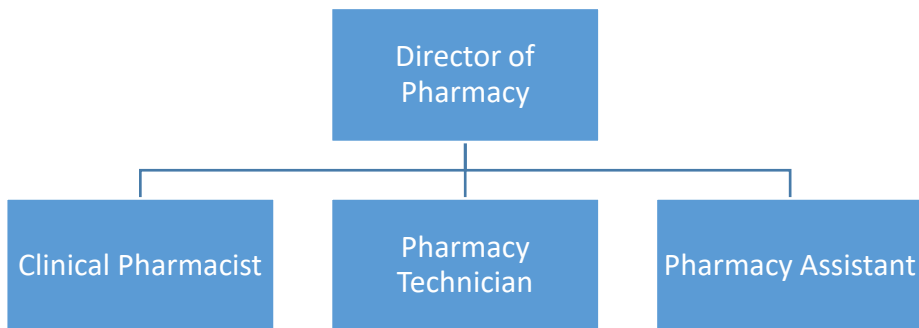
Cowra Pharmacy – Current Structure



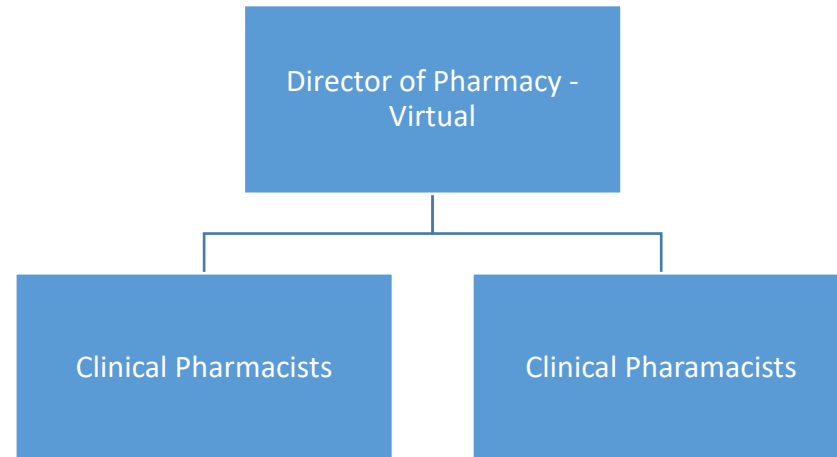
Mudgee Pharmacy – Current Structure



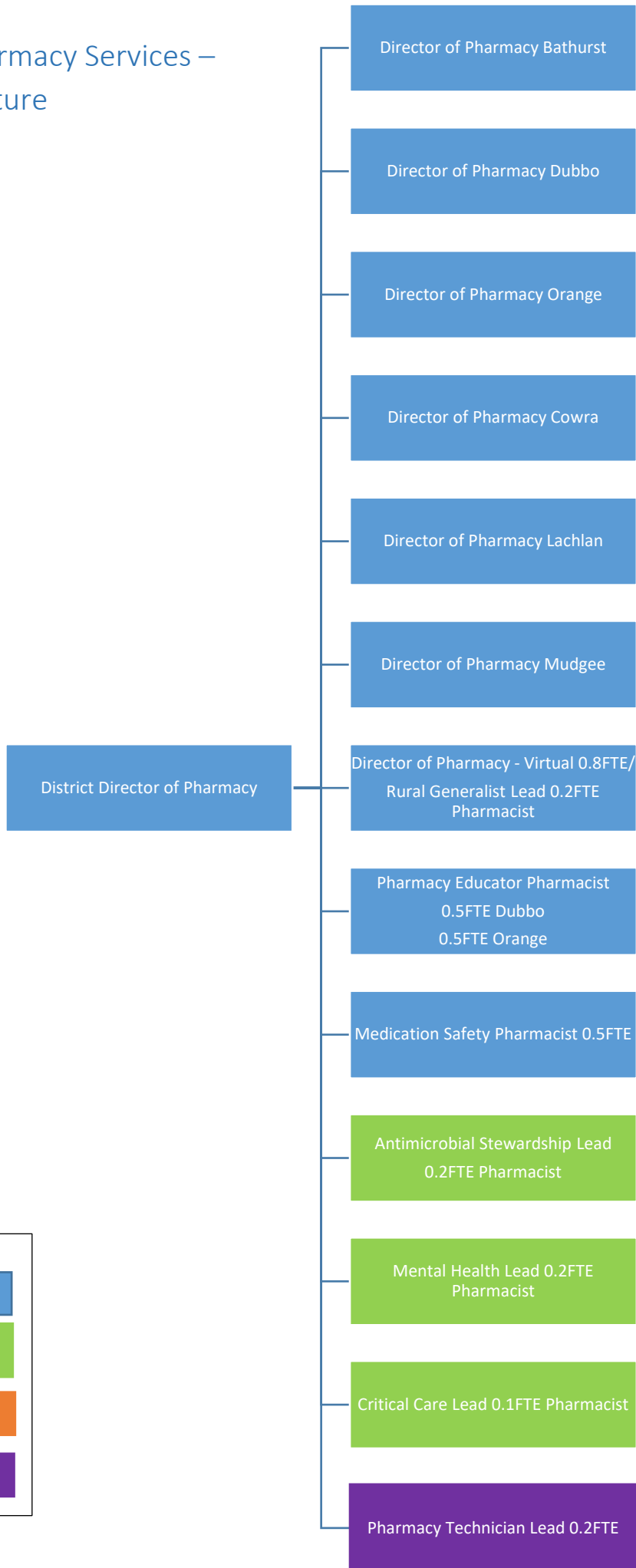
Lachlan Pharmacy – Current Structure



Virtual Pharmacy – Current Structure



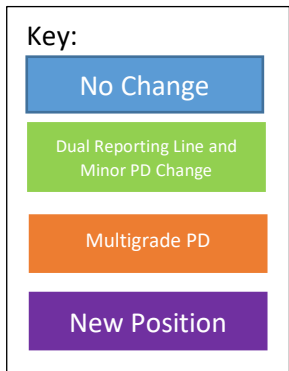
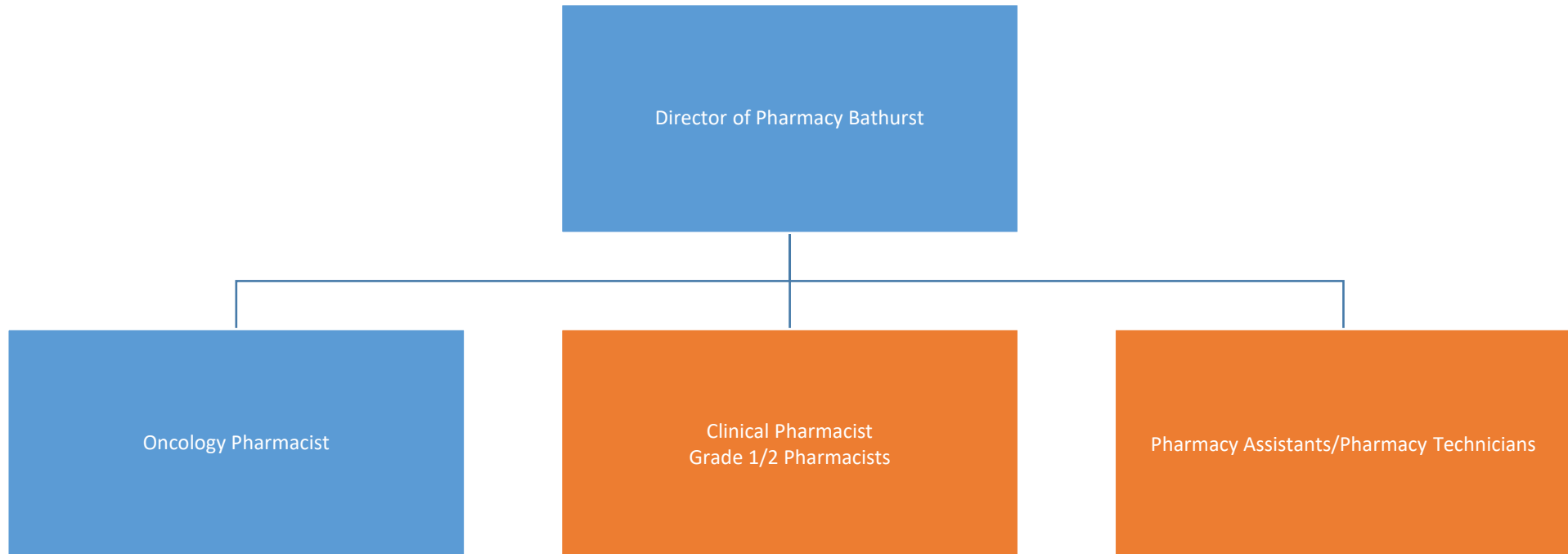
WNSWLHD Pharmacy Services – Proposed Structure



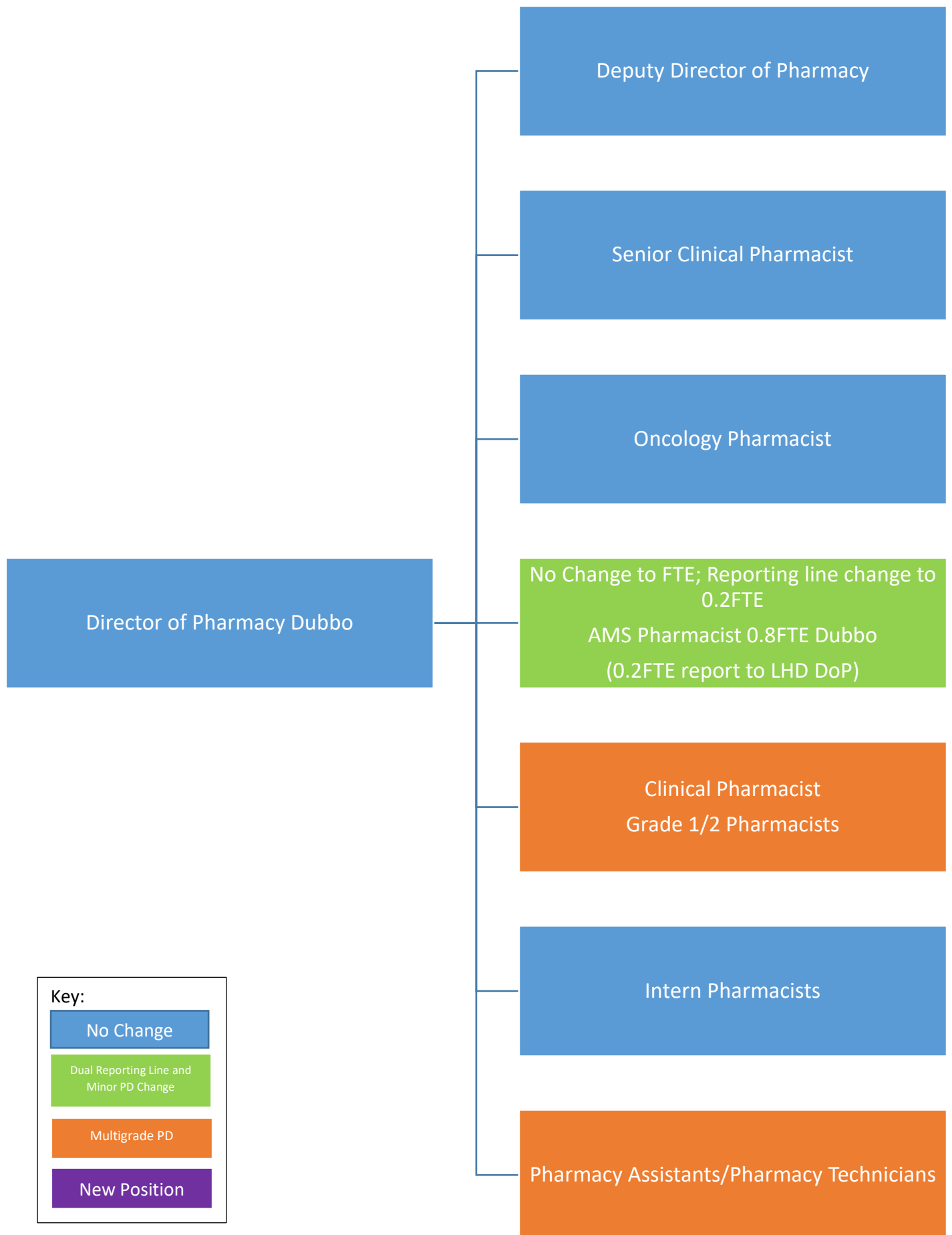
Key:

- No Change
- Dual Reporting Line and Minor PD Change
- Multigrade PD
- New Position

Bathurst Hospital Pharmacy - Proposed Structure



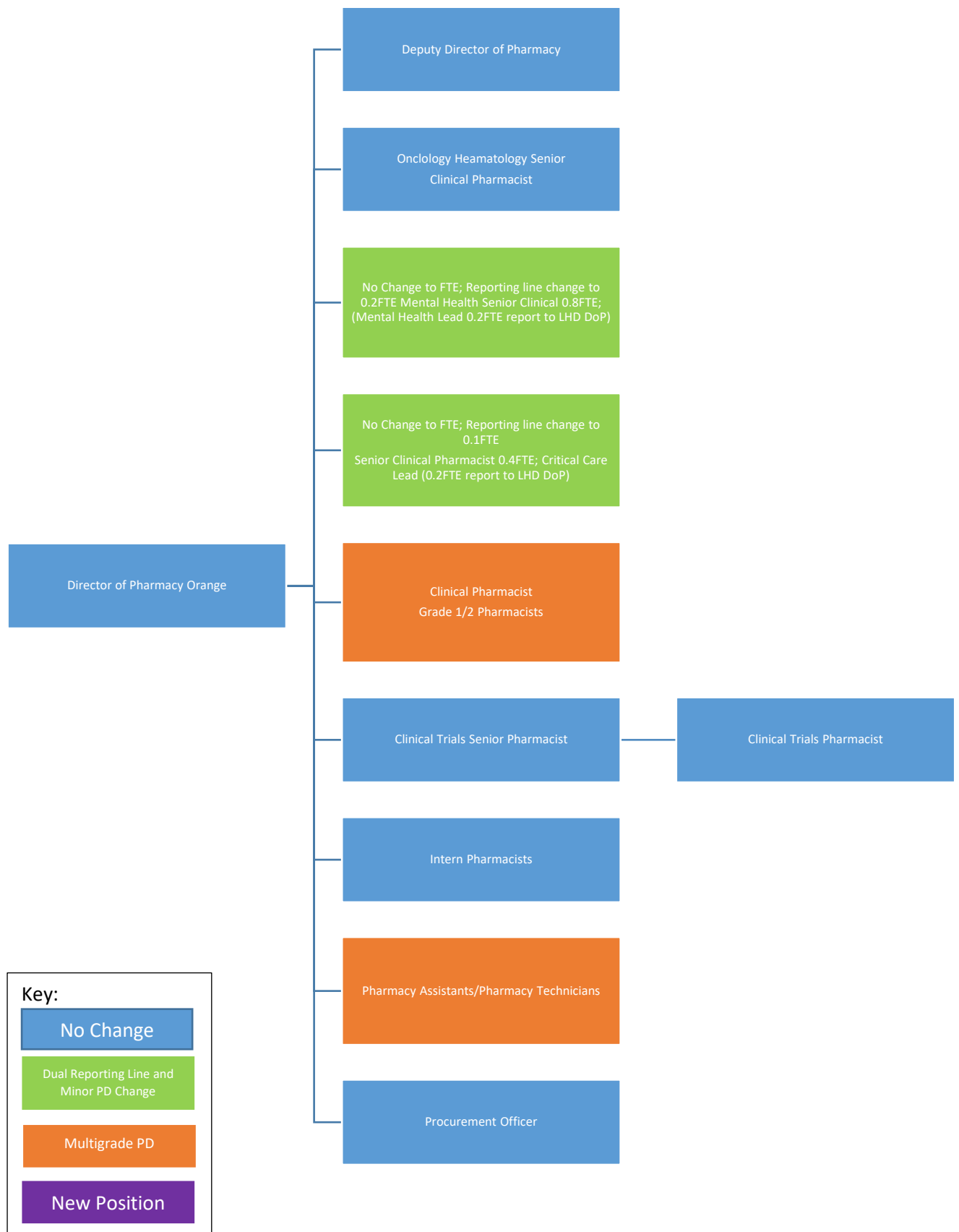
Dubbo Pharmacy Proposed:



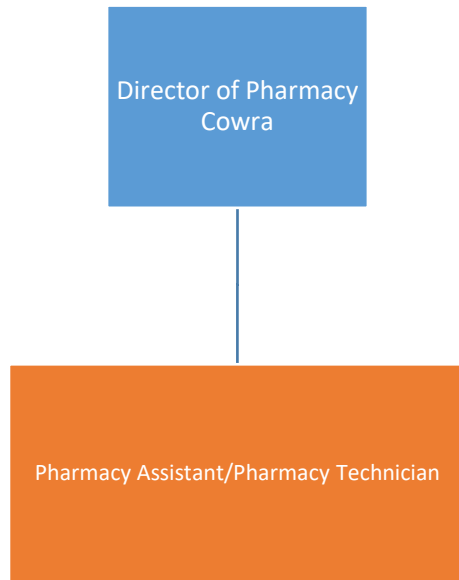
Key:

- No Change
- Dual Reporting Line and Minor PD Change
- Multigrade PD
- New Position

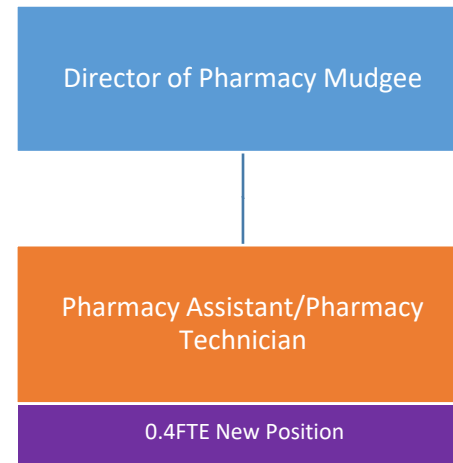
Proposed Structure Orange Pharmacy



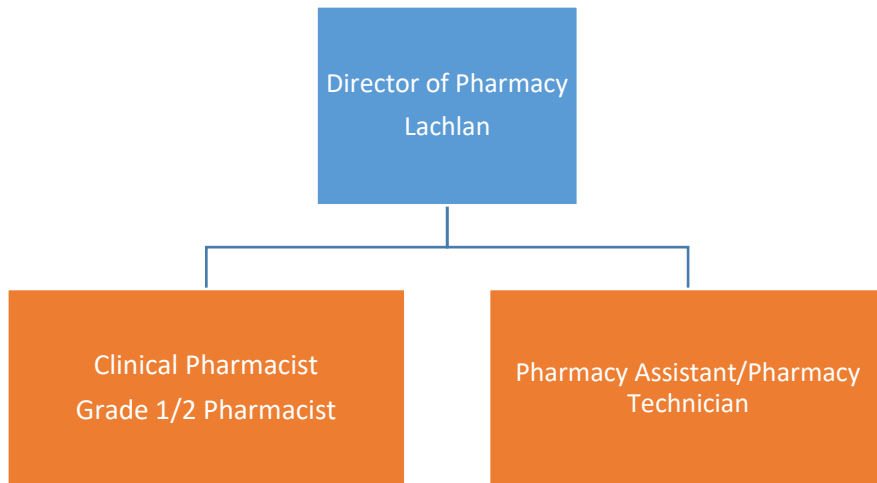
Cowra Pharmacy Proposed Structure



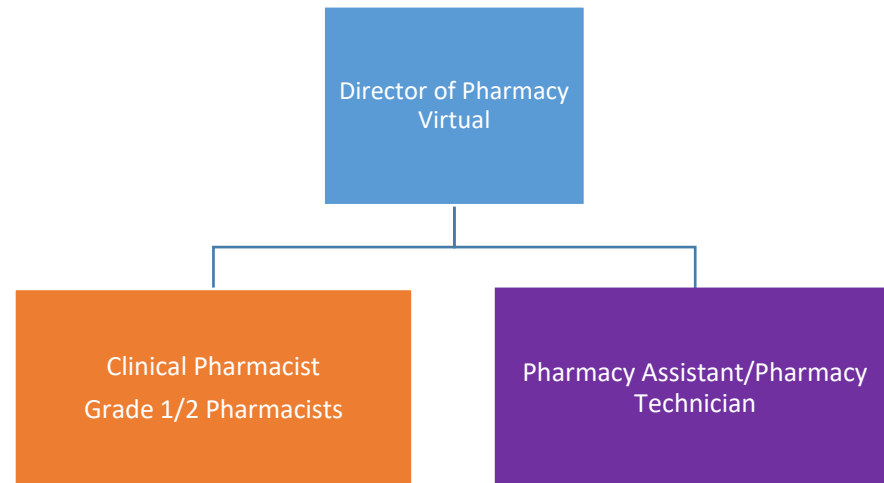
Mudgee Pharmacy Proposed Structure



Lachlan Pharmacy Proposed Structure



Virtual Clinical Pharmacy



Multi-Reporting Line Positions

