HMA

AUSTRALIAN GOVERNMENT
DEPARTMENT OF HEALTH

Review of ongoing pharmacy workforce programs

TECHNICAL PAPERS

19 SEPTEMBER 2017

OUR VISION

To positively impact people's lives by helping create better health services

OUR MISSION

To use our management consulting skills to provide expert advice and support to health funders, service providers and users.

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1.1 INTRODUCTION

1.1.1 Background

The Australian Government Department of Health (the Department) has engaged Healthcare Management Advisors (HMA) to provide a:

> *"cost-effectiveness review into ongoing pharmacy workforce programs."*

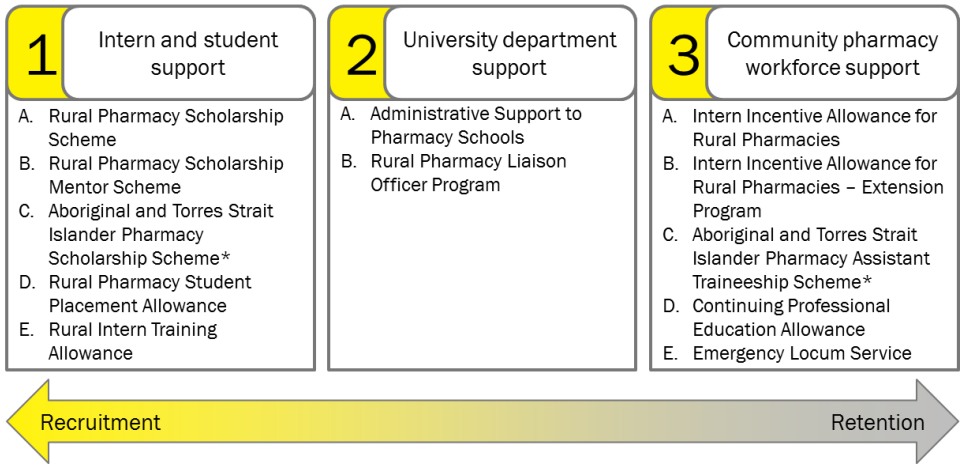
The Sixth Community Pharmacy Agreement (6CPA) between the Australian Government and The Pharmacy Guild of Australia (The Guild) has 'indicative allocations for community pharmacy programs' with a total value of $613m over the five-year life of the program, from 1 July 2015 to 30 June 2020. This includes provision for $6.9m for *Rural Pharmacy Workforce Programmes* and $0.3m for the *Aboriginal and Torres Strait Islander Workforce Programme* in 2015-16 – the programs that are this subject of this project.

HMA has been engaged to assess the cost-effectiveness of the 12 community pharmacy workforce programs funded under the 6CPA, which include the:

- Rural Pharmacy Scholarship Scheme
- Rural Pharmacy Scholarship Mentor Scheme
- Intern Incentive Allowance for Rural Pharmacies
- Intern Incentive Allowance for Rural Pharmacies – Extension Program
- Rural Intern Training Allowance
- Rural Pharmacy Student Placement Allowance
- Administrative Support to Pharmacy Schools
- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme
- Continuing Professional Educational Allowance
- Rural Pharmacy Liaison Officer Program, and
- Emergency Locum Service.

For the purpose of scoping the analysis, refining the stakeholder consultation method and identifying comparator programs we have allocated the 12 programs into groups that have similar characteristics (eg target group and service delivery platform). Figure 1.1 illustrates the program groups as they will be referred to throughout the *Project Plan* (this document).

Figure 1.1: 12 pharmacy workforce programs, grouped by characteristics



1.1.2 Project approach and timing

The project is being conducted in seven stages from August 2016 to June 2017:

1 DETAILED PART ONE ANALYSIS

- **Stage 1: Project set-up.** HMA scheduled an initial 'kick-off' meeting with the Department project manager to discuss and finalise the proposed methodology and key deliverable dates.
- **Stage 2: Situation analysis.** This stage involved a review of available program documentation to develop a broad understanding of program volume, value, funding and aims.
- **Stage 3: PICO (Population, Intervention, Comparison, Outcome) analysis.** Using information obtained in previous stages, HMA developed descriptions of each program, guided by the PICO framework.
- **Stage 4: Part One: Assess relative need.** This stage will involve consultation with program administrators and review of comparative pharmacy and other health-related workforce program data.
- **Stage 5: Part Two: Assess outcomes and evaluate.** This stage will involve identification and analysis of current data and evidence for each program, and consultation with peak bodies, relevant stakeholders and recipients and beneficiaries of the programs.
- **Stage 6: Evidence synthesis.** Using a data triangulation methodology, HMA will prepare an analysis assessing the cost-effectiveness of each program.
- **Stage 7: Final report preparation.** HMA will prepare a draft and final report summarising the evidence and the review findings.

1.1.3 Part One: assess relative need

The aim of *Part One: Assess Relative Need* of the project methodology is to:

> *"investigate the relative need for the programs to target the current program outcomes, including determining the level of relative need for the program when compared to similar programs for other health workforces; and determining the level of relative need for the program when compared to the pharmacy workforce as it currently stands."*

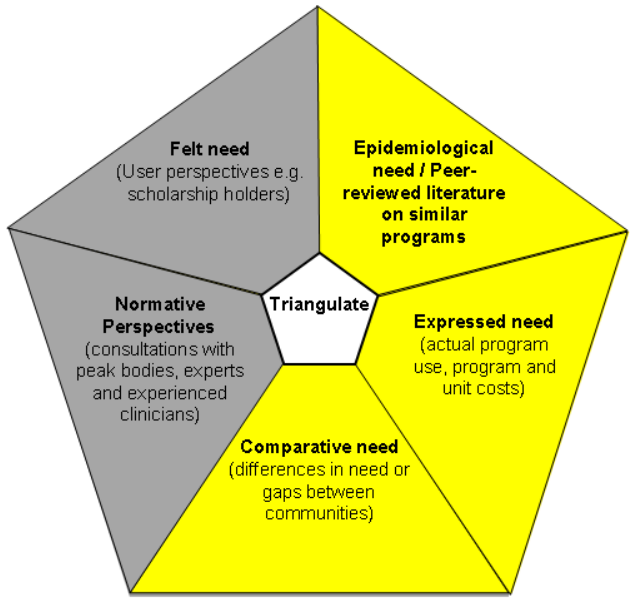
Part One seeks to address three areas of need, highlighted in yellow in Figure 1.2, including:

- *epidemiological need* – based on peer reviewed literature of similar programs from the PICO analysis undertaken in Stage 3
- *expressed need* –actual program usage data from the Guild
- *comparative need* – workforce trends based on Australian Health Practitioner Regulation Agency (AHPRA) data, made available through the Department of Health Workforce Reform Branch.

[The areas of *felt need* and *normative perspectives* (shaded in grey in Figure 1.2) will be explored in Part Two of the project methodology.]

The purpose of the Part One assessment is to inform whether the evaluation should proceed to assessment in Part Two of the project. The scope of the analysis is therefore limited to available data to inform that assessment.

Figure 1.2: Needs assessment parameters – Part One



Yellow = scope of Part One assessment; grey = scope of Part Two assessment

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Due to delays in obtaining detailed data required to undertake the expressed and comparative needs assessments, the review methodology was amended to apply a pragmatic approach to assessing relative need, in order to maintain the review timelines.

The pragmatic approach was to:

- prepare a Summary of Part One: Assess Relative Need based on the data available as of November 2016
- progress relevant projects through to Part Two: Assess Outcomes and Evaluate, commencing with peak body consultations in December 2016
- complete the full Part One: Assess Relative Need when the outstanding data was made available, for submission in January 2017.

Complete pharmacy workforce and comparable workforce data was provided to HMA by the Health Workforce Division on 4 January 2017. This enabled analysis of *expressed* and *comparative need* for pharmacy workforce programs.

1.2 PURPOSE OF THIS DOCUMENT

This document, *Part one: Assess Relative Need*, triangulates evidence collected in Stage 2 (Situation Analysis), Stage 3 (PICO Assessment) and subsequent analysis of newly available workforce data to inform preliminary statements of relative need for each program. This document presents analysis of data made available on 4 January 2017.

1.3 ANALYSIS TO INFORM PART ONE: ASSESS RELATIVE NEED

1.3.1 Assessment of relative need - Approach

Drawing on key findings from the *Situation Analysis*, *PICO Statements* and additional data analysis, the following areas of need will be explored:

- *Epidemiological need* – do findings of peer-reviewed studies indicate an underlying need for rural health workforce support programs or Aboriginal and Torres Strait Islander health workforce support programs?
- *Expressed need* – is access to pharmacists equitable for people living in metropolitan and non-metropolitan areas?
- *Comparative need* – how does the level of need for pharmacists in non-metropolitan areas compare with other health disciplines?

Epidemiological need

A literature scan was undertaken during the development of the *PICO Statements* and identified a number of studies relevant to the rural pharmacy workforce programs and comparable programs. It is important to note most literature related to recruitment and retention of the rural medical workforce, especially general practitioners. The literature scan identified recruitment and retention of health professionals in rural areas was supported by the following factors: exposure to rural practise; mentor support during study; access to continuing professional development (CPD); and access to locum services.

Overall, the literature scan identified evidence supporting the following programs:

- Rural Pharmacy Scholarship Mentor Scheme
- Continuing Professional Education Allowance, and
- Emergency Locum Service.

Limited literature was identified to support the following programs:

- Rural Intern Training Allowance
- Rural Pharmacy Student Placement Allowance
- Rural Pharmacy Scholarship Scheme
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme
- Intern Incentive Allowance for Rural Pharmacies, and
- Intern Incentive Allowance for Rural Pharmacies – Extension Program.

No literature was identified to support the following programs:

- Administrative Support to Pharmacy Schools
- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme, and
- Rural Pharmacy Liaison Officer Program.

Assessment of need: While the literature scan identified some evidence underpinning workforce programs that exposed health professionals to rural practise and promoting continuing rural practise (i.e. CPD and locum access), the literature scan did not identify any evidence on the effectiveness of financial incentives / support in encouraging rural practise.

Expressed need

Total pharmacy workforce

As shown in Figure 2.1, the overall pharmacy workforce increased from 19,188 in 2013 to 20,297 in 2015, representing a 5.8% increase in headcount.

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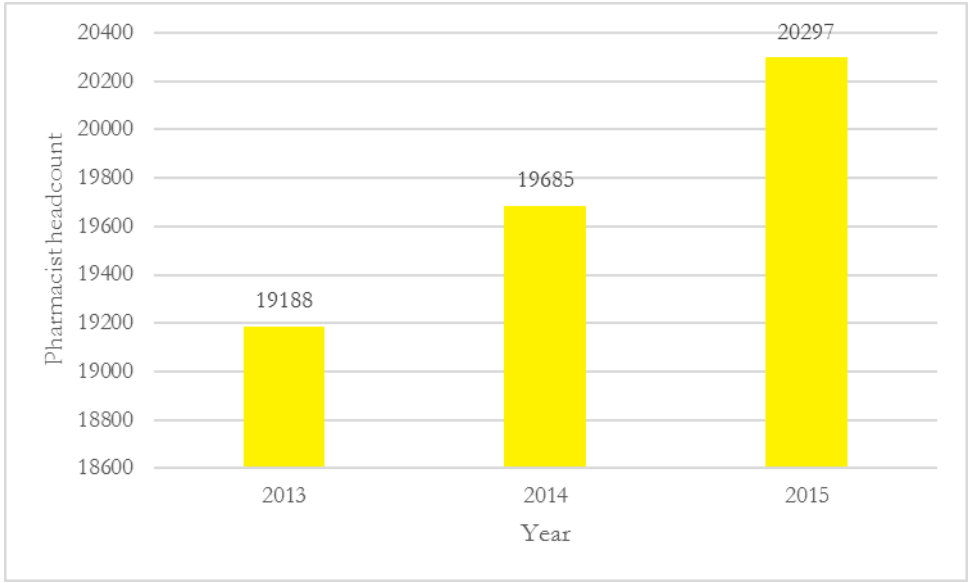
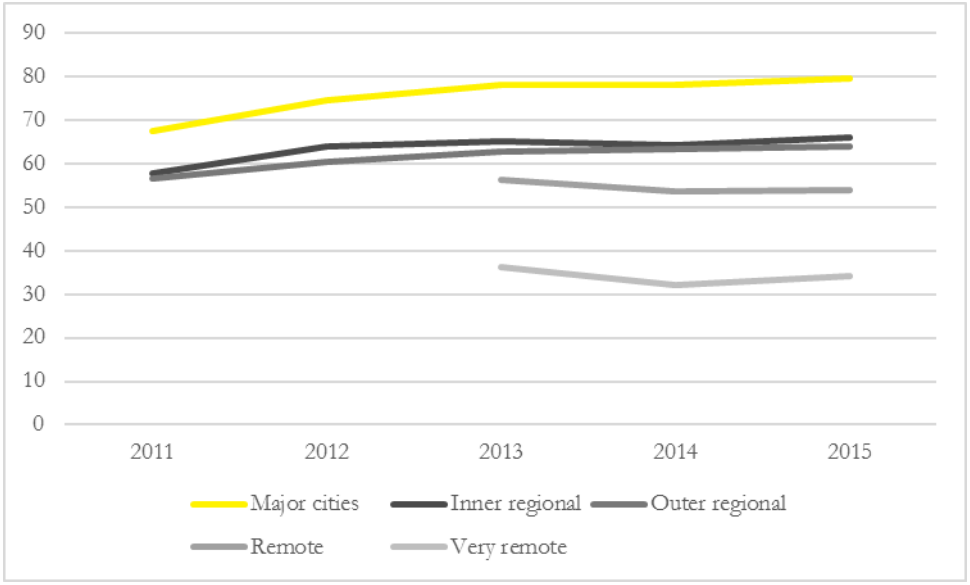
Figure 2.1: Total pharmacist headcount 2013-15



Source: AHPRA [1]

Despite the overall increase in the number of pharmacists in Australia, the pharmacy workforce remained unevenly distributed between 2013 and 2015, with the majority of pharmacists skewed to major cities. Figure 2.2 and Table 2.1 comprise data from two different data sets: publicly available data from the Australian Institute of Health and Welfare (AIHW) on pharmacist workforce in 2011-12; and AHPRA data provided by the Health Workforce Division on pharmacist workforce in 2013-15. Analysis of pharmacist workforce data showed that the FTE rate (per 100,000 population) of pharmacists was highest in major cities and lowest in very remote areas, see Figure 1.2.

Figure 1.2: Pharmacist workforce FTE rate (per 100,000) by remoteness and year



Source: AIHW [2], AHPRA [1]

The analysis showed overall increases in the FTE rate (per 100,000) in major cities and inner and outer regional areas. However, FTE rates in remote and very remote areas declined. Further, very remote areas had an average of 44.4 pharmacist FTE per 100,000 less than major cities, see Table 1.1. This indicates that despite overall increases in pharmacist headcount, the increases were limited to major cities and inner and outer regional areas only.

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Table 1.1: Total pharmacy workforce FTE rate (per 100,000) by remoteness and year

Year	Major cities	Inner regional	Outer regional	Remote	Very remote	Difference: very remote to major city
2011	67.4	57.8	56.5	38.6*		
2012	74.6	63.8	60.5	48.7*		
2013	78.1	65.0	62.7	56.3	36.2	41.9
2014	78.0	64.3	63.3	53.5	32.0	46.0
2015	79.6	65.9	63.8	53.9	34.2	45.4
Average						44.4

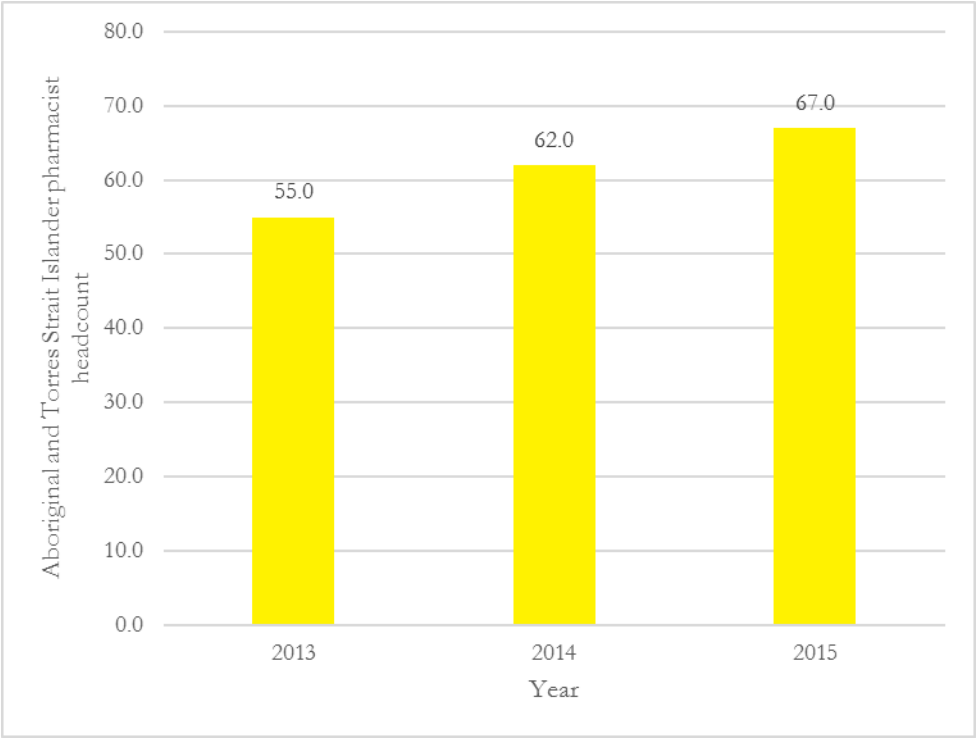
Source: AIHW [2]
**AIHW data for remote and very remote locations was combined and is presented in this table as a combined total.*
Double line indicates where the break in data occurred between 2012 and 2013.

Key Finding 1: While the pharmacy workforce has seen an overall increase in the number of pharmacists from 2013-2015, the increase in pharmacist numbers was confined to major cities, and inner and outer regional areas. The number of pharmacists in remote and very remote areas declined during the reporting period, indicating increasing workforce maldistribution in these areas.

Aboriginal and Torres Strait Islander pharmacy workforce

In order to provide culturally responsive pharmacy services to Aboriginal and Torres Strait Islander communities, there is a need for Aboriginal and Torres Strait Islander pharmacists to service these communities. Figure 2.3 shows a sizeable increase in the number of Aboriginal and Torres Strait Islander pharmacists from 55 in 2013 to 67 in 2015, representing an overall increase of 21% (albeit, from a low base).

Figure 2.3: Aboriginal and Torres Strait Islander pharmacist headcount, 2013-15



Source: AHPRA [1]

A comparison of the Aboriginal and Torres Strait Islander and non-Indigenous pharmacy workforce was undertaken to ascertain the capacity of the Aboriginal and Torres Strait Islander pharmacy workforce to cater to the needs of their peer communities. The difference between the FTE rate (per 100,000) of both groups is illustrated in Figure 2.4.

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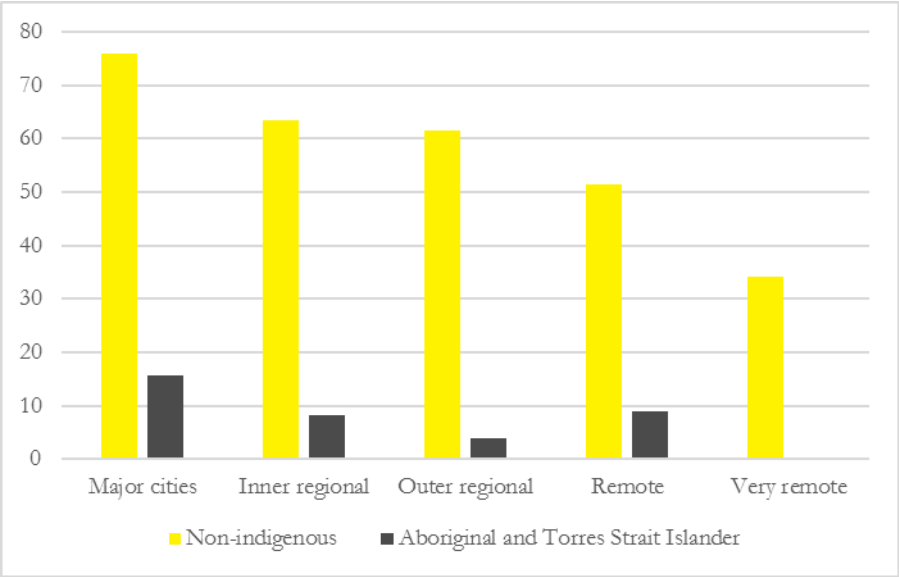
Figure 2.4 FTE rate (per 100,000) of non-Indigenous to Aboriginal and Torres Strait Islander pharmacists by remoteness category, 2015



Source: AHPRA [1], ABS [3]
N.B: FTE rates for Aboriginal and Torres Strait Islander pharmacy workforce was calculated using clinical FTE and total Aboriginal and Torres Strait Islander population from 2011 ABS census data for each remoteness category. The FTE rate for non-Indigenous pharmacists was calculated using clinical FTE and ABS data for the total Australian population. This method better reflects the capacity of the Aboriginal and Torres Strait Islander pharmacy workforce to service the needs of Aboriginal and Torres Strait Islander communities.

Despite overall increases in Aboriginal and Torres Strait Islander pharmacists (see Figure 2.3), Aboriginal and Torres Strait Islander people had far less access to Aboriginal and Torres Strait Islander pharmacists compared to the broader population's access to non-Indigenous pharmacists. As shown in Figure 2.4 and summarised in Table 1.2, the Aboriginal and Torres Strait Islander pharmacy FTE rates (per 100,000 population) were approximately 10% to 20% of the non-Indigenous workforce across remoteness categories. Importantly, there were no Aboriginal and Torres Strait Islander pharmacists in very remote areas – areas where 45% of the population is comprised of Aboriginal and Torres Strait Islander people (see population data, Appendix A).

Table 1.2: FTE rate (per 100,000) of non-Indigenous and Aboriginal and Torres Strait Islander pharmacists by remoteness category, 2013-15

Remoteness category	Aboriginal and Torres Strait Islander status	2013	2014	2015
Major cities	Aboriginal and Torres Strait Islander	13.6	14.5	15.8
	Non-Indigenous	73.6	74.5	76
Inner regional	Aboriginal and Torres Strait Islander	4.5	10.6	8.33
	Non-Indigenous	62.2	62	63.5
Outer regional	Aboriginal and Torres Strait Islander	2.7	3.8	3.83
	Non-Indigenous	59.6	60.9	61.6
Remote	Aboriginal and Torres Strait Islander	9.0	6.83	8.97
	Non-Indigenous	52.7	51.5	51.5
Very remote	Aboriginal and Torres Strait Islander	0	0	0
	Non-Indigenous	34.7	31.6	34.2

Source: AHPRA [1], ABS [3]

Key Finding 2: The number of Aboriginal and Torres Strait Islander pharmacists increased in 2013-2015, yet remains small in comparison to non-Indigenous pharmacists.

Assessment of need: The unequal distribution of pharmacists across metropolitan, rural and remote areas indicates rural and remote communities had poorer access to pharmacists. There existed a wide disparity between the number of Aboriginal and Torres Strait Islander and non-Indigenous pharmacists. This indicates Aboriginal and Torres Strait Islander communities were less well serviced by Aboriginal and Torres Strait Islander pharmacists, particularly in outer regional and very remote areas where Aboriginal and Torres Strait Islander populations are relatively high, compared to non-Indigenous people.

Comparative need

To identify the need for rural pharmacy workforce programs compared to other health workforces, the number and FTE rates of pharmacists were compared to:

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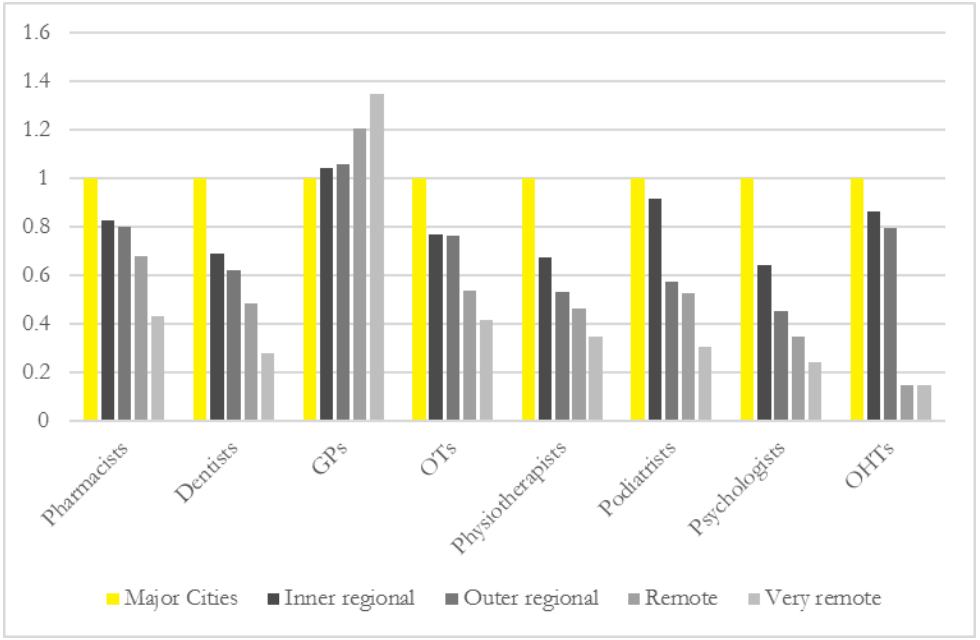
- Supported workforces – health professions for which rural workforce support and incentives are available (including GPs, dentistry and nursing), and
- Other allied health – professions for which rural workforce support is limited including occupational therapy (OT), physiotherapy, podiatry, psychology and oral health therapy.

These comparisons are presented in the sections below. Figure 2.5 illustrates how pharmacy FTE rates (compared to major cities) compares to all other health workforces with and without rural workforce support programs in 2015. This analysis shows higher GP service coverage across remoteness categories than any other profession. Other professions show similar trends of decreasing FTE rates with remoteness. However, of the professions, the distribution of pharmacists is slightly more equitable with the second highest FTE rates for remote and very remote areas behind GPs.

Key Finding 3: The GP workforce is well supported by several rural incentive schemes, which appear to have succeeded in increasing regional, rural and remote FTE rates. All other health workforce FTE rates, including pharmacy, decrease with remoteness. These findings suggest that the rural pharmacy workforce programs are not having a broad impact on FTE rates.

Figure 2.5: FTE rates (per 100,000 population) for pharmacists, dentists, GPs, OTs, physiotherapists, podiatrists, psychologists and OHTs compared to major cities, 2015



Source: AHPRA [1];

Comparison with supported workforces

Analysis of comparable rural workforce programs and supporting literature identified several programs exist to support the recruitment and retention of rural doctors (particularly GPs), nurses and dentists. Complete nursing workforce data for 2013-2015 was not available for the purposes of this analysis. Nursing data will be incorporated into the following figures when it becomes available in mid-February. Figure 2.6 compares the percentage change in FTE rate (per 100,000 population) of pharmacy, GP and dental workforces by remoteness category from 2013 to 2015.

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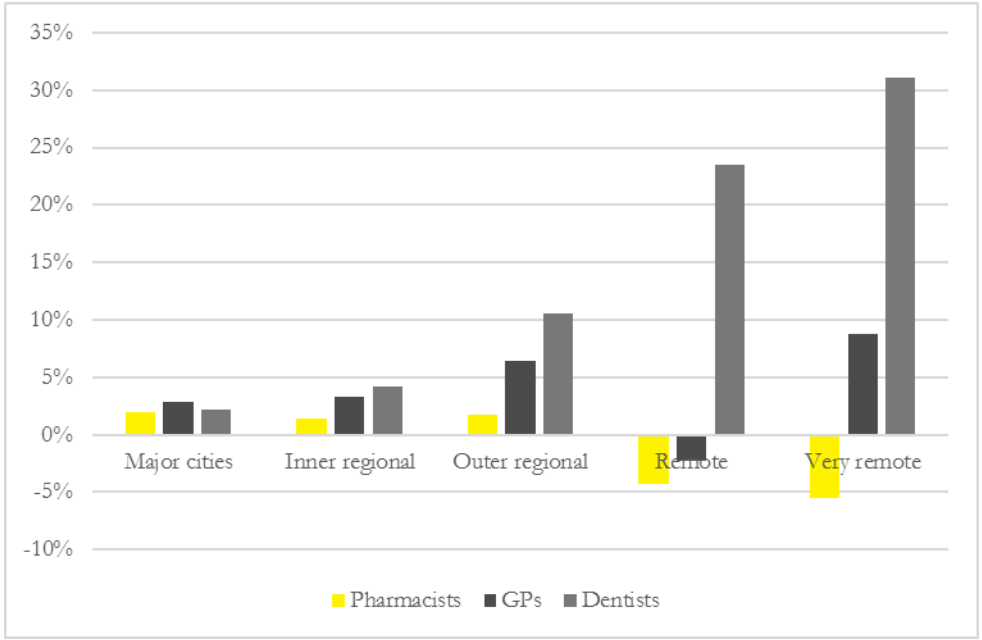
Figure 2.6: Percentage change in FTE per 100,000 from 2013 - 15 by remoteness



Source: AHPRA [1]

Figure 2.6 shows a reduction over time in the FTE rate (per 100,000) of pharmacists and GPs in remote areas and pharmacists in very remote areas. In contrast, the FTE rate of dentists as consistently increased in outer regional, remote and very remote areas between 2013 – 2015, which may point to the success of the national Dental Relocation Incentive and Support Scheme rolled out in July of 2013 by the Department. However, Figure 2.5 on the previous page shows 2015 dentistry FTE rates were still maldistributed across remoteness categories. This finding implies that while dentistry workforce remains maldistributed, the profession has seen significant increases in the remote and very remote workforce from 2013 when the Relocation Incentive Scheme was initiated.

When compared to GPs and dentists in remote and very remote areas, the FTE rate for pharmacists significantly declined despite rural recruitment and retention programs available for all of these professions.

Table 1.3: Pharmacy, GP and dental workforce FTE per 100,000 and percentage change 2013 - 15

Remoteness category	Practitioner type	2013	2014	2015	% change 13 - 15
Major cities	**Pharmacist**	**78.1**	**78.0**	**79.6**	**1.9%**
	General Practitioner	104.1	106.0	107.1	2.9%
	Dentist	55.0	55.4	56.2	2.2%
	Pharmacist to GP ratio	0.8	0.7	0.7	N/A
	Pharmacist to Dentist ratio	1.4	1.4	1.4	N/A
Inner regional	**Pharmacist**	**65.0**	**64.3**	**65.9**	**1.4%**
	General Practitioner	108.0	109.9	111.6	3.3%
	Dentist	37.1	38.1	38.7	4.2%
	Pharmacist to GP ratio	0.6	0.6	0.6	N/A
	Pharmacist to Dentist ratio	1.8	1.7	1.7	N/A
Outer regional	**Pharmacist**	**62.7**	**63.3**	**63.8**	**1.8%**
	General Practitioner	106.3	109.3	113.1	6.4%
	Dentist	31.6	34.1	34.9	10.5%
	Pharmacist to GP ratio	0.6	0.6	0.6	N/A
	Pharmacist to Dentist ratio	2.0	1.9	1.8	N/A
Remote	**Pharmacist**	**56.3**	**53.5**	**53.9**	**-4.3%**
	General Practitioner	132.2	128.4	129.2	-2.3%

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Remoteness category	Practitioner type	2013	2014	2015	% change 13 - 15
	Dentist	21.9	26.0	27.0	23.5%
	Pharmacist to GP ratio	0.4	0.4	0.4	N/A
	Pharmacist to Dentist ratio	2.6	2.1	2.0	N/A
Very remote	**Pharmacist**	**36.2**	**32.0**	**34.2**	**-5.5%**
	General Practitioner	132.7	146.9	144.3	8.7%
	Dentist	11.8	12.9	15.5	31.1%
	Pharmacist to GP ratio	0.3	0.2	0.2	N/A
	Pharmacist to Dentist ratio	3.1	2.5	2.2	N/A

Source: AHPRA [1]
**FTE rate per 100,000 population. Ratio of FTE rates compared to pharmacy workforce FTE rates.*

The ratios presented in Table 2.3 demonstrate evidence of less access to pharmacists when compared to GPs. In 2015, there were 0.7 pharmacists to every GP in major cities, but only 0.2 pharmacists to every GP in very remote areas.

AHPRA nursing workforce data was only available for 2014 and therefore could not be graphed for comparison against pharmacy, GP and dentistry workforces in Figure 2.6. However, analysis of 2014 data shows that there was a relatively even distribution for nurses across remoteness categories. Further analysis will be required when complete nursing data becomes available (end of January 2017).

Key Finding 4: Of the health workforces with rural support programs or incentives, GPs had the highest FTE rates across all remoteness areas and rates increased in all areas except remote locations; dentist FTE rates increased significantly between 2013-2015; and pharmacy workforce increased slightly in major cities and inner and outer regional areas, but decreased in remote and very remote areas. These findings suggest the rural pharmacy workforce programs are not having a broad impact on remote and very remote FTE rates.

Comparison with other allied health workforces

In contrast to the medical, nursing and dentistry workforces which have recruitment and retention programs to support rural practise, pharmacy workforce data was compared to allied health workforce data for which no rural workforce programs exist. These included:

- occupational therapy (OT)
- physiotherapy
- podiatry
- psychology, and
- oral health therapy.

The objective of this analysis was to determine whether workforces without rural support programs had a less equitable distribution of workforce across remoteness categories than disciplines with support programs. Figure 2.7 and Table 2.4 show 2015 pharmacy FTE rate (per 100,000) compared to other allied health FTE rates expressed as a ratio to major cities. Similar trends were identified among all health workforces, with FTE rates in regional and remote areas significantly less than rates in major cities.

Key Finding 5: Despite the investment in rural pharmacy workforce programs, the distribution of pharmacist FTE was similar to other allied health workforces for which rural incentives are limited or not available. This indicates the rural pharmacy workforce programs have not had a broad impact on pharmacy FTE rates in region and remote areas.

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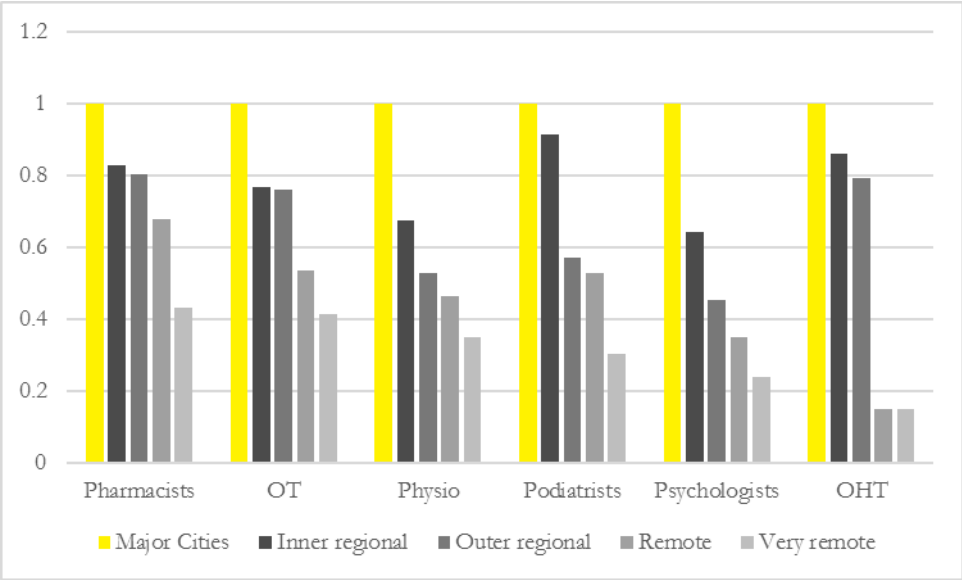
Figure 2.7: Pharmacy, OT, physiotherapy, podiatry, psychology and oral health therapy workforce FTE rate as a ratio to major cities,2015



Source: AHPRA [1]

It is important to note that not all allied health disciplines require the same level of access within communities due to the specialised nature of some professions. For example, people will generally require access to a pharmacist more frequently than access to a podiatrist, so lower FTE rates in non-metropolitan areas for podiatry may not necessarily indicate underserviced areas. However, without data on the ideal service coverage or FTE rate for each discipline, broad comparisons have been made between professions.

Table 1.4: FTE ratio (per 100,000) of pharmacy and allied health professionals expressed as a ratio to FTE ratio (per 100,000) in major cities, 2015

Remoteness category	Pharmacist	OT	Physiologist	Podiatrist	Psychologist	Oral Health Therapist
Major Cities	**1**	1	1	1	1	1
Inner regional	**0.8**	0.8	0.7	0.9	0.6	0.9
Outer regional	**0.8**	0.8	0.5	0.6	0.5	0.8
Remote	**0.7**	0.5	0.5	0.5	0.3	0.1
Very remote	**0.4**	0.4	0.3	0.3	0.2	0.1

Data presented in Table 2.5 below shows the change in FTE rate (per 100,000) of allied health professions in each remoteness category over time. Due to the large variation in the actual number of practicing professionals within allied health, it is difficult to directly compare the growth of each profession particularly in remote and very remote areas where slight changes in FTE rate (per 100,000) have resulted in drastically different percentage change values over the 2013 - 15 period. It should be noted, however, that the only professions that have seen negative growth in remote and very remote areas in this period are pharmacists and psychologists.

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Table 1.5: FTE ratio (per 100,000) of pharmacy and allied health professionals by remoteness category, 2013 – 15

Remoteness category	Practitioner Type	2013	2014	2015	% change 13 - 15
Major cities	**Pharmacist**	**78.1**	**78.0**	**79.6**	**1.9%**
	Occupational Therapist	45.5	46.3	48.5	6.6%
	Physiologist	78.7	82.3	85.1	8.1%
	Podiatrist	14.1	14.8	15.2	7.8%
	Psychologist	68.2	69.3	70.5	3.4%
	Oral Health Therapist	3.0	3.9	4.4	45.2%
Inner regional	**Pharmacist**	**65.0**	**64.3**	**65.9**	**1.4%**
	Occupational Therapist	35.1	35.2	37.3	6.3%
	Physiologist	50.6	54.1	57.3	13.2%
	Podiatrist	12.8	13.3	13.9	8.6%
	Psychologist	43.9	44.3	45.3	3.2%
	Oral Health Therapist	2.6	3.4	3.8	46.2%
Outer regional	**Pharmacist**	**62.7**	**63.3**	**63.8**	**1.8%**
	Occupational Therapist	31.7	34.9	36.9	16.4%
	Physiologist	42.2	44.2	45.0	6.6%
	Podiatrist	8.2	9.0	8.7	6.1%
	Psychologist	32.6	31.8	31.9	-2.1%
	Oral Health Therapist	2.5	3.0	3.5	40.0%
Remote	**Pharmacist**	**56.3**	**53.5**	**53.9**	**-4.3%**
	Occupational Therapist	21.6	26.9	26.0	20.4%
	Physiologist	38.0	35.8	39.5	3.9%
	Podiatrist	4.7	8.3	8.0	70.2%
	Psychologist	25.4	25.9	24.5	-3.5%
	Oral Health Therapist	0.3	0.8	0.65	80.0%
Very remote	**Pharmacist**	**36.2**	**32.0**	**34.2**	**-5.5%**
	Occupational Therapist	16.2	16.1	20.0	23.5%
	Physiologist	18.2	23.3	29.6	62.6%
	Podiatrist	3.3	4.8	4.6	39.4%
	Psychologist	19.9	16.7	16.9	-15.1%
	Oral Health Therapist	0.3	0.8	0.65	80.0%

Assessment of need: When compared to other health professions supported by rural recruitment and retention programs (GPs, nursing, dentistry), pharmacy FTE rates have not seen the same increases in workforce across regional, remote and very remote areas. When compared to allied health professions not supported by rural retention and recruitment programs, the maldistribution trends seen in pharmacy are similar in allied health disciplines. These findings suggest that at a macro level, recruitment and retention programs targeting rural and remote pharmacists have not had a large effect as seen in other health disciplines. Further investigation is warranted in Part Two of the project to determine whether the pharmacy workforce programs have an effect at a micro (individual practitioner / student level).

1.3.2 Implications for Part Two

The objective of Part Two of the project methodology is to assess the impact of the programs and evaluate whether they are effectively and efficiently delivering outcomes. Part Two includes an assessment of *felt need* and *normative perspectives* of the programs based on consultation with stakeholders and beneficiaries. A review of program funding and expenditure will allow a comparison of each program's cost compared to the magnitude of change each program has achieved. The cost effectiveness commentary on the programs will be informed by the following analyses:

1 DETAILED PART ONE ANALYSIS

- change over time in the actual number of new pharmacists per geographic location
- trends in the remoteness area of internship year versus first year of practise (new graduates)
- estimated unit cost of pharmacy workforce programs per recipient (where possible), and
- estimated 'unit' cost of pharmacy workforce programs in total per actual number increase in regional / rural pharmacy workforce.

Based on the additional comparative data presented above, this paper endorses the finding of the previous summary document that all in-scope Pharmacy Workforce Programs should progress to Part Two of the review to assess the felt need and normative perspectives of each program, their benefit to the pharmacy workforce and use of program funding.

1.4 APPENDICES

APPENDIX A ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION DATA

Table 1.6: Aboriginal and Torres Strait Islander population, non-Indigenous population and pharmacist FTE Clinical by remoteness category

Remoteness category	Aboriginal and Torres Strait Islander population (2011)	% of population within the geographic category who are Aboriginal and Torres Strait Islander people	Indigenous Pharmacy Clinical FTE (2015)	Non-Indigenous Population (2011)	Non-Indigenous Pharmacy Clinical FTE (2015)
Major cities	233,146	1%	31.6	15,451,394	11,993.8
Inner regional	147,683	4%	6.6	3,963,346	2,621.2
Outer regional	146,129	7%	4.0	1,880,300	1,232.7
Remote	51,275	16%	4.6	263,401	169.8
Very remote	91,648	45%	0	111,702	72.5
Total	**669,881**	**3%**	**46.8**	**21,670,143**	**16,090**

Source: ABS [3], AHPRA [1]

2 PICO DESCRIPTIONS OF ALL PROGRAMS

2.1 INTRODUCTION

2.1.1 Background

The Australian Government Department of Health (the Department) has engaged Healthcare Management Advisors (HMA) to provide a:

"cost-effectiveness review into ongoing pharmacy workforce programs."

The Sixth Community Pharmacy Agreement (6CPA) between the Australian Government and The Pharmacy Guild of Australia (The Guild) has 'indicative allocations for community pharmacy programs' with a total value of $613m over the five-year life of the program, from 1 July 2015 to 30 June 2020. This includes provision for $6.9m for *Rural Pharmacy Workforce Programmes* and $0.3m for the *Aboriginal and Torres Strait Islander Workforce Programme* in 2015-16 (the programs that are this subject of this project).

HMA has been engaged to assess the cost-effectiveness of the 12 community pharmacy workforce programs funded under the 6CPA, which comprise the:

- Rural Pharmacy Scholarship Scheme
- Rural Pharmacy Scholarship Mentor Scheme
- Intern Incentive Allowance for Rural Pharmacies
- Intern Incentive Allowance for Rural Pharmacies – Extension Program
- Rural Intern Training Allowance
- Rural Pharmacy Student Placement Allowance
- Administrative Support to Pharmacy Schools
- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme
- Continuing Professional Education Allowance
- Rural Pharmacy Liaison Officer Program, and
- Emergency Locum Service.

2.1.2 Purpose of this document

This document (the PICO statements) provides a preliminary descriptive analysis of each of the in-scope programs, using the PICO framework as a guide. These statements will further define the scope of each of the programs and provide a comparison to other similar programs in the health sector. This information will inform the next stage of Part One the review – an assessment of relative need for each of the pharmacy programs.

2.1.3 The PICO Framework

The PICO framework originated as an element of evidence-based practice to assist researchers in optimising literature search processes and developing research questions that are focused on the populations, interventions and outcomes they seek to explore. [4]

The PICO framework helps to isolate the key features of a research question. PICO stands for:

- **Population –** what are the demographics of the intervention target group?
- **Intervention –** what are the features of the intervention being considered?
- **Comparison –** are there any comparable interventions using a similar methodology?
- **Outcome –** what is the desired or expected outcome of the intervention? Have there been any unexpected outcomes?

2 PICO DESCRIPTIONS OF ALL PROGRAMS

2.1.4 Applying the framework

The PICO framework can also be applied to a program to frame its key features and objectives. In this context, each PICO element will address:

- **Population –** what group does the program seek to benefit (e.g. community pharmacists, pharmacy students, pharmacy assistants, pharmacy schools etc.)?
- **Intervention –** what does each program offer its beneficiaries (e.g. financial support, scholarships, mentorship)?
- **Comparator –** do similar programs exist to support the recruitment and retention of other rural health workforces? What evidence exists to support similar programs?
- **Outcome –** what is the expected and / or desired outcome for each program? What performance indicators should be used to assess program outcomes? What potential impact do programs have on workforce recruitment or retention?

2.1.5 Data sources

Each element of the PICO analysis will draw on a range of data sources, including:

- **Program specific guidelines** for each program, published by the Pharmacy Guild of Australia. The guidelines will provide information on each program's intended population and intervention.
- **Peer-reviewed literature** including findings from a rapid literature search of Google Scholar and PubMed and academic journals including the *Australian Journal of Rural Health* and *Rural and Remote Health*. Where appropriate, the literature search may include non-peer reviewed literature and grey literature (e.g. government reports). The literature will support an analysis of comparable programs.
- **Program data** provided by the Pharmacy Guild of Australia. This data will support the overview of expected / desired program outcomes and form the basis of potential impact assessments in the next stage of the review.

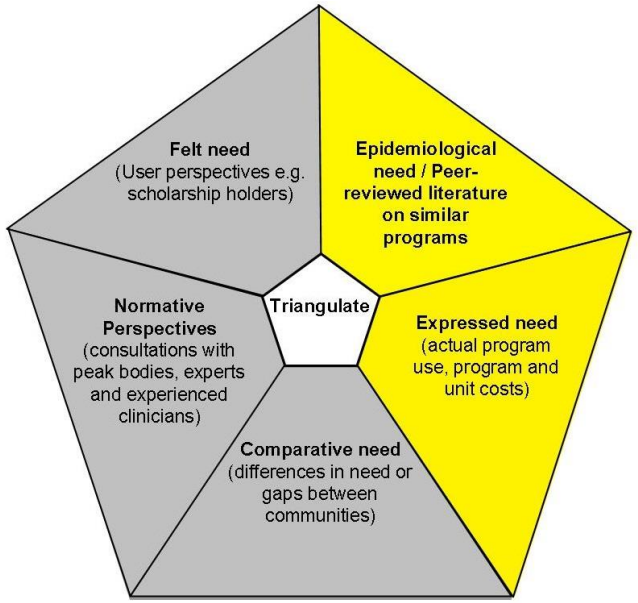
2.1.6 Assessing need

Developing PICO descriptions of each program will further refine their scope and provide insights into the broader context of rural health workforce programs. This document will inform the next stage of the review, the relative needs assessment.

This document seeks to address two parameters of the needs assessment (highlighted in yellow in Figure 2.1):

- Epidemiological need – level of need identified within peer-reviewed literature of similar programs. This will be explored in the *comparator* element for each program.
- Expressed need – level of need identified by actual program use. This will be explored in the *outcome* element for each program. However, at this point available data is limited and not sufficiently granular to assess program use for all programs beyond the 2014-2016 period.

Figure 2.1: Needs assessment parameters – PICO analysis



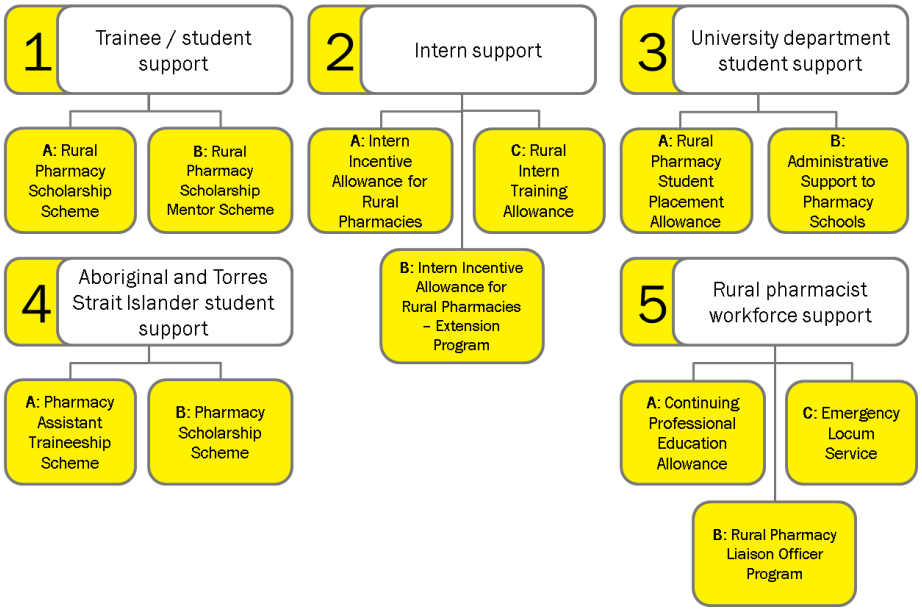
2 PICO DESCRIPTIONS OF ALL PROGRAMS

2.1.7 Document structure

The remaining sections of this document are structured as follows:

- **PICO statements for in-scope programs** – the population, intervention, comparator programs and outcomes of each program will be explored in this chapter. Programs are organised under chapter sections, according to the grouping illustrated in Figure 2.2.
- **Next steps** – this chapter outlines how the PICO descriptions of programs will form the basis of Part One of the review and how the needs assessment will build upon this information in later stages.
- **References.**

Figure 2.2: 12 pharmacy workforce programs, grouped by characteristics



2.2 PICO STATEMENTS FOR IN-SCOPE PROGRAMS

2.2.1 Trainee / Student support

Rural Pharmacy Scholarship Scheme

Population

The Rural Pharmacy Scholarship Scheme (RPSS) is intended to support pharmacy students from rural areas (Pharmacy Access / Remoteness Index of Australia (PhARIA) 2-6). Students must be Australian citizens or permanent residents. [5]

Intervention

The RPSS provides financial support in the form of scholarships (value of $10,000 per annum, GST exempt) to students from rural areas (PhARIA 2-6) studying an undergraduate or graduate course at an Australian university that leads directly to a registrable qualification as a pharmacist. Students can apply for a scholarship at any point during their studies, with a maximum payment of $40,000 available to students over a four-year period. [5]

Comparator

Comparator programs are those considered to be similar to the RPSS in any or all of the following ways:

- provide scholarships to students from rural areas (not specifically Aboriginal and Torres Strait Islander identified)
- provide scholarships to people studying health-related courses
- do not require a return of service obligation (RSO) period

Comparable Australian programs include:

- Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) – the NAHSSS offered scholarships of $10,000 per year to undergraduate and postgraduate students from rural areas (Australian Standard Geographic Classification Remoteness Areas (ASGC-RA) 2-5) of nursing, midwifery and a range of allied health courses (excluding pharmacy). [6]
- Rural Australia Medical Undergraduate Scholarship (RAMUS) – the RAMUS Scheme offered students from rural areas (ASGC-RA 2-5) scholarships of $10,000 per year to study undergraduate or graduate-entry medical degrees.
- David Bowler Memorial Scholarship – a scholarship of $5,000 is available to a person residing in the Medical Catchment Area of the Broken Hill Health Service, studying a health-related course at an Australian university. [7]
- Rural Undergraduate Scholarship – scholarships of up to $5,000 are available for people from rural NSW (within the boundaries of Berry, Maitland and Lithgow), studying a degree in nursing or midwifery. [8]
- Give Them Wings – administered by Rural Health Workforce Australia and the Royal Flying Doctor Service, Give Them Wings provides scholarships to first year nursing and allied health (including pharmacy) students from regional and rural Victoria. Scholarships are valued at $2,500.
- Albury Wodonga Border Medical Student Scholarship – a scholarship of an unspecified amount is available to medical students from the region of Albury / Wodonga and surrounding districts. [9]

The key feature of the RPSS is that it is offered to students from rural areas. A review of Australian and international literature by Wilson et al found strong evidence that people from a rural background were more likely to pursue rural practise and choose a rural location as their first practice location. [10] Other reviews have confirmed this finding. [11, 12, 13, 14]

However, several papers have identified a lack of evidence supporting the effectiveness of scholarship schemes in promoting recruitment and retention of staff in a rural health workforce. [15, 16] A mixed methods study by Devine, Williams and Nielsen on the effectiveness of the Queensland Health Rural Scholarship Scheme (Allied Health) in retaining allied health professionals in rural areas could not directly associate workforce outcomes with the Scheme. [16] The authors suggested this nil effect was due to many scholarship holders having a prior interest in working in rural areas, regardless of whether a scholarship was received. Despite

this, the Scheme was highly valued by participants. [16] It is important to note the Scheme involved a RSO period, unlike the pharmacy workforce programs. Scholarship programs with a RSO period experience higher rates of drop out and may stigmatise rural practise. [17, 15]

Key findings: people from rural areas (and those with a prior interest in rural practise) are more likely to practise in rural areas regardless of whether a scholarship is received. Therefore, it is unclear if scholarships impact an individual's decision to enter rural practise.

Outcome

The objective of the RPSS is to encourage and enable students from rural and remote communities to undertake undergraduate and graduate entry studies in pharmacy at university, leading to a registrable qualification as a pharmacist. [5]

It is hypothesised that some secondary outcomes of the RPSS may include:

- scholarships are valued by participants, and
- scholarships enable students from rural areas to attend university.

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

(1) Increase in pharmacists practicing in rural areas (PhARIA 2-6) over the life of the program.
(2) No. of scholarship recipients practicing in rural and remote areas.
(3) No. of scholarship recipients practicing in metropolitan areas.

At least 30 new scholarships are offered each year. Program data indicates 43 new scholarships were offered in the 2015 calendar year. [5, 18] Program data from 2014-2016 indicates on average, 101 active scholarships are held by students across all cohorts (study years 1-4) each calendar year. [18] This includes new and continuing scholarships.

A preliminary analysis of the impact of the RPSS on enrolments of pharmacy students from rural areas and rural workforce is not possible at this point without more detailed data on the number of pharmacy students that go on to be new rural pharmacists.

Rural Pharmacy Scholarship Mentor Scheme

Population

The Rural Pharmacy Scholarship Mentor Scheme (RPSMS) is intended to support pharmacy students from rural areas (PhARIA 2-6) participating in the RPSS and the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS). The RPSMS also supports rural pharmacists to provide mentoring to students. [19]

Intervention

The RPSMS links recipients of the RPSS and ATSIPSS with mentors (practicing rural pharmacists) for the duration of their studies. [19] Mentors are required to develop a learning plan with the student and report on the student's rural health activities. Mentors are offered an honorarium payment of $375 per mentored student, per year.

Comparator

Comparator programs are those considered to be similar to the RPSMS in any or all of the following ways:

- provide students with mentors practicing in the relevant field, and / or
- provide students with mentors experienced in rural practise.

Comparator programs include:

- Oral Health Therapist Graduate Year Program (OHTGYP) – provided oral health students access to oral health mentors during their graduate year. Mentors supported students to meet the OHTGYP curriculum and continue their professional development throughout their graduate year. [20]
- John Flynn Placement Program – provides medical students with rural placements and mentoring from rural doctors. [21]
- RAMUS – links medical students with a mentor (a rural doctor) through the duration of their studies. Mentors receive an honorarium payment per mentored student per year. [22]

- Australian Rotary Health Indigenous Health Scholarships – provides scholarships and mentoring to Aboriginal and Torres Strait Islander people studying health-related course. Mentors participate on a voluntary basis. [23]

A South African study of the success factors of the Friends of Mosveld Scholarship Scheme (FOMSS), identified support (in the form of mentoring and peer support) was key to rural scholarship recipients returning to practise in their districts. [24] However, the study identified mentors' experience in rural practise was integral to developing meaningful relationships with scholars.

The effect of mentoring on the intention of medical graduates in taking up rural practise has been extensively studied by Rabinowitz et al. [25] The authors found that rural mentoring and support for students was one of the best indicators for graduate's uptake of rural practise. [25, 26]

Consultations undertaken as part pf the *Review of Australian Government Health Workforce Programs* by Jennifer Mason indicated mentoring mechanisms are particularly important in supporting the recruitment and retention of Aboriginal and Torres Strait Islander health professionals. [15] The Review recommended all Aboriginal and Torres Strait Islander health students undertaking tertiary education should have access to mentoring throughout the educational pathway and continued into the workforce.

Key findings: mentoring by rural professionals throughout the educational pathway is strongly associated with graduate health professionals taking up rural practise, particularly for Aboriginal and Torres Strait Islander people.

Outcome

The main objective of the RPSMS is to provide mentoring to students from rural and remote communities and Indigenous students to encourage and enable them to undertake undergraduate and graduate studies in pharmacy at university, leading to a registrable qualification as a pharmacist. [5]

Based on the findings of the literature, it is hypothesised that some secondary outcomes of the RPSMS may include:

- mentoring is valued by scholarship recipients, and
- mentoring improves retention of students throughout their degree.

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

(1) Increase in pharmacists practicing in rural areas (PhARIA 2-6) over the life of the program.
(2) Increase in Aboriginal and Torres Strait Islander pharmacists over the life of the program.
(3) No. of mentored students going on to practise in rural and remote areas.
(4) No. of mentored students going on to practise in metropolitan areas.
(5) No. of mentored Aboriginal and Torres Strait Islander students going on to practise in metropolitan, rural and remote areas.

The number of participating mentors will match the number of RPSS and ATSIPSS recipients each year. Three new full-time scholarships are provided each year under the ATSIPSS. [27] Program data from 2014-2016 indicates and average of seven scholarships are held by students across all cohorts (study years 1-4) each year. [28]

Therefore, it is assumed that each calendar year, approximately 108 mentors (101 for RPSS and 7 for ATSIPSS recipients) are assigned to recipients of the RPSS and ATSIPSS. This figure assumes that a mentor is assigned to only one student.

Similar to the RPSS, a preliminary analysis of the impact the RPSMS has on rural pharmacy workforce is not possible at this point without more detailed data on pharmacy students that go on to be new rural pharmacists.

2.2.2 Intern Support

Intern Incentive Allowance for Rural Pharmacies

Population

The Intern Incentive Allowance for Rural Pharmacies (IIARP) supports Community Pharmacies or Hospital Authorities in rural areas (PhARIA 2-6) employing pharmacy interns.

2 PICO DESCRIPTIONS OF ALL PROGRAMS

Intervention

The IIARP provides financial support to Community Pharmacies or Hospital Authorities in rural areas (PhARIA 2-6) to employ a pharmacy intern for a continuous period of 6 to 12 months. [29] A maximum allowance of $10,000 is available to Community Pharmacies and Hospital Authorities employing an intern for a continuous 12-month period, and $5,000 is available to employ an intern for 6 months.

Comparator

The desktop review of comparator programs failed to identify other programs that provide financial support to Community Pharmacies or other health discipline practices to enable them to employ an intern during their intern year.

There are a number of studies exploring the effect of rural internship on future rural practise. Most studies relate to the medical profession, such as an Australian survey of medical students that identified students are more likely to express interest in practicing rurally if exposed to rural practise during placements or an internship year. [14] Further, a Victorian study of medical graduates found a statistically higher proportion of GPs who had undertaken a non-metropolitan internship went on to practise outside metropolitan areas than metropolitan interns (44% versus 13% respectively). [30] Another longitudinal study of James Cook University medical graduates found undertaking an internship in rural areas (ASGC-RA 3-5) was a significant predictor of rural practise at 5 years post-graduation.

In the pharmacy field, a survey of over 600 rural and metropolitan pharmacists practicing in Victoria identified undertaking a rural internship was the strongest predictor of future rural practise and this effect was statistically significant. [31]

Key findings: while no literature was found exploring the effect of financial support to pharmacies / practices in increasing rural internships, there appears to be a significant link between rural location of internship and future rural practise for health professionals, including pharmacists.

Outcome

The main objective of the IIARP is to attract, retain and support an adequate rural pharmacy workforce, by supporting and enabling rural and remote community pharmacies to engage pharmacy interns in their intern year. [29]

It is hypothesised that a secondary outcome of the IIARP may include an increase in internships offered by rural Community Pharmacies and Hospital Authorities.

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

(1) Increase in the number of interns employed at rural Community Pharmacies and Hospital Authorities over the life of the program.
(2) No. of rural pharmacy interns that go on to practise rurally.
(3) No. of rural pharmacy interns that go on to practise in metropolitan areas.
(4) Use of allowance funds by Community Pharmacies and Hospital Authorities.

Program data from 2014-2016 indicates on average, there were 74 active internships each calendar year during this period. [32] Program data is de-identified and does not distinguish the length of each internship.

Intern Incentive Allowance for Rural Pharmacies – Extension Program

Population

The Intern Incentive Allowance for Rural Pharmacies – Extension Program (IIARP-EP) supports Community Pharmacies and Hospital Authorities in rural areas (PhARIA 2-6) to employ newly registered pharmacy graduates. [33]

Intervention

The IIARP-EP provides financial support to Community Pharmacies and Hospital Authorities in rural areas (PhARIA 2-6) to employ a graduate pharmacist for a continuous 12-month period beyond their intern year. [33] An allowance of $20,000 is available to Community Pharmacies and Hospital Authorities per employed graduate pharmacist. To be eligible for funding, the Community Pharmacy or Hospital Authority must have employed the graduate pharmacist during their intern year.

2 PICO DESCRIPTIONS OF ALL PROGRAMS

Comparator

Similarly to the IIARP, the desktop review of comparator programs failed to identify other programs that provide financial support to Community Pharmacies or other health discipline practices to enable them to employ a graduate health professional beyond their intern year.

The major strength of the IIARP-EP is the exposure of pharmacy graduates to rural practise. The literature identified in Section 0 illustrates the strong association between exposure to rural practise during training and future rural practise.

Key findings: similar to the findings under section 2.2.1, no literature was found exploring the effect of financial support to rural pharmacies / practices in employment of graduates. However, there appears to be a significant link between rural exposure and future rural practise for health professionals.

Outcome

The main objective of the IIARP-EP is to attract, retain and support an adequate rural pharmacy workforce, by supporting and enabling rural and remote community pharmacies to engage pharmacy graduates in their post intern year. [33]

It is hypothesised that a secondary outcome of the IIARP-EP may include an increase in graduate positions offered by rural Community Pharmacies and Hospital Authorities.

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

(1) Increase in the number of graduate pharmacists employed at rural Community Pharmacies and Hospital Authorities over the life of the program.
(2) No. of rural pharmacy graduates that go on to practise rurally.
(3) No. of rural pharmacy graduates that go on to practise in metropolitan areas.
(4) Use of allowance funds by Community Pharmacies and Hospital Authorities.

Program data from 2014-2016 indicates on average, 10 allowances are paid to Community Pharmacies and Hospital Authorities each calendar year. [34] According to the *Program Specific Guidelines*, a maximum of 10 allowances are paid to Community Pharmacies and Hospital Authorities each calendar year. [33]

Rural Intern Training Allowance

Population

The Rural Intern Training Allowance (RITA) supports pharmacy interns practicing in rural areas (PhARIA 2-6). [35]

Intervention

The RITA provides financial support to rural intern pharmacists to enable them to undertake compulsory intern year training events (e.g. exams, workshops). [35] Funding of up to $1,500 per intern per financial year is available to help cover travel and accommodation costs associated with attending intern training events delivered in metropolitan or other regional / rural centres.

Comparator

The desktop review of comparator programs failed to identify other programs that provide financial support to rural intern pharmacists or interns of other health disciplines to enable them to attend training activities. However, there are a number of programs that support health professionals to complete training as part of their Continuing Professional Development (CPD). These programs and supporting literature is discussed in more detail in Section 0.

Key findings: the desktop review and literature scan did not identify any similar programs specific to meeting the needs of interns. However, programs supporting health professionals to undertake CPD and supporting literature is discussed in Section 2.5.1.

Outcome

The main objective of the RITA is to reduce the additional costs incurred by intern pharmacists practising in rural and remote communities to undertake compulsory workshops and examinations that are part of an Intern Training Program. [35]

The following key performance indicators (KPIs) will be assessed to determine the extent to which this outcome has been actualised:

(5) No. of allowance claims made by interns.
(6) Increase in the number of intern pharmacists employed at rural Community Pharmacies and Hospital Authorities over the life of the program.

Program data indicates for the 2014-15 financial year, there were 158 recipients of the RITA and 152 in 2015-16. [36]

2.2.3 Rural University Department Student Support

Rural Pharmacy Student Placement Allowance

Population

The Rural Pharmacy Student Placement Allowance (RPSPA) is intended to support Australian Universities offering pharmacy courses and pharmacy students. [37]

Intervention

The RPSPA provides financial support to Australian Universities to enable them to deliver student placements in rural areas (PhARIA 2-6). Allowances of up to $3,000 per student per placement are paid to students via their university. Allowance funds may only be used to cover travel and accommodation costs for students undertaking a rural placement. [37]

Comparator

Comparator programs are those considered to be similar to the RPSPA in any or all of the following ways:

- provides funding to Australian Universities to deliver rural student placements, and / or
- provides financial support to students undertaking a rural placement.

Comparable Australian programs include:

- Rural Health Multidisciplinary Training (RHMT) Program – the RHMT program incorporates the Rural Clinical Training and Support (RCTS) program, the University Departments of Rural Health (UDRH) program and the Dental Training Expanding Rural Places (DTERP) program. Under the RHMT Program, the RCTS and DTERP programs provide funding to universities to assist with the delivery of rural placements for medical, allied health and dental students. [15]
- John Flynn Placement Program – provides funding to medical students to undertake placements in rural areas. Program funding covers students' travel, accommodation and living expenses.

As stated previously, time spent in rural areas prior to graduation has a positive effect on health professionals' intention to practise rurally. [14, 30, 31] There have been a number of studies exploring this effect within the context of placements. A longitudinal study of nursing and allied health graduates who had undertaken a rural placement during their studies found 25% of graduates had entered the rural workforce in the 6 – 20 months post-graduation. [38] Factors significantly positively associated with rural practise included self-reported value of the placement and duration of placement of four weeks or less. The latter finding indicates shorter placements may be more effective than longer, more costly placements as they minimise negative non-work related factors (e.g. time away from friends and family) while exposing students to rural practise.

A survey of graduating health science students who had participated in a rural placement program in Tasmania identified rural placements had a positive impact on students' intention to practise rurally. [39] After placement, nursing, medicine and allied health students expressed significantly increased intention to practise rurally. The effect was not significant for pharmacy students, which opposes findings of other studies discussed previously. [31]

It is important to note this study did not measure actual employment in rural areas, but rather the intention to practise rurally.

Key findings: Consistent with previous findings, the literature indicates exposure to rural practise in the form of rural placements can increase health students' intention to practise rurally. Shorter placements may be more effective than longer placements in increasing intention to practise rurally. Perceived value of rural placements is a key success factor in encouraging rural practise.

2 PICO DESCRIPTIONS OF ALL PROGRAMS

Outcome

The main objective of the RPSPA is to facilitate positive placement experiences for pharmacy students in rural and remote communities in order to encourage students to return to rural communities upon graduation. Financial assistance is provided to students for costs incurred for travel and accommodation associated with rural placements. [40]

It is hypothesised a secondary outcome of the RPSPA is an increase in the number of rural placements available to pharmacy students.

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

(1) No. of students who undertake rural pharmacy placements that go on to practise rurally.
(2) Increase in the number of rural pharmacy placements offered by Australian Universities over the life of the program.
(3) Students think their rural placement was a valuable experience.

Program data indicates 441 allowance payments were made to universities between the period of July 2014 to June 2016. [41]

Administrative Support to Pharmacy Schools

Population

Administrative Support to Pharmacy Schools is intended to support Australian Universities offering pharmacy courses that lead to a registrable qualification as a pharmacist. [42]

Intervention

Administrative Support to Pharmacy Schools provides financial support to Australian Universities offering pharmacy courses and is intended to support the following activities:

- supplement wages for the placement officer or person responsible for placement coordination at the university
- support activities (e.g. printing applicable course material/handbooks for students), and
- promotion of the RPSPA, RPSS and the ATSIPSS. [42]

Comparator

The desktop review of comparator programs failed to identify other programs that provide financial support to universities offering pharmacy courses or other health degrees to support their delivery of placements and other programs. A review of the literature did not identify any studies exploring the effect of financial support to universities and its impact on rural health workforce.

Key findings: the desktop review and literature scan did not identify any similar programs or evidence supporting similar programs.

Outcome

The main objective of Administrative Support to Pharmacy Schools is to provide financial support to pharmacy schools to facilitate placements for students in rural and remote areas and to promote the Student Placement Allowance Scheme, the Rural Pharmacy Scholarship Scheme and the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme. [42]

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

(1) Increased appointment of placement officers at pharmacy schools over the life of the program.
(2) Increased awareness of the RPSPA, PRSS and ATSIPSS programs over the life of the program.
(3) Increase in the number of rural pharmacy placements offered by Australian Universities over the life of the program.

Program data from 2014-2016 indicates administrative support funding was used to implement activities including (but not limited to):

- employment of clinical placement coordinators and liaison officers
- sourcing and coordinating student placements and travel arrangements

- maintenance of University-wide scholarship database, student intranet and website, and
- development and conduct of information sessions, videos and resources to promote pharmacy programs. [41]

2.2.4 Aboriginal and Torres Strait Islander STudent SUpport

Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme

Population

The Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (ATSIPATS) supports Community Pharmacies that employ and support an Aboriginal and Torres Strait Islander pharmacy assistant. [43]

Intervention

The ATSIPATS provides financial support to Community Pharmacies to enable them to employ and support an Aboriginal and Torres Strait Islander pharmacy assistant undertaking a nationally accredited pharmacy assistant training course. [43] Community Pharmacies may receive an allowance of $10,000 to cover the training costs of the pharmacy assistant and contribute to the pharmacy assistant's wages.

Comparator

The desktop review of comparator programs failed to identify other programs that provide financial support Community Pharmacies or practices of other health disciplines that employ Aboriginal and Torres Strait Islander trainees. A review of the literature did not identify any studies exploring the effect of financial support to Community Pharmacies or practices of other health disciplines and its impact on the Aboriginal and Torres Strait Islander health workforce.

Key findings: the desktop review and literature scan did not identify any similar programs or evidence supporting similar programs.

Outcome

The main objective of the ATSIPATS is to increase Aboriginal and Torres Strait Islander participation in the pharmacy workforce, allowing those pharmacies to better meet the needs of their local Indigenous communities.
The objectives of the ATSIPATS are:

- to improve quality use of Pharmaceutical Benefits Scheme (PBS) medicines by Indigenous Australians through the community pharmacy network in rural and urban Australia
- to encourage and support Aboriginal and Torres Strait Islander people to become trained as pharmacy assistants and pharmacy technicians, and
- to increase the Indigenous health workforce in community pharmacies thereby assisting in meeting the needs of their communities. [44]

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

(1) Increase in the number of qualified Aboriginal and Torres Strait Islander pharmacy assistants over the life of the program.
(2) Increase in the number of Aboriginal and Torres Strait Islander pharmacy assistant trainees employed at Community Pharmacies over the life of the program.

Program data indicates 21 new allowances were paid to Community Pharmacies during the 2015 calendar year. [45]

Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme

Population

The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS) supports Aboriginal and Torres Islander people studying a degree at an Australian university that leads directly to a registrable qualification as a pharmacist. [46] It is not necessary for eligible students to reside rural or remote areas.

2 PICO DESCRIPTIONS OF ALL PROGRAMS

Intervention

The ATSIPSS provides financial support in the form of scholarships to Aboriginal and Torres Strait Islander pharmacy students. [46] Scholarships have a value of $15,000 (GST exempt) per calendar year, per student. Students may apply for the scholarship at any point during their studies, with a maximum value of $60,000 over four years.

Comparator

Comparator programs are those considered to be similar to the ATSIPSS in any or all of the following ways:

- provides financial support to Aboriginal and Torres Strait Islander students of health-related disciplines, and / or
- provides financial support to Aboriginal and Torres Strait Islander students in the form of scholarships.

Comparable Australian programs include:

- Puggy Hunter Memorial Scholarship Scheme – provides financial support to Aboriginal and Torres Strait Islander people studying a course in: Aboriginal and Torres Strait Islander health work; allied health; dentistry / oral health; medicine; midwifery and nursing. Scholarships of up to $15,000 are available per year of study. [47]
- Australian Rotary Health Indigenous Health Scholarships Program – funds scholarships of $5,000 per year to Aboriginal and Torres Strait Islander people studying a range of health courses. [48]
- Australian Medical Association Indigenous People's Medical Scholarship Trust Fund – provides scholarships valued at $9,000 per annum to Aboriginal and Torres Strait Islander people enrolled in and successfully completing a medical degree. [49]

The desktop review identified limited literature on scholarships intended for Aboriginal and Torres Strait Islander health students. Most literature was descriptive in nature, and did not comment on the effectiveness of scholarships in supporting Aboriginal and Torres Strait Islander students. One study conducted interviews with 22 Aboriginal and Torres Strait Islander nursing students and identified scholarships as an important factor impacting students' ability to attend university.

Key findings: there is limited evidence supporting the effectiveness of scholarships in supporting and encouraging Aboriginal and Torres Strait Islander health students to attend university and enter the health workforce.

Outcome

The main objective of the ATSIPSS is to
increase the number of Aboriginal and Torres Strait Islander pharmacists working in community pharmacies, thereby assisting in meeting the needs of their communities.
The objectives of the Scholarship Scheme are:

- to encourage and enable Aboriginal and Torres Strait Islander students to undertake undergraduate and graduate studies at an Australian university leading to a registrable qualification as a pharmacist, and
- to increase the number of Aboriginal and Torres Strait Islander pharmacists, particularly in rural and remote practice, through offering appropriate incentives and enhancing the attractions of pharmacy practice. [44]

It is hypothesised that the outcomes of the ATSIPSS may include:

- an increase in the number of practising Aboriginal and Torres Strait Islander pharmacists, and
- an increase in the number of Aboriginal and Torres Strait Islander communities with access to culturally appropriate pharmacy services.

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

(1) No. of Aboriginal and Torres Strait Islander pharmacists
(2) No. of Aboriginal and Torres Strait Islander students enrolled in pharmacy courses

Three new scholarships are awarded each year. Program data from 2014-2016 indicates on average, seven scholarships are funded each calendar year, which includes both new and continuing scholarships. [45].

2.2.5 Rural Pharmacist Workforce Support

Continuing Professional Education Allowance

Population

The Continuing Professional Education (CPE) Allowance supports practicing pharmacists, intern pharmacists and pharmacists preparing to re-enter the workforce who are living and working in rural and remote areas (PhARIA 2-6). The CPE Allowance also supports professional educators travelling to rural and remote areas to deliver CPD. [50]

Intervention

The CPE Allowance is paid to eligible rural pharmacists to assist them in accessing CPD activities (including Group 2 and 3 Accredited activities). [50] Allowances are also available for professional educators delivering CPD in rural and remote areas. Funding of up to $2,000 per allowance covers travel, accommodation and locum relief costs associated with accessing or delivering CPD activities.

Comparator

Comparator programs are those considered to be similar to the CPE Allowance in any or all of the following ways:

- provides financial assistance to health professionals in rural areas to attend CPD activities, and / or
- provides financial assistance to professional educators to deliver CPD activities in rural and remote areas.

Comparable Australian programs include:

- Rural Health Continuing Education (RHCE) Stream One and Two – RHCE Stream One provides grants to medical specialists (excluding general practitioners) practicing in rural and remote areas to assist them in accessing CPD activities. Steam Two provides CPD grants to Aboriginal and Torres Strait Islander Health Workers, allied health professionals, general practitioners and nurses working in rural and remote areas. [51, 52]
- Medical Professional Development Program – provides funding to medical practitioners and general practice registrars currently practising in rural and regional Victoria to cover costs associated with accessing CPD activities including travel, accommodation, childcare costs and registration fees. [53]
- Continuing Nursing and Midwifery Education grant – provides financial support to health services that provide CPD to nurses and midwives. Forty per cent of funding is allocated to delivering education to nurses and midwives practising in rural areas. [54]

Other literature reviews assessing the effectiveness of CPD on workforce retention have failed to identify strong supporting evidence. [55, 11] However, a number of studies have demonstrated that easy access to CPD is an important factor considered by health professionals when deciding to leave or stay in rural areas. [56, 57, 58]

One review of barriers faced by rural and remote medical practitioners when accessing procedural skills training identified the following barriers: lack of opportunity; lack of access to locum relief; costs associated with accessing training; and lack of flexible training options. [59] Lack of professional development has been associated with poor retention of allied health professionals. [60]

Key findings: while the strength of evidence has been assessed as 'weak' elsewhere, there is some evidence indicating rural health professionals often experience barriers in accessing CPD, an important factor supporting rural workforce retention

Outcome

The main objective of the CPE Allowance is to reduce the additional costs incurred by pharmacists practising in rural and remote communities in continuing to undertake professional development and training, thereby encouraging and enabling them to undertake training and development opportunities. [50]

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

2 PICO DESCRIPTIONS OF ALL PROGRAMS

(1) Increased delivery of pharmacy CPD activities in rural areas over the life of the program.
(2) Increased access to CPD activities by rural pharmacists, interns and re-entering pharmacists over the life of the program.

Program data from 2014-2016 indicates 708 CPE Allowance claims were made over the two-year period. [61] Of these claims, 47 were sought by professional educators, and 661 were sought by pharmacists, interns or re-entering pharmacists.

Rural Pharmacy Liaison Officer Program

Population

The Rural Pharmacy Liaison Officer (RPLO) Program supports the broader rural pharmacy workforce through a range of local level projects. [62]

Intervention

The RPLO Program operates within UDRHs and pharmacy schools to implement a range of activities that address a range of program aims, including:

- promote rural pharmacy as a career choice
- identify local areas of need and facilitate local arrangements, in collaboration with other health professionals, to improve patient health comes
- support and maintain the rural pharmacy workforce
- promote and support local links between pharmacy and other health professionals, and
- provide local support structures for pharmacy students undertaking clinical placements. [62]

Comparator

The desktop audit of comparator programs failed to identify similar programs that support the broader rural workforce of other health disciplines. The program's broad support of a range of activities intended to strengthen the rural pharmacy workforce complicates an assessment of the literature.

Key findings: the desktop review did not identify any similar programs or literature on the effectiveness of similar programs. Due to the program's general nature, a literature review of each aspect of the program intervention is beyond the scope of the current document.

Outcome

The main objective of the RPLO Program is to
The objective of the RPLO Program, is to implement local level projects that will:

- Provide support to both practicing rural community pharmacies and to pharmacy students undertaking clinical placements in rural areas
- Promote inter-professional collaboration with pharmacies, pharmacists, pharmacy students, and other universities
- Strengthen mentoring and advisory arrangements for pharmacies, pharmacists and pharmacy students, and
- Facilitate professional development and networking opportunities for pharmacies, pharmacists and pharmacy students. [62]

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

(1) The program is valued by pharmacists, RPLOs and representatives of UDRHs and pharmacy schools.
(2) Activities undertaken as part of the program.

Program data from 2014-2016 provide information on the range of activities undertaken as part of the program. [63] Some examples include:

- development and delivery of inter-professional educational programs
- coordination of local site visits for placement students in the area
- hosting of CPD events, and
- introduction of Aboriginal health-focussed placements.

2 PICO DESCRIPTIONS OF ALL PROGRAMS

Emergency Locum Service

Population

The Emergency Locum Service (ELS) supports Community Pharmacies in rural and remote areas (PhARIA 2-6). [64]

Intervention

The ELS provides rural and remote Community Pharmacies direct access to pharmacist locums in emergency situations (e.g. pharmacist illness or injury, family emergency) 24 hours a day, 7 days a week. [64] Locums are deployed within 24 hours of lodging a request. The ELS Program provides funding of up to $2,500 (GST exempt) to cover the travel costs associated with locums travelling between their home and the Community Pharmacy.

Comparator

Comparator programs are those considered to be similar to the ELS Program in any or all of the following ways:

- provides emergency locum services to health professionals in rural areas, and / or
- provides funding to assist with the costs of receiving a locum.

Comparable Australian programs include the Rural Locum Assistance Program (Rural LAP). This covers travel, accommodation and incentive costs associated with locum staffing. Locums are generally available to assist rural health professionals to attend CPD or take personal time with 2 weeks' notice. However, short notice requests are considered on a case by case basis. Eligible health professions include medical specialists and general practitioners, nurses, midwives and allied health professionals (excluding pharmacy) practicing in rural and remote areas.

Access to locum services to enable rural health professionals to take emergency or planned leave is valued by health professionals and may influence the decision to stay in rural practice. A number of studies have identified access to locums as a key support to rural health professionals [65, 66, 67]. A survey of 148 registered oral health therapists in Western Australia sought to determine the major factors that influence oral health professionals to practise in rural areas. [65] Results indicated the second most important factor influencing oral health therapists to remain in rural locations (behind professional development) was access to locums, mentioned by 34% (n=31) of respondents.

However, a survey of allied health professionals in rural Victoria found that professional support in the form of locum support was not significantly related to intention to stay in a rural practice, though 98% (n=135) of respondents indicated access to locum support was 'important' or 'very important'. [68]

Several locum support services, including the Rural LAP provide locum relief to enable rural health professionals to undertake CPD activities outside their location. [15] The review by Mason identifies access to locum support for rural health practitioners to undertake CPD is key to supporting the rural health workforce.

Key findings: access to locums is highly valued by health professionals and may influence their decision to stay in rural practice. Locum support is particularly important in enabling health professionals to take leave to access CPD.

Outcome

The main objective of the ELS Program is to support rural and remote communities to retain access to community pharmacy services at all usual times. [64]

It is hypothesised a secondary outcome of the program may include supporting pharmacy locums to attend rural locations.

The following key performance indicators (KPIs) will be assessed to determine the extent to which these outcomes have been actualised:

(1) No. of rural community pharmacists supported over the life of the program.
(2) Funding allocation is sufficient to support the travel costs of the locum.

Program data indicated 56 requests for locums were approved during the 2014-15 financial year and 85 requests were approved in the 2015-16 financial year. [69]

2 PICO DESCRIPTIONS OF ALL PROGRAMS

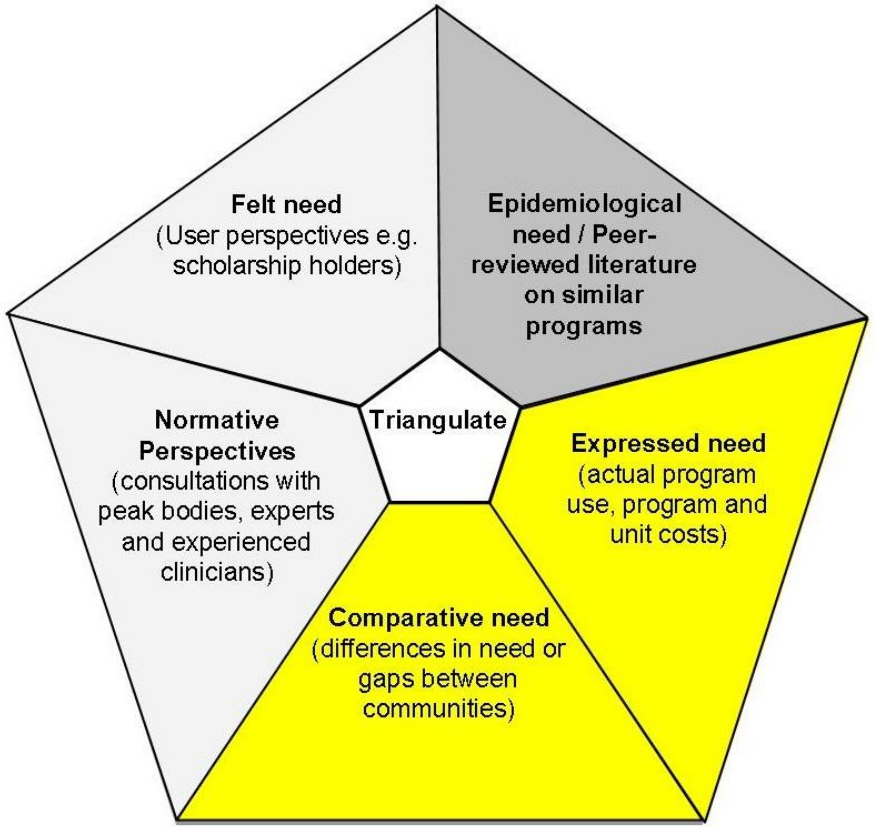
2.2.6 Next steps

The PICO descriptions of the pharmacy programs have identified similar programs and literature around the effectiveness of similar programs (epidemiological need). For some pharmacy programs, no similar programs or literature could be identified. These gaps in information will be addressed in the next stage of the project, *Part One – assess relative need.*

Comparative need and expressed need (shaded in yellow in Figure 2.3) will also be assessed in Part One. Comparative need will explore differences in need between pharmacy and other health workforce categories using a more detailed breakdown of workforce data (if available). This analysis will provide high level insights into general shifts in the broader health workforce by geographical area, allowing for comparisons to pharmacy workforce data. Expressed need will be further explored in Part One, drawing upon more detailed pharmacy workforce data by geographical area (if available) to assess the potential impact each program has on the rates of recruitment and retention. This information will complement costing analysis to provide a comprehensive assessment of expressed need.

Felt need and normative perspectives (white segments in Figure 2.3) will be explored in the consultation stages of Part Two of the review.

Figure 2.3: Needs assessment parameters – Part Two



3 SUMMARY OF CONSULTATIONS WITH PEAK BODY STAKEHOLDERS

3.1 INTRODUCTION

3.1.1 Background

The Australian Government Department of Health (the Department) has engaged Healthcare Management Advisors (HMA) to provide a:

"cost-effectiveness review into ongoing pharmacy workforce programs."

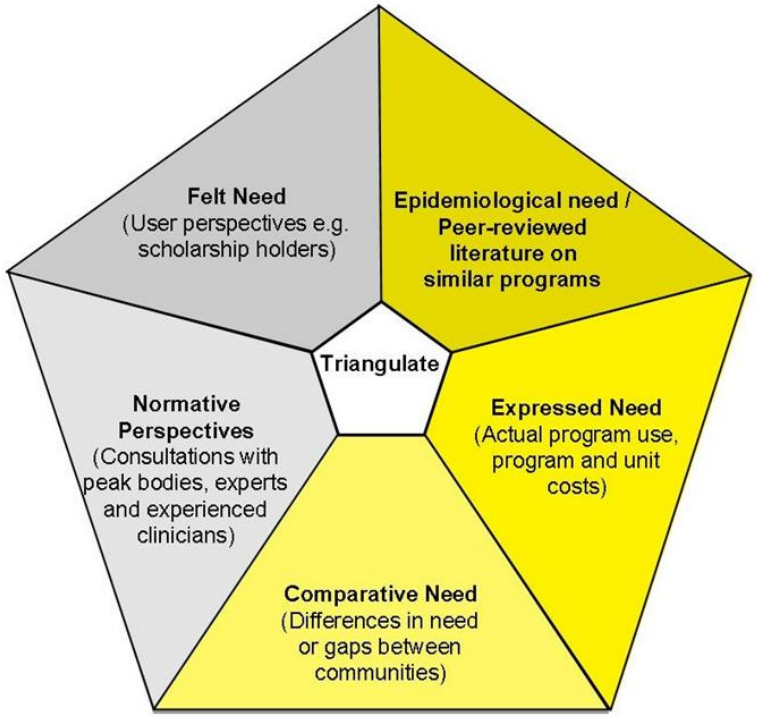
There are 12 community pharmacy workforce programs funded under the Sixth Community Pharmacy Agreement (6CPA) between the Australian Government and The Pharmacy Guild of Australia (The Guild), which include the:

- Rural Pharmacy Scholarship Scheme
- Rural Pharmacy Scholarship Mentor Scheme
- Intern Incentive Allowance for Rural Pharmacies
- Intern Incentive Allowance for Rural Pharmacies – Extension Program
- Rural Intern Training Allowance
- Rural Pharmacy Student Placement Allowance
- Administrative Support to Pharmacy Schools
- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme
- Continuing Professional Educational Allowance
- Rural Pharmacy Liaison Officer (RPLO) Program, and
- Emergency Locum Service.

As part of the project activities contracted by the Department, HMA have undertaken consultations with peak bodies and relevant stakeholder organisations to seek feedback on the programs. This discussion paper summarises the major themes arising from these consultations.

The objective of obtaining this feedback is to inform a broader needs assessment and identify the *normative perspectives* on the need for the programs and their effectiveness in addressing needs. As illustrated in the greyed areas in Figure 4, the evidence summarised in this paper, together with user perspectives obtained in later project stages will enable an assessment of *normative perspectives* and *felt need*.

Figure 4: Needs assessment parameters



3 SUMMARY OF CONSULTATIONS WITH PEAK BODY STAKEHOLDERS

3.1.2 Stakeholders consulted

HMA consulted with a range of stakeholder contacts agreed with the Department. Table 3.1 details contacts consulted for each stakeholder organisation.

Table 3.1: Stakeholder contacts

Organisation	Contact(s)	Consultation date
Australian Association of Consultant Pharmacists (AACP)	• Grant Martin, Chief Executive Officer	• 12 December 2016
National Aboriginal Community-Controlled Health Organisation (NACCHO)	• Mike Stephens, Pharmacist, Policy	• 12 December 2016
Australian Rural Health Education Network (ARHEN)	• Janine Ramsay, National Director • Lindy Swain, RPLO, University Centre for Rural Health, North Coast	• 13 December 2016
The Pharmacy Guild of Australia	• Fiona Mitchell, Group Executive, Pharmacy Viability • Michelle Quester, National Manager – Program Operations • Members of The Pharmacy Guild Health Economics Committee	• 13,16 and 20 December 2016
Pharmaceutical Society of Australia (PSA)	• Dr Shane Jackson, Tasmanian Branch President	• 14 December2016
Consumers Health Forum of Australia (CHF)	• Alison Marcus, Consumer Representative	• 14 December 2016
Society of Hospital Pharmacists of Australia (SHPA)	• Kristin Michaels, Chief Executive Officer • Johanna de Wever, General Manager Advocacy and Leadership	• 16 December 2016

3.1.3 Consultation Method

The methodology adopted by HMA in undertaking this series of consultations included the following activities:

- **Development of a standardised consultation guide** – a copy of the consultation guide has been attached at Appendix A).
- **Scheduling and conduct of semi-structured interviews** – interviews followed the question structure and sequence shown in Appendix A. HMA invited stakeholders to comment on the programs most relevant to their organisation. Table 3.2 across the page summarises the programs each organisation provided feedback on. HMA also explored emerging themes in addition to consultation questions as they were raised during interviews. Interviews were conducted with two consultants present, comprising one lead interviewer and one consultant to take detailed notes. Each interview was generally between 1.5 to 2 hours, subject to the number of questions covered [the exception was consultation with The Guild which occurred over 3 sessions [one face-to -face for 2 hours; and 2 teleconferences for 1.5 hours each]].
- **Summary of stakeholder responses** – a detailed summary was prepared and attached at Appendix B.

3 SUMMARY OF CONSULTATIONS WITH PEAK BODY STAKEHOLDERS

Table 3.2: Stakeholder comments by program

Programs	AACP	NACCHO	ARHEN	The Guild	PSA	CHF	SHPA
(1) Rural Pharmacy Scholarship Scheme	-	-	✓	✓	✓	✓	-
(2) Rural Pharmacy Scholarship Mentor Scheme	-	-	-	✓	-	✓	-
(3 & 4) Intern Incentive Allowance and Extension Program	-	-	✓	✓	✓	-	✓
(5) Rural Intern Training Allowance	-	-	-	✓	-	-	-
(6) Rural Pharmacy Student Placement Allowance	-	-	✓	✓	✓	-	-
(7) Administrative Support to Pharmacy Schools	-	-	✓	✓	-	-	-
(8) Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme	-	✓	✓		✓	-	-
(9) Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme	-	✓	✓		-	-	-
(10) Continuing Professional Education Allowance	✓	-	✓		✓	-	✓
(11) Rural Pharmacy Liaison Officer Program	-	-	✓	✓	✓	-	✓
(12) Emergency Locum Service	-	-	-	-	-	✓	-

3 SUMMARY OF CONSULTATIONS WITH PEAK BODY STAKEHOLDERS

3.2 SUMMARY OF MAJOR THEMES

3.2.1 Approach to summarising themes

Using the detailed summary attached at Appendix B as a primary source, this document summarises stakeholder feedback under two broad themes:

- feedback in support of the program, and
- recommendations for improvement.

This commentary will then be used to determine whether each program has *strong*, *moderate*, *neutral* or *poor support* from stakeholders, in Section 2.14.

3.2.2 Rural Pharmacy Scholarship Scheme

Stakeholders consulted:

- ARHEN
- The Guild
- PSA, and
- CHF.

Feedback in support of the program

Program benefits

All stakeholders consulted agreed the Scheme benefits students by assisting them to live out of home while studying, addressing educational disadvantage of rural students and building a cohort of scholars so students feel "part of something".

Two stakeholders noted university schools of pharmacy also benefit from the Scheme as it increases interest in pharmacy courses and boosts applications.

Effectiveness

Three of the four stakeholders identified a strong evidence base in the literature supporting the effectiveness of scholarships. One stakeholder noted the other features of the Scheme (e.g. requiring membership with a rural health club, mentorship) as contributing to engaging students.

Selection criteria

Two of the four stakeholders agreed the selection criteria were appropriate.

Recommendations for improvement

Inclusion of a Return of Service Obligation

Two stakeholders, including ARHEN stated embedding a Return of Service Obligation (RSO) in the Scheme would increase the likelihood of students taking up rural practise. ARHEN noted the longer a student stays in a rural or remote area, the more likely they are to remain in rural practise.

Alternative programs

One stakeholder suggested the funding may be better directed towards assisting students who did not achieve the requisite marks to access alternate pathways to university study.

Selection criteria

ARHEN commented on the use of the Pharmacy Access/Remoteness Index of Australia (PhARIA) to assess rurality is problematic among most programs, but particularly the Scholarship Scheme. As also outlined in comments on the overarching program questions (see Section 2.13.2), ARHEN suggests adopting the *Modified Monash Model* as the geographic classification tool used in determining eligibility.

3.2.3 Rural Pharmacy Scholarship Mentor Scheme

Stakeholders consulted:

- The Guild, and
- CHF.

Feedback in support of the program

Program benefits

One stakeholder noted the Scheme inspires students to practise rurally. Both stakeholders stated mentoring was vital for Aboriginal and Torres Strait Islander students in particular, as transition into university tends to be very difficult for this group. Other benefits suggested by stakeholders include the establishment of professional relationships between students and mentors, who may represent future employers.

Recommendations for improvement

Mentor payment

One stakeholder noted that the honorarium payment to mentors ($375 per mentored student, per year) was very low in comparison to similar programs (e.g. John Flynn Placement Program pays mentors an honorarium of $300 per student per placement week). This stakeholder suggested a review of the honorarium value.

3.2.4 Intern Incentive Allowance for Rural Pharmacies and Extension Program

Stakeholders consulted:

- ARHEN
- The Guild
- PSA, and
- SHPA.

Feedback in support of the program

Program benefits

Three stakeholders noted the program benefits pharmacies / community pharmacies as it financially assists in the employment of an intern, which is often difficult in a rural location due to the cost and time associated with employing and supervising an intern. One stakeholder noted interns benefit from a broader educational experience than could be expected in a major city, when their internship is regionally based. Further, another stakeholder stated the program increases the likelihood of future rural practise by providing exposure to interns and graduates from other disciplines. One stakeholder mentioned wider community benefits of the program, including bringing more young people into communities and energising rural pharmacies.

Funding arrangements

Two of the four stakeholders considered that providing funding to pharmacists rather than interns is the most appropriate way to distribute funds under this program. One stakeholder stated providing incentive payments to pharmacists would acknowledge the significant costs associated with employing and supervising an intern.

Recommendations for improvement

Funding arrangements

Two of the four stakeholders felt the funding should be split between pharmacists and interns, with each receiving incentive payments. One stakeholder suggested the Intern Incentive Allowance should be increased from $10k to $15k.

Eligibility criteria

One stakeholder stated the eligibility criteria for hospital authorities is prohibitively restrictive. The criteria that hospital pharmacies must be 30km away from a community pharmacy is particularly restrictive. Difficulties arise in hospital and community pharmacies co-sponsoring an intern because hospitals a generally required to offer a higher wage (designated by the jurisdiction award).

3 SUMMARY OF CONSULTATIONS WITH PEAK BODY STAKEHOLDERS

3.2.5 Rural Intern Training Allowance

Only one stakeholder, The Guild, provided comments on this program. The Guild provided general comments on the program's administration, including:

- Current program administration is fast and efficient. Providing upfront payments (also suggested for the Continuing Professional Education Allowance in Section 2.10) would significantly increase the administration burden.
- A gradual move towards online intern training may necessitate a review of funding, as less travel and accommodation assistance will be required.

3.2.6 Rural Pharmacy Student Placement Allowance

Stakeholders consulted:

- ARHEN
- The Guild, and
- PSA.

Feedback in support of the program

Program benefits

Two stakeholders mentioned rural placements are important in influencing students' perception of rural practise during the formative phase of their career. Bringing students into rural practices can help motivate and energise the practitioners they work with.

Recommendations for improvement

Placement support

Two stakeholders noted that rural placements with sufficient support and planning have better outcomes for recruitment, a point supported by literature. One stakeholder suggested support and placement planning is best provided by RPLOs.

Funding arrangements

Only one stakeholder agreed that providing funding to students via their universities was the most appropriate way to distribute funds. Another stakeholder noted there is a large variation in funding levels under this program between universities.

Another stakeholder noted that the funding only covers a small portion of travel and accommodation costs associated with a standard 6-week placement. This stakeholder suggested the funding would be better spent on incentivising rural community pharmacists to take on placements.

3.2.7 Administrative Support to Pharmacy Schools

Stakeholders consulted:

- ARHEN, and
- The Guild.

Feedback in support of the program

ARHEN stated the program was vital to assist in the employment of Student Placement Coordinators to ensure rural pharmacy placements are high quality and engaging for students.

Recommendations for improvement

The Guild had a different position to ARHEN's standpoint, stating the program offers no benefit as universities are already obligated to provide placements. The Guild suggested either centralising funds rather than allowing funds to be managed by the 17 universities or abolishing the program and redirecting funds elsewhere in the 6CPA. If the Administration Support program continues the objectives of the RPLO program, Placement Allowance and Administration Support warrant review to avoid overlap.

3.2.8 Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme

Stakeholders consulted:

- NACCHO
- The Guild
- ARHEN, and
- PSA.

Feedback in support of the program

Program benefits

NACCHO commented on a number of benefits of the program. Pharmacy assistants are often the first point of contact for Aboriginal and Torres Strait Islander people entering a pharmacy. Assistants can help translate information about medicines to the community and assist pharmacists to deliver culturally-responsive care. The program has the potential to improve health outcomes and quality use of medicines among Aboriginal and Torres Strait Islander communities.

Further, the NACCHO representative appreciated that the program catered to pharmacy assistants from metropolitan and rural areas as this breaks the stereotype of Aboriginal and Torres Strait Islander communities primarily living in remote areas.

The Guild noted the program works "pretty well" and has been reasonably effective.

Career pathways

NACCHO agreed the focus on training Aboriginal and Torres Strait Islander pharmacy assistants is appropriate, as it introduces young people to pharmacy with the possibility of career growth (e.g. pharmacy management).

Recommendations for improvement

Community control and consultation

The NACCHO representative noted that the organisation has not been engaged in the recent delivery or promotion of the program. Further, the representative expressed concern that the needs of Aboriginal and Torres Strait Islander communities may not be appropriately addressed by the traineeship and scholarship schemes; they queried whether a community needs assessment had been undertaken. The representative suggested a community needs assessment should be undertaken and Aboriginal Community Controlled Health Organisations (ACCHOs) should be engaged in this process.

Program uptake

All stakeholders consulted mentioned the need to promote the program to boost employment of pharmacy assistants. One stakeholder queried whether pharmacists will only employ an assistant because of the incentive payment rather than due to a genuine interest. Another stakeholder suggested reviewing the funding to offer a larger incentive to pharmacists to take on an assistant trainee.

Two stakeholders suggested trainees would benefit from a support person or mentor to assist during their studies.

3.2.9 Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme

Stakeholders consulted:

- NACCHO
- ARHEN, and
- The Guild.

Feedback in support of the program

The NACCHO representative commented on the benefits of the Scholarship Scheme, including exposure of Aboriginal and Torres Strait Islander to university

study. Universities also benefit from the Scheme through the sharing of knowledge with Aboriginal and Torres Strait Islander students.

Recommendations for improvement

Community control and consultation

As described above, the NACCHO representative stated more consultation of Aboriginal and Torres Strait Islander communities and organisations is required to ensure the Scheme adequately meets the needs of this group. This is particularly important as there is little evidence to suggest scholarships are an effective means of recruiting Aboriginal and Torres Strait Islander pharmacy students.

The NACCHO representative agreed that scholarships are an effective means of increasing the number of Aboriginal and Torres Strait Islander pharmacists. However, a multifaceted approach is required to provide culturally responsive care to Aboriginal and Torres Strait Islander communities (e.g. employing pharmacists in Aboriginal Medical Services (AMSs) and co-locating pharmacies with community-controlled health services).

The Guild noted NACCHO had been engaged early on in the implementation of the program.

Alternative programs

The Guild suggested the Scholarship Scheme could be supplemented by a program to assist Aboriginal and Torres Strait Islander students to access alternative pathways to university if they did not receive the requisite score to enter a pharmacy degree. The Guild also noted that three annual scholarships are not enough to increase the number of Aboriginal and Torres Strait Islander pharmacists.

3.2.10 Continuing Professional Education Allowance

Stakeholders consulted:

- AACP
- ARHEN
- PSA,
- The Guild, and
- SHPA.

Feedback in support of the program

Program benefits

Three stakeholders noted that Continuing Professional Development (CPD) is vital for pharmacists, providing networking opportunities and connection to other disciplines to overcome the professional and social isolation often encountered in rural practise. Pharmacists who attend CPD can also back-train their teams and other local health professionals.

Recommendations for improvement

Online CPD

With the increasing uptake of online CPD, one stakeholder suggested redirecting funding to improve access to technology and online CPD programs.

Funding arrangements

One stakeholder suggested the CPE Allowance and Rural Intern Training Allowance should be combined and allocated to each pharmacy in a tiered system, where more rural pharmacies receive a larger proportion of funding. This would encourage pharmacies to coordinate their staff's CPD, create a CPD plan and avoid individual pharmacists undertaking training that is not useful in the context of their community.

Another stakeholder questioned the appropriateness of providing funding to pharmacists after the CPD event. As the availability of funding would determine

whether some rural pharmacists attend particular CPD events, this stakeholder suggested providing upfront funding may be more useful.

Eligibility criteria

One stakeholder, SHPA, noted the difficulty hospital pharmacists encounter when applying for the allowance. These include:

- having to provide a statutory declaration with a birth certificate each time a pharmacist applies,
- inequity, with some pharmacists receiving funding only once per year and others several times
- delays in receiving funding, and
- maximum allowance value ($2,000) is insufficient to cover travel from rural and remote locations and is not stated upfront in the application form.

Further, another stakeholder suggested expanding the eligibility criteria to include PhARIA 1 pharmacies.

3.2.11 Rural Pharmacy Liaison Officer Program

Stakeholders consulted:

- ARHEN
- The Guild
- PSA, and
- SHPA.

Feedback in support of the program

Program benefits

ARHEN representatives were in strong support of the RPLO program and stated it meets the needs of rural pharmacists, students and communities by advocating on a number of levels. They argued that RPLOs are the voice of rural pharmacy and advocate for students, rural health educators and for issues relevant to rural pharmacists. They also considered RPLOs and UDRHs are pivotal in supporting and planning high quality student placements and providing CPD, clinical updates and networking opportunities to rural pharmacists. The Program also benefits the community by involving the students in local activities and charities during their placements.

Recommendations for improvement

Administration and funding arrangements

The Guild queried the value of the RPLO program. They argued the services provided under this program are now more clearly the responsibility of the UDRH program. ARHEN agreed the UDRH program may be a more appropriate means of administering and funding the RPLO program.

RPLO support to pharmacists

Two other stakeholders stated that RPLOs do not support rural pharmacists as they too heavily focus on student placements. To ensure a more equitable role, one stakeholder suggested RPLOs should submit a plan to The Guild detailing how they intend on supporting pharmacists and students.

RPLO contracts

ARHEN noted that some UDRHs are having difficulty retaining their RPLO due to an inability to offer long term contracts.

3.2.12 Emergency Locum Service

Stakeholders consulted:

- CHF
- The Guild

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Feedback in support of the program

Program benefits

The CHF said the Emergency Locum Service (ELS), is critical to support pharmacists to stay in rural areas. Further, the CHF representative suggested extending the ELS to support pharmacists in attending CPD.

The Guild had a similar view to the CHF. They argued that the ELS promoted sustainability of rural pharmacies and promoted the broader objective of facilitating access to PBS medicines.

3.2.13 Feedback on overarching program questions

Table 3.3 summarises stakeholder responses to each of the overarching questions. Key themes of these responses are described in the following sections.

Table 3.3: Summary of responses to overarching questions by stakeholder

Overarching questions	AACP	NACCHO	ARHEN	The Guild	PSA	CHF	SHPA
(1) In the view of the organisation you represent, should there be financial and other support incentives to promote rural and remote pharmacy workforce recruitment and retention?	✓	✓	✓	✓	✓	✓	✓
(2) Are there means or mechanisms other than the programs that are the subject of this review that could be used to support rural and remote pharmacy workforce recruitment and retention?	✓	✓	✓	✓	-	✓	-
(3) Is the 6th Community Pharmacy Agreement an appropriate mechanism, by which to fund rural pharmacy workforce recruitment and retention support?	-	✓	X	✓	✓	X	X
(4) Are there reasons why the pharmacy workforce needs support and retention more than other health professionals (e.g. allied health, nursing, doctors)?	-	-	✓	✓	✓	X	✓

N.B. Ticked responses indicate stakeholder support/agreement with question, crossed responses indicate no support / disagreement, dashed responses indicate no response.

Overall support for the programs

As shown in Table 3.3, all stakeholders were in favour of financial and other support incentives to promote rural and remote pharmacy workforce recruitment and retention. However, most stakeholders indicated their support was conditional, based on changes made to the programs as summarised in Section 2.13.2 (see below).

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Other means and mechanisms to support pharmacy workforce

Five stakeholders provided suggestions of ways the programs could be strengthened. These included:

- Centralising the administration of the programs with other programs targeting health workforce distribution.
- Engaging with ACCHOs and AHSs for organisational support, promotion and training or placement options.
- Introducing a tiered funding scheme where program funding is allocated by rurality, with the greatest proportion of funds going to pharmacists in remote areas.
- Replacing PhARIA classification with the Modified Monash Model will reduce the number of excluded locations that are PhARIA 1 but still experience geographical isolation and socioeconomic disadvantage. Another stakeholder agreed that PhARIA may be particularly restrictive for the purposes of scholarships.
- Promotion: Two stakeholders stated that many pharmacists (especially hospital pharmacists) are not aware of the full scope of the programs.

Two stakeholders suggested redirecting all funding to supplement the salaries of rural and remote pharmacists to incentivise non-metropolitan practice.

Appropriateness of the 6CPA to fund programs

Four stakeholders stated that the 6CPA was not the most appropriate mechanism by which to fund rural pharmacy workforce recruitment and retention programs. Reasons why stakeholders felt the 6CPA was not an appropriate funding mechanism are summarised below:

- Workforce distribution concerns affect a number of geographic areas that are not characterised as regional, rural or remote eg there are some metropolitan areas that are characterised by a large proportion of the population being a low socio-economically deprived area where it can be difficult to attract pharmacists. It was observed by one stakeholder (The Guild) that the 6CPA as a community pharmacy initiative does not address the broader definition of geographic need.
- Particular programs could be administered and funded from alternative funding buckets (e.g. the RPLO could be funded under the Rural Health Multidisciplinary Training Program).
- Another stakeholder (the SHPA) considered the operational rules of the 6CPA were unduly restrictive and did not take into account the broader access to medicines needs of communities which they felt should consider both community and hospital pharmacy needs.

Three stakeholders agreed the 6CPA was the most appropriate mechanism. These stakeholders noted the benefits of this arrangement, including:

- The Guild's longstanding success in securing funding for the programs, and
- the efficiency of The Guild in administering the programs and understanding the needs of community pharmacists.

Support for pharmacy workforce over other professions

Four stakeholders agreed that rural and remote pharmacists require additional support in comparison to other health professions. These stakeholders all noted the large amounts of funding received by medical professions and nursing to incentivise rural practise and the comparably small funding levels for pharmacy workforce programs. One stakeholder noted pharmacists' unique needs for capital to build infrastructure; an expense not required of medical and nursing professions. Another stakeholder commented on pharmacists' potential to make a large impact on health outcomes in comparison to other professions. However, this stakeholder believed that all pharmacists (hospital pharmacists, consultant pharmacists and pharmacy technicians) require support, not just community pharmacists.

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3.3 OVERALL SUPPORT FOR PROGRAMS

As shown in the detailed feedback summary attached at Appendix B, each stakeholder's overall feedback was scored on a matrix where *strong support* was allocated a score of 2, *neutral* or *no comments* were allocated a score of 0 and a *lack of support* was allocated a score of -2. These scores were averaged and are summarised in Figure 5.

Figure 5 shows the Rural Pharmacy Scholarship Scheme had the highest overall support from stakeholders. Each stakeholder consulted gave in-principle support for the Scheme, though some stakeholders suggested improvements.

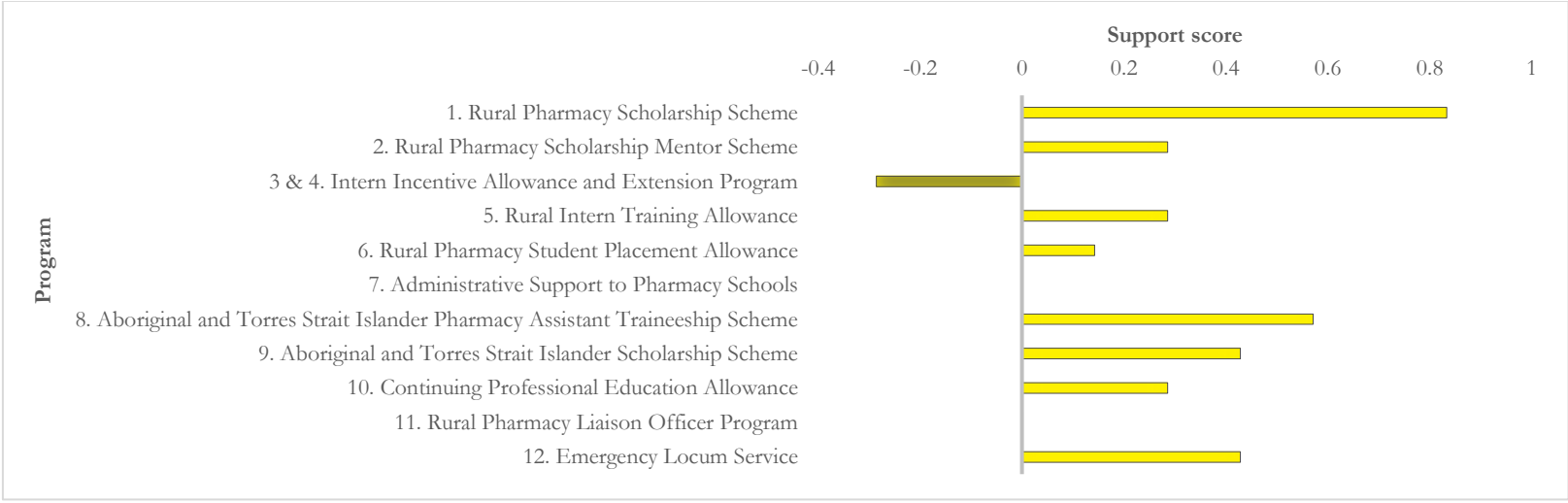
The only programs to lack support from stakeholders were the Intern Incentive Allowance and Extension Program. Largely, this was due to two issues:

- disagreement among stakeholders that program funding should be directed to pharmacists only, and
- consensus that the employment and supervision of interns is costly and time-consuming and only creates more work for busy rural pharmacists.

Administrative Support to Pharmacy Schools received a *neutral* score, as only two stakeholders provided comments, one in strong support and one in opposition of the program. This is also true for the Rural Pharmacy Liaison Officer Program.

Other programs were generally supported by stakeholders.

Figure 5: Summary of stakeholder support for each program



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3.4 NEXT STEPS

The next stage in the cost-effectiveness review is to design and distribute web-based survey tools to program beneficiaries and program delivery stakeholders to investigate these groups' perceptions on the effectiveness of the programs. Further consultations will be conducted with program beneficiaries and program delivery stakeholders in workshops and face-to-face discussions at a sample of UDRHs.

Together with the evidence presented in this paper, analysis of the findings of the surveys and further consultations will enable an assessment of *felt need* and *normative perspectives* on the need for pharmacy workforce programs.

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3.5 APPENDIX: DETAILED SUMMARY OF CONSULTATION FINDINGS

Detailed consultation feedback from each stakeholder is summarised in Table 3.4 below.

Table 3.4: Detailed consultation feedback

Stakeholder	Australian Association of Consultant Pharmacists	National Aboriginal Community-Controlled Health Organisation	Australian Rural Health Education Network	The Pharmacy Guild of Australia	Pharmaceutical Society of Australia	Consumers Health Forum of Australia	Society of Hospital Pharmacists of Australia	Commentary summary and support scores
Overarching questions								
1. In the view of the organisation you represent, should there be financial and other support incentives to promote rural and remote pharmacy workforce recruitment and retention?	Yes; Conditional support; programs have a limited effect;	Yes; Conditional support; ATSI programs need to be transparent and responsive to community needs;	Yes; Conditional support; However, the PhARIA classification does not work;	Yes; Based on evidence; pharmacy is one of the only professions to see an increase in rural workforce over the past 15 years; costs are moderate compared to other programs;	Yes; the maldistribution of pharmacists should be addressed;	Yes; the maldistribution of pharmacists should be addressed;	Yes; However, uptake by hospital pharmacists is lacking; hospital pharmacists could benefit from all of the programs; however, issues exist with awareness and eligibility;	All support; 5 with conditional support
2. Are there means or mechanisms other than the programs that are the subject of this review that could be used to support rural and remote pharmacy workforce recruitment and retention?	Consideration could be given to centralising administration of the programs with other programs targeting workforce maldistribution in other disciplines; Pool all money into an incentive fund; Use funds to supplement salaries in rural / remote areas, and increase with every proceeding year of work;	Suggested involving Aboriginal Health Services in identifying areas of need for traineeships; Could work with UDRHs to promote career pathways for ATSI nurses or Aboriginal Health Workers to move into pharmacy; NACCHO is not engaged at all - the programs would benefit from more NACCHO engagement to facilitate support and promotion; queried whether targeting remote areas adequately captures ATSI communities; programs must be community controlled;	Suggested a tiered funding scheme where funding is allocated according to rurality; this would recognise the difficulties of remote practise but not exclude regional centres; replace PhARIA with the Modified Monash Model to include regional centres;	Suggested redirecting funding to provide salary increases for rural and remote pharmacists; However, unsure whether this approach would incentivise students to study pharmacy, pharmacy owners may pay employees less; PhARIA may not be the most appropriate classification tool - particularly for scholarships;	Difficult question to answer without quantitative data	Enhance the profession and reduce professional isolation by co-locating pharmacies with GP practices and local hospitals;	Will provide written feedback	5 provided suggestions

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3. Is the 6th Community Pharmacy Agreement an appropriate mechanism, by which to fund rural pharmacy workforce recruitment and retention support?	Needs to be assessed. Workforce maldistribution effects all pharmacists, not only community pharmacists;	Yes; The Guild have been very successful in securing funding. However, it is vital to engage community pharmacists in order to deliver high-quality, culturally sensitive services;	No; RPLO program should be administered as part of the UDRH program (or RHMTP) by the Department;	Yes; the Guild understand the needs of community pharmacists and are efficient in administering the programs;	Yes; if the intention of the programs is to support community pharmacists only, not the broader pharmacy community	No; It is a rural health workforce issue and should be administered and funded by a rural / remote health agency; at the very least, the Guild should engage rural / remote health agencies in the promotion and facilitation of the programs.	No; 6CPA is restrictive and doesn't take into account the needs of the community which would include both community and hospital pharmacy needs;	4 No; 3 Yes
4. Are there reasons why the pharmacy workforce needs support and retention more than other health professionals (e.g. allied health, nursing, doctors)?	Requires consideration. All professions struggle to recruit and retain rural / remote workforce;	Need to support all pharmacists (not just community pharmacists) to deliver culturally responsive care;	Yes; Medical professions and nursing professions receive a lot of funding, all allied health struggle to receive any funding; However, many pharmacists do not know about the programs;	Yes; if programs are rolled into a broader allied health fund, pharmacy will get lost; medical professions receive a lot of funding. The effectiveness of some of these medical programs needs examination;	Yes; Medical professions receive a lot of funding; other professions should be supported equally; However, pharmacists have particular needs including capital to build infrastructure, and tend to be accessed more than other allied health professions;	No; All professions struggle to recruit and retain rural / remote workforce;	Yes; pharmacists have a huge impact on health outcomes, however there is workforce maldistribution across the pharmacy field (including hospital pharmacists, consultant pharmacists, pharmacy technicians) - not just community pharmacists - that also requires attention; other professions receive a lot of funding; pharmacy should receive more support, but not at the expense of other professions; In SHPA's hospital pharmacists not aware of programs that they are eligible for under the 6th CPA;	2 No; 4 Yes; 1 unsure
Program-specific questions								
1. Rural Pharmacy Scholarship Scheme								
a. What are the workforce benefits of offering scholarships to rural pharmacy students?			Help rural students afford to live out of home while attending university;	Influences students' career choice; students receive conditional scholarship offers prior to enrolling in a pharmacy course;	Addresses educational disadvantage of rural students;	Builds an alumnus of scholars; students feel special and "part of something";		
b. Are scholarships an effective way of recruiting rural workforce?			Yes; evidence-based approach;	Yes; evidence-based approach; additional requirements (e.g. membership with a rural health club, mentorship) also influence students;	Yes; evidence-based approach;	Yes; Country people are asset-rich but cash-poor; helps alleviate huge cost of having a child live out of home;		

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c. Scholarship recipients are selected on the basis of rural origin, attendance at a rural primary school and financial need (income tested). Are these criteria appropriate? Are there any other selection criteria that would ensure scholarships are provided to those with greatest need?			Reasonable criteria; PhARIA is a problem, low SES areas that can have significant access problems are not eligible (e.g. Lismore); Rural experience should be measured by attendance at rural primary or secondary school;	Yes; criteria are appropriate and based on current literature;	No comment	Scholarships should be reserved for people with an intention to practise rurally;		
d. Do scholarships under this program provide any benefits outside of workforce development?			Universities benefit from more students applying;	Rural communities benefit because it ultimately improves access to pharmacy services	Universities benefit from more students applying;	Social benefits for the community; inspiring young people to take up pharmacy;		
General comments:			Should be bonded to rural service; The longer students spend in a rural area, the more likely they are to stay;	No comment	However, funding may be better spent helping people with an interest in pharmacy who did not achieve the requisite marks;	RSO a good idea;		
Support score	0	0	1	2	1	1	0	0.8
2. Rural Pharmacy Scholarship Mentor Scheme								
a. What are the workforce benefits of providing mentorship to pharmacy students? (For mentors? For students?)				Mentors inspire students and those students receive great benefits from the program;		No comment		
b. Recipients of both the RPSS and the ATSIPSS are eligible to participate in the Mentor Scheme. What additional benefits does mentoring offer to Aboriginal and Torres Strait Islander students? Are there any issues to consider in offering mentorship to this group?				Mentoring for Aboriginal and Torres Strait Islander students is equally, if not more important; Transition to university is very hard for this group; there is an example of a mentee becoming an Indigenous pharmacy owner and a mentor herself;		Absolutely critical that Aboriginal and Torres Strait Islander students have mentors; transition to university is very hard for this group;		
c. How much work do you think this program generates for mentors? Mentors are paid an honorarium of $375 per mentored student, per year. Is this sufficient reimbursement?				Honorarium value is very low, many mentors do not claim it because it is not worth the hassle; mentor rate is higher in programs for other health professions (e.g. JFPP); Rate should be reviewed;		No comment		
d. To be eligible, mentors must be a pharmacist practicing in a rural area. Should there be any other selection criteria of mentors e.g. minimum number of years' experience in the field?				No; Different levels of experience have different benefits;		No comment		

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e. Does mentorship provide any benefits outside of workforce development?				Professional relationships between students and mentors (mentors may become future employers);		No comment		
Support score	0	0	0	1	0	1	0	0.3
3 & 4. Intern Incentive Allowance and Extension Program								
a. What are the costs of employing an intern/new graduate in rural and remote areas and how do they differ to employing a more experienced pharmacist?			Superficially it is cheaper to employ an intern than an experienced pharmacist;	Interns only create more work for pharmacists; Employing and registered pharmacist allows the pharmacy owner to work on other things; However, interns must be carefully supervised and cannot be left alone in the pharmacy - this acts as a disincentive to employing an intern; the view of practising pharmacists was that the short-term inefficiency had to be offset against the long-term benefits of creating an obligation to relocating to become a long-term employee;	No comment		Salaries are designated in public hospitals (award salary); in Victoria in 2015 this was approx. $43k gross salary for an intern pharmacist;	
b. What are the workforce benefits of the Intern Incentive Allowance? (For employing pharmacists? For interns/graduates)?			Cheaper for pharmacists to employ interns; interns receive strong additional education [if they are appropriately supported e.g. via a UDRH] and get a broader range of experiences than in major cities; interns are embraced by the community;	Interns likely to stay in rural practise if they complete the internship and extension program; extension program incentivises the pharmacist to employ a graduate rather than cycling through interns;	No comment		Limited benefit to hospital pharmacists because they hospitals can't successfully access it;	
c. Do community pharmacists in rural and remote areas have difficulty recruiting and retaining interns and new graduates?			Yes; Many pharmacists never intend to retain the intern and get another intern the next year; Need to incentivise long term employment of pharmacists;	In towns with fewer pharmacies it is often difficult to hire and supervise an intern due to time and cost;	No comment		Yes; Hospitals in rural / remote areas will take on whoever they can get regardless of experience; barriers include country lifestyle [can be an enabler], limited professional opportunities, lack of access to a professional team, professional and social isolation;	

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d. Under the program, pharmacies in receipt of funding must use this to cover costs associated with employing an intern pharmacist including (but not limited to) the intern's travel, accommodation and salaries. Is supplying funding to the pharmacy, rather than the intern the most appropriate way to distribute funds?			No; Both interns and pharmacists should receive part of the funding; Incentive for the intern to go rural; incentive for the pharmacists to take on an intern;	Yes; Pharmacists would not employ interns without an incentive payment; Interns are expensive to employ and require constant supervision; Funding should incentivise the employment of an intern, this would recognise the costs associated with employing and supervising an intern;	No; Both interns and pharmacists should receive part of the funding; Incentive for the intern to go rural; incentive for the pharmacists to take on an intern; $10k funding not sufficient, should be $15k; most pharmacies could only afford to pay an intern 0.5 to 0.6 FTE which would not fulfil their required hours;		Yes; hospitals have the capacity to manage funds; may be different in a community pharmacy setting;	
e. Does the Allowance provide any benefits outside of workforce development?			Young people coming into the community; Pharmacists benefit from having young, energetic interns to help run their businesses; interns benefit from rural practise;	No	Interns enjoy their rural experience;		No comment	
General comments:				No comment	No comment		Hospital pharmacists are eligible to co-sponsor an intern, however few do due to the restrictive eligibility criteria - rule that 'hospital pharmacists must be 30km away from a community pharmacy' is particularly restrictive and unrealistic; difficult to combine internships with community pharmacies because hospital pharmacies generally pay interns more;	
Support score	0	0	1	-1	-1	0	-1	-0.3
5. Rural Intern Training Allowance								
a. What is the extent of compulsory training for intern pharmacists?				Requirements change by state (under 2,000 hours on AHPRA website)				
b. Intern pharmacists may only apply for funding after completing a training event. Is reimbursement of costs (rather than upfront payment) the most appropriate provision of funds?				Yes; Guild are very fast in turning around payments after receipt of application; if the funding was upfront (say, 50% upfront and 50% upon receipt of expenses) it would double the administration burden;				

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c. What are the key barriers to attending training experienced by rural interns? Does the Allowance effectively address these barriers?				No comment				
d. Are there other ways in which interns in rural /remote areas can access compulsory training (e.g. video conferencing, webinars etc.)?				Some intern training is compulsory and face-to-face; as online education becomes more common, less funding will be required for travel and accommodation; face-to-face learning is still best, to promote networking;				
e. What are the workforce benefits of providing financial assistance to rural intern pharmacists to attend compulsory training?				No comment				
f. Does the Allowance provide any benefits outside of workforce development?				No comment				
Support score	0	0	0	2	0	0	0	0.3
6. Rural Pharmacy Student Placement Allowance								
a. What are the workforce benefits of providing financial assistance to pharmacy students to undertake a placement in a rural or remote area?			Helps students afford to undertake a rural placement and still pay rent in their metropolitan homes; research suggests supported rural placements have a positive effect on recruitment;	No comment	Placement programs are vital in influencing impressionable students' perception of rural practise; require support and planning (RPLO input)			
b. Funds are paid to universities offering pharmacy courses and distributed to eligible students through their universities. Is this the most appropriate way to distribute funding?			Universities have an unusual arrangement with The Guild, funding is paid retrospectively and based on the previous year's placement volumes, large variation in funding between universities;	No; the funding only covers part of the travel and accommodation expenses for placement; funding could be better spent incentivising pharmacists to take on placements;	Yes;			
c. Does the Allowance provide any benefits outside of workforce development?			No comment	No comment	Students are young and highly motivated and can motivate the practitioners they work with;			
Support score	0	0	1	-1	1	0	0	0.1

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7. Administrative Support to Pharmacy Schools								
a. What are the workforce benefits of providing financial assistance to pharmacy schools?			Enables employment of Student Placement Coordinators who are invaluable for organising quality placements and engaging students;	No comment				
b. The objectives of the funding are to assist pharmacy schools to facilitate placements for students in rural and remote areas and to promote the Student Placement Allowance, the Rural Pharmacy Scholarship Scheme and the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme. Do pharmacy schools in receipt of the Student Placement Allowance or the RPLO Program require additional funding to promote these programs?			Yes; to employ Student Placement Coordinators;	No; there is currently too much funding going into supporting student placements; one of the programs designed to support student placement is redundant - it funds universities to do what they are already obligated to do;				
c. Does the funding provide any benefits outside of workforce development?			No comment	No benefit to universities outside of what they are already obligated to do; it would be better value for money if the funding went directly to the student rather than fund universities to do their job; Consideration could be given to centralising the funds - rather than be managed by 17 universities. Alternatively, the funding could be abolished and redirected to elsewhere in the 6CPA				
Support score	0	0	2	-2	0	0	0	0
8. Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme								
a. What are the workforce benefits of the Scheme for:								
i. Rural community pharmacists?		Allows pharmacists to deliver more culturally responsive care;		The program does work 'pretty well'. The rules cover application to PhARIA 1 pharmacies	No comment			

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ii. Aboriginal and Torres Strait Islander trainees?		Pharmacy assistants can help translate information about medicines to the community; increases employment opportunities;	Trainees need a support person to assist them in completing their TAFE work (e.g. a mentor); concerned the program is tokenistic and pharmacists will employ trainees because they are cheap rather than due to a genuine interest;	For the most part, the program has been reasonably effective. Initially the program was over-subscribed. [Note The Guild has never done analysis to establish which geographies the applicants come from i.e. does it match Aboriginal and Torres Strait Islander population distribution.]	No comment			
iii. Aboriginal and Torres Strait Islander communities?		Depends on the needs of the community; a needs assessment should be conducted;	No comment	No comment	No comment			
b. Participating trainees must be undertaking a nationally recognised course in Pharmacy Assistance (e.g. Cert IV in Community Pharmacy). Is the focus on pharmacy assistants appropriate?		Yes; Pharmacy assistance is a good pathway to becoming a pharmacy manager or pharmacist; generally, the first point of contact for Indigenous people; conduit between Indigenous community and non-Indigenous (likely) pharmacist;	Career pathways need to be enhanced (no way from Cert III to Bachelor of Pharmacy)	No comment	No comment			
c. Does the Scheme provide any benefits outside of workforce development?		Health outcomes; enhanced clinical outcomes; quality use of medicines;	No comment	No comment	No comment			
General comments:		There are no pharmacy assistants in the Northern Territory; Also applies to metro pharmacists - important to counter stereotype of Aboriginal communities only existing in remote areas;	Only 'pockets' of trainee employment; the program needs to boost employment;	It may be worthwhile encouraging a linkage for pharmacy assistants to a mentor	Pharmacy assistants are just as important as pharmacists in providing quality services; Need a bigger incentive to encourage pharmacists to employ trainees;			
Support score	0	1	0	2	1	0	0	0.6
9. Aboriginal and Torres Strait Islander Scholarship Scheme								
a. What are the workforce benefits of offering scholarships to Aboriginal and Torres Strait Islander pharmacy students?		Exposes Indigenous people to university study;	No comment	See comments for 8 above				
b. Are scholarships an effective way of engaging Aboriginal and Torres Strait islander students in pharmacy?		Impossible to say; High withdrawal rates may indicate problems with the scheme; No data to back up the program;	No comment	See comments for 8 above				

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c. Scholarship recipients are preferentially selected on the basis of rural origin. Is this criterion appropriate? Are there any other selection criteria that would ensure scholarships are provided to those with greatest need?		A community needs assessment must be undertaken to identify areas with greatest need, remoteness not enough; ACHOs can assist in assessing need;	No comment	No comment				
d. One of the aims of the scholarship is to increase in the number of Aboriginal and Torres Strait Islander communities with access to culturally appropriate pharmacy services.		No comment	No comment	No comment				
i. Are scholarships for Aboriginal and Torres Strait Islander pharmacy students an appropriate way to achieve this?		Yes; However, many different approaches are required to provide culturally responsive care;	Yes; However, 3 scholarships is not enough;	No comment				
ii. Are there other ways that this could be achieved?		Suggests engagement of ACHOs and AMSs, consultation with communities to identify unique needs, employing pharmacists in AMSs and AMS-owned pharmacies, co-location of pharmacies with health services;	Could be supplemented by a program for Aboriginal and Torres Strait Islander students to study alternative pathways to university, especially if they do not receive the marks to enter a pharmacy course;	No comment				
e. Do scholarships provide any benefits outside of workforce development?		Enables transfer of knowledge to universities, universities become more responsive to Indigenous health needs;	No comment	The Guild commented that there was engagement with NACCHO about the program 'early on' [by implication it was acknowledged this had not happened more recently]				
Support score	0	1	1	1	0	0	0	0.4
10. Continuing Professional Education Allowance								
a. How important is access to CPD for rural pharmacists?	Inter-professional connections and support are vital to overcome isolation; There is a lot of paperwork associated with applying for the allowance;		No comment	Access is important. Consideration should be given to expanding eligibility rules to include PhARIA 1 pharmacies, although it was noted access arrangements for CPD have changed since the program was originally initiated e.g. webinars are a well-accepted training channel	No comment		Vital; However, hospital pharmacists have issues with accessing it;	

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b. Funding is granted to both rural pharmacists attending metropolitan CPD or metropolitan educators delivering CPD in rural / remote locations. Is it more efficient to fund rural pharmacists to attend CPD or to fund educators to bring CPD to rural areas?	No comment		Only receive funding after the event expenses have been incurred;	No comment	Funding for CPD should be allocated to each pharmacy rather than ad hoc payments; more likely to get a coordinated effort towards education and stop individual pharmacists attending training that is not useful in the context of their community; Pharmacies could come up with their own CPD plans; each pharmacy could be paid an allocation of funding, tiered based on rurality; pharmacists, pharmacy assistants and interns could all use this funding to attend CPD; roll RITA and CPE allowance together;		No comment	
c. Are there other ways in which CPD training can be provided e.g. video conferencing, webinars etc.?	Online training is more cost-effective; Older pharmacists do not like using technology to attend CPD; More relevant for younger pharmacists; Better off using the funding to improve access to technology and online CPD;		No comment	No comment	No comment		Webinars are well attended by rural pharmacists; prefer face-to-face; SHPA provide education mostly metro based as the small numbers in rural areas can't justify the cost;	
d. What are the workforce benefits of offering financial assistance for rural pharmacists to attend CPD events?	No comment		No comment	No comment	Helps with professional and social isolation; makes pharmacists' life more fulfilling;		Networking opportunities; connects people working in small teams to other pharmacists and disciplines; many pharmacists will not attend CPD if they don't get an allowance; hospital pharmacists have more opportunities for CPD through the hospital than community pharmacists;	
e. Does the Allowance provide any benefits outside of workforce development?	Networking; However, pharmacists should use the allowance for education, primarily;		No comment	No comment	No comment		Pharmacists provide back training to a range of health professionals - flow-on effect of learning that benefits the whole community;	

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General comments:	No comment		No comment	The Guild noted that they did not routinely identify the number of hospital pharmacists accessing this program			Need to provide a stat-dec with birth certificate each time a pharmacist applies for funding; some pharmacists only get the allowance once per year, others multiple times; takes a long time for funds to come through; access to group 2 CPD events is difficult; $2k cap doesn't go far when travelling from rural / remote location; payment amount is only mentioned late in the application form - should be stated upfront;	
Support score	1	0	-1	0	1	0	1	0.3
11. Rural Pharmacy Liaison Officer Program								
a. Does the RPLO program meet the needs of rural pharmacists, students and communities?			Yes; RPLOs advocate on a number of levels - for students, rural health educators and issues relevant to rural pharmacists; RPLOs are the rural voice for the Guild; evidence suggests support placements are more successful; No way to support rural placements without RPLOs and UDRHs dedicated to pharmacy; provide CPD to rural pharmacists; provide support (including emotional support) to students and create invaluable placement experiences; However, some UDRHs have opted to not have RPLOs due to short term contracts;	No; RPLOs seem to mainly engage with students, not community pharmacists; Guild member providing comment did not personally know any RPLOs, cannot recall any delivering CPD or training in Queensland;	No; RPLO role too heavily focused on student placements; limited support to pharmacists; RPLOs should submit a plan to the Guild at the start of the year with what they intend to do and KPIs;		RPLO could assist with securing more hospital placements for students	

3 SUMMARY OF CONSULTATIONS WITH PEAK BODY STAKEHOLDERS

b. Are there benefits to the RPLO program other than workforce development?			RPLOs have an academic role with parent universities; support pharmacists by providing CPD, delivering information, clinical updates and networking opportunities and involving PHNs; get students involved in community activities (e.g. working with local charities) and address the needs of the community (e.g. student-led information sessions in local schools)	No. The Guild queried the value of this program.	No comment		No comment	
c. Is there any overlap between activities undertaken as part of the RPLO Program and the Administrative Support to Pharmacy Schools allowance?			No comment	Yes; some universities may be 'double-dipping', receiving funding for an RPLO, admin support and placement allowance	No comment		No comment	
Support score	0	0	2	-2	-1	0	1	0.0
12. Emergency Locum Service								
a. What are the workforce benefits of providing emergency locum services to rural and remote pharmacists?				This program ensures there is continuity of access to community pharmacy services - and it has done this well.		Provides comfort to pharmacists;		
b. What would be the impacts on pharmacists without access to the ELS?				Pharmacists in areas with limited access to community pharmacy services would have difficulty dealing with personal / family crises that require travel away		ELS is critical; can be a decider whether pharmacists continue in rural areas;		
c. The ELS is only offered to pharmacists in the event of an emergency. Is the ELS (as opposed to locum services to cover absence due to CPD attendance or personal leave) the most appropriate form of support?				Yes.		No; Should be extended to cover CPD and leave; Guild should look after their members;		
d. Does the ELS provide any benefits outside of workforce development?				Ensures sustainable access to medicines [via a community pharmacy]		Good for clinical practice as it "keeps people going"		
Support score	0	0	0	2	0	1	0	0.4

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

EXECUTIVE SUMMARY

From March to May 2017, the project team undertook extensive national consultations with the intended beneficiaries of the rural pharmacy workforce programs and the Aboriginal and Torres Strait Islander pharmacy workforce programs including pharmacy students, interns, community pharmacists, Rural Pharmacy Liaison Officers (RPLOs) and university placement coordinators. Consultations were based within the catchment areas of six University Departments of Rural Health (UDRHs).

Despite the geographical spread and varied remoteness of the UDRH sites, consultations identified clear themes common across all sites. These themes related to the barriers and drivers of recruitment and retention of rural pharmacy workforce as well as specific commentary on particular programs and on the suite of pharmacy workforce programs as a whole.

The following tables summarise key findings for each major theme. Detailed commentary is provided in Chapters 2 and 3 of this paper.

Recruitment: drivers and barriers

Feedback from pharmacy students and interns and to a lesser extent, community pharmacists was sought to identify the perceived advantages and disadvantages of entering rural pharmacy practise. Key drivers and barriers are summarised in Table 4.1 and Table 4.2, respectively.

Table 4.1: Key drivers for recruitment of new pharmacists

SUMMARY OF KEY FINDINGS	
Key Finding 6:	Having a partner or family in town was a key factor for many practicing rural pharmacists.
Key Finding 7:	Repeat exposure to positive experiences in rural practice and lifestyle (through student placements and internships) were significant enablers for recruiting rural pharmacists.
Key Finding 8:	Pharmacists with a rural upbringing were more likely to commit to rural practise.
Key Finding 9:	Pharmacy students found rural practise to be more varied and engaging than metropolitan community pharmacy.
Key Finding 10:	Higher remuneration for rural pharmacists was off-set by relocation, accommodation and ongoing travel costs.

Table 4.2: Key barriers for recruitment of new pharmacists

SUMMARY OF KEY FINDINGS	
Key Finding 11:	A perception of limited career opportunities in rural community pharmacy limits the attractiveness of internships in these locations.
Key Finding 12:	Community pharmacy owners were required to make heavy financial investments in hiring new staff members. Inability to provide accommodation and subsidise relocation arrangements meant that pharmacies are unable to attract new staff members.

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

Key Finding 13:	A fear of losing connections with family and friends due to relocation was seen to be a significant barrier to pharmacists' decision to move to a non-metropolitan area.
Key Finding 14:	A perception of decreased access to peers and other educational resources was seen to be an academic disadvantage for students and interns.

Retention: key drivers and barriers

Feedback was sought from community pharmacists on the major challenges and enablers of retaining pharmacy workforce in rural areas. Key findings on the drivers and barriers to workforce retention are provided in Table 4.3 and Table 4.4, respectively.

Table 4.3: Key drivers for retention of rural pharmacy workforce

SUMMARY OF KEY FINDINGS	
Key Finding 15:	Breadth and variety of professional engagement for rural community pharmacists was considered to be highly rewarding.
Key Finding 16:	Pharmacists who had meaningful connections with their community tended to be more engaged and committed to working in the region.

Table 4.4: Key barriers for retention of rural pharmacy workforce

SUMMARY OF KEY FINDINGS	
Key Finding 17:	Pharmacists operating in rural areas felt cut off from their colleagues. Challenges in attending conferences and other professional development opportunities exacerbated the sense of professional isolation.
Key Finding 18:	The increased workload of pharmacists in smaller pharmacies and sole operator pharmacies was a major challenge for retaining staff.
Key Finding 19:	Hiring locums to cover for workforce shortages place a large financial burden on rural pharmacies.
Key Finding 20:	In remote areas, locums were difficult to access due to expense (including travel and accommodation) and the unwillingness of locums to travel to these locations.

Feedback on specific programs

All stakeholders consulted were aware of at least one pharmacy workforce program. However, awareness of programs varied between stakeholder groups and UDRH sites due to differences in eligibility. All stakeholders were invited to provide specific comments about the programs most relevant to them. Table 4.5 provides a summary of the key findings, by program.

Table 4.5: Specific feedback on particular programs

SUMMARY OF KEY FINDINGS	
Continuing Professional Education Allowance	
Key Finding 21:	The Continuing Professional Education Allowance was the most widely used program among community pharmacists consulted. The program was considered vital in supporting the professional development community pharmacists, in particular those in remote locations.
Key Finding 22:	Current cap on the allowance is insufficient for pharmacists living in remote locations.

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Intern Incentive Allowance for Rural Pharmacies and Extension Program	
Key Finding 23:	The Intern Incentive Allowance for Rural Pharmacies was valued by most pharmacists as it recognises the additional financial and workload burden of taking on an intern.
Key Finding 24:	Greater regulation and transparency about how the incentive should be spent by pharmacists would be beneficial.
Rural Pharmacy Liaison Officer Program	
Key Finding 25:	Pharmacy students felt the RPLO program was vitally important in providing valuable placement experiences.
Key Finding 26:	The RPLO program is restricted by the current scope of the role (and FTE) and the administration arrangements of the program including inability to secure long term contracts.
Emergency Locum Service	
Key Finding 27:	The Emergency Locum Service was considered vital in supporting pharmacists in times of emergency. However, pharmacists also struggle to secure locums to cover absences in non-emergency situations (e.g. attending CPE).
Key Finding 28:	Limited marketing of the ELS program has resulted in inconsistent awareness and confusion about eligibility.
Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme	
Key Finding 29:	While considered useful, only one pharmacist consulted had accessed the Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme.
Rural Pharmacy Scholarship Scheme	
Key Finding 30:	Receiving a scholarship was a deciding factor for some rural students to study at university.
Rural Pharmacy Student Placement Allowance	
Key Finding 31:	The availability of the Rural Pharmacy Student Placement Allowance is a deciding factor as to whether students can undertake a rural placement.
Key Finding 32:	PhARIA classification excludes many isolated pharmacies from receiving students on placement.
Key Finding 33:	RPSPSA funding often arrives after placements have been confirmed and is too late to influence placement offerings.
Key Finding 34:	Administering the RPSPA is prohibitively time consuming for placement coordinators.
Administration Support to Pharmacy Schools	
Key Finding 35:	The Administration Support to Pharmacy Schools is vital to allow universities to offer rural placements.

Feedback on the overall program package

Stakeholders raised key issues that impacted the workforce program package as a whole. These are summarised in Table 4.6.

Table 4.6: Key feedback on the overall program package

SUMMARY OF KEY FINDINGS	
Key Finding 36:	Using the PhARIA system to classify remoteness is problematic and excludes many isolated towns.

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

Key Finding 37:	International pharmacists make a valuable contribution to the rural pharmacy workforce despite the lack of support available to them.
Key Finding 38:	Programs supporting student placements (RPLO and Administration Support for Pharmacy Schools) may benefit from direct funding arrangements that allow better integration with other university activities
Key Finding 39:	There is a lack of awareness, particularly among students, of the suite of incentive programs available to them throughout their career.
Key Finding 40:	Community pharmacists considered the Intern Incentive Allowance, CPE Allowance and RPLO program to be the programs with the greatest value for money.

Next steps

The key findings presented in this discussion paper will combine with other evidence sources including workforce data analysis, survey analysis and unit cost analysis to support recommendations for the ongoing administration of the programs. These will be developed by the project team and presented to the Department in the *Final Report*.

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

4.1 INTRODUCTION

4.1.1 Project background

The Australian Government Department of Health (the Department) has engaged Healthcare Management Advisors (HMA) to provide a:

"cost-effectiveness review into ongoing pharmacy workforce programs."

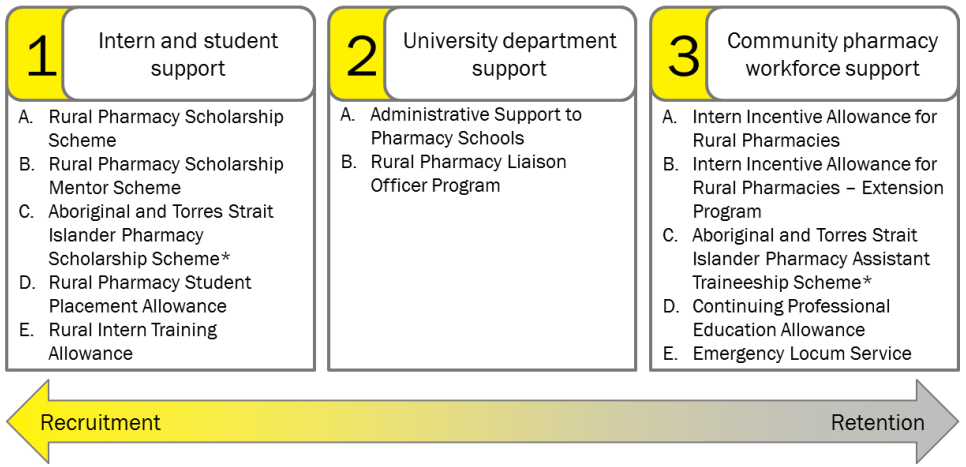
The Sixth Community Pharmacy Agreement (6CPA) between the Australian Government and The Pharmacy Guild of Australia (The Guild) has 'indicative allocations for community pharmacy programs' with a total value of $613m over the five-year life of the program, from 1 July 2015 to 30 June 2020. This includes provision for $6.9m for *Rural Pharmacy Workforce Programmes* and $0.3m for the *Aboriginal and Torres Strait Islander Workforce Programme* in 2015-16 – the programs that are this subject of this project.

HMA has been engaged to assess the cost-effectiveness of the 12 community pharmacy workforce programs funded under the 6CPA, which include the:

- Rural Pharmacy Scholarship Scheme
- Rural Pharmacy Scholarship Mentor Scheme
- Intern Incentive Allowance for Rural Pharmacies
- Intern Incentive Allowance for Rural Pharmacies – Extension Program
- Rural Intern Training Allowance
- Rural Pharmacy Student Placement Allowance
- Administrative Support to Pharmacy Schools
- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme
- Continuing Professional Educational Allowance
- Rural Pharmacy Liaison Officer Program, and
- Emergency Locum Service.

For the purpose of this project, we have allocated the 12 programs into groups that have similar characteristics (e.g. target group and service delivery platform). Figure 1.1 illustrates each program's target group or purpose, and where the program sits along the continuum from recruitment to retention.

Figure 4.1: 12 pharmacy workforce programs, grouped by characteristics



4.1.2 Consultation sites

In order to capture the full range of challenges experienced by the rural pharmacy workforce and program-specific feedback from beneficiaries, HMA sought to conduct consultations with the following groups in each jurisdiction:

- community pharmacists and pharmacy owners working in PhARIA 2-6 areas
- pharmacy interns undertaking an internship at a rural pharmacy
- pharmacy students undertaking a placement in a rural pharmacy
- Rural Pharmacy Liaison Officers (RPLOs) associated with a University Departments of Rural Health (UDRH), and
- placement coordinators at Australian pharmacy schools.

However, the scope of consultations was revised due to the following limitations:

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

- there were fewer RPLOs currently under contract than originally anticipated, and
- some UDRH sites had no student placements occurring during the consultation period.

Table 4.7 below summarises the availability of placement students and RPLOs at each UDRH site. Sites highlighted in yellow comprise the site visits.

Table 4.7: UDRH site profile at March 2017

UDRH site	Jurisdiction	RPLO contract?	Students on placement?
Broken Hill UDRH	NSW	On leave	✓
Centre for Rural Health, Alice Springs	NT	✓	✓
Deakin Rural Health, Warrnambool, Victoria	Vic	X	X
Flinders Rural Health	SA	X	X
Melbourne UDRH, Shepparton	Vic	✓	✓
Monash University School of Rural Health, Clayton / Moe	Vic	✓	X
Mt Isa Centre for Rural and Remote Health	Qld	✓	✓
UniSA UDRH, Whyalla	SA	New to position	X
University Centre for Rural Health, Launceston	Tas	X	X
University Centre for Rural Health, Lismore	NSW	On leave	X
University of Newcastle UDRH, Tamworth	NSW	✓	✓
Western Australian Centre for Rural Health, Geraldton	WA	✓	✓

Consultations for pharmacists within the UDRH catchment area were structured as an after-hours workshop. Consultations with pharmacy students and interns on placement at pharmacies in the vicinity of the UDRH were arranged as a daytime focus group session. Students and pharmacists who wished to participate via telephone or video conference from other sites were given the opportunity to do so.

PhARIA restrictions also had an impact on the review as a number of the UDRH sites are located within PhARIA 1 making local pharmacies ineligible for rural support programs. Where this occurred, additional consultations took place on an individual basis with pharmacists in surrounding PhARIA 2-6 areas.

More detailed information regarding the attendance of workshops and consultations is attached in Appendix A.

4.1.3 document Purpose and structure

This discussion paper summarises the key themes arising from consultations with the stakeholders identified above to identify the key barriers and drivers for recruitment and retention of pharmacists in rural areas. The findings of this discussion paper will inform recommended changes to the rural pharmacy workforce programs to be included in the *Final Report*.

The remainder of this document is structured as follows:

- **Summary of major themes** – this section summarises the key points raised during stakeholder consultation, grouped by their impact on the recruitment or retention of rural pharmacy workforce.
- **Implications for individual programs and overall package** – this section summarises specific commentary on individual programs and broader feedback on issues that impact the program package as a whole.
- **Next steps**
- **Appendices.**

4.2 SUMMARY OF MAJOR THEMES

This chapter discusses key themes that arose from the consultations with pharmacists, interns, students and RPLOs. The themes can be characterised as drivers or barriers to recruitment and retention of the rural pharmacy workforce and are further discussed in the following section.

4.2.1 Recruitment: Key drivers

The key drivers to recruiting new pharmacists into the rural and remote workforce identified by students and interns, pharmacists and RPLOs included:

- ability for partners or family to relocate
- exposure to life or work in a rural area, whether from childhood, or during a placement or intern program
- higher remuneration, and
- greater opportunity to broaden clinical skills and experience.

Further detail about each of these points is provided in this section.

Partners and family

The most common reason for pharmacists to relocate across all consultation sites was due to their partners or family. Most community pharmacists consulted who did not have a rural background had moved to be with their partners.

Pharmacists who had moved to a rural area without a partner or family accompanying them tended to be more transient, working the area for a year or two before moving on to a different location. In some cases, the decision for a rural pharmacist to leave was due to movement of partners or families.

> *'It certainly helps that my partner was able to get a job here. If he hadn't it would've been hard.' – Intern pharmacist, Mount Isa*

Key Finding 6:	Having a partner or family in town was a key factor for many practicing rural pharmacists.

Previous exposure to rural practise or non-metropolitan environments

Approximately half of pharmacists consulted that were engaged in rural practise had a rural upbringing and stated this as a reason for why they currently work in a non-metropolitan area.

> *'I'm a country girl, I was always going to go rural.' – Community pharmacist, Maryborough*

Exposure to rural practise in the form of placements or internships is a highly influential factor in student's decision-making about their future practise. Many students consulted would not have considered taking on an internship or a graduate position in a rural town prior to undertaking a rural placement. The experience changed their preconceptions of rural practise and increased the students' interest.

> *'Exposure is a big one, it's a fear of the unknown.' – University of South Australia student*

> *'Once they get to see it they'll go back, or at least they will understand.' – Pharmacy faculty member at University of Western Australia, Karratha*

Prolonged exposure to rurality and what was referred to as the 'rural workforce pipeline' or a 'grow your own' approach was widely seen to be the best way to increase the rural workforce by rural tertiary educators. The idea that a rural career could be built from incremental positive experiences in rural environments for students with a metropolitan background emphasised the importance of the available supports for student placements and internships. This is reflected in the fact that a number of rural pharmacists consulted had been recipients of these programs throughout their education and early career. Pharmacists also commonly saw placements as a means of potentially recruiting interns, thus building a future workforce.

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

'I have never seen a student who had no exposure to rural and remote come through as a working pharmacist'- Pharmacy faculty member at University of Western Australia, Karratha

'If you talk to the pharmacists in town, a lot of them are interns who have stayed on.'- Community pharmacist, Geraldton

Students from La Trobe University, James Cook University and University of Newcastle had the greatest amount of exposure to rural practise as rural placements are a compulsory component of their courses. Both educators and community pharmacists expressed a need for greater focus on rural pharmacy within the content of courses as well as the capacity to provide longer placement experiences.

The enjoyment of placement experience was a significant factor in student intention for future rural practise. Students with limited previous exposure to rural areas were likely to base their entire perception of rural practise on their placement experience. Therefore, great effort is invested in student placement programs run by RPLOs which include community engagement activities and rotations around different pharmacy settings (e.g. Aboriginal Medical Services (AMSs), community visits). Students noted that the placements arranged by RPLOs were varied and immersive, and enhanced their rural placement experience.

'If it was just community pharmacy then I may as well do it at my work in Sydney and get paid.'- University of Sydney student, Alice Springs

Key Finding 7:	Repeat exposure to positive experiences in rural practice and lifestyle (through student placements and internships) were significant enablers for recruiting rural pharmacists.
Key Finding 8:	Pharmacists with a rural upbringing were more likely to commit to rural practise.

Professional development and remuneration

Both students and pharmacists stated that rural practice allowed them to utilise the full range of their clinical knowledge and skills, in contrast to their experiences working in community pharmacies in metropolitan areas.

'We'd see a lot of different situations, it's a more hands on approach.' – Curtin University pharmacy student

Students highly valued the opportunities that were available to them on placement such as working with AMS and observing Home Medicine Reviews (HMRs) which helped to broaden their skills and perspectives on rural practise. Students stated rural community pharmacists had a greater opportunity than metropolitan pharmacists to use their clinical skills frequently and engage with the community on a deeper level.

'It has gotten me more excited (about rural pharmacy). People listen to you, you are respected.' – Curtin University student

Community pharmacists participating in consultations noted rural pharmacists are paid significantly higher salaries than metropolitan pharmacists. However, the increased remuneration available for rural community pharmacists was not a strong deciding factor for pharmacists to relocate to a rural area. In locations where the mining industry had pushed up the cost of living, the remuneration package was not seen as an advantage as there are significant costs associated with relocation and rental prices. Higher remuneration was somewhat more effective in recruiting pharmacists to areas where the cost of living was lower than in metropolitan areas.

'The financial benefit doesn't necessarily mean it's changed any decisions' – Community pharmacist, Maryborough

Key Finding 9:	Pharmacy students found rural practise to be more varied and engaging than metropolitan community pharmacy.
Key Finding 10:	Higher remuneration for rural pharmacists was off-set by relocation, accommodation and ongoing travel costs.

4.2.2 Recruitment: Key Barriers

The key barriers to recruiting new pharmacists into the rural and remote workforce identified by students, interns, pharmacists and RPLOs included:

- the preference among students for metropolitan hospital pharmacy positions

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- relocation and housing costs, and
- professional and social isolation.

Further detail about each of these points is provided in this section.

Students preference for metropolitan positions

Students noted a culture among pharmacy students, and in some cases educators, of prioritising metropolitan hospital pharmacy internships, followed by metropolitan community pharmacy internships. Rural internships were often considered least desirable.

> *'The perception is that you would go for hospital then community and city then rural.' Final year pharmacy student, Curtin University*

> *'I would want to see if I could get into a hospital internship at a metropolitan based hospital first, because those are the most competitive.' – Final year pharmacy student and Rural Pharmacy Scholarship recipient*

The specialisation and career advancement opportunities available to pharmacists in a hospital environment were considered to be much more attractive to students than community pharmacy. Despite the acknowledgement from students that rural community pharmacy is highly engaging and rewarding, the perception that there are fewer professional opportunities both in rural practise and community pharmacy has meant that this hierarchy persists. Some community pharmacists identified this issue as a major barrier to the recruitment of new pharmacists and believed it should be addressed by universities.

> *'We need to start it at the student level. There's a prestige in hospital, we need to flip this on its head. They need to know they are going to get great clinical training so that rural is the place to be.' – Community pharmacist, Geraldton*

> *'You can always get into community later, but you can't do community and then get into hospital. I would want to try to get into hospital first, anywhere. As long as it is a hospital internship.' – Third year pharmacy student, University of Sydney*

Key Finding 11:	A perception of limited career opportunities in rural community pharmacy limits the attractiveness of internships in these locations.

Costs associated with relocation and housing

A major consideration for rural community pharmacists was the resources required to relocate, particularly to more remote areas. In towns where the mining industry had pushed up rental prices such as Mount Isa and Geraldton, the remuneration received by interns was unable to offset their higher living costs.

Many community pharmacy owners involved in consultations offer to cover relocation costs and initial accommodation expenses for new staff.

> *'Accommodation is a big expectation. That it will be provided for free.' – Community pharmacy owner, Karratha*

Community pharmacy owners that were able to cover relocation expenses had greater success attracting and retaining staff than those that did not. In remote locations, financial support of relocation and accommodation for new pharmacists or interns was seen to be the only mechanism through which positions could be made competitive.

> *'There is just no way you could get people to come out here if you didn't pay for their accommodation. They would maybe do it on locum wages and then they don't have to stay.' – Community pharmacy owner, Alice Springs*

Another barrier to recruitment was the costs associated with travel between remote pharmacies and an individual's home town when visiting family, holidays or events.

Key Finding 12:	Community pharmacy owners were required to make heavy financial investments in hiring new staff members. Inability to provide accommodation and subsidise relocation arrangements meant that pharmacies are unable to attract new staff members.

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

Professional and social isolation

Students expressed their hesitance to commit to a year-long internship in a rural location they had no experience in without family, friends or other support.

> *'It's definitely a challenge because you lose all your networks.' – Community pharmacist, Mount Isa*

For students and interns, it was raised that being placed in a rural location without anyone from their cohort would isolate them socially and academically, particularly in regions where students did not have access to an RPLO.

> *'I would love another intern here I could speak to. It's nice to have someone who understands all the same things you are going through.' – Intern pharmacist, Mount Isa*

The academic support given to interns by RPLOs was seen as vital in their preparedness for required assessment activity in the absence of the educational resources that would be available to them in a metropolitan area.

Key Finding 13:	A fear of losing connections with family and friends due to relocation was seen to be a significant barrier to pharmacists' decision to move to a non-metropolitan area.
Key Finding 14:	A perception of decreased access to peers and other educational resources was seen to be an academic disadvantage for students and interns.

4.2.3 Retention: Key drivers

The key drivers of retaining staff in rural community pharmacies identified by pharmacists and RPLOs included:

- opportunities for professional growth, and
- community engagement and lifestyle

Further detail about each of these points is provided in this section.

Professional opportunities and complexity of health challenges

The role of community pharmacists in rural areas was seen to be more expansive than their metropolitan colleagues, based on the variety and complexity of patient conditions that were encountered as well as the trust that was placed in the profession.

> *'People are different, they come to you for guidance and help. You're not just the pharmacist down the street.'- Community pharmacist, Geraldton*

This was perceived to be both an advantage and a challenge as in many cases long waiting times for GPs resulted in community members relying on pharmacists for medical advice. In these communities, pharmacists noted that they had greater prominence as health care providers than in metropolitan settings.

> *'I think the health literacy probably isn't as good here. There's certainly a greater reliance on your professional knowledge. Especially when they can't get in to see a doctor.' – Community pharmacist, Maryborough*

> *'In many cases you're really their first point of contact when they need medical attention. That doesn't really happen in the big cities' – Community pharmacist, Mount Isa*

For some pharmacists, the ability to perform other roles outside of the traditional community pharmacy function is highly fulfilling. The ability to expand their roles to work in different areas was directly attributed to the training received throughout their rural placements and internships.

> *'Rural is just so much more professionally satisfying.' – Community pharmacist, Coffs Harbour (speaking on experiences in Weipa)*

Key Finding 15:	Breadth and variety of professional engagement for rural community pharmacists was considered to be highly rewarding.

Community engagement, lifestyle and family

For many community pharmacists, the decision to practise rurally is based on previous experience in rural areas and lifestyle preferences, particularly for pharmacists with young families. Pharmacists, students and interns noted that the stigma associated with life in a rural or remote area is unwarranted.

> *'There's this idea that people that live in small towns are weird. That you won't be able to get along with them if you're from the city, but they're not. I went out there and met all these great people. I think you need that exposure to see that.' – Community pharmacist, Coffs Harbour (speaking on experiences in Mount Isa)*

The ability to make meaningful connections to the community had a major impact on pharmacists' decision to commit to the town or region.

> *'It's the people who make the place. I know everyone here now, I'm grateful for the opportunity I was given. I'm committed to staying.' – Community pharmacist, Mount Isa*

Some pharmacists pointed to the level of interaction they are able to have with clients as a key advantage of rural practise over metropolitan pharmacy.

Key Finding 16:	Pharmacists who had meaningful connections with their community tended to be more engaged and committed to working in the region.

4.2.4 Retention: Key barriers

The key barriers to retaining staff in rural community pharmacies identified by pharmacists and RPLOs included:

- professional isolation
- issues of work-life balance, and
- access to locums.

Further detail about each of these points is provided in this section.

Professional isolation

Community pharmacists stated that professional isolation was the primary challenge of retaining rural pharmacists. In more remote locations where pharmacists were sole practitioners, there was little opportunity to connect with other pharmacists. Professional development and education was seen as a challenge for a number of reasons, including:

- longer hours worked by pharmacists in rural areas particularly for sole practitioners make it difficult to attend meetings
- costs associated with hiring a locum to cover the pharmacy to travel to conferences or other out of town education made it unfeasible to attend
- depending on town location, the cost of travel was higher than the available allowances offered.

Key Finding 17:	Pharmacists operating in rural areas felt cut off from their colleagues. Challenges in attending conferences and other professional development opportunities exacerbated the sense of professional isolation.

Work–life balance

Community pharmacists noted there is an expectation to work longer hours in rural areas, which seen as a possible deterrent to recruiting pharmacists and interns. This is particularly true for remote pharmacies with fewer employed pharmacists, who must share the workload.

> *'There is a lot more expected of you as a pharmacist in rural.'- Community pharmacist, Mount Isa*

> *'That discourages people because they think, no, I can't have a life'- Community pharmacist, Geraldton*

> *'You know you'll have to work six days a week, at least.' – Community pharmacist, Karratha*

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

Lack of staffing resources meant that pharmacists were unable to take time away from their pharmacies to attend appointments, social commitments or access essential services.

Key Finding 18:	The increased workload of pharmacists in smaller pharmacies and sole operator pharmacies was a major challenge for retaining staff.

Availability and cost of locums

Due to workforce shortages, positions are left vacant for long periods of time. Pharmacy owners have to rely on locums to fill staffing gaps. Availability and quality of locums varied by location. In more remote locations such as Mount Isa, community pharmacists have found it difficult to attract any locum pharmacists even in emergency situations. Pharmacists believed that locums would not travel to Mount Isa, due to its remote location.

Locum wages rates were seen to be highly unsustainable for community pharmacy owners who are forced to employ locums over long periods. This was compounded by the cost of supplying accommodation and covering the travel expenses of the locum. Community pharmacy owners would rather have been able to hire permanent staff but could not attract enough interest.

Key Finding 19:	Hiring locums to cover for workforce shortages place a large financial burden on rural pharmacies.
Key Finding 20:	In remote areas, locums were difficult to access due to expense (including travel and accommodation) and the unwillingness of locums to travel to these locations.

4.3 IMPLICATIONS FOR INDIVIDUAL PROGRAMS AND OVERALL PACKAGE

4.3.1 Feedback on specific programs

Students, interns, pharmacists and RPLOs consulted provided feedback on the value and potential improvements for specific programs. This feedback and key findings are summarised by program.

Continuing Professional Education Allowance

The Continuing Professional Education (CPE) Allowance was the most widely known and used program among the community pharmacists consulted.

> *'We rely on that one quite heavily, although it's not enough. It doesn't take into account how much flights from places like Mount Isa cost'. – Community pharmacist, Mount Isa*

Most pharmacists preferred attending face-to-face CPE events, as they find such events more engaging with greater opportunities for networking and sharing ideas and experience than online CPE. The ability to attend face-to-face CPE events and conferences was seen as a vital aspect to pharmacists' professional development despite pharmacists' concerns about the cost of travel and the logistical implications of taking leave from their pharmacies.

In contrast, community pharmacists from Geraldton, WA expressed that they would prefer to use this allowance to pay for educators to deliver sessions in their local area. The CPE Allowance was seen as vital for community pharmacists in more remote areas, such as Mount Isa. However, concerns were raised about the annual cap of $2,000 per pharmacist as this doesn't go far for pharmacists in remote areas who need to pay for airfares and accommodation on top of the costs of hiring a locum to cover their absence.

The CPE Allowance was seen to be less important for community pharmacists based in Maryborough, Victoria because they could access low-cost means such as driving or taking a regional train to travel to a major city for training activities.

Key Finding 21:	The Continuing Professional Education Allowance was the most widely used program among community pharmacists consulted. The program was considered vital in supporting the professional development community pharmacists, in particular those in remote locations.
Key Finding 22:	Current cap on the allowance is insufficient for pharmacists living in remote locations.

Intern Incentive Allowance for Rural Pharmacies and Extension Program

In general, the community pharmacists consulted valued the Intern Incentive Allowance for Rural Pharmacies and Extension Program (IIARP and IIARP-EP). Taking on an intern has financial and workload impacts for pharmacists. However, pharmacists noted the benefits of offering internships included securing future employees and having more time for bookkeeping activities.

There was some debate surrounding the regulation of the incentive. It was noted that the lack of regulation about what proportion of the incentive should be used to support the living costs of the intern or supplement their salary created competition between pharmacies for new interns. Bigger pharmacies that could afford to pay an intern's salary and assist with accommodation costs tended to absorb the full incentive payment and were viewed negatively within the community.

> *'Everyone knows which pharmacies in town absorb the incentive payment and which ones pass it on. The ones that keep it are not looked on kindly' – Community pharmacy owner, Mount Isa*

Key Finding 23:	The Intern Incentive Allowance for Rural Pharmacies was valued by most pharmacists as it recognises the additional financial and workload burden of taking on an intern.

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

Key Finding 24:	Greater regulation and transparency about how the incentive should be spent by pharmacists would be beneficial.

Rural Pharmacy Liaison Officer Program

The Rural Pharmacy Liaison Officer (RPLO) Program was highly valued by the students and community pharmacists consulted. However, it should be noted the project team only consulted with students and pharmacists in contact with the RPLO at each UDRH site, which may have skewed feedback.

RPLOs spent most of the 0.4 FTE funded under the program supporting students on rural placements, with any remaining time dedicated to providing CPE and networking events and interacting with local pharmacists. RPLOs meet with students regularly, plan immersive placement activities and prepare students for life in town. Students greatly appreciated the support of RPLOs and their work creating dynamic, positive placement experiences.

> *'RPLOs facilitate amazing and expansive placements' – former placement student (now community pharmacist), Mount Isa*

> *'It's great to see a familiar face when coming into a rural town. [The RPLO] is like a Mum' – Student on placement in Tamworth*

RPLOs noted a number of issues with the current program. Short-term contracts (usually 6 months) and uncertainty surrounding continuity of funding impacted the ability of RPLOs to plan for placements occurring later in the academic year. The current funding for 0.4 FTE limited RPLOs' ability to invest in projects that could benefit the rural pharmacy workforce such as intern programs or research on rural pharmacy workforce issues. One RPLO suggested there was greater potential to increase rural workforce by creating positive internship experiences than the current focus on undergraduate placements as internships are much longer than placements thereby increasing exposure to rural practise.

Conducting research on rural workforce issues was also seen as highly valuable work that was outside the scope of the RPLO role.

> *'We are the people on the ground. We are best placed to do the research' – RPLO*

Five of the six RPLOs consulted have an expanded role that is funded by their UDRH to carry out activities associated with rural pharmacy that are not covered by the RPLO key performance indicators (KPIs).

Key Finding 25:	Pharmacy students felt the RPLO program was vitally important in providing valuable placement experiences.
Key Finding 26:	The RPLO program is restricted by the current scope of the role (and FTE) and the administration arrangements of the program including inability to secure long term contracts.

Emergency Locum Service

Awareness and use of the Emergency Locum Service (ELS) varied between sites. Pharmacists consulted in Mount Isa were not aware they were eligible to receive the ELS. There was confusion among pharmacists in Geraldton, as they were unable to access the ELS due to their PhARIA 1 categorisation yet were eligible for student and intern associated programs. The ELS is only available to pharmacy owners. However, sole pharmacy managers were unsure whether they could apply for the ELS.

Most community pharmacists consulted recognised the ELS as vital in supporting community pharmacists in times of emergency. However, accessing locums to attend CPD or to cover longer periods of absence is not covered by the ELS and pharmacists in more remote locations struggle to attract locums. Inconsistent skill level and professionalism in locums arranged by local agencies was also an issue expressed by several community pharmacists.

Key Finding 27:	The Emergency Locum Service was considered vital in supporting pharmacists in times of emergency. However, pharmacists also struggle to secure locums to cover

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

	absences in non-emergency situations (e.g. attending CPE).
Key Finding 28:	Limited marketing of the ELS program has resulted in inconsistent awareness and confusion about eligibility.

Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme

The availability of the Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme was viewed positively by community pharmacists despite low rates of use. Community pharmacists who had not used the scheme said they had difficulty engaging with the local Aboriginal and Torres Strait Islander community to identify trainees. Pharmacists also noted the low profile of community pharmacy within this population, with Aboriginal and Torres Strait Islander people tending to access pharmacy services through Aboriginal Medical Services (AMSs) or in hospital. Although only one pharmacist currently employed an Aboriginal and Torres Strait Islander Pharmacy Assistant, the Scheme itself is seen to be important by others.

'We know it's there but not many of us have been able to use it.' – Community pharmacist, Alice Springs

Key Finding 29:	While considered useful, only one pharmacist consulted had accessed the Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme.

Rural Pharmacy Scholarship Scheme

Three out of the four Rural Pharmacy Scholarship Scheme recipients spoken to believed that they would not have had the capacity to complete their tertiary education without the financial support offered by the Scholarship.

'It's a lot of money for a student. I wouldn't be able to study full time without it.' – Final year pharmacy student, La Trobe University

Two community pharmacists consulted also had children studying pharmacy at university who were receiving the scholarship. The cost of tuition fees and living out of home to study meant a scholarship was the only way these students could have attended university.

Key Finding 30:	Receiving a scholarship was a deciding factor for some rural students to study at university.

Rural Pharmacy Student Placement Allowance

The Rural Pharmacy Student Placement Allowance (RPSPA) was the most widely known and used program among pharmacy students consulted. Only three of the universities consulted had compulsory rural placements. At universities without compulsory rural placements, approximately 20-30% of pharmacy students would undertake a rural placement. This is consistent across all sites consulted with the exception of the University of South Australia where uptake of rural placements is around 10-15% of the cohort. Most students, if not all, apply for the RPSPA to allow them to undertake a rural placement.

For students, the RPSPA was a deciding factor as to whether they could undertake a rural placement. Having to take time off work to complete a rural placement while also paying for accommodation at home and on placement were barriers expressed by students. The availability of the RPSPA and subsidised accommodation available through UDRHs make attending a rural placement possible for students.

Placement coordinators spend a considerable amount of time assessing students' claims and applying for reimbursement under the RPSPA and expressed several issues with the program, including:

- **Timing and transparency of funding:** three coordinators said The Guild provides funding too late in the academic year to inform the number of placements the university can offer. For example, one university had confirmed their placements for the year in January but did not receive funding from The Guild until April. Placement coordinators requested better alignment of Guild

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

funding with the academic calendar and more transparency about the amount and timing of this funding to inform placement offerings.

- **Administration burden**: placement coordinators noted the processing of students' receipts and claims and reporting required under the RPSPA was very time-consuming.

  'The time we spend on reporting and administration isn't worth the money from The Guild' – Placement coordinator

- **Ineligibility of international students:** one coordinator noted this was an issue because international students are already paying increased tuition fees and accommodation. However, the coordinator understood that international students were less likely to stay and work in Australia after study.
- **PhARIA classification:** eight of the 10 placement coordinators consulted expressed issues with the PhARIA classification system of rurality as it does not match with what universities consider to be a rural placement. Further, one coordinator noted pharmacists in regional PhARIA 1 areas such as Mt Gambier or Mildura would like to offer student placements, but are excluded from the RPSPA.

  'PhARIA 1 areas will become a desert if they continue to be excluded' – Placement coordinator

Further, as there are more pharmacies in PhARIA 1 towns, coordinators could send multiple students to the one location, providing better support and safety for students.

Three of the ten universities consulted had compulsory rural placements as part of their pharmacy course. The predominant view within pharmacy schools where rural placements were not compulsory are that although rural placements would be highly beneficial to students, it would not be practical due to the administration burden associated with arranging rural placements and the number of international students undertaking the course who would not qualify for the RPSPA.

Key Finding 31:	The availability of the Rural Pharmacy Student Placement Allowance is a deciding factor as to whether students can undertake a rural placement.
Key Finding 32:	PhARIA classification excludes many isolated pharmacies from receiving students on placement.
Key Finding 33:	RPSPSA funding often arrives after placements have been confirmed and is too late to influence placement offerings.
Key Finding 34:	Administering the RPSPA is prohibitively time consuming for placement coordinators.

Administration Support to Pharmacy Schools

The most common use of the Administration Support to Pharmacy Schools was to partially fund the appointment of a placement coordinator to arrange placements for students. Two universities consulted used the funding to employ a placement officer at 0.2 FTE to arrange rural placements specifically. Funded activities included:

- liaising with pharmacy preceptors to secure placement sites
- arranging travel and accommodation for students
- applying for reimbursement under RPSPA and
- reporting on use of funds and achievement of KPIs set by The Guild.

In most cases, placement coordinators are employed full time to arrange both metropolitan and rural placements.

All placement coordinators consulted agreed that arranging a placement in a rural pharmacy was more time consuming than arranging a metropolitan placement. However, the workload burden was more pronounced for universities that had compulsory rural placements or sent staff to visit students on placements and conduct assessments. Placement coordinators at the three universities with compulsory rural placements stated without funding from the Administration Support, rural placements could no longer be compulsory and the number of students going rural would significantly decrease.

Key Finding 35:	The Administration Support to Pharmacy Schools is vital to allow universities to offer rural placements.

Other programs

Limited feedback was received from students, interns, community pharmacists or RPLOs on the following programs:

- **Rural Pharmacy Scholarship Mentor Scheme:** only one community pharmacist consulted had participated in the mentor scheme. This pharmacist engaged their scholarship student in project to develop specific skills and believed the student benefited greatly from this arrangement. The honorarium payment of $375 per student was thought to be tokenistic and not indicative of the work involved.
- **Rural Intern Training Allowance (RITA):** three pharmacy interns participated in consultations and awareness of the RITA varied among this group. One intern had not heard of the RITA and two interns had used it. However, these interns still had out-of-pocket expenses as they had to cover airfares from their internship location and quickly reached the allowance cap. Pharmacy students consulted had very little awareness of the RITA.
- **Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme:** no recipients of the Scheme participated in consultations.

4.3.2 Feedback on the program package

Aside from specific comments about program eligibility, administration or outcomes, the students, community pharmacists, RPLOs and placement coordinators consulted also provided feedback that applied more broadly to the overall package of rural pharmacy workforce programs and Aboriginal and Torres Strait Islander workforce programs. These are summarised under the following broad themes:

- the PhARIA classification system
- eligibility of international pharmacists and students
- administration arrangements for particular programs
- awareness and marketing of the programs, and
- perceived value for money.

PhARIA

The problems with using the PhARIA system to classify remoteness are widespread. Focusing program eligibility on PhARIA 2-6 areas excludes pharmacies in populous regional centres such as Tamworth, Taree, Mildura, Geraldton and Mt Gambier among numerous others. This exclusion has meant pharmacy students and interns simply do not go to these centres to complete placements or internships as they cannot receive funding.

> *'You can't say undertaking a placement in Tamworth is the same as doing one in Sydney' – Community pharmacist, Tamworth*

This system fails to match classifications of remoteness adopted by universities in setting their rural placements, leading to confusion. This is also evidenced by the fact that several UDRHs are located in PhARIA 1 areas, meaning students who travel to these sites for placements are ineligible for funding. RPLOs suggested the Modified Monash Model is a more equitable measure of remoteness. The Australian Statistical Geography Standard – Remoteness Areas (ASGS-RA) is used to define remoteness under the Rural Health Multidisciplinary Training (RHMT) program.

Key Finding 36:	Using the PhARIA system to classify remoteness is problematic and excludes many isolated towns.

Eligibility of international pharmacists

Several community pharmacy owners noted the valuable contribution internationally trained pharmacists are having to the rural workforce. However, changes to visa requirements and ineligibility to access support under the rural pharmacy workforce programs are making retaining work in rural areas increasingly difficult for international pharmacists.

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

Key Finding 37:	International pharmacists make a valuable contribution to the rural pharmacy workforce despite the lack of support available to them.

Administration arrangements

Most RPLOs and UDRH Directors agreed that the RPLO program would be better administered by UDRHs and the funding redirected to the RHMT program. This would provide greater stability for RPLOs with longer contracts and more secure funding arrangements.

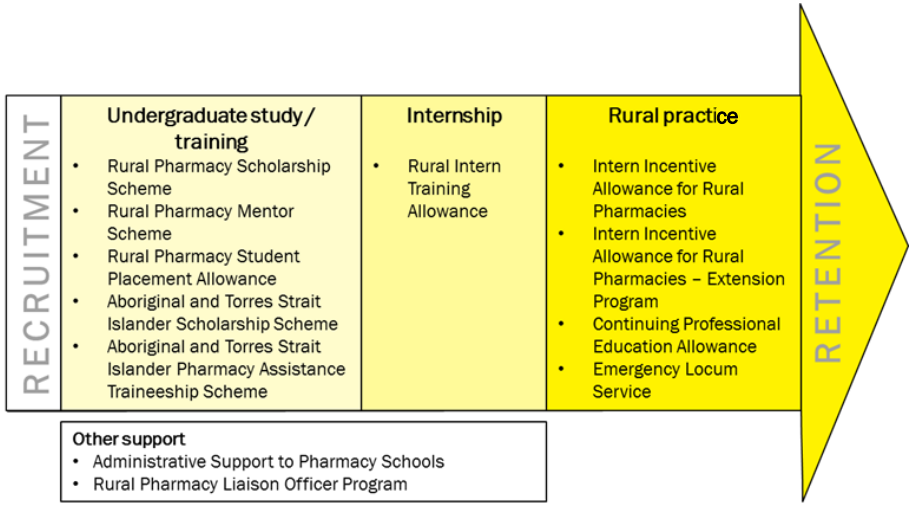
Further, some placement coordinators suggested the Administration Support to Pharmacies Schools funding should go directly to the universities to reduce some of the reporting required by The Guild, which is prohibitively time-consuming.

Key Finding 38:	Programs supporting student placements (RPLO and Administration Support for Pharmacy Schools) may benefit from direct funding arrangements that allow better integration with other university activities.

Lack of awareness of programs

While all stakeholders participating in consultations were aware of at least one of the programs, there was a lack of awareness of the full suite of programs available. In particular, undergraduate students on placement were largely unaware of the incentives available to them throughout their careers, first as interns and later as pharmacists. Figure 4.2 illustrates the career pathway of a rural pharmacist and the incentives available to them along the way. Clear communication is required to inform students about the suite of programs available. This may come from The Guild or through universities.

Figure 4.2: Incentive programs available across the pharmacy career pathway



Key Finding 39:	There is a lack of awareness, particularly among students, of the suite of incentive programs available to them throughout their career.

Perceived value for money

In order to gain a quantitative assessment of the workforce programs' value for money, a survey was distributed to pharmacists who attended the consultations. This survey provided pharmacists with information regarding program rules as well as the average annual volume of recipients and funding attributed per output (e.g. per scholarship). Pharmacists were asked to assign a value from 0-5 based upon how effective they perceived these programs to be against how much the programs cost. The data collected through this survey was used to conduct a rank correlation analysis, which is an evaluation technique that allows for the direct comparison of multiple programs with varied outputs and requires stakeholders to identify their value. Table 4.8 details the meaning assigned to each ranking.

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

Table 4.8 Rank correlation values

0	1	2	3	4	5
Unable to comment	Not at all effective	Slightly effective	Moderately effective	Very effective	Extremely effective

The 28 responses received from community pharmacists was collated to produce an overall score of all 12 pharmacy workforce programs summarised in Table 4.9. A detailed summary of the scores and ranking methodology is provided in Appendix B.

Table 4.9 Rank correlation analysis aggregate scores by program

Workforce program	Total respondent score
Intern Incentive Allowance for Rural Pharmacies	109
Continuing Professional Education Allowance	109
Rural Pharmacy Liaison Officer Program	109
Intern Incentive Allowance for Rural Pharmacies Extension Program	100
Rural Pharmacy Scholarship Scheme	96
Rural Pharmacy Student Placement Allowance	93
Rural Intern Training Allowance	79
Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme	55
Administrative Support to Pharmacy Schools	42
Aboriginal and Torres Strait Islander Scholarship Scheme	41
Emergency Locum Service	41
Rural Pharmacy Scholarship Mentor Scheme	34

This ranking data shows that the programs that pharmacists perceive to be the most effective relative to cost are the Intern Incentive for Rural Pharmacies, CPE Allowance and RPLO Program. The programs seen to be the least effective were the Rural Pharmacy Scholarship Mentor Scheme, the Emergency Locum Service and the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme.

As this survey was only distributed to pharmacists, programs where pharmacists were not the recipient tended to rank lower. Pharmacists consulted also had limited exposure to Aboriginal and Torres Strait Islander specific programs and therefore, many were unable to comment on the efficacy of these programs.

Key Finding 40:	Community pharmacists considered the Intern Incentive Allowance, CPE Allowance and RPLO program to be the programs with the greatest value for money.

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

4.4 NEXT STEPS

The findings of the consultation process presented in this discussion paper will be strengthened by analysis of several surveys developed and distributed to students, interns, pharmacists and RPLOs. The surveys collected feedback from these stakeholders on their awareness and use of the pharmacy workforce programs and the benefits and shortcomings of each program.

The outcomes of this discussion paper, strengthened by survey feedback, will inform recommendations for the future administration of the rural pharmacy workforce programs and Aboriginal and Torres Strait Islander workforce programs. These options will be presented in the *Final Report* to be prepared by the project team and presented to the Department for consideration.

4.5 APPENDIX: STAKEHOLDERS CONSULTED

RPLOs

The project team consulted with all available RPLOs (excluding those on leave or new to the role), which are summarised in Table 4.10.

Table 4.10: RPLOs consulted

Rural Pharmacy Liaison Officer	UDRH
Kevin De Vries	Melbourne University Department of Rural Health, Shepparton
Hanan Khalil	Monash University School of Rural Health, Moe
Selina Taylor	Mt Isa Centre for Rural and Remote Health
Cathy Hargreaves	Western Australia Centre for Rural and Remote Health
Sonja Littlejohns **Clare Frewin**	University of Newcastle UDRH, Tamworth
Tobias Speare	Centre for Remote Health, Alice Springs

Placement coordinators

To gain a clearer understanding of the use of the 'Administrative Support to Pharmacy Schools' funding to promote rural pharmacy and the administrative burden of organising rural placements, the project team approached staff from pharmacy schools that offered rural pharmacy placements for consultation. This comprised seventeen out of eighteen Australian pharmacy schools.

Brief telephone consultations were conducted with placement coordinators and administration staff from ten pharmacy schools across five jurisdictions. This number included three pharmacy schools with a rural pharmacy course content and compulsory rural placements.

Table 4.11: Summary of pharmacy schools consulted

Pharmacy School	Jurisdiction	Rural focus
University of Sydney	NSW	×
University of Newcastle	NSW	✓
Griffith University	QLD	×
University of Queensland	QLD	×
James Cook University	QLD	✓
University of South Australia	SA	×
La Trobe University	VIC	✓
Monash University	VIC	×
Curtin University	WA	×
University of Western Australia	WA	×

Students, interns and community pharmacists

Table 5.3 and Table 5.4 detail the number of students, interns and pharmacists consulted at each UDRH site. RPLOs and UDRH Directors arranged the consults

4 SUMMARY OF CONSULTATIONS WITH PROGRAM BENEFICIARIES

with students, interns and local pharmacists. Where a UDRH was located in a PhARIA 1 area, the project team sought to consult with pharmacists in surrounding PhARIA 2-6 areas via teleconference or in-person.

Table 4.12: Number of students and interns consulted, by UDRH site

UDRH	Students	Interns
University of Newcastle UDRH, Tamworth	5	0
Centre for Remote Health, Alice Springs	3	1
Melbourne University Department of Rural Health, Shepparton	4	0
Monash University School of Rural Health, Moe	0*	0*
Mt Isa Centre for Rural and Remote Health	5	3
Western Australia Centre for Rural and Remote Health	4	1
Total students and interns consulted	**19**	**5**

** Students were unavailable during the consultation period.*

Table 4.13: Number of community pharmacists consulted in workshops of via teleconference

UDRH catchment	Workshop	Pharmacy visit	Teleconference
University of Newcastle UDRH, Tamworth	0	1	2
Centre for Remote Health, Alice Springs	9	0	0
Melbourne University Department of Rural Health, Shepparton	0	2	0
Monash University School of Rural Health, Moe	0	0	0
Mt Isa Centre for Rural and Remote Health	7	0	2
Western Australia Centre for Rural and Remote Health	14	0	0
Total community pharmacists consulted	**30**	**3**	**4**

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

EXECUTIVE SUMMARY

In undertaking the *cost-effectiveness review into ongoing pharmacy workforce programs*, Healthcare Management Advisors (HMA) developed and distributed twelve web-based survey tools to capture the perspectives of recipients and intended beneficiaries of the Rural Pharmacy Workforce Programs and Aboriginal and Torres Strait Islander Workforce Programs funded by the Australian Government Department of Health (the Department) and administered by The Pharmacy Guild of Australia.

Overall, the programs were highly valued by recipients and most survey respondents stated the programs were effective in encouraging pharmacists to enter or remain in rural practice.

The key findings from surveys relating to each program are provided in the table below.

SUMMARY OF KEY FINDINGS	
Key Finding 41:	The **Rural Pharmacy Scholarship Scheme** is highly valued by recipients, as many students could not afford to attend university without this support. Most recipients were interested in rural practice prior to commencing study and the scholarship had a minimal influence on where recipients decided to practise. Most recipients surveyed were currently practising in a rural area. While the Rural Pharmacy Scholarship Scheme may not influence where a student decides to practise, it enables students with an interest in rural practice to study pharmacy.
Key Finding 42:	The **Rural Pharmacy Mentor Scheme** was highly valued by mentors and students alike to provide insights into the advantages of rural pharmacy and create professional networks in rural areas for students. While the honorarium payment was a welcome acknowledgement of mentors' efforts, not all mentors claim the payment. The Scheme could benefit from funding to assist students to undertake placements with mentors and more emphasis on tracking mentored students' future careers.
Key Finding 43:	The **Aboriginal and Torres Strait Islander Scholarship Scheme** was considered highly beneficial by recipients as it alleviated the financial impact of study. However, the availability of the scholarship did not influence students' intention to study pharmacy.
Key Finding 44:	The **Aboriginal and Torres Strait Islander Pharmacy Assistance Traineeship Scheme** was seen as an effective way to encourage Aboriginal and Torres Strait Islander people to enter a career in pharmacy. The Scheme also encouraged and compensated pharmacists for the time and effort involved with training a pharmacy assistant.
Key Finding 45:	The **Rural Intern Training Allowance** was seen as vital to enable interns to undertake an internship as it relieves financial burden on rural interns earning a low wage. Interns suggested that offering upfront funding rather than reimbursement of costs would help reduce significant out-of-pocket expenses.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Key Finding 46:	The **Intern Incentive Allowance for Rural Pharmacies and Extension Program** were seen as vitally important sources of support for pharmacists who would not be able to employ an intern or graduate pharmacist in their practices without such funding. Pharmacists suggested the amount of funding should be reviewed to reflect increasing costs of employing and relocating new staff and encourage long-term commitment from interns and graduates.
Key Finding 47:	The **Continuing Professional Education Allowance** was highly valued by recipients who may not have been able to afford to travel to attend face-to-face CPE without funding. Face-to-face CPE was preferred by most respondents. Restrictive PhARIA eligibility, lack of locum support and a complicated application process were the main problems of the program.
Key Finding 48:	Most respondents stated the **Emergency Locum Service** was a timely and vital support to rural pharmacists that often prevents the closure of rural pharmacies in the event of unforeseen staff absence.
Key Finding 49:	The **Rural Pharmacy Liaison Officer (RPLO) program** was highly regarded by pharmacists who agreed it enhances the profile of rural pharmacy. RPLOs provided a number of suggestions for improvements to the program including expanding the role from two days per week, improving job security and facilitating greater collaboration between RPLOs.

Next steps

The key findings presented in this discussion paper will combine with other evidence sources including workforce data analysis, unit cost analysis and consultation summaries to support recommendations for the ongoing administration of the programs. These will be developed by the project team and presented to the Department in the *Final Report*.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

5.1 INTRODUCTION

5.1.1 Project background

The Australian Government Department of Health (the Department) has engaged Healthcare Management Advisors (HMA) to provide a:

"cost-effectiveness review into ongoing pharmacy workforce programs."

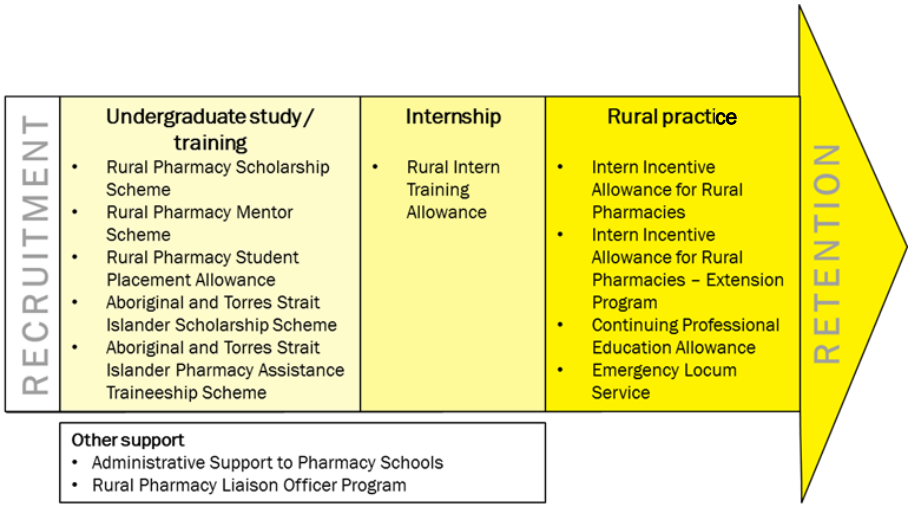
The Sixth Community Pharmacy Agreement (6CPA) between the Australian Government and The Pharmacy Guild of Australia (The Guild) has 'indicative allocations for community pharmacy programs' with a total value of $613m over the five-year life of the program, from 1 July 2015 to 30 June 2020. This includes provision for $6.9m for *Rural Pharmacy Workforce Programmes* and $0.3m for the *Aboriginal and Torres Strait Islander Workforce Programme* in 2015–16 – the programs that are the subject of this project.

HMA has been engaged to assess the cost-effectiveness of the 12 community pharmacy workforce programs funded under the 6CPA, which include the:

- Rural Pharmacy Scholarship Scheme
- Rural Pharmacy Scholarship Mentor Scheme
- Intern Incentive Allowance for Rural Pharmacies
- Intern Incentive Allowance for Rural Pharmacies – Extension Program
- Rural Intern Training Allowance
- Rural Pharmacy Student Placement Allowance
- Administrative Support to Pharmacy Schools
- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme
- Continuing Professional Educational Allowance
- Rural Pharmacy Liaison Officer Program, and
- Emergency Locum Service.

Figure 1.1 illustrates where each program sits along the continuum from recruitment to retention.

Figure 5.1: 12 pharmacy workforce programs, grouped by career stage from recruitment to retention



A series of web-based surveys were developed to capture the perspectives of program recipients and beneficiaries. The major findings of the surveys will combine with other data collection activities to provide a comprehensive analysis of need for Rural Pharmacy Workforce Programs and Aboriginal and Torres Strait Islander Workforce Programs.

5.1.2 Survey methodology

Twelve surveys were developed to capture the perspectives of recipients of the following programs:

- Rural Pharmacy Mentor Scheme
- Rural Pharmacy Scholarship Scheme and Mentor Scheme
- Intern Incentive Allowance for Rural Pharmacies and Extension Program

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme
- Continuing Professional Education Allowance
- Rural Intern Training Allowance
- Emergency Locum Service, and
- Rural Pharmacy Liaison Officer Program.

Where available, email contact lists were used to send a survey link directly to the program participant. Contact details were not available for interns who participated in the Intern Incentive Allowance for Rural Pharmacies or recipients of the Emergency Locum Service. All surveys were advertised on The Pharmacy Guild and 6CPA websites as well as by peak body organisations including the Australian Association of Consultant Pharmacists. A detailed survey distribution approach is attached at Appendix A.

Survey data was cleaned for blank or incomplete responses and qualitative feedback was coded to quantify major themes arising from the text. Original and cleaned response rates for each survey and a comparison of response rates by program volume is provided at Appendix B.

5.1.3 Document Purpose and structure

This document summarises the major themes arising from the surveys with a particular focus on recipient perspectives of the effectiveness of the pharmacy workforce programs in recruiting or retaining rural or Aboriginal and Torres Strait Islander pharmacists and pharmacy assistants.

The following sections of this document are structured as follows:

- **Summary of key findings** – the main themes arising from survey analysis are presented by program under two broad themes – programs supporting the recruitment of pharmacy workforce, and programs supporting the retention of pharmacy workforce. Key findings for each program are provided at the beginning of each section.
- **Next steps** – this section discusses the next stages in the project methodology.
- **Appendices**.

5.2 SUMMARY OF KEY FINDINGS

5.2.1 Programs supporting recruitment of pharmacy workforce

Rural Pharmacy Student Scholarship Scheme

Key Finding 41:	The Rural Pharmacy Scholarship Scheme is highly valued by recipients, as many students could not afford to attend university without this support. Most recipients were interested in rural practice prior to commencing study and the scholarship had a minimal influence on where recipients decided to practise. Most recipients surveyed were currently practising in a rural area. While the Rural Pharmacy Scholarship Scheme may not influence where a student decides to practise, it enables students with an interest in rural practice to study pharmacy.

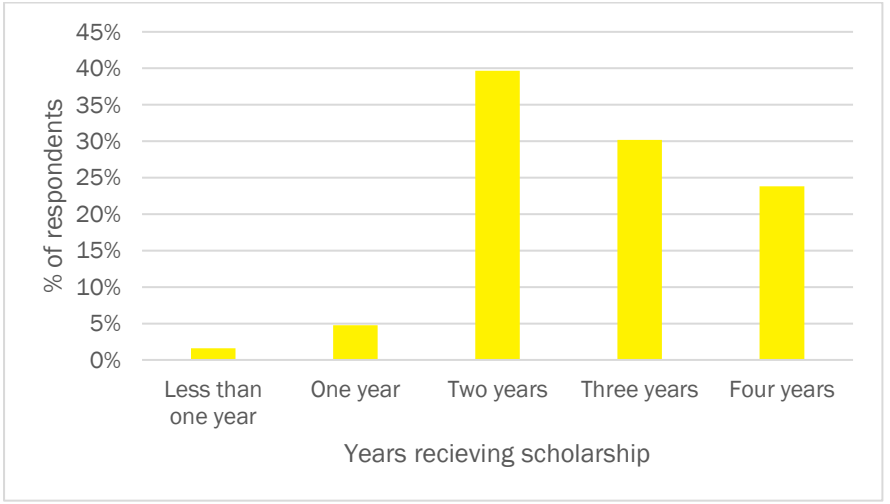
Program use

The survey was directed to recipients of the Rural Pharmacy Scholarship and received 79 responses comprising 72 respondents who had received a scholarship and seven respondents who had not.

Of the 72 scholarship recipients surveyed, 93% (n=67) had received the scholarship for two or more years of their study as shown in Figure 5.2.

Of the seven respondents who had not received a scholarship, 71% (n=5) had heard of the Scheme and 29% (n=2) had not.

Figure 5.2: Years receiving Rural Pharmacy Scholarship

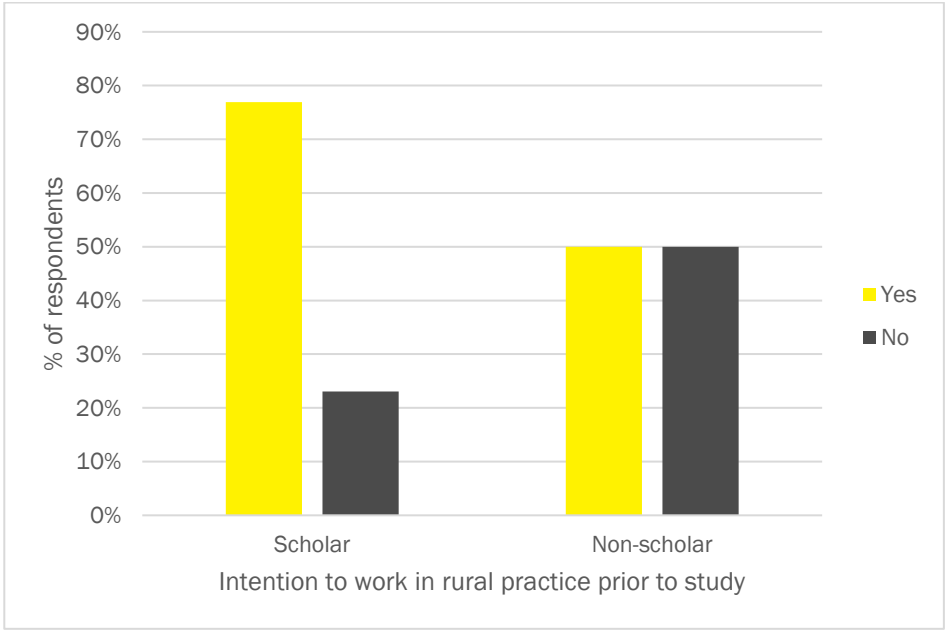


Effectiveness of the program in recruiting new pharmacists

All respondents were asked whether they intended to practise pharmacy in a rural area when they commenced studying pharmacy. As shown in Figure 5.3, 77% (n=10) of respondents who received a scholarship intended to practise in a rural area prior to studying pharmacy. Respondents who received the scholarship were more likely to have intentions to work in a rural area prior to commencing study than respondents who did not receive a scholarship.

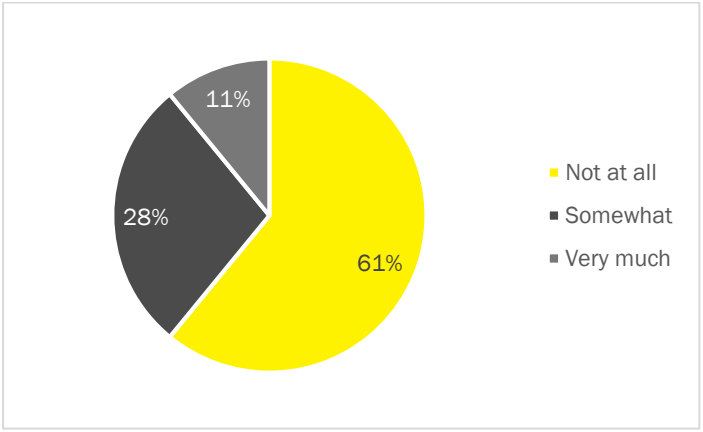
5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Figure 5.3: Prior intention to practise pharmacy in a rural area, by scholarship status



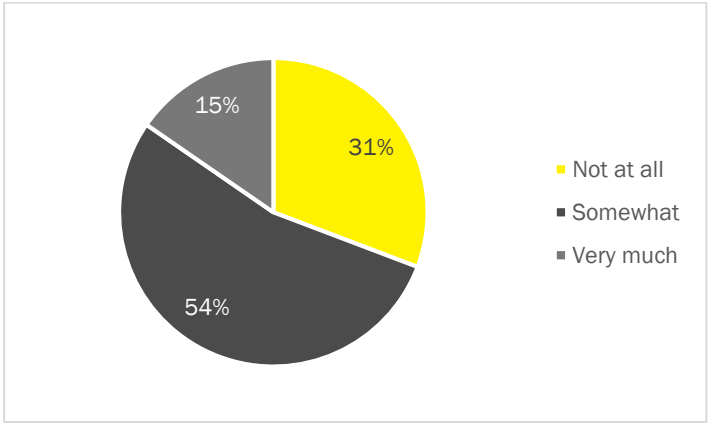
Respondents who received a scholarship were asked whether the availability of the scholarship influenced their decision to study pharmacy, to which most (61%) answered *'not at all'*, as shown in Figure 5.4.

Figure 5.4: Influence of scholarship on recipients' intention to study pharmacy



Scholarship recipients were asked whether the scholarship influenced their intention to practise pharmacy in a rural area. Figure 5.5 shows most (54%) respondents stated receiving the scholarship *'somewhat'* influenced their decision. However, 31% noted the scholarship had no impact on their intention to practise rurally.

Figure 5.5: Influence of scholarship on recipients' intention to practise pharmacy in a rural area

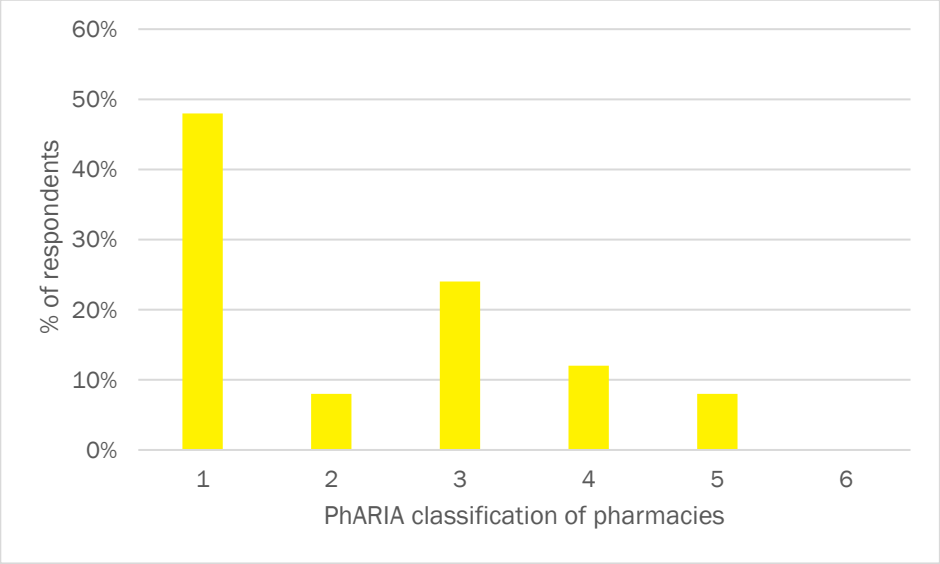


5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

This finding may be due to the fact that scholarship recipients are more likely to have a prior interest in rural practice and receiving the scholarship does not affect this intention.

Of respondents who had received the scholarship, 63% (n=40) were not currently practising pharmacists. In most cases, respondents were not practising as they were currently studying, with 90% (n=36) of respondents indicating this in free text comments. Of the respondents who were practising pharmacists, (n=25), 52% (n=13) were practising in a rural area and 48% (n=12) were practising in a major city. Figure 5.6 shows the scholarship recipients' pharmacy practices by PhARIA category. Of the recipients not working in a major city, 24% (n=6) were working in a PhARIA 3 location.

Figure 5.6: Scholarship recipients' practice locations by PhARIA classification



Respondents who were currently practising in a rural area were asked to identify the factors that influenced their decision work outside a major city. Table 5.1 shows the most influential factor was previously living in a rural, remote or very remote area with 82% (n=14) respondents selecting this option. This was closely followed by the preference to live and work in a rural, remote or very remote area with 76% (n=13) selecting this option. One respondent selected *'Other (please specify)'* and provided the following comment in free text:

> *'Working in rural areas the people (both customers and colleagues) are just happier and more welcoming - it makes working delightful, enjoyable and worthwhile'.*

Table 5.1: Factors that influenced respondents' decision to practise in a rural area

Answer option	No. of respondents	% of respondents
I have previously lived in a rural, remote or very remote area	14	82%
I prefer to live and / or work in rural, remote or very remote areas	13	76%
I had a positive experience on a rural placement	10	59%
I had an interest in practising in a rural, remote or very remote area prior to studying pharmacy	9	53%
I have a good relationship with a mentor who practises in a rural, remote or very remote area	9	53%
I have a partner or family living in a rural, remote or very remote area	6	35%
The remuneration I was offered was higher than that of the same position in metropolitan areas	3	18%
A position was not offered to me in a metropolitan area	0	0%
Other (please specify)	1	6%
Total*	17	100%

**Respondents could select more than one answer option. Totals may not equal 100%*

Most respondents who were practising in a major city preferred to live and work in these areas (29%) or noted there were more work opportunities in major cities (21%) as shown in Table 5.2.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Table 5.2: Factors that influenced respondents' decision to practise in a major city

Answer option	No. of respondents	% of respondents
I prefer to live / work in a metropolitan area	4	29%
There are more work opportunities available in metropolitan areas	3	21%
There is not enough financial incentive to relocate to a rural, remote or very remote area	2	14%
It is too difficult for me to relocate to a rural, remote or very remote area	1	7%
I undertook a rural placement and did not enjoy the experience	0	0%
I have no connections in rural, remote or very remote areas	0	0%
Other (please specify)	12	86%
Total*	14	100%

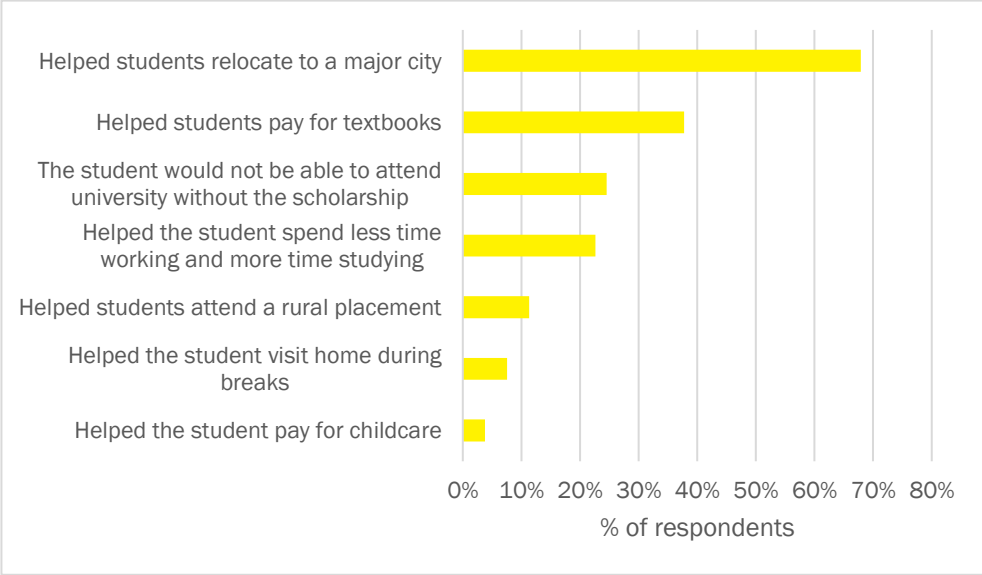
**Respondents could select more than one answer option. Totals may not equal 100%*

Twelve respondents selected '*Other (please specify)*' and provided additional influencing factors in free text comments. Free text comments were summarised into major themes and included:

- five respondents were planning on returning to a rural area
- four respondents were still studying in a major city
- three respondents had a job offered to them after studying in a major city
- two respondents had partners who lived in a major city
- one respondent cited family commitments as keeping them in a major city, and
- one respondent needed a change from a rural area.

Of the respondents who received a scholarship, 100% (n=65) stated the annual $10,000 of funding was a helpful contribution to the costs of study. Respondents were invited to provide comments on how the scholarship funding assisted them during their studies. Comments were coded to provide a quantitative assessment of key themes which are summarised in Figure 5.7. The most common benefit of the scholarship was support to relocate to a major city to study, with 68% (n=36) of respondents providing similar comments. Thirteen respondents (25%) would not have been able to study without the scholarship.

Figure 5.7: Benefits of the scholarship - coded themes



Emerging issues

Respondents were invited to provide general feedback about the Rural Pharmacy Scholarship Scheme. Comments were coded to quantify major themes, which are presented in Table 5.3. While most respondents thought the Scheme was vitally important to support students from rural areas to attend university, some respondents identified issues with the Scheme. These included the need for greater clarity around the requirements of scholarship recipients to remain eligible for the scholarship (e.g. reporting, involvement with health clubs); time consumed by writing reports; and patchy access to rural health clubs. One respondent suggested the scholarship should have a return-of-service obligation, where a job is guaranteed in a rural pharmacy upon graduation.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Table 5.3: General feedback on the Scholarship Scheme – coded themes

Coded themes	No. of respondents	% of respondents
The scholarship was greatly appreciated by recipients	12	57%
The student would not have completed their degree without a scholarship	6	29%
The scholarship lessens financial burden to help focus on study	4	19%
Greater clarity is needed around requirements of scholarship recipients	1	5%
Prefer a survey to required reports	1	5%
Availability of rural health clubs is inconsistent between universities	1	5%
The scholarship should guarantee recipients a job in a rural pharmacy after graduation	1	5%
Total*	21	100%

**Respondents' free text comments touched on more than one theme. Totals may not equal 100%*

Rural Pharmacy Mentor Scheme

Key Finding 42:	The Rural Pharmacy Mentor Scheme was highly valued by mentors and students alike to provide insights into the advantages of rural pharmacy and create professional networks in rural areas for students. While the honorarium payment was a welcome acknowledgement of mentors' efforts, not all mentors claim the payment. The Scheme could benefit from funding to assist students to undertake placements with mentors and more emphasis on tracking mentored students' future careers.

Program use

Surveys were distributed to rural and Aboriginal and Torres Strait Islander scholarship recipients and pharmacists in order to capture the perspectives of scholars and mentors about the Rural Pharmacy Mentor Scheme. Between the three surveys, 70 scholars and 36 mentors provided feedback on the Scheme.

Mentors and scholars were asked to describe the activities they undertook as part of the Scheme in free text. Comments were coded to quantify key themes which are described in Table 5.4 and Table 5.5. Mentors regularly contacted their student via email (38%) and offered placements or work experience at their pharmacies (32%). Similarly, most scholars were provided with a placement or work experience at their mentor's pharmacy (51%).

Table 5.4: Mentoring support activities – coded comments from mentors

Coded themes	No. of respondents	% of respondents
Regular email contact with student	14	38%
Provided placement / work experience in pharmacy	12	32%
Regular phone contact	11	30%
Face-to-face meetings	10	27%
Shared experience of rural community pharmacy	10	27%
Advice on assignments and coursework	8	22%
Provided advice on career path / opportunities	5	14%
Provided learning activities	4	11%
Educated on dispensing methods	2	5%
Took student to conferences / CPD events	2	5%
Student attended Home Medicines Reviews (HMRs)	2	5%
Total*	37	100%

Table 5.5: Mentoring support activities – coded comments from scholars

Coded themes	No. of respondents	% of respondents
Work experience / placement at community pharmacy	36	51%
Regular telephone or email contact	11	16%
Supervised client services	8	11%
Coaching on clinical skills	8	11%
Face-to-face meetings	8	11%
Discussed issues pertinent to rural health and practice	7	10%

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Coded themes	No. of respondents	% of respondents
Learning activities including essays, quizzes and client scenarios	6	9%
Community engagement activities	5	7%
Provided connection with volunteer groups	3	4%
Coaching on career path	2	3%
Cultural training activities	2	3%
Provided connections with other health professionals	2	3%
Total*	70	100%

**Respondents' free text comments touched on more than one theme. Totals may not equal 100%*

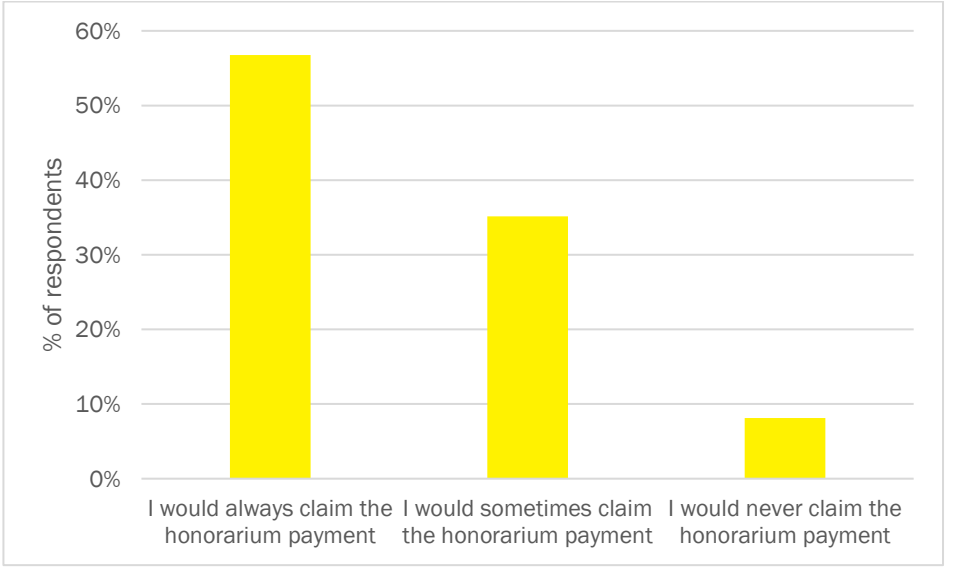
One mentor noted they spent a lot of time with students trying to dispel the negative attitude toward rural practice common in the sector.

> *'Of later years I spend a lot of time talking down the more negative aspects of pharmacy, which unfortunately students seem to receive from all directions, including the universities, the Pharmacy Guild and [the Pharmaceutical Society of Australia]. This negativity seems to be a growing problem that I am seeing in students and younger pharmacists'.*

Most respondents (57%) would always claim the $375 honorarium payment per student per annum as shown in Figure 5.8. Mentors who did not claim the honorarium payment gave the following reasons in free text comments:

- thirty-one percent (n=5) forgot or were too busy to claim
- thirty-one percent (n=5) felt not claiming was their way of giving back to rural pharmacy, and
- thirteen percent (n=2) were not aware there was a payment available.

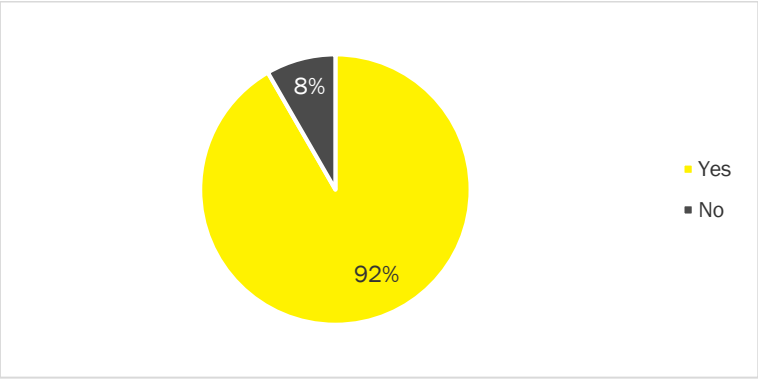
Figure 5.8: Claiming honorarium payment among mentors



On average, mentors spent 29 hours per annum mentoring activities. However, the amount of time spent ranged widely from 6 hours to 200 hours per annum across mentors. As shown in Figure 5.9, most mentors (92%) felt that the honorarium payment was a helpful contribution to their efforts.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Figure 5.9: Helpfulness of honorarium payment to mentors' efforts



Mentors were invited to provide additional feedback about the honorarium payment, which is summarised in Table 5.6 below. While 47% (n=14) of respondents appreciated the payment as a recognition of their effort, 20% (n=6) of mentors felt the payment amount did not compensate for the time spent.

Table 5.6: Mentor feedback on the honorarium payment – coded themes

Coded themes	No. of respondents	% of respondents
The honorarium is appreciated as a recognition of time spent	14	47%
The honorarium payment doesn't compensate for time spent	6	20%
The payment helps formalise the mentoring arrangement	5	17%
Do not mentor for money	3	10%
Any extra funding is helpful	2	7%
Total*	29	100%

**Respondents' free text comments touched on more than one theme. Totals may not equal 100%*

Effectiveness of the program in recruiting new pharmacists

Nearly all mentors (92%) believed receiving mentoring from a rural pharmacist was an effective method to encourage students to practise in a rural or remote area.

Mentors were invited to provide additional comments, which were coded and quantified as summarised in Table 5.7. Mentors felt that the greatest benefits of mentoring were the ability to show students the advantages of rural practice (45% of respondents) and the creation of a professional network to encourage students to return to a rural area (24%). Three respondents (9%) stated the student they mentored was currently practising as a rural pharmacist.

Table 5.7: Additional feedback on the Mentor Scheme – coded themes from mentors

Coded themes	No. of respondents	% of respondents
Mentoring shows students how rewarding rural pharmacy can be	15	45%
Mentoring creates a support network to encourage students to return to a rural area	8	24%
Mentoring teaches students the practicalities of rural pharmacy beyond what is taught at university	4	12%
A past student is now a rural pharmacist	3	9%
Mentoring supports students to continue their study	2	6%
Total*	33	100%

**Respondents' free text comments touched on more than one theme. Totals may not equal 100%*

Most scholars (85%) found being mentored by a rural community pharmacist was a useful experience. One respondent comments:

> *'I found it helpful as I was supported and inspired by my mentor to keep my head high and work hard because the hard work will pay off. It was also good to touch base with someone already in the workforce to help with the more practical application of the knowledge we learn at uni. I also used it as a good opportunity to do placement back home in a rural setting.'*

Students were invited to provide additional feedback about their experience in free text comments, which are summarised in Table 5.8.

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Table 5.8: Additional feedback on the Mentor Scheme – coded themes from scholars

Coded themes	No. of respondents	% of respondents
Mentors provided a reliable support network	22	40%
Gave students insights into rural community pharmacy	20	35%
Mentor assisted student to find employment	8	14%
Mentor provided placement / internship / honours project opportunities	7	13%
Mentor assisted student with studies	5	9%
Total*	56	100%

**Respondents' free text comments touched on more than one theme. Totals may not equal 100%*

Emerging issues

While most mentors and students found the Scheme to be a mutually beneficial program, both groups highlighted issues with the program. Eight students stated their interaction with mentors was limited as mentors were too busy. Two mentors suggested face-to-face contact, whether in the form of work experience, placements or meetings, should be a compulsory aspect of the program. One respondent noted:

> *'It would be great [for the program] to provide some paid hours for the student to do work experience in the pharmacy. My student wanted to do more work experience with me but was caught between that desire and the need to earn money in the university holidays in order to get through the next semester'.*

Another mentor noted the lack of resources or structure to study the outcomes of the Scheme. This respondent felt the Scheme would show more benefit if mentored students were tracked to record how many continue into rural practice.

Aboriginal and Torres Strait Islander Scholarship Scheme

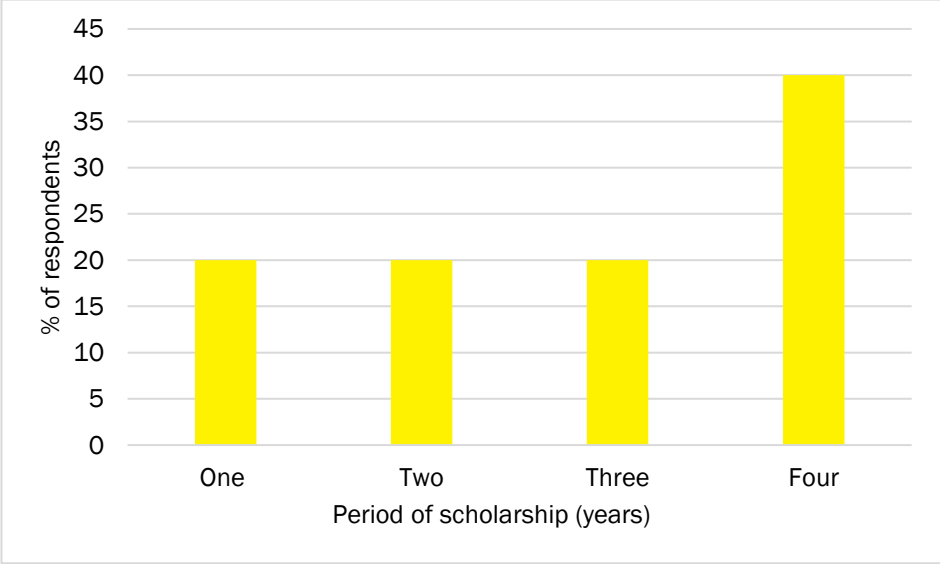
Key Finding 43:	The Aboriginal and Torres Strait Islander Scholarship Scheme was considered highly beneficial by recipients as it alleviated the financial impact of study. However, the availability of the scholarship did not influence students' intention to study pharmacy.

Program use

A survey was distributed to recipients of the Aboriginal and Torres Strait Islander Scholarship Scheme and received five responses after cleaning for blank or incomplete answers.

Two respondents (40%) had held the scholarship for four years, as shown in Figure 5.10.

Figure 5.10: Period of scholarship



Effectiveness of the program in recruiting new pharmacists

All respondents agreed the scholarship value of $15,000 per annum was a helpful contribution to the costs of their study. One respondent commented:

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

'It helped me attend the university of my choice. Living four hours from my family would have been a huge financial burden on them if I did not receive this scholarship'.

However, when asked if the availability of the scholarship influenced their decision to study pharmacy, four of the five respondents (80%) selected *'not at all'* and one respondent selected *'somewhat'*.

Two respondents (40%) were practising as community pharmacists and three (60%) were still studying. Both respondents who were practising pharmacists were working in PhARIA 1 locations that had Aboriginal and Torres Strait Islander populations above the national average of 3% total population[1].

Emerging issues

Scholarship recipients raised no issues with the Scheme.

Aboriginal and Torres Strait Islander Pharmacy Assistance Traineeship Scheme

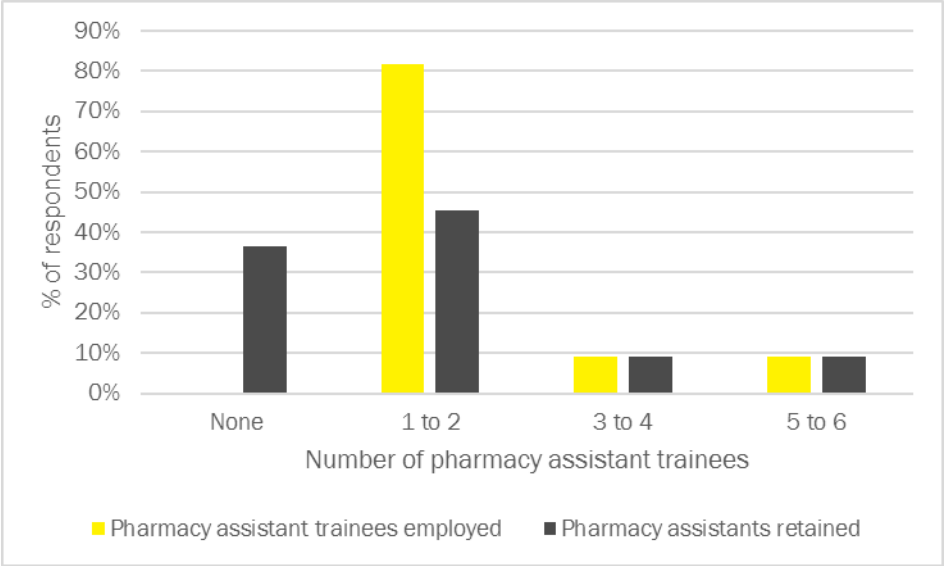
Key Finding 44:	The Aboriginal and Torres Strait Islander Pharmacy Assistance Traineeship Scheme was seen as an effective way to encourage Aboriginal and Torres Strait Islander people to enter a career in pharmacy. The Scheme also encouraged and compensated pharmacists for the time and effort involved with training a pharmacy assistant.

Program use

Two surveys were distributed to pharmacists and Aboriginal and Torres Strait Islander trainees who had accessed the Aboriginal and Torres Strait Islander Pharmacy Assistance Traineeship Scheme. The surveys received 18 responses from pharmacists and eight responses from trainees. Of the responding pharmacists, 13 had participated in the Scheme and five had not.

Most (n= 9, 82%) pharmacist respondents employed one to two Aboriginal and Torres Strait Islander pharmacy assistant trainees under the Scheme. As shown in Figure 5.11, 45% (n=5) of pharmacists retained one to two pharmacy assistants beyond their traineeship, 9% (n=1) retained three to four, 9% (n=1) retained five to six and 36% (n=4) did not retain any pharmacy assistants beyond their traineeship.

Figure 5.11: Number of pharmacy assistant trainees employed and later retained by pharmacists

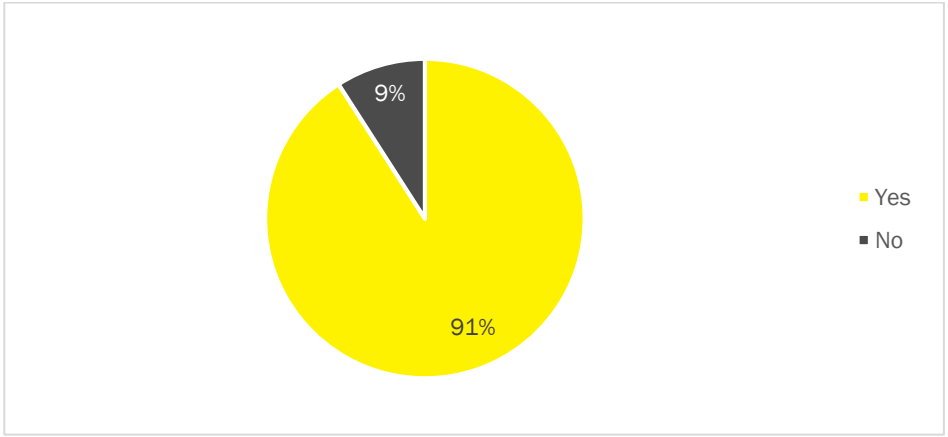


Pharmacists were asked whether the $10,000 funding per annum was a helpful contribution to the costs of supporting a pharmacy assistant through their training. Most (n=10, 91%) of respondents agreed the funding was helpful, as shown in Figure 5.12.

[1] *Australian Bureau of Statistics, Population Distribution, Aboriginal and Torres Strait Islander Australians, 2006; Australian Bureau of Statistics, Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Figure 5.12: Helpfulness of the Scheme funding in supporting a pharmacy assistant's training



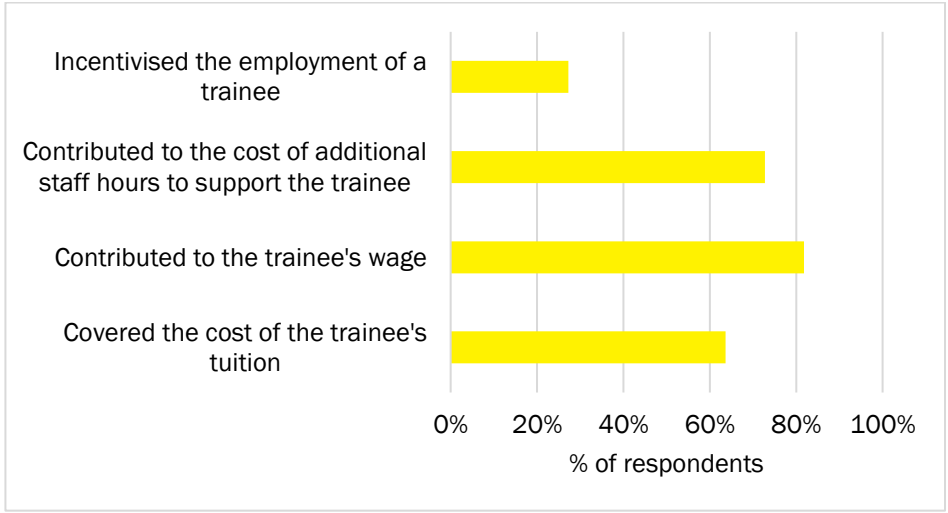
In free text comments summarised in Table 5.9, 63% (n=5) stated the funding was sufficient to cover costs. However, two respondents noted that their trainees had required more time in training than other staff. While training a pharmacy assistant required more effort on the part of pharmacists, some respondents acknowledged additional benefits of the program including trainees going on to study at university and supporting positive career choices.

Table 5.9: Feedback on the value of the traineeship Scheme – coded themes from pharmacists

Coded themes	No. of respondents	% of respondents
The funding was sufficient to cover costs	5	63%
The funding was sufficient, although Aboriginal and Torres Strait Islander trainees required a higher input of time than other staff	2	25%
Trainee has not been employed long enough to comment	1	13%
Total	8	100%

As shown in Figure 5.13, most pharmacists used Scheme funding to contribute to a trainee's wage (n=9, 82%), or to the cost of additional staff hours required to support the trainee (n=8, 73%).

Figure 5.13: Use of Scheme funding – pharmacist perspectives

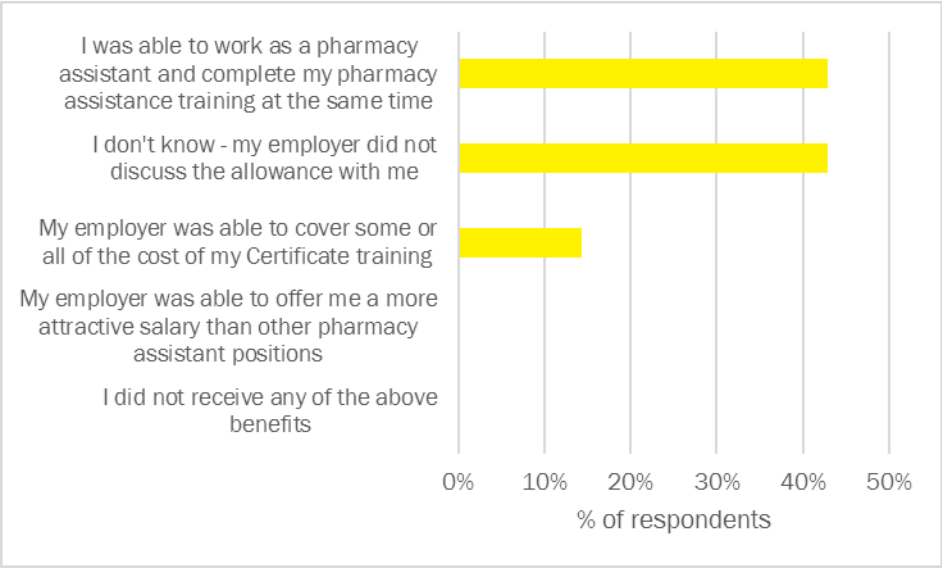


Responses from people employed as trainees under the Scheme are shown in Figure 5.14. This shows that:

- forty-three percent of respondents (n=3) stated the Scheme allowed them to work as a pharmacy assistant and complete their training at the same time
- forty-three percent of respondents (n=3) did not know how the Scheme was used to support them as their employer did not discuss it with them, and
- fourteen percent (n=1) stated their employer was able to cover some or all of the costs of the Certificate training.

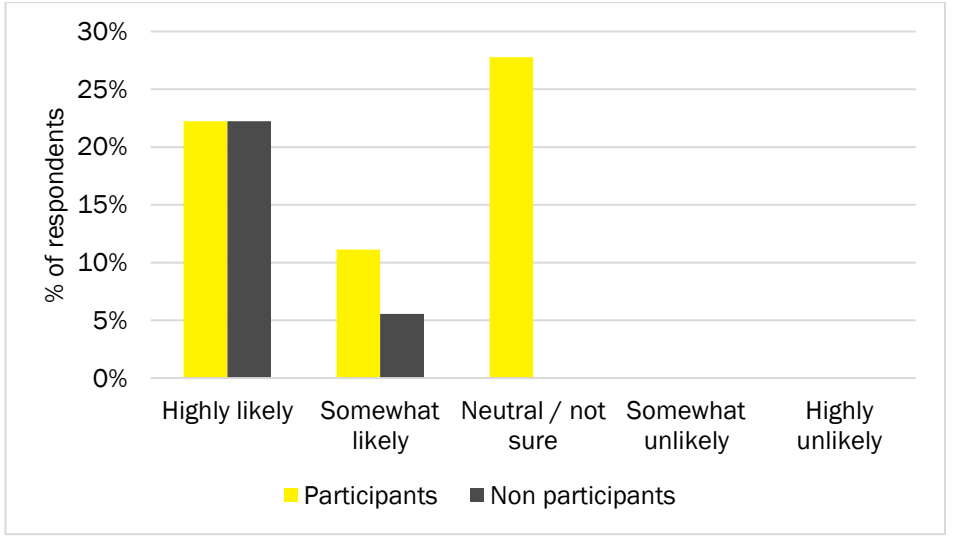
5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Figure 5.14: Use of Scheme funding – trainee perspectives



All responding pharmacists (n=16) were asked whether they would consider employing an Aboriginal and Torres Strait Islander pharmacy assistant in the absence of Scheme funding. Figure 5.15 shows that respondents who had not participated in the Scheme were more likely than those who had participated in the Scheme to employ an Aboriginal and Torres Strait Islander pharmacy assistant in the absence of funding.

Figure 5.15: Likelihood of employing an Aboriginal and Torres Strait Islander pharmacy assistant in the absence of Scheme funding



Respondents were asked to explain their response in free text comments. The respondents who were unsure whether they would hire an Aboriginal and Torres Strait Islander pharmacy assistant were hesitant due to previous experiences. These respondents noted the additional effort required when training an Aboriginal and Torres Strait Islander pharmacy assistant, as training generally involved the time of several staff.

Four respondents would be highly likely to employ an Aboriginal or Torres Strait Islander pharmacy assistant to improve cultural awareness and build trust between the pharmacy and local Aboriginal and Torres Strait Islander communities. One respondent commented:

> *'We have a significant [Aboriginal and Torres Strait Islander] population in our town and to have an assistant (ideally local) from that community would be beneficial in fostering trust and rapport with our patients.'*

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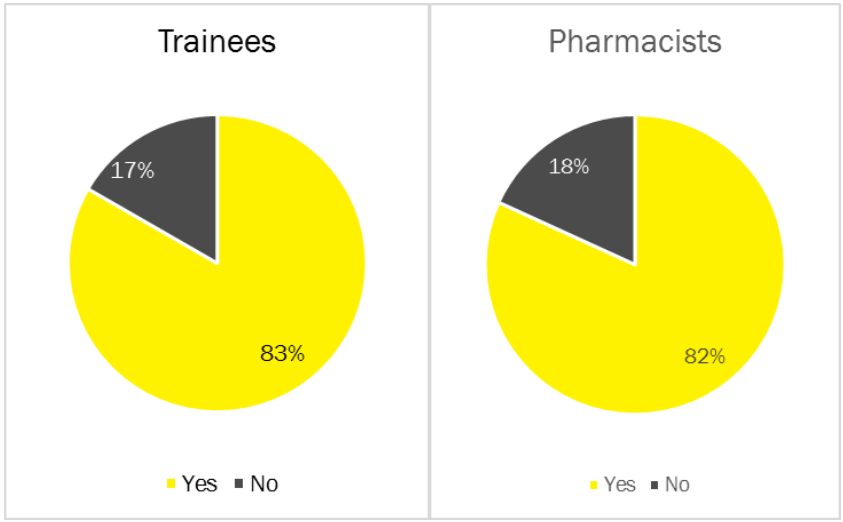
Effectiveness of the program in recruiting new pharmacy assistants

As shown in Figure 5.16, most pharmacists (n=13, 82%) and trainees (n=6, 83%) who participated in the Scheme agreed that the Scheme was effective in encouraging Aboriginal and Torres Strait Islander people to enter a career in pharmacy.

Figure 5.16: Pharmacist and trainee perspectives of effectiveness of the Scheme in encouraging Aboriginal and Torres Strait Islander people to take up a career in pharmacy



Pharmacists were invited to provide additional feedback on the effectiveness of the Scheme in free text comments, summarised in Table 5.10. Most (n= 6, 80%) stated the Scheme encourages pharmacists to hire and train pharmacy assistants. The opportunities provided by the availability of the Scheme are perceived as very positive for local Aboriginal and Torres Strait Islander people who carry these skills into their future careers.

Table 5.10: Additional feedback on the effectiveness of the Scheme – coded themes from pharmacists

Coded themes	No. of respondents	% of respondents
Encourages pharmacists to hire and train Aboriginal and Torres Strait Islander pharmacy assistants	6	80%
More should be done to support the employment of Aboriginal and Torres Strait Islander people in pharmacies	1	13%
Effectiveness depends on individual recipient	1	13%
Total*	8	100%

**Respondents' free text comments touched on more than one theme. Totals may not equal 100%*

Trainees were asked to suggest other ways to encourage Aboriginal and Torres Strait Islander people to take up a career in pharmacy. Four respondents provided suggestions including increasing awareness of the Scheme and its benefits, in particular, marketing the program to schools in Indigenous communities.

Emerging issues

Only one respondent identified an issue with the application process of the Scheme, noting:

> *'Some flexibility in the business rules may be beneficial. We employed an [Aboriginal and Torres Strait Islander] trainee and forgot to submit paperwork within the three-month time frame which excluded us from the program.'*

Rural Intern Training Allowance

Key Finding 45:	The Rural Intern Training Allowance was seen as vital to enable interns to undertake an internship as it relieves financial burden on rural interns earning a low wage. Interns suggested that offering upfront funding rather than reimbursement of costs would help reduce significant out-of-pocket expenses.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Program use

A survey was distributed that targeted pharmacists who may or may not have received the Rural Intern Training Allowance during their intern year. The survey received 53 responses comprising:

- fifty-one (96%) who had accessed the Rural Intern Training Allowance
- one (2%) who had never accessed the Allowance, and
- one (2%) who had applied for the Allowance but was unsuccessful.

Effectiveness of the program in recruiting new pharmacists

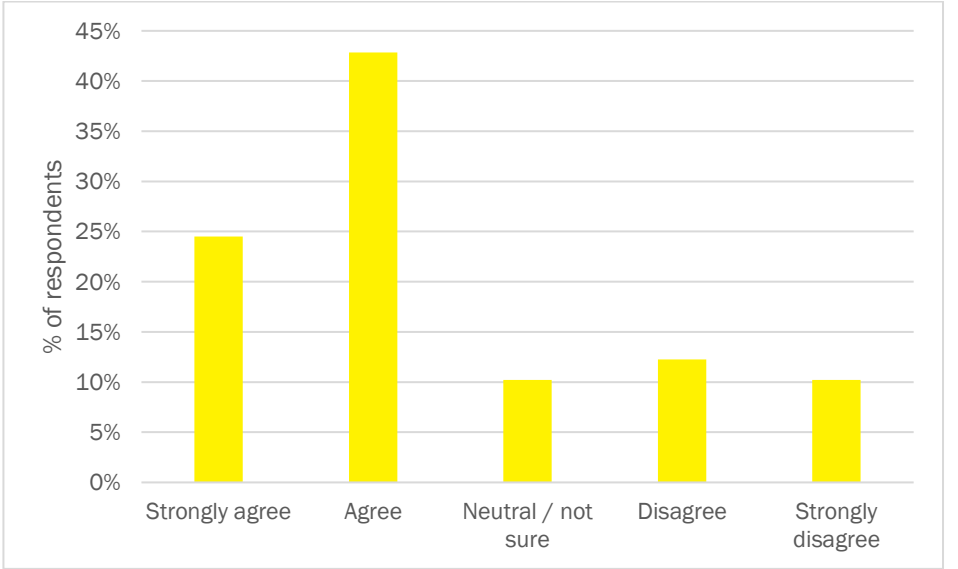
Of the respondents who had accessed the Allowance, 96% (n=47) stated the funding they received was a helpful contribution to the costs incurred as part of their training and education (see Table 5.11). Respondents were invited to provide additional comments in free text, which were coded for major themes and are summarised below.

Table 5.11: Feedback on Allowance – coded themes from recipients

Coded themes	No. of respondents	% of respondents
Funding reduced financial stresses experienced by interns who are on low wages	16	47%
Could not attend often compulsory training without funding	8	24%
Funding addresses the disadvantage experienced by rural interns	8	24%
Could not afford to complete internship in a rural area without funding	4	12%
Total	34	100%

Recipients of the Allowance were asked whether the availability of funding influenced their decision to undertake an internship in a rural or remote area. Most recipients agreed with this statement, with 67% (n=33) of respondents selecting *'strongly agree'* or *'agree'*, as shown in Figure 5.17.

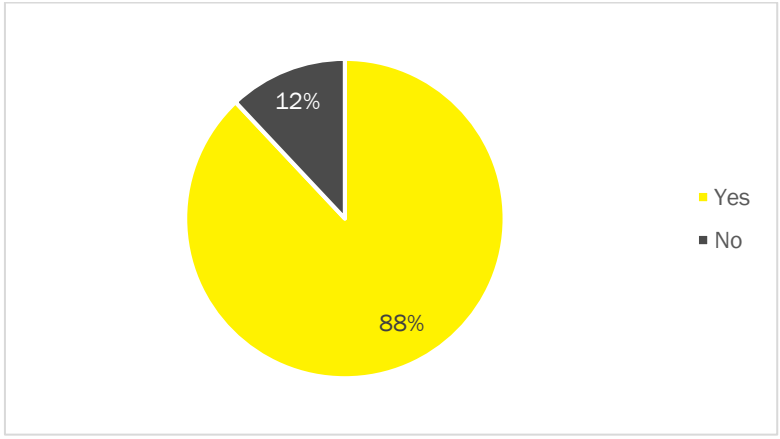
Figure 5.17: Influence of the Allowance on decision to undertake a rural internship



All respondents were asked whether the availability of the Allowance covering the travel costs associated with completing compulsory intern training for rural pharmacy interns is an effective means of encouraging interns to practise in rural, remote or very remote areas. As shown in Figure 5.18, most respondents (n=44, 88%) stated the Allowance was effective in encouraging rural internships.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Figure 5.18: Effectiveness of the Allowance in encouraging interns to take on rural internships



Emerging issues

While the majority of respondents saw the Rural Intern Training Allowance as vital for enabling interns to undertake their internships in rural and remote areas, a number of respondents raised issues with the program. These included:

- the 500km cap on funded distance travelled disadvantages remote interns
- more promotion of the Allowance is required as some respondents were not aware of the Allowance until after starting their internship
- providing upfront funding rather than reimbursement, as intern wages are one of the lowest of all higher education graduates and out-of-pocket expenses place particular pressure on rural interns. This respondent noted:

  'The payments being after the flights/travel and accommodation [was booked] meant many times I was out of pocket on the low intern wage. A flat allowance paid upfront would have reduced some financial distress'.

5.2.2 Programs supporting retention of pharmacy workforce

Intern Incentive Allowance for Rural Pharmacies and Extension Program

Key Finding 46:	The Intern Incentive Allowance for Rural Pharmacies and Extension Program were seen as vitally important sources of support for pharmacists who would not be able to employ an intern or graduate pharmacist in their practices without such funding. Pharmacists suggested the amount of funding should be reviewed to reflect increasing costs of employing and relocating new staff and encourage long-term commitment from interns and graduates.

Program use

A survey was distributed to pharmacists who had employed interns under the Intern Incentive Allowance for Rural Pharmacies and Extension Program. Another survey was developed to capture the perspectives of interns participating in the program. However, due to a lack of contact information for participants, the survey was not sent to interns and as a result, the survey received only two responses. Of these responses, only one respondent was currently practising as a pharmacist and believed the program encouraged interns to experience rural life and realise the advantages of practising in a rural area.

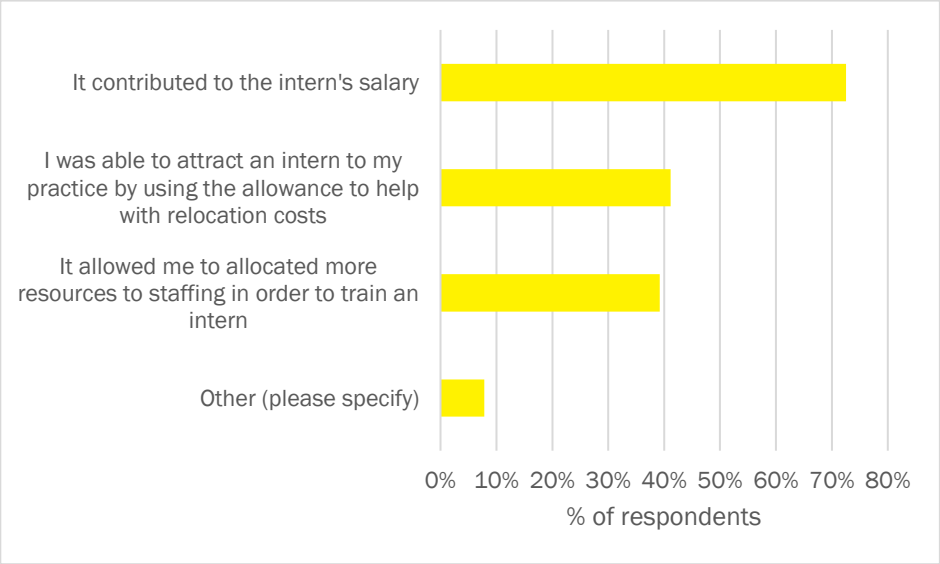
The survey to pharmacists received 56 responses comprising 37 (66%) respondents who had participated in the Intern Incentive Allowance for Rural Pharmacies only and 19 (34%) who had participated both in this program and the Extension Program.

Most commonly, program funding contributed to the intern's salary, with 73% (n=37) selecting this option as shown in Figure 5.19. Four respondents (8%) selected *'Other (please specify)'* and provided additional comments including:

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

- two respondents used the funding to provide additional training to increase retainability
- one respondent used the funding to cover housing costs, and
- one respondent believed the funding incentivised their intern to practise in a rural area.

Figure 5.19: Use of Intern Incentive Allowance funding

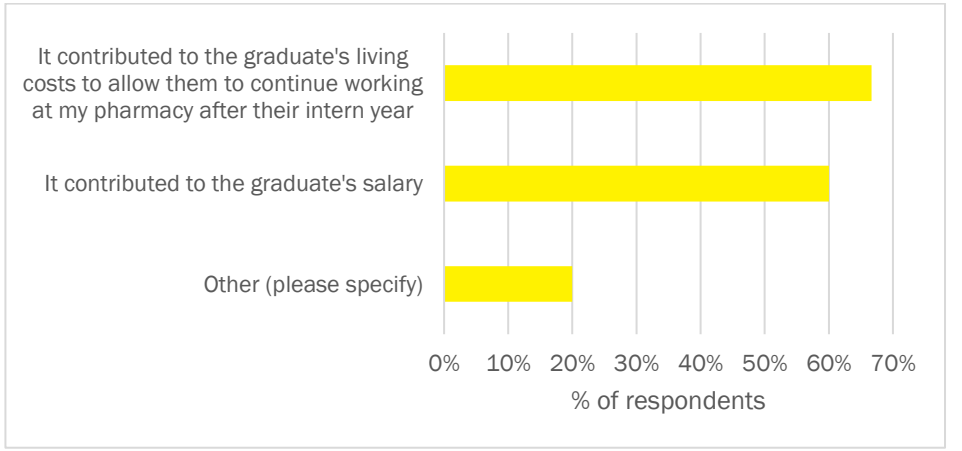


**Respondents could select more than one option. Totals may not equal 100%*

Of the respondents who had participated in the Intern Incentive Allowance Extension program and employed an intern beyond their internship, 67% (n=10) stated the funding contributed to the graduate's living expenses and 60% (n=9) stated it contributed to the graduate's salary (see Figure 5.20). Three respondents selected 'Other (please specify)' and provided additional comments about the use of funding including:

- two respondents used the funding to cover travel costs for the graduate who commuted to the rural practice each day, and
- one respondent used the funding to provide additional training opportunities to the graduate.

Figure 5.20: Use of intern Incentive Allowance Extension program funding

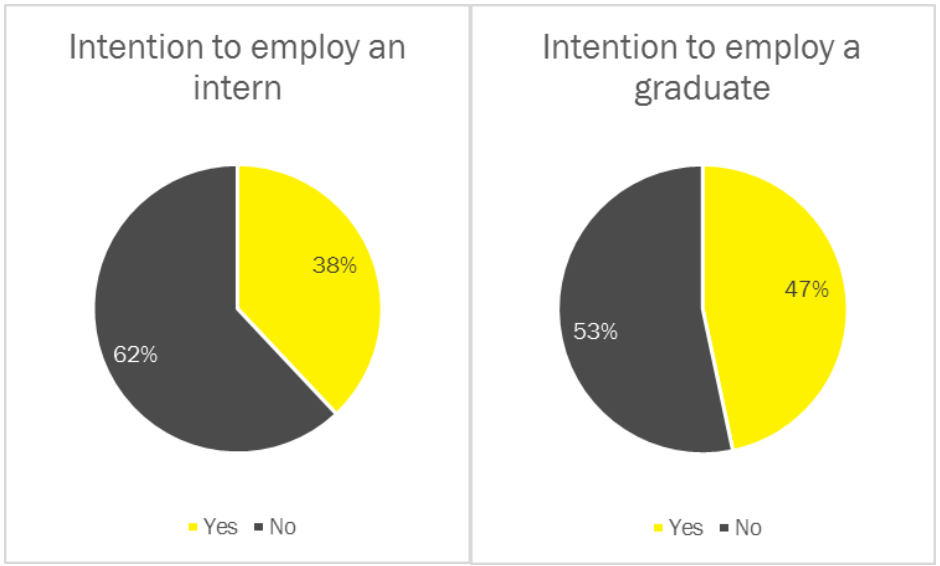


**Respondents could select more than one option. Totals may not equal 100%*

All respondents were asked if they would employ an intern or graduate if they did not have access to the Intern Incentive Allowance funding. As shown in Figure 5.21, most respondents would not employ an intern (n= 31, 62%) or a graduate (n=8, 53%) in the absence of funding.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Figure 5.21: Pharmacists' intention to employ an intern or a graduate in the absence of the Intern Incentive Allowance



Respondents were asked to provide additional feedback about why they would or would not employ an intern or graduate without funding. These comments were coded to quantify major themes and are summarised in Table 5.12. Pharmacists were mostly concerned that their small rural pharmacies could not viably employ an intern or graduate (n=11, 23%). Other issues included covering intern relocation costs that were prohibitively expensive (n=8, 17%) and that ultimately, pharmacists could not entice interns to rural areas without the additional incentives the funding provides (n=8, 17%).

Table 5.12: Intention to employ an intern in the absence of funding – coded themes

Coded themes	No. of respondents	% of respondents
Rural pharmacy is too small to make employing an intern or graduate viable	11	23%
It is too expensive to offer to cover relocation costs on top of an intern / graduate salary	8	17%
Could not attract an intern / graduate into a rural area without the funding	8	17%
Hiring interns / graduates contributes to the future pharmacy workforce	6	13%
It is too time-consuming to supervise an intern or graduate without funding to compensate staff costs	6	13%
Any intern or graduate willing to come to the rural area would be hired, so the funding is a bonus	3	6%
Interns that come out to rural areas are of poor quality	1	2%
Total	47	100%

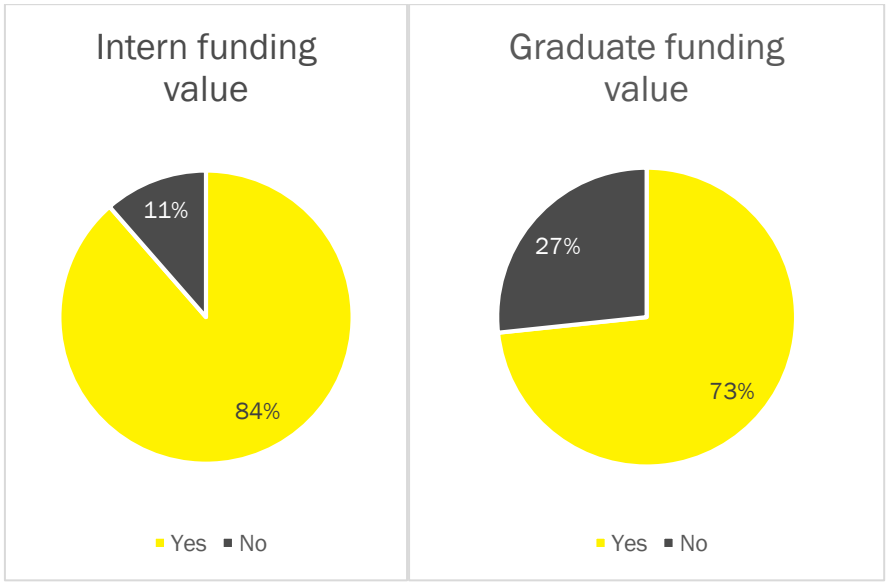
**Respondents' responses tended to touch on more than one theme. Totals may not equal 100%*

Effectiveness of the program in retaining rural pharmacy workforce

All respondents were asked whether the amount of funding provided per intern ($10,000 per annum) or graduate ($20,000 per annum) was an appropriate contribution to the costs of employing an intern or graduate. As shown in Figure 5.22, most respondents agreed the funding amount was appropriate. However, more respondents approved of the funding amount for the Intern Incentive Allowance (n=31, 86%) than the Extension Program (n=11, 73%).

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Figure 5.22: Appropriateness of Intern Incentive Allowance value in contributing to the cost of employing an intern or graduate



Of the respondents who agreed the Intern Incentive Allowance value was appropriate, six respondents (32%) appreciated the funding but suggested the value be increased. One respondent noted:

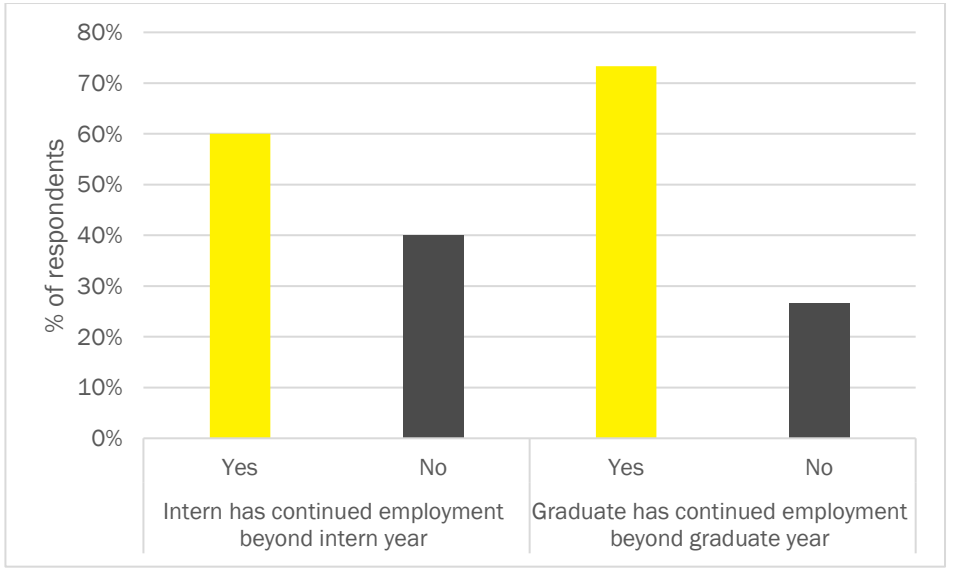
> *'It's been $10,000 for many years so an increase would be appropriate. We use a portion of this allowance to fund relocation costs, accommodation and assist the intern with study time which all increases by at least CPI each year.'*

Of the respondents who did not think the Extension Program funding value was appropriate, three (20%) noted the funding should be increased. One respondent suggested the funding would be better administered in a different way:

> *'I think it should be a larger amount but spread over a greater time period, such as $50,000 for 3 years to ensure that rural pharmacy has the incentive to employ professionals in their practices.'*

Respondents were asked whether the intern or graduate they employed had continued their employment at the respondent's pharmacy beyond their intern / graduate year. Figure 5.23 shows 60% (n=21) of interns and 73% (n=11) of graduates were retained beyond their intern / graduate year.

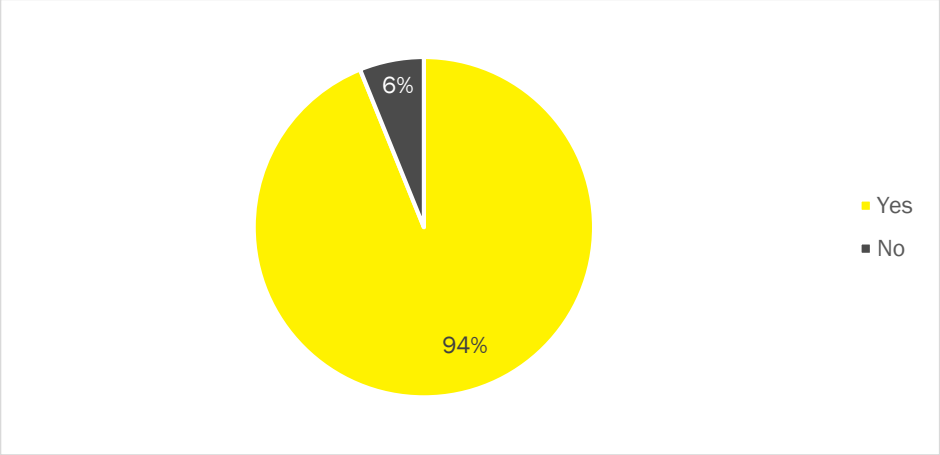
Figure 5.23: Rates of intern / graduate employment beyond internship or graduate year



Respondents were asked whether the Intern Incentive Allowance and Extension Program was an effective method of recruiting pharmacists to rural and remote areas. As shown in Figure 5.24, 94% (n=46) of respondents agreed it was an effective program. In free text comments, respondents noted the Incentive Allowance was effective as it made employing an intern or graduate financially viable and encouraged interns to 'try' rural pharmacy without the burdens of relocation and accommodation.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Figure 5.24: Effectiveness of Intern Incentive Allowance and Extension Program in recruiting pharmacists to rural and remote areas



Emerging issues

In addition to previous points made regarding increasing both Intern Incentive and Extension Program payments, respondents made suggestions to strengthen the program, summarised in Table 5.13. The PhARIA classification was an issue for several respondents who queried why eligibility for the Extension Program was limited to PhARIA 4–6 pharmacies, while PhARIA 2–6 pharmacies were eligible for the Intern Incentive Allowance. Three respondents suggested incentive payments directly to the intern would encourage more interns to consider a rural internship. One respondent commented:

> *'In addition to the Incentive Allowance for the pharmacy, include an incentive allowance paid directly to the intern on the same payment scheme, not necessarily the same amount as the pharmacy so they are encouraged to apply but also complete their training and possibly stay for 12 months.'*

Table 5.13: Additional feedback on the Intern Incentive Allowance and Extension program – coded themes

Coded themes	No. of respondents	% of respondents
Expand PhARIA eligibility criteria for both programs	4	22%
Payments should be made directly to intern	3	17%
Payments to incentivise graduates to stay longer than 12 months	3	17%
Expand eligibility criteria to include international students	2	11%
Better marketing strategies to increase awareness of the program and recruit more interns or graduates	2	11%
Increase funding to compensate for increasing remoteness and higher cost of living	2	11%
Total*	18	100%

**Respondents' answers tended to touch on more than one theme. Totals may not equal 100%*

Continuing Professional Education Allowance

Key Finding 47:	The Continuing Professional Education Allowance was highly valued by recipients who may not have been able to afford to travel to attend face-to-face CPE without funding. Face-to-face CPE was preferred by most respondents. Restrictive PhARIA eligibility, lack of locum support and a complicated application process were the main problems of the program.

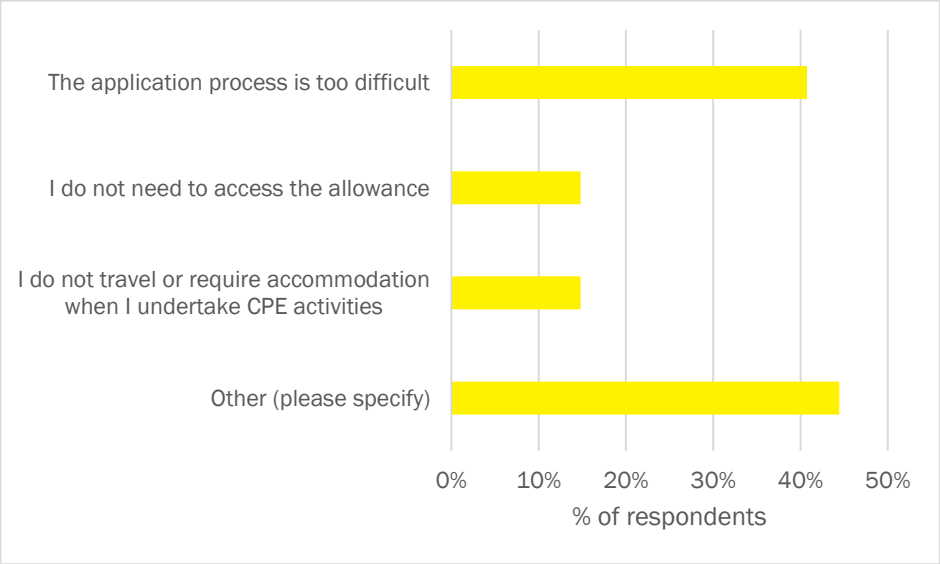
Program use

A survey was distributed to recipients of the Continuing Professional Education (CPE) Allowance and promoted to community pharmacists. The survey received 282 responses, comprising 235 pharmacists (83%) who had received the CPE Allowance and 47 (17%) who had not. Of the respondents who had not received the CPE Allowance, 60% (n=29) had heard of the program. Respondents were invited to comment on why they had not applied for or received the CPE

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

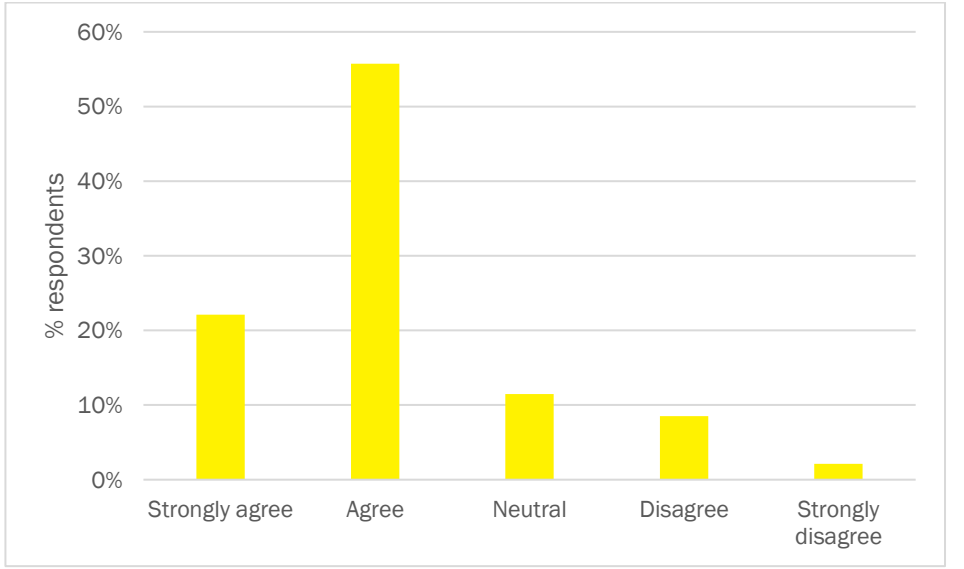
Allowance. As shown in Figure 5.25, 41% of respondents (n=11) who did not claim the CPE Allowance were deterred by the application process.

Figure 5.25: Reasons for not claiming the CPE Allowance



In contrast, most respondents who had received the CPE Allowance saw the application process as straight forward, with 78% (n=183) either strongly agreeing or agreeing to this statement as shown in Figure 5.26.

Figure 5.26: Allowance recipient perspectives on ease of application process



Twelve respondents provided additional reasons for not claiming the CPE Allowance which were coded to quantify major themes and are presented in Table 5.14. Half of the respondents (n=6, 50%) noted the change in PhARIA classification meant many previously eligible locations were classified as PhARIA 1. Respondents commented on the restrictiveness of the PhARIA eligibility rules, stating:

> *'I do not qualify. I would if I lived 10km away in an adjoining town'.*
>
> *'My very regional area (450km from a capital city, population under 35,000) is deemed PhARIA 1'.*

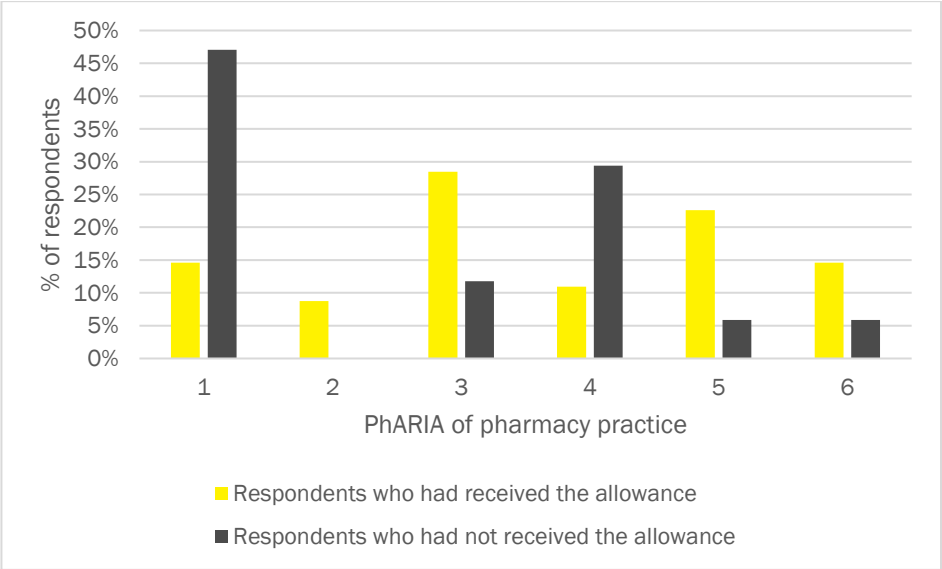
5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Table 5.14: Reasons for not claiming the CPE Allowance – coded themes

Coded themes	No. of respondents	% of respondents
Live or work in PhARIA 1 and did not qualify	6	50%
Funding ran out before they could claim	1	8%
Secured other funding to attend CPE	1	8%
Too difficult / expensive to hire locum to cover absence	1	8%
Intend to in the future	1	8%
Not aware of the program	1	8%
Total	12	100%

Figure 5.27 shows that most (n=39, 28%) respondents who received the CPE Allowance had pharmacies in PhARIA 3 locations, followed by 23% (n=31) in PhARIA 1. Recent changes to the PhARIA classification may account for the proportion of recipients with pharmacies in PhARIA 1. Not surprisingly, many respondents (n=8, 47%) who had not received the CPE Allowance had practices in PhARIA 1 and were therefore ineligible.

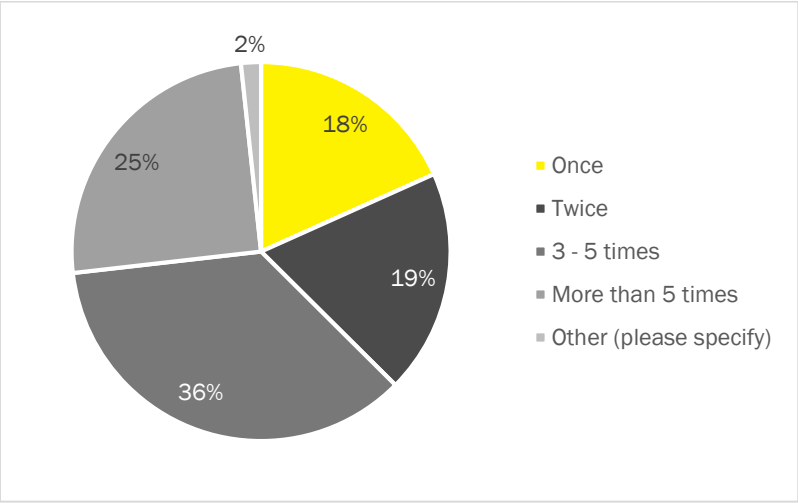
Figure 5.27: PhARIA classification of practise locations of pharmacists who had or had not received the CPE Allowance



Of respondents who had received the CPE Allowance, 36% (n=84) received the CPE Allowance 3–5 times during their career, as shown in Figure 5.28.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Figure 5.28: Total number of times CPE Allowance was claimed per respondent



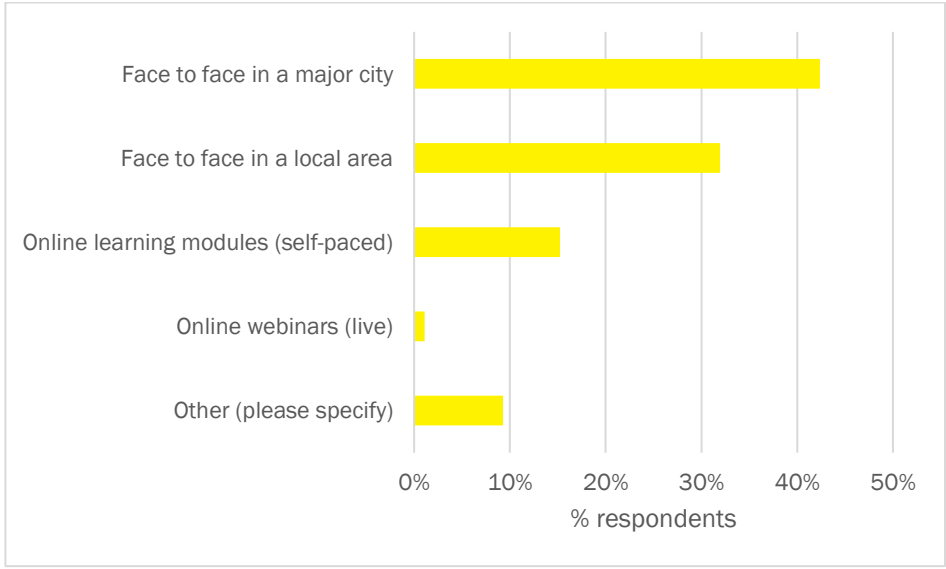
Effectiveness of the program in retaining rural pharmacy workforce

Of the respondents who had received the CPE Allowance, 96% (n=225) believed the amount of funding received was a helpful contribution to the costs of CPE activity.

As shown in Figure 5.29, most (n=114, 74%) respondents preferred attending face-to-face CPE events. One respondent added:

> *'Access to the CPE allowance is absolutely critical to the attraction and retention of staff in remote regions. The ability for my staff to escape the confines of the remote country and collaborate with professionals from other parts of Australia I think is critical to their long-term happiness and stability in the regions.'*

Figure 5.29: Preferred mode of CPE



Emerging issues

All respondents were invited to provide additional feedback about the CPE Allowance in free text comments which were coded to quantify major themes and are summarised in Figure 5.30. Most respondents made positive comments about the CPE Allowance, such as considering it a great support to access face-to-face CPE (n=57, 35%); and attending face-to-face training was seen as more valuable than online CPE (n = 95, 59%). Other respondents identified issues with the program. Notably, 18% of respondents (n=29) raised concerns that changes to the PhARIA classification had excluded pharmacists who live in regional areas. One respondent noted:

> *'I used to get this allowance until Albury went into a lower PhARIA category about ten years ago and I became unable to claim. If I lived 10km further out from Albury I would get the allowance. Travel and accommodation are very expensive, typically $600-$1000 for a day and a bit plus paying for a locum so I am not*

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

happy about the sharp cut-off due to locality. There is little face-to-face CPE here so the lack of any allowance definitely impacts on the CPE I can get to see, so I take what is available rather than what I need for professional development. While I hope this does not impact on my patients, there is no guarantee'.

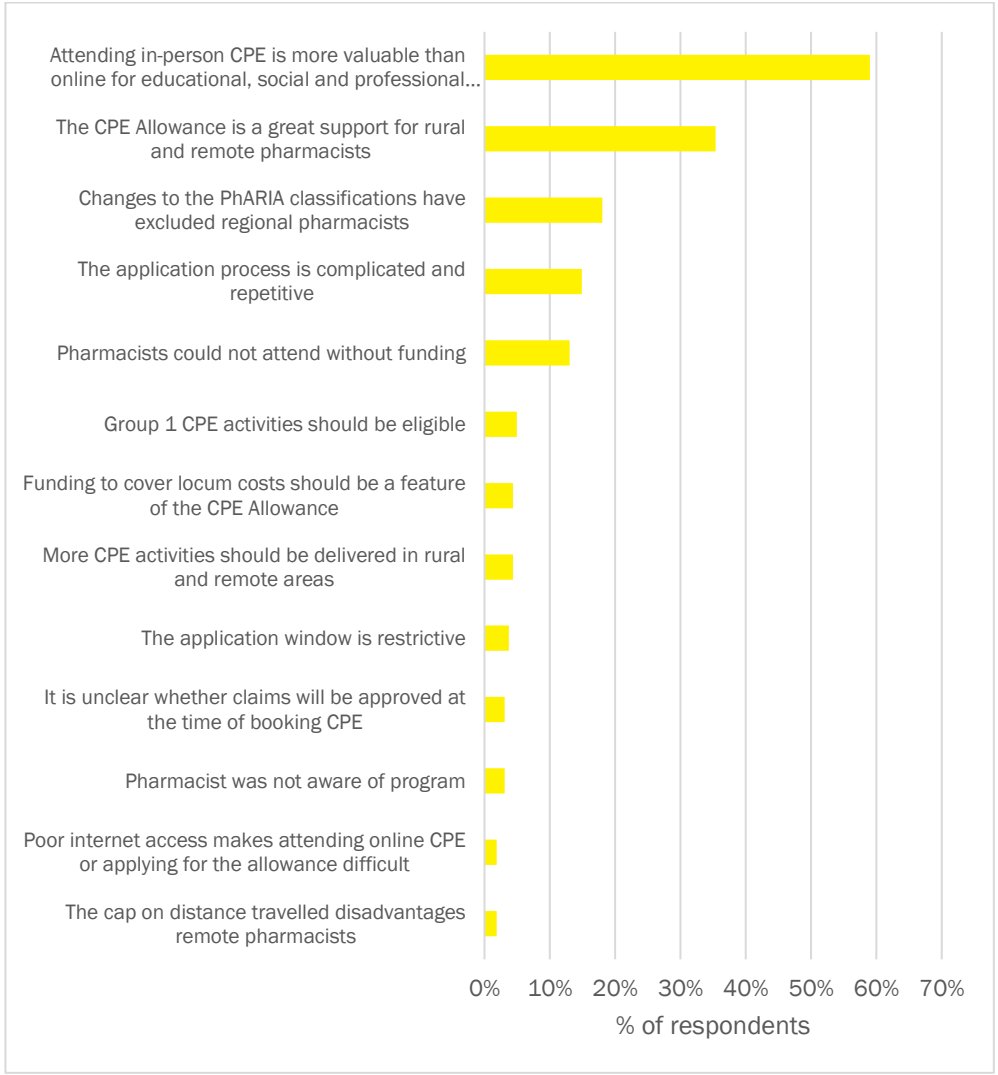
Other issues related to the application process being complicated and repetitive, with pharmacists having to provide identification and proof of citizenship each time they apply. Further, six respondents (4%) found the 60-day application window was restrictive, as proof of attendance at many CPE events can take up to 40 days to come through, leaving little time to navigate the complex application process. A further six respondents (4%) identified the key issue with attending CPE events was not travel costs but hiring locums to cover absence. Respondents noted:

'The cost is a minor barrier to [CPE], the major barrier is locum staff to cover whilst away.'

'For most rural pharmacists, it is the expense of locum cover that is hardest to justify when travelling to attend CPE, especially if you're an employee pharmacist and you have to convince your owner to fly, accommodate and pay a locum just so you can train face to face. Including a way for owners to get compensated for providing a locum when they or their employees are on training would be a great improvement to the CPE allowance.'

'I do believe some or all of the locum costs should be covered … for single pharmacist pharmacies they have no choice than to get a locum to enable them to attend'.

Figure 5.30: Feedback on CPE Allowance – coded themes



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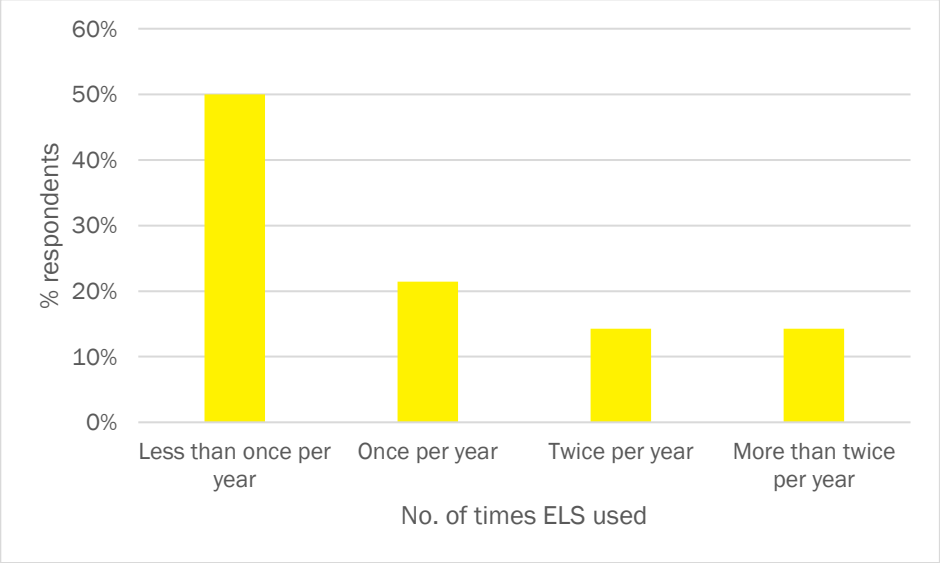
Emergency Locum Service

Key Finding 48:	Most respondents stated the Emergency Locum Service was a timely and vital support to rural pharmacists that often prevents the closure of rural pharmacies in the event of unforeseen staff absence.

Program use

A survey was distributed to pharmacists who may or may not have utilised the Emergency Locum Service (ELS). The survey received 21 responses, comprising 14 respondents (67%) who had used the ELS and seven (33%) who had not. Of the respondents who had not used the ELS, most (n=5, 71%) had heard of the program. Of the respondents who had accessed the ELS, 50% (n=7) used the ELS less than once per year as shown in Figure 5.31.

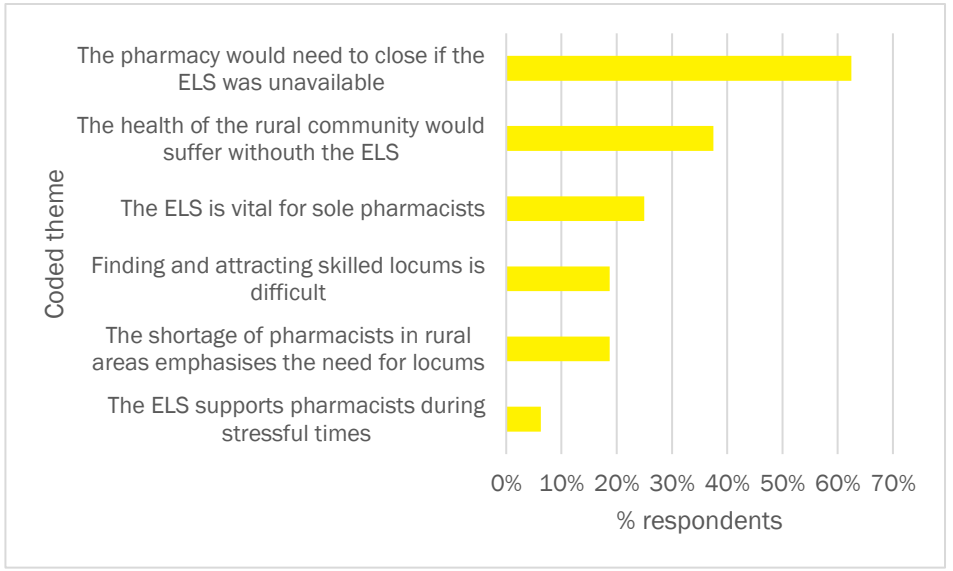
Figure 5.31: Frequency of ELS use



Effectiveness of the program in retaining rural pharmacy workforce

All respondents agreed the ELS was important for rural pharmacists with 94% (n=15) stating the program was *'very important'* and 6% (n=1) stating is was *'important'*. Respondents were invited to provide additional feedback in free text comments which were coded to quantify major themes and are summarised in Figure 5.32. Most (63%) respondents noted their pharmacies would likely have to close temporarily if the ELS was unavailable.

Figure 5.32: Importance of access to the ELS – coded themes



**Respondents' free text answers touched on more than one theme. Totals may not equal 100%*

Respondents who had received the ELS supported this finding, with 71% (n=10) stating it was 'very likely' their pharmacy would have to close without support from the ELS as shown in Figure 5.33.

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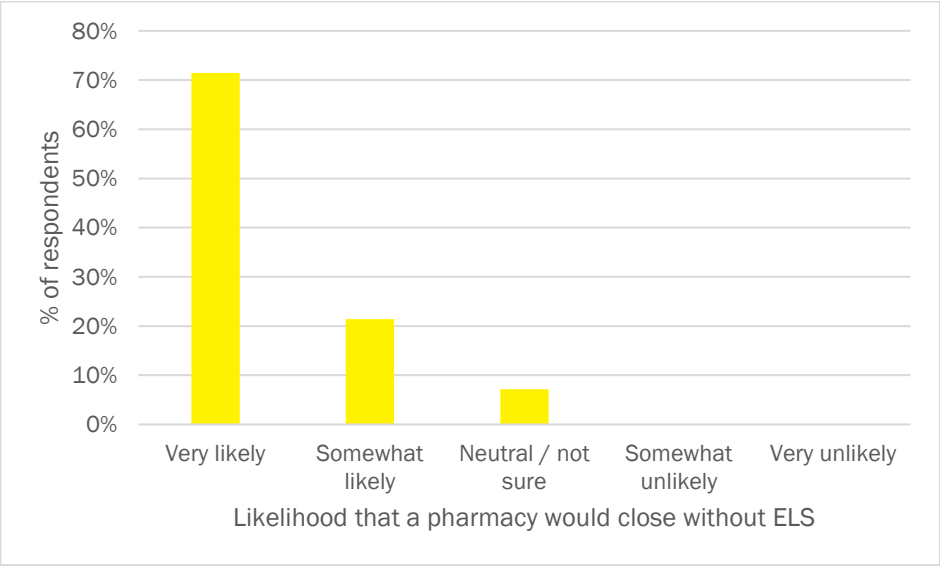
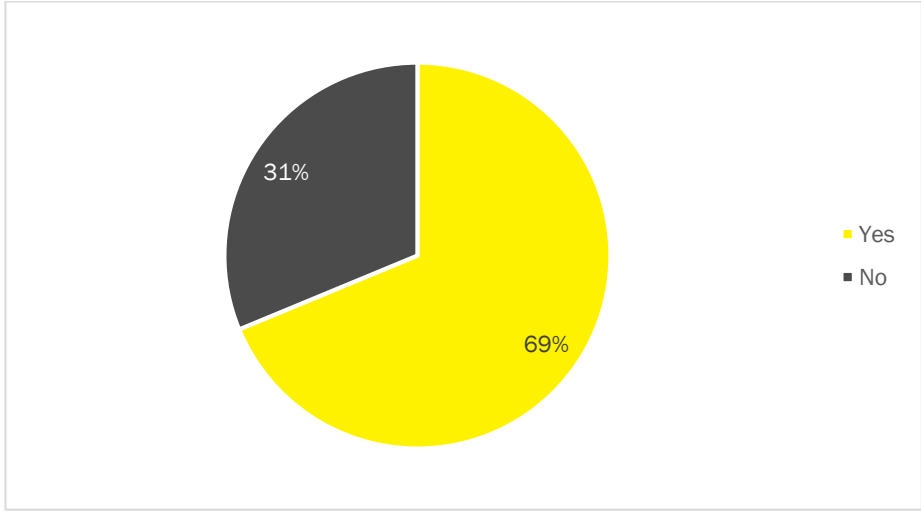
Figure 5.33: Likelihood that pharmacies would close without ELS



Most respondents (n=14, 88%) 'strongly agreed' that the ELS is effective in helping pharmacies maintain communities' access to pharmacy services. However, only 64% (n=11) agreed that the ELS was effective in encouraging pharmacists to practise in a rural location as shown in Figure 5.34.

Figure 5.34: ELS is effective in encouraging pharmacists to work in rural areas



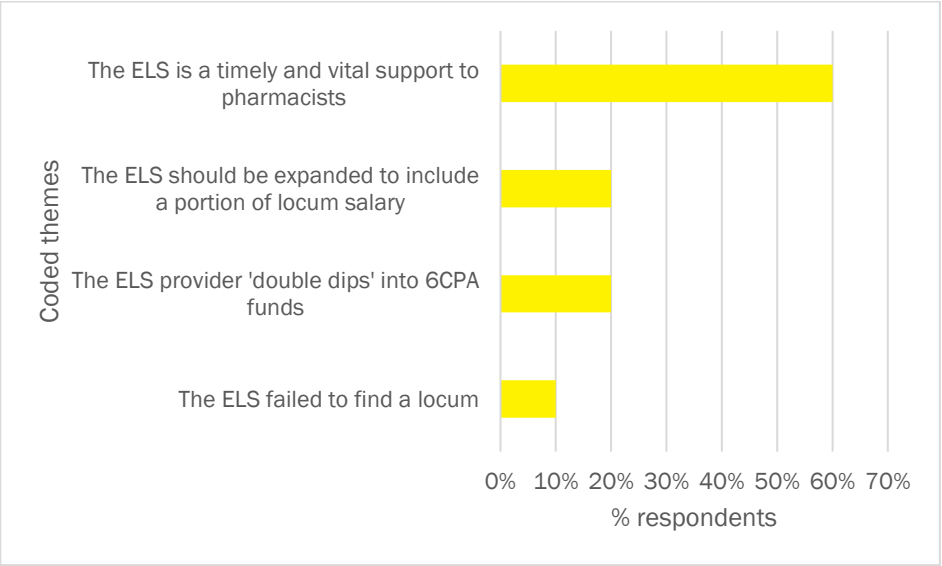
Emerging issues

Respondents were invited to provide additional feedback about the ELS in free text comments which are summarised in Figure 5.35. While most respondents (n=6, 60%) stated the ELS was a *timely and vital support to rural pharmacists*, some respondents provided suggestions on how the program could be improved including 20% of respondents (n=2) who suggested the ELS should cover part of the locum salary.

Two respondents have experienced situations where the ELS provider has 'double dipped', by being paid by 6CPA funds and charging the pharmacy. One respondent noted:

> *'I feel the locum company double dips in that if the locum is used again or if used for a longer period, as well as being paid by 6CPA arrangements, they charge the pharmacist a fee.'*

Figure 5.35: Additional feedback about the ELS – coded themes



5.2.3 Other support programs

Rural Pharmacy Liaison Officer Program

Key Finding 49:	The Rural Pharmacy Liaison Officer (RPLO) program was highly regarded by pharmacists who agreed it enhances the profile of rural pharmacy. RPLOs provided a number of suggestions for improvements to the program including expanding the role from two days per week, improving job security and facilitating greater collaboration between RPLOs.

Program use

Two surveys were developed targeting community pharmacists and Rural Pharmacy Liaison Officers. The pharmacist survey received 27 responses, including 52% (n=14) of respondents who had heard of the RPLO program and 48% (n=13) who had not.

RPLOs were asked to nominate which activity they spent the majority of their time working on. Table 5.15 summarises the results, with 70% (n=7) of RPLOs spending most of their time organising and supporting student placements in rural, remote and very remote areas.

Table 5.15: Activity RPLOs spend majority of time undertaking

Answer option	No. of respondents	% of respondents
Organising and supporting student placements in rural, remote and very remote areas	7	70%
Supporting community pharmacists in rural, remote and very remote areas through delivering training and networking events	2	20%
Promoting the profile of pharmacy in rural, remote and very remote areas	0	0%
Fostering collaboration between community pharmacists, students and University Departments of Rural Health (UDRHs)	0	0%
Other (please specify)	1	10%
Total	10	100%

RPLOs were invited to provide additional feedback on the specific activities they undertake under each of the broad objectives listed in Table 5.15. These included:

- **Organising placements**: Providing academic support to students, arranging diverse placement programs, providing students with local information about placement towns, visiting students on placements, arranging accommodation and providing cultural awareness training, providing interprofessional learning, providing community engagement activities and clinical skills training to students.

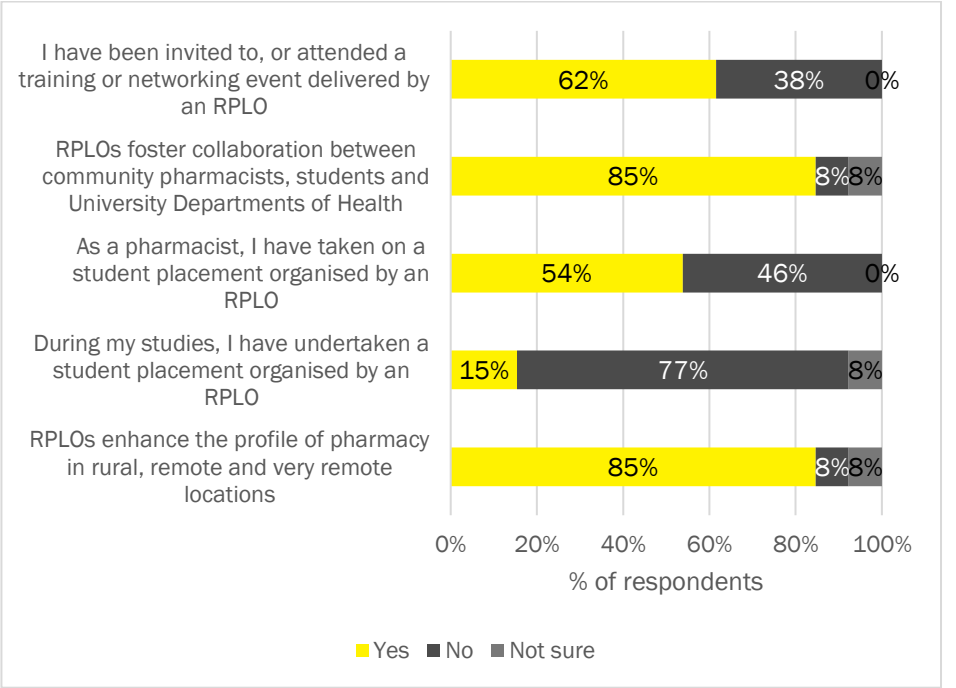
5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

- **Fostering collaboration:** Connecting students, pharmacists and university departments.
- **Supporting rural pharmacists:** Providing face-to-face lectures, hosting and advertising CPE events, supporting placement preceptors and providing an e-newsletter to local pharmacists.

Effectiveness of the program in supporting rural pharmacy workforce

Pharmacists were asked to select which statements they agreed with regarding the activities RPLOs undertake. These are summarised in Figure 5.36. Most respondents (85%) agreed *RPLOs enhance the profile of pharmacy in rural, remote and very remote locations* and *foster collaboration between community pharmacists, students and University Departments of Rural Health*. Very few (15%) respondents had undertaken a student placement organised by an RPLO during their studies.

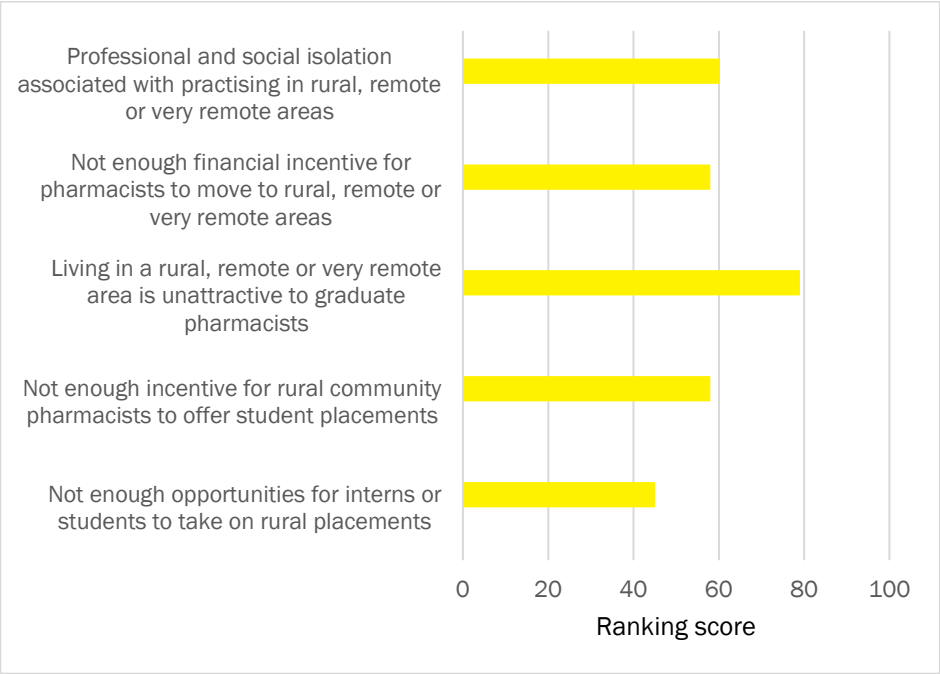
Figure 5.36: RPLO interaction with pharmacists – pharmacist perspectives



Pharmacists were asked to rank the greatest barriers to recruiting rural pharmacists from least to most significant. Most barriers ranked similarly with the highest ranked barrier being *'living in a rural, remote or very remote area is unattractive to graduate pharmacists'*. This is a barrier RPLOs are actively addressing through providing positive, immersive rural placement experiences for students.

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

Figure 5.37: Pharmacists' perspectives on barriers to recruitment of rural pharmacists



RPLOs were invited to provide feedback on the effectiveness of the program in free text comments. Comments included:

> *'We have collected student feedback continuously over the last 5 years with the majority of students reporting a very rewarding experience that has certainly changed their opinion of rural and remote areas. Basically, we are increasing students' interest in relocating for a future pharmacy career.'*

> *'The RPLO program gives rural and remote pharmacists a link to education, students and future workforce recruits through their RPLO. I constantly receive positive feedback about the support we provide to both preceptors and students whilst they are on placement.'*

> *'The RPLO program is a very valuable program to pharmacy students and preceptors as it highlights and encourages rural pharmacy as a career choice for students'.*

Emerging issues

Some RPLOs provided feedback on ways the program could be strengthened. Two respondents noted job security was a source of stress in their role, as contracts are currently limited to a six-monthly basis. One respondent suggested redirecting program funding and responsibility to UDRHs to increase job security. Two respondents noted the current funding for two days per week is insufficient to provide an in-depth experience to students on placement. One respondent noted:

> *'It needs to be a full-time role so the RPLO is able to provide consistent and more meaningful interactions with students rather than just a liaison role which is pretty much all the current FTE allows. The RPLO is the person on the ground so the student needs to be able to have reliable and consistent access to mentorship from the RPLO.'*

Two respondents suggested changes to the PhARIA classification system to allow students to take on rural placements in regional areas that are currently considered PhARIA 1. One respondent suggested the provision of incentives such as CPE points or funding to preceptor pharmacists may encourage more pharmacists to take on student placements.

One RPLO identified the issue at the heart of rural pharmacy workforce shortages, commenting:

> *'We need to ask "Why don't young graduates leave the cities to practise in rural Australia, where the cost of living is lower and they can earn $10,000 to $20,000 more [per annum]?" The future of the rural workforce depends on the answer(s) to this question. Nobody (or organisation) is championing for the cause of rural pharmacy anymore… There needs to be more promotion of what it means to practise pharmacy outside of the cities; but RPLOs don't have the money to mount such a campaign.'*

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

5.3 NEXT STEPS

The results of the web-based surveys presented in this discussion paper will accompany the findings of consultations held with students, interns, pharmacists, RPLOs and university placement officers to provide a broad view of the *felt need* of rural pharmacy workforce programs and Aboriginal and Torres Strait Islander workforce programs.

The outcomes of this discussion paper and the consultation findings will inform recommendations for the future administration of the programs. These options will be presented in the *Final Report* to be prepared by the project team and presented to the Department for consideration.

5.4 APPENDICES

APPENDIX B SURVEY DISTRIBUTION APPROACH

Table 4.1 details the target group and distribution channel for each survey.

Table 5.16: Survey distribution approach

Program	Target group(s)	Distribution channel
Rural Pharmacy Mentor Scheme	**Rural community pharmacists** who have participated in the Scheme as a mentor	Direct email to mentors (have email list of 2011–2015 mentors)
Rural Pharmacy Scholarship Scheme and Mentor Scheme	**Recipients** of the scholarship (and associated mentorship)	Direct email to scholarship holders (have email list of 2011–2016 recipients)
	Rural community pharmacists who did not receive a scholarship during their studies	The Guild / 6CPA website
Intern Incentive Allowance for Rural Pharmacies and Extension Program	**Rural community pharmacists** who have employed an intern / graduate pharmacist	Direct email to community pharmacists (have email list of 2011–2015 participating pharmacists in both programs)
	Interns and graduate pharmacists who were offered an internship or graduate position as part of the program	The Guild / 6CPA website (no access to intern emails)
	Interns and graduate pharmacists who completed their internship or graduate year at a pharmacy not participating in the program	
Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme	**Rural community pharmacists** who have employed an Aboriginal and Torres Strait Islander pharmacy assistant trainee under the Scheme	Direct email to participating pharmacists (we have emails for 2012–2016 participants)
	Rural community pharmacists who have not employed an Aboriginal and Torres Strait Islander pharmacy assistant trainee under the Scheme	The Guild / 6CPA website
	Aboriginal and Torres Strait Islander **pharmacy assistants** who completed their training under the Scheme	Direct email to pharmacy assistants (we have emails for 2012–2016 trainees)
	Aboriginal and Torres Strait Islander **pharmacy assistants** who did not complete their training under the Scheme	The Guild / 6CPA website (go through employing pharmacies)
Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme	Aboriginal and Torres Strait Islander students who received a scholarship	Direct email to scholarship recipients (have emails for 2011–2015 participants)

5 SUMMARY OF SURVEYS TO PROGRAM BENEFICIARIES

	Aboriginal and Torres Strait Islander students who did not receive a scholarship	The Guild / 6CPA website
Continuing Professional Education Allowance	All rural practising pharmacists	The Guild / 6CPA website
		Direct email to recipients (have emails from 2010–2016)
Rural Intern Training Allowance	Recipients of the Allowance	Direct email to recipients (have emails for 2012–2016)
	All rural community pharmacists	The Guild / 6CPA website
Emergency Locum Service	All rural community pharmacists	The Guild / 6CPA website
Rural Pharmacy Liaison Officer Program	Rural Pharmacy Liaison Officers	Direct email to RPLOs
	All rural community pharmacists	The Guild / 6CPA website

APPENDIX C SURVEY RESPONSE RATES

Table 4.2 summarises the survey response rates, number of responses remaining after cleaning for blank or incomplete responses and compares these against annual and 5CPA program volumes. This analysis shows how many recipients were surveyed within the context of recipient volumes.

Table 5.17: Survey response rates compared against annual and 5CPA program volumes

Survey	Total responses	Cleaned responses	Average annual recipient volume	% of annual recipient volume responded	% of indicative total volume over 5CPA
Rural Pharmacy Liaison Officer Program (for RPLOs)	10	10	12*	83%	83%
Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (for pharmacists)	18	18	7	257%	51%
Rural Pharmacy Scholarship & Mentor Scheme (for students)	82	79	42	188%	38%
Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (for pharmacy assistants)	8	8	7	114%	23%
Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme	8	5	6	83%	17%
Rural Pharmacy Mentor Scheme	37	37	45	82%	16%
Emergency Locum Service	22	21	30	70%	14%
Intern Incentive for Rural Pharmacies & Extension Program (for pharmacists)	56	56	94	60%	12%
Continuing Professional Education Allowance	295	282	491	57%	11%
Rural Intern Training Allowance	53	53	188	28%	6%
Intern Incentive for Rural Pharmacies & Extension Program (for interns & graduates)	3	2	94	3%	<1%
Rural Pharmacy Liaison Officer Program (for pharmacists)	27	27	N/A	N/A	N/A

** The number of RPLOs contracted to UDRHs fluctuated throughout the 5CPA. Therefore, the analysis has assumed a maximum of 12 contracted RPLOs over the life of the 5CPA.*

6 UNIT COST PAPER

6.1 INTRODUCTION

6.1.1 Project background

The Australian Government Department of Health (the Department) has engaged Healthcare Management Advisors (HMA) to provide a:

"cost-effectiveness review into ongoing pharmacy workforce programs."

There are 12 community pharmacy workforce programs funded under the Sixth Community Pharmacy Agreement (6CPA) between the Australian Government and The Pharmacy Guild of Australia (The Guild), which include the:

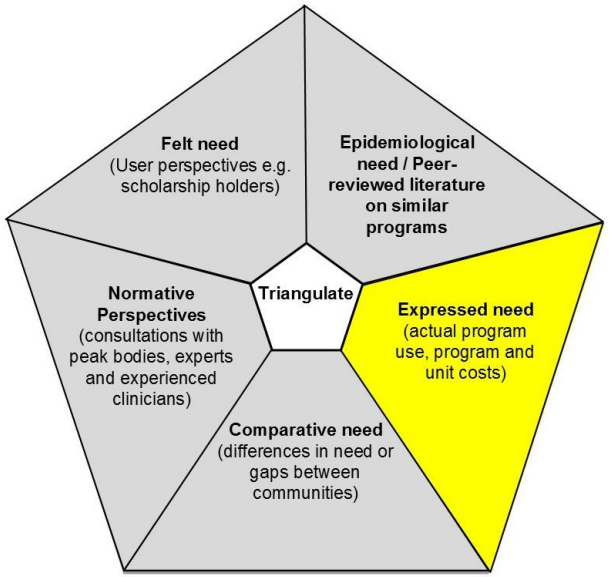
- Rural Pharmacy Scholarship Scheme
- Rural Pharmacy Scholarship Mentor Scheme
- Intern Incentive Allowance for Rural Pharmacies
- Intern Incentive Allowance for Rural Pharmacies – Extension Program
- Rural Intern Training Allowance
- Rural Pharmacy Student Placement Allowance
- Administrative Support to Pharmacy Schools
- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme
- Continuing Professional Educational (CPE) Allowance
- Rural Pharmacy Liaison Officer (RPLO) Program, and
- Emergency Locum Service.

As part of the project activities contracted by the Department, HMA have synthesised and analysed available program volume and expenditure data to calculate unit costs for each program. This discussion paper details the methodology and data sources used to derive unit costs and summarises administration and delivery costs for each program.

The objective of calculating unit costs is to inform the broader needs assessment by providing evidence on the *expressed need* for pharmacy workforce programs. Calculating unit costs provides an estimate of the cost associated with supporting the workforce categories and activities targeted by these programs.

As illustrated in the yellow area in Figure 6.1, the unit costs summarised in this paper, together with data analysis expressing actual program use will enable an assessment of *expressed need*.

Figure 6.1: Needs assessment parameters



6 UNIT COST PAPER

Methodology

In a public-sector program context, a unit cost can be defined as comprising two parts:

(1) dedicated program expenditure per natural 'unit' of service delivery, and
(2) a share of the overhead costs associated with the administration of the program.

The method of deriving unit costs for the Rural Pharmacy Workforce Programs included a number of key stages:

- identifying the costs incurred by The Guild in administering the programs
- determining the actual direct delivery costs by program
- defining a deliverable 'unit' of service delivery for each program, and
- deriving a unit cost which reflects each of the above values.

The methodology applied to undertaking each stage is outlined below.

Deriving administration overhead costs

Administration overhead costs incurred by The Guild were derived from budget reporting data provided by the Department for 2011/12 – 2014/15 financial years of the 5CPA for both the Aboriginal and Torres Strait Islander workforce programs and rural pharmacy workforce programs.

There are a number of limitations with this data, including:

- the data reflects administration budgets, not expenditure, and any unused budget was returned to the Department, and
- the total administration budget is not broken down by individual program. The administration costs were 'pooled' into two categories:
  - Aboriginal and Torres Strait Islander workforce programs, and
  - Rural Pharmacy Workforce Programs.

Proportion of administration costs, by volume

HMA defined the natural unit of service delivery for each program. These are listed in Table 6.1

Table 6.1: Definition of a natural unit of service delivery, by program

Program	Natural 'unit' definition	Average annual no. of units across the 5 CPA
Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme	The annual cost of delivering program services to a scholarship recipient	6
Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme	The annual cost of delivering program services to a traineeship recipient	11
Rural Pharmacy Scholarship Scheme	The annual cost of delivering program services to a scholarship recipient	41
Rural Pharmacy Scholarship Mentor Scheme	The annual cost of delivering program services toward the mentorship of a student	47
Intern Incentive Allowance for Rural Pharmacies	The annual cost of delivering program services toward an internship allowance	60
Intern Incentive Allowance for Rural Pharmacies - Extension Program	The annual cost of delivering program services toward a graduate employment allowance	8
Rural Intern Training Allowance	The annual cost of delivering program services to an intern's training	186
Rural Pharmacy Student Placement Allowance	The annual cost of program services to support placements at a university	16
Administrative Support to Pharmacy Schools	The annual cost of delivering program services to support a university	16
CPE Allowance	The annual cost of delivering program services to a pharmacist's CPE	598
RPLO Program	The annual cost of supporting a RPLO	10
Emergency Locum Service	The annual cost of funding a locum	48

6 UNIT COST PAPER

As identified in Table 6.1, each program's *volume* refers to the average annual number of units of delivery across the 5CPA. Apportioning the administration budget by volume provides a reasonable estimate of the actual administrative burden of delivering each program. As program volumes increase, so does the administrative effort required to deliver the program (e.g. processing applications, managing funds, reporting etc.).

As shown in Table 1.2, average annual program volumes to create a percentage proportion of program volumes across both the Aboriginal and Torres Strait Islander workforce programs and the rural pharmacy workforce programs. Table 6.2 shows the volume numbers and percentages for both groups of programs. Note, the volume numbers presented in Tables 1.1 and 1.2 have been averaged out over the life of the Fifth Community Pharmacy Agreement (5CPA) to determine a single 'average' annual program volume. This has led to some numbers not being whole (e.g. 3.2 Aboriginal and Torres Strait Islander Pharmacy scholarships).

Table 6.2: Volume proportion, by program

Program	Volume (number of deliverable units) per annum [1]	Volume: each program as a proportion of activity
Aboriginal and Torres Strait Islander Pharmacy Workforce Programs		
Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme	6	35%
Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme	11	65%
Sub-total	**17**	**100%**
Rural Pharmacy Workforce Programs		
Rural Pharmacy Scholarship Scheme	41	4%
Rural Pharmacy Scholarship Mentor Scheme	47	4%
Intern Incentive Allowance for Rural Pharmacies	60	6%
Intern Incentive Allowance for Rural Pharmacies - Extension Program	8	1%
Rural Intern Training Allowance	186	18%
Rural Pharmacy Student Placement Allowance	16	2%
Administrative Support to Pharmacy Schools	16	2%
CPE Allowance	598	58%
RPLO Program	10	1%
Emergency Locum Service	48	5%
Sub-total	**1120**	**100%**

1. Average number of units delivered annually for each individual program over the duration of the 5CPA.

There are limitations with this approach to measuring volume. Some programs require a higher degree of effort on the part of the administrator (e.g. the CPE allowance, which requires administrators to assess a large number of individual claims of a relatively small absolute dollar amount, collect receipts and process payments year-round). This compares to other programs with a low administrative effort (e.g. Administrative Support to Pharmacy Schools, which is largely managed by individual by university).

However, HMA considers this limitation is not significant. The distribution of the administration budget across the programs is a 'zero sum game'; under this cost apportionment methodology a reduction in the average overhead allocation for one program will be offset by increases in another. The total pool of funds to be distributed to administration overheads remains the same; approximately $3.5m for the rural pharmacy workforce programs and $0.3m for Aboriginal and Torres Strait Islander workforce programs, over the life of the 5CPA.

A more accurate estimate of administrative effort to overcome the limitation described above would require the application of additional Activity Based Costing techniques. This would require a survey of staff in the grant administration areas of The Guild to estimate the average administrative time per processing activity for each program, supported by an activity dictionary and a survey tool. HMA does not consider this effort is justified, based on the indirect costs relative to direct delivery costs (see the analysis findings in Chapter 2).

Deriving cost per deliverable unit

The annual cost per unit of direct service delivery (e.g. annual scholarship value) were either taken from:

- the *Program-Specific Guidelines* available on the 6CPA website, or

where unavailable from these sources,

- direct program expenditure from other administrative reports submitted by The Guild to the Department (e.g. CPE allowance expenditure) divided by program volume (e.g. number of CPE claims).

Deriving unit cost

The unit cost was derived by adding the share of administration budget for each program to the annual cost of a single unit of service delivery (as defined in Table 6.1).

6.1.2 Data sources

Data used to derive unit costs was sourced from documentation supplied by the Department and The Guild and loaded onto GovDex. Table 6.3 summarises the data sources used to identify the volume, actual expenditure and administration overhead costs for each program over the duration of the 5CPA. The data sources are listed under the titles provided by the Department in GovDex.

6 UNIT COST PAPER

Table 6.3: Summary of data sources

	Data source			
Program	Volume	Actual expenditure	Administration overhead costs	Comments
Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS)	• 2011-2015: *ATSIPSS data 2011 - 2015 Cohorts*	• 2011-2013: *ATSIPSS data 2011 - 2015 Cohorts* • 2013/14 – 2014/15: *2013-14 Category B - Aboriginal & Torres Strait Islander Initiatives; ATSIPSS & ATSIPATS Audited Statement 2014-15*	• 2011-12 – 2014/15: *Aboriginal and Torres Strait Islander Pharmacy Workforce – admin Part 1*	• Volume and expenditure data were provided by calendar year, so were recalculated to reflect financial year. • Audited statements were not available for 2011/12 and 2012/13 financial years, alternative data was used for this period. (see *Actual expenditure* column) • Volume and expenditure data was missing for ATSIPATS in 2011
Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (ATSIPATS)	• 2012-2015: *Pharmacy Workforce Details - ATSIPATS_V1.XLSX*	• 2012/13: *Pharmacy Workforce Details - ATSIPATS_V1.XLSX* • 2013/14 – 2014/15: *2013-14 Category B - Aboriginal & Torres Strait Islander Initiatives; ATSIPSS & ATSIPATS Audited Statement 2014-15*		
Rural Pharmacy Scholarship Scheme	• 2011-2015: *RPSS Combined Data Financial Scholarship data FINAL*	• 2011-2013: *RPSS Combined Data Financial Scholarship data FINAL* • 2013/14 – 2014/15: *2013-14 – Category B – Rural Pharmacy Initiatives; 2014-15 – Rural Scholarship and mentor Scheme Audited Statement 2014-15*	• 2011/12 – 2014/15: *RPWP Administration and Program Support - breakdown*	• Volume and expenditure data were provided by calendar year, so were recalculated to reflect financial year. • Audited statements were not available for 2011/12 and 2012/13 financial years, alternative data was used for this period. (see *Actual expenditure* column)
Rural Pharmacy Scholarship Mentor Scheme	• Volume was estimated from the combined volumes of the ATSIPSS and RPSS	• 2011-2013: *Combined Data Financial Scholarship data FINAL* • 2013/14 – 2014/15: *2013-14 – Category B – Rural Pharmacy Initiatives; 2014-15 – Rural Scholarship and mentor Scheme Audited Statement 2014-15*		• Volume and expenditure data were provided by calendar year, so were recalculated to reflect financial year. • Audited statements were not available for 2011/12 and 2012/13 financial years, alternative data was used for this period. (see *Actual expenditure* column) • Program volume and expenditure were unclear from the data, as not all mentors claimed an honorarium payment.
Intern Incentive Allowance for Rural Pharmacies	• 2012-2015: *IIARP Data for the Department*	• 2012/13: *IIARP Data for the Department* • 2013/14 – 2014/2015: *2013 – 14 – Category B- Rural Pharmacy Initiatives; 2014-15 – IIARP & IIARPEP Audited Statements 2014-15*		• Volume and expenditure data was not available for 2011/2012. • Audited statements were not available for 2011/12 and 2012/13 financial years, alternative data was used for 2012/13. (see *Actual expenditure* column).

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	Data source			
Program	Volume	Actual expenditure	Administration overhead costs	Comments
Intern Incentive Allowance for Rural Pharmacies - Extension Program	• 2011-2015: *IIARPEP 5CPA Spreadsheet for Department*	• 2011/12 – 2012/13: *IIARPEP 5CPA Spreadsheet for Department* • 2013/14 – 2014/15: *2013 – 14 – Category B- Rural Pharmacy Initiatives; 2014-15 – IIARP & IIARPEP Audited Statements 2014-15*		• Audited statements were not available for 2011/12 and 2012/13 financial years, alternative data was used for this period. (see *Actual expenditure* column).
Rural Intern Training Allowance	• 2012-2015: *RITA Data for the Department*	• 2012/13: *RITA Data for the Department* • 2013/14 – 2014/15: *2013-14 - Category B- Rural Pharmacy Initiatives; 2014 – 15 – CPE & RITA Audited Statement 2014 - 15*		• Volume and expenditure data was not available for 2011/12. • An audited statement was not available for 2012/13, alternative data was used for this period. (see *Actual expenditure* column).
Rural Pharmacy Student Placement Allowance	• Volume was taken to be the number of universities participating in the programs	• 2011/12 – 2012/13: *Placement/Administration data* half-yearly reports for each University • 2013/14 – 2014/15: *2013-14 - Category B- Rural Pharmacy Initiatives; 2014-15 – Rural Placement and Admin Support Audited Statement 2014-15*		• Audited statements were not available for 2011/12 and 2012/13 financial years, alternative data was used for this period. (see *Actual expenditure* column). • Expenditure data for 2011-2013 derived from half yearly reports contained several gaps in information and is likely to underestimate true expenditure
Administrative Support to Pharmacy Schools		• 2013/14 – 2014/15: *2013-14 - Category B- Rural Pharmacy Initiatives; 2014-15 – Rural Placement and Admin Support Audited Statement 2014-15*		• Expenditure data was not available for 2011/12 and 2012/13 financial years.
Continuing Professional Education Allowance	• 2011-2015: *FINAL CPE Data for Department*	• 2011/12 – 2012/13: *FINAL CPE Data for Department* • 2013/14 – 2014/15: *2013-14 - Category B- Rural Pharmacy Initiatives; 2014 – 15 – CPE & RITA Audited Statement 2014 - 15*		• Audited statements were not available for 2011/12 and 2012/13 financial years, alternative data was used for this period. (see *Actual expenditure* column).
Rural Pharmacy Liaison Officer Program	• 2012-2015: *Rural Pharmacy Liaison Officer Data for Dept*	• 2013/14 – 2014/15: *2013-14 - Category B- Rural Pharmacy Initiatives; 2014-15 – RPLO Audited Statement 2014-15*		• Expenditure data was not available for 2011/12 and 2012/13 financial years. • Volume data was not available for 2011, but was assumed to be the same as later years.
Emergency Locum Service	• 2011-2015: *ELS Combined data*	• 2013/14 – 2014/15: 2013-14 - *Category B- Rural Pharmacy Initiatives; 2014 – 15 – Emergency Locum Service Audited Statement 2014-15*		• Expenditure data was not available for 2011/12 and 2012/13 financial years.

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Data gaps

As noted in the 'Comments' column of Table 6.3, there are a number of gaps in the data used to determine program volume, expenditure and administration costs. In particular, no audited statements were available prior to the 2013/14 financial year. Where possible, other expenditure data was sourced for the 2011/2012 and 2012/13 financial years. However, gaps and inconsistencies in the data (e.g. expenditure reports from universities participating in the Placement Allowance and Administration Support programs varied in format, regularity and completeness) mean that expenditure data for 2011-2013 may be unreliable.

Further, there were inconsistencies in whether volume or expenditure data was reported by calendar or financial year (e.g. both Aboriginal and Torres Strait Islander pharmacy workforce schemes and the Rural Pharmacy Scholarship and Scholarship Mentor Schemes had differences in the reporting period) have also created inconsistencies between the HMA predicted budget figure and actual expenditures.

6.2 SUMMARY OF UNIT COSTS BY PROGRAM

Table 6.4 shows the total annual unit cost per program using the derivation method described in Chapter 1. These tables also show the components that comprise of the unit cost – the direct cost per output and the administration overhead contribution. Unit costs vary between programs and between years. However, on average, higher unit costs are seen in programs with generally lower volumes (e.g. Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme and Intern Incentive Allowance Extension Program) or higher costs per output (e.g. RPLO and Placement and Administration Support).

Figure 2.1 shows a number of gaps in expenditure data, particularly in 2011-13. HMA only received complete expenditure data for the 2013/14 and 2014/15 financial years. Therefore, the analysis has concentrated on the most recent expenditure data, for the 2014/15 financial year (the analysis for the other years is provided for information).

The administration budget for Aboriginal and Torres Strait Islander Pharmacy Workforce programs was approximately $0.3m, while $3.5m was budgeted for the Rural Pharmacy Workforce Programs. According to the 5CPA, the total indicative funds allocated to both program categories included:

- $3.5m for the Aboriginal and Torres Strait Islander Pharmacy Workforce programs, and
- $37m for the Rural Pharmacy Workforce programs.

Administration costs averaged across the 2013/14 and 2014/15 financial years comprised:

- 25% of the total expenditure for Aboriginal and Torres Strait Islander Pharmacy Workforce programs, and
- 15% of total expenditure for Rural Pharmacy Workforce programs.

HMA considers these proportions of administration costs relative to total cost to be reasonable (it is not uncommon for program administration costs in the form of overheads to be in the range of 20 to 30 per cent of total program costs).

As shown in Figures 2.1 and 2.2, the proportion of a program's unit cost attributed to administration is smaller for programs with fewer delivery units (e.g. administration of the Rural Pharmacy Student Placement Allowance is estimated at 2% of total expenditure, on average) and larger for programs with high volumes (e.g. administration of the Rural Intern Training Allowance is estimated at 61% of total expenditure, on average).

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Table 6.4: Unit cost of workforce programs (averaged for 2013–14 and 2014–15 financial years)

Program	Volume	Direct unit cost (annual)	Overhead contribution	Total unit cost (annual)	Total cost per program	Total program cost as proportion of total investment
Recruitment Programs						
Rural Pharmacy Scholarship Scheme*	98.75	$10,000.00	$618.14	$10,618	$1,048,537.41	18.7%
Rural Pharmacy Scholarship Mentor Scheme*	105.5	$375.00	$612.03	$987	$104,132.17	1.9%
Rural Intern Training Allowance	184.5	$458.07	$711.52	$1,170	$215,685.94	3.9%
Rural Pharmacy Student Placement Allowance#	16 (or 381)	$39,761.72	$627.96	$40,390 (or $1,696)	$646,234.87	11.5%
Other Support Programs						
Administrative Support to Pharmacy Schools#	16 (or 381)	$33,331	$628	$33,959 (or $1,426)	$543,349	9.7%
Rural Pharmacy Liaison Officer Program^	10 (or 381)	$82,907	$707	$83,613 (or $2,195)	$836,134	14.9%
Retention Programs						
Intern Incentive Allowance for Rural Pharmacies	75	$10,000	$593	$10,593	$794,472	14.2%
Intern Incentive Allowance for Rural Pharmacies - Extension Program	9	$20,000	$644	$20,644	$185,793	3.3%
Continuing Professional Education Allowance	388	$842	$1,089	$1,932	$749,264	13.4%
Emergency Locum Service	50	$2,662	$684	$3,346	$165,814	3.0%
Programs to increase access to culturally appropriate services						

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Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme	6.75	$15,000	$4,098	$19,098	$129,179	2.3%
Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme	13	$10,000	$4,098	$14,098	$177,973	3.2%
Total Program investment					$5,596,568	100.0%

**Volume for scholarships and mentorship is based on the number of active scholarships per year (not the annual intake)*
^Volume for RPLO is the number of officers (in brackets is the number of student placements)
#Volume is the number of Universities (in brackets is the number of student placements)

6 UNIT COST PAPER

The calculation of unit costs allows the determination of the total cost of a single output for each program. Based on the methodology described in this paper, the unit costs (including both direct delivery costs and overheads) averages cross the 2013/14 and 2014/15 financial years were estimated as:

- $19,098 per year per Aboriginal and Torres Strait Islander scholarship recipient, or approximately $76,392 per complete scholarship (4 years).
- $14,098 per Aboriginal and Torres Strait Islander pharmacy assistant traineeship.
- $10,618 per rural scholarship recipient, or approximately $42,472 per complete scholarship (4 years).
- $987 per year per mentored student, or approximately$3,948 per mentored student across an undergraduate degree (4 years).
- $10,593 per completed rural internship.
- $20,643 per completed first year of rural pharmacy practice.
- $1,170 per intern to support training.
- $40,390 per year per university to support placements (or $1,696 per supported student).
- $33,959 per year per university to provide administration support (or $1,426 per supported student).
- $1,932 per year per pharmacist completing CPE.
- $83,613 per year per RPLO (or $2,195 per supported student).
- $3,346 per emergency locum.

The analysis of submitted reports has enabled an analysis of actual expenditure compared to program allocations, shown in Table 6.5. The level of underspend will require further commentary in the final evaluation report.

Table 6.5: Total program expenditure and budget across 5CPA

Program category	Proportion of program cost attributed to administration overheads	Indicative funds (total program category) *	Indicative funds (less actual program category expenditure)
Aboriginal and Torres Strait Islander Pharmacy Workforce Program	25%	$3.0m	$1,918,014
Rural Pharmacy Workforce Program	15%	$37m	$22,979,083

**Indicative funds derived from the 5CPA (available from: www.health.gov.au)*

6.3 NEXT STEPS

The unit costs presented in this discussion paper, in particular, the allocation of administration budget to each program, requires review by The Guild.

PART B

DATA COLLECTION TOOLS

7 SURVEY TOOLS

Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme: Pharmacist perspectives

About the program

The Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme aims to support the community pharmacy workforce by encouraging Aboriginal and Torres Strait Islander people to enter pharmacy assistant roles. The scheme aims to increase the number of Aboriginal and Torres Strait Islander pharmacy assistants in community pharmacies and establish alternative pathways for Aboriginal and/or Torres Strait Islander students to enter into pharmacy.

Incentive allowances of $10,000 are available to community pharmacies to employ and train an Aboriginal and/or Torres Strait Islander Pharmacy Assistant Trainee.

For more information about the program, please visit the 6CPA website.

About you

*** 1. Have you employed a pharmacy assistant trainee as part of the Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (ATSIPATS) offered a Community Pharmacy Agreement?**

Yes

No

Your experience with the ATSIPATS

***2. How many pharmacy assistant trainees have you employed under the ATSIPATS?**

1-2

3-4

5-6

7-8

9 or more

***3. Of the trainees you have employed, how many continued to work as a pharmacy assistant in your pharmacy after completing their training?**

None 1-2

3-4

5-6

7-8

9 or more

***4. Was the maximum allowance of $10,000 per trainee a helpful contribution to the costs of supporting a pharmacy assistant through their training?**

Yes

No

Please explain why you selected your answer

7 SURVEY TOOLS

***5. How has the allowance assisted you to support a pharmacy assistant trainee? Please select all that apply**

Cover the cost of the trainee's tuition Contribute to the trainee's wage

Contributed to the cost of additional staff hours to support the trainee Incentivised the employment of a trainee

Other (please specify)

***6. Do you think the ATSIPATS is an effective way to encourage Aboriginal and Torres Strait Islander people to begin a career in pharmacy?**

Yes

No

Please explain why you selected your answer

Program feedback

***7. Regardless of whether an allowance was available, how likely would you be to employ an Aboriginal and Torres Strait Islander pharmacy assistant trainee in your pharmacy?**

Highly likely

Somewhat likely

Neutral / not sure

Somewhat unlikely

Highly unlikely

Please explain why you chose your answer

Additional feedback

8. If you would like to provide any additional feedback about the ATSIPATS, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme: Pharmacy assistant perspectives

About the program

The ATSIPATS aims to support the community pharmacy workforce by encouraging Aboriginal and Torres Strait Islander people to enter pharmacy assistant roles. The scheme aims to increase the number of Aboriginal and Torres Strait Islander pharmacy assistants in community pharmacies and establish alternative pathways for Aboriginal and/or Torres Strait Islander students to enter into pharmacy.

Incentive allowances of $10,000 are available to community pharmacies to employ and train an Aboriginal and/or Torres Strait Islander Pharmacy Assistant Trainee.

For more information about the program, please visit the 6CPA website.

About you

1. Were you employed as a pharmacy assistant trainee at a pharmacy as part of the Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme offered under a Community Pharmacy Agreement?

Yes

No

I don't know

Your experience as a trainee pharmacy assistant

2. As a trainee, how did you benefit from the Pharmacy Assistant Traineeship Scheme? Please select all that apply

My employer was able to cover some or all of the cost of my Certificate training

My employer was able to offer me a more attractive salary than other pharmacy assistant positions

I was able to work as a pharmacy assistant and complete my pharmacy assistance training at the same time I don't know - my employer did not discuss the allowance with me

I did not receive any of the above benefits Other (please specify)

Program feedback

***3. Do you think incentivising pharmacists to employ Aboriginal and Torres Strait Islander pharmacy assistant trainees is an effective way to encourage Aboriginal and Torres Strait Islander people to take up a career in pharmacy?**

Yes

No

Please explain why you selected your answer

4. Can you think of any other ways to increase the number of Aboriginal and Torres Strait Islander pharmacy assistants?

Additional feedback

5. If you would like to provide any additional feedback about the ATSIPATS, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme

About the program

The aim of the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme is to encourage Aboriginal and Torres Strait Islander students to undertake undergraduate or graduate entry studies in pharmacy at an Australian University. Scholarships have a value of $15,000 per year (GST exempt) per student for the duration of undergraduate or graduate study, with a maximum amount of $60,000 per student over a four-year period.

For more information about the program, please visit the 6CPA website

About you

*** 1. Have you ever received (or are you currently receiving) the Aboriginal and Torres Strait Islander Pharmacy Scholarship offered under a Community Pharmacy Agreement?**

Yes

No

Your experience receiving a scholarship

***2. For how many years of study did you receive the scholarship?**

Less than one year

One year

Two years

Three years

Four years

***3. Was the scholarship value of $15,000 per annum a helpful contribution to the costs of your study?**

Yes

No

Please explain why you selected your answer

***4. Did the availability of the scholarship influence your decision to study pharmacy?**

Not at all

Somewhat

Very much

5. Did you find being mentored by a community pharmacist as part of the scholarship scheme a useful experience?

Yes

No

Please explain why you select your answer

***6. What activities did you and your mentor undertake as part of your mentorship?**

Your current practice

7. Are you currently practising as a pharmacist?

Yes

No

***8. What is the postcode of your current practice?**

7 SURVEY TOOLS

***9. What field of pharmacy do you currently practise in?**

Community pharmacy

Hospital pharmacy

Other (please specify)

***10. If you are intending on practising pharmacy in the future, what field of pharmacy do you plan to practise in?**

Community pharmacy

Hospital pharmacy

I do not plan to practise pharmacy in the future.

Other (please specify)

Additional information

11. If you would like to provide any additional feedback about the ATSIPSS, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Continuing Professional Education Allowance

About the program

The CPE Allowance provides financial support to assist pharmacists from rural and remote areas to access CPE activities. The allowance may be awarded to practicing pharmacists, intern pharmacists, pharmacists preparing to re-enter pharmacy practice in rural locations or a professional educator travelling to a group of practicing pharmacists to deliver CPE. Allowances have a maximum value of $2,000 to cover travel and accommodation costs associated with accessing CPE.

For more information about the program, please visit the 6CPA website.

About you

1. Have you received the Continuing Professional Education (CPE) Allowance offered under a Community Pharmacy Agreement?

Yes

No

***2. How many times have you received the CPE allowance throughout your career as a community pharmacist?**

Once

Twice

3 - 5 times

More than 5 times

Other (please specify)

***3. Do you believe the amount of funding you received was helpful in contributing to the costs of the CPE activity you undertook?**

Yes

No

Please explain why you selected your answer

***4. Claiming the CPE allowance was a straightforward process**

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Awareness of the CPE allowance

***5. Have you heard of this allowance before?**

Yes

No

Accessing the CPE allowance

***6. Why have you not applied for or received the CPE allowance? Please select all that apply**

The application process is too difficult

7 SURVEY TOOLS

I do not need to access the CPE allowance

I do not travel or require accommodation when I undertake CPE activities

Other (please specify)

Your CPE preferences

***7. What is the postcode of your pharmacy practice?**

***8. What proportion of the CPE activities you undertake require you to travel to a major city?**

I have to travel to all of my CPE activities (no local or online)

I have to travel to most of my CPE activities (some local or online)

I undertake most CPE activities locally or online

I undertake all CPE activities locally or online

***9. What is your preferred format to undertake CPE?**

Face to face in a major city

Face to face in a local area

Online learning modules (self-paced)

Online webinars (live)

Other (please specify)

Additional information

10. If you would like to provide any additional feedback about the CPE allowance, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Emergency Locum Service

About the program

The primary aim of the ELS is to alleviate the hardships faced by Community Pharmacies based in rural and remote communities in accessing locum services. It provides for locum services to Community Pharmacies who are faced with an emergency situation that will affect the provision of pharmacy services to the community.

The ELS Program assists Community Pharmacies by funding up to $2500 (ex GST) to contribute towards the travel costs between the locum's home and the Community Pharmacy location. The cost of pharmacist locum wages are not covered. The ELS Program is available 24 hours a day, seven days a week.

For more information about the program, please visit the 6CPA website.

About you

1. Have you accessed the Emergency Locum Service administered under a Community Pharmacy Agreement?

Yes

No

Your experience with the ELS

*** 2. On average, how often have you used the ELS to cover a period of absence at your pharmacy?**

Less than once per year

Once per year

Twice per year

More than twice per year

*** 3. Without access to the Emergency Locum Service, what is the likelihood that you would need to close your pharmacy?**

Very likely

Somewhat likely

Neutral / not sure

Somewhat unlikely

Very unlikely

Awareness of the ELS

4. Have you heard of the Emergency Locum Service?

Yes

No

The importance of locum access

***5. How important do you think access to an Emergency Locum Service is for rural pharmacies?**

Very important

Somewhat important

Neutral / not sure

Somewhat unimportant

7 SURVEY TOOLS

Not important at all

6. Please explain why you selected this option.

***7. Do you think the Emergency Locum Service is effective in helping pharmacies maintain communities' access to pharmacy services?**

Strongly agree

Agree

Neutral / not sure

Disagree

Strongly disagree

Program feedback

***8. Do you think the availability of an allowance to cover the travel costs and accommodation costs of locums encourages more pharmacists to practise in rural and remote areas?**

Yes

No

Please explain why you selected your answer

Additional information

9. If you would like to provide any additional feedback about the Emergency Locum Service, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Intern Incentive Allowance for Rural Pharmacies and Extension Program: Pharmacist perspectives

About the programs

The Intern Incentive Allowance for Rural Pharmacies and Extension program, offered under the 6CPA, supports community pharmacies to employ an intern and / or a graduate pharmacist. We are seeking feedback from community pharmacists who have employed an intern or a graduate pharmacist under the Intern Incentive Allowance or Extension Program. We would like to explore how the allowance has assisted you, and ways the program may be improved to better meet the needs of community pharmacists.

For more information about the program, please visit the 6CPA website.

About you

1. Please select the program(s) you have participated in

Intern Incentive Allowance for Rural Pharmacies only

Both the Intern Incentive Allowance for Rural Pharmacies and the Extension Program

Your experience with the Intern Incentive Allowance

***2. How has the Intern Incentive Allowance assisted you to employ an intern? Select all that apply**

It contributed to the intern's salary

It allowed me to allocated more resources to staffing in order to train an intern

I was able to attract an intern to my practice by using the allowance to help with relocation costs

Other (please specify)

***3. If you had not received this allowance, would you still have employed an intern?**

Yes

No

Please explain why you selected this answer

***4. Do you think the maximum allowance value ($10,000 per intern) is an appropriate contribution to the costs of employing an intern?**

Yes

No

Please explain why you selected your answer

***5. Has the intern continued to be employed in your pharmacy following the completion of their intern year?**

Yes

No

Your experience with the Intern Incentive Allowance and Extension Program

***6. How has the Intern Incentive Allowance assisted you to employ an intern? Select all that apply**

It contributed to the intern's salary

It allowed me to allocated more resources to staffing in order to train an intern

I was able to attract an intern to my practice by using the allowance to help with relocation costs

Other (please specify)

7 SURVEY TOOLS

***7. If you had not received this allowance, would you still have employed an intern?**

Yes

No

Please explain why you selected this answer

***8. Do you think the maximum allowance value ($10,000 per intern) is an appropriate contribution to the costs of employing an intern?**

Yes

No

Please explain why you selected your answer

9. Has the intern continued to be employed in your pharmacy following the completion of their intern year?

Yes

No

***10. How has the Intern Incentive Allowance Extension Program assisted you to employ a newly graduated pharmacist? Please select all that apply**

It contributed to the graduate's salary

It contributed to the graduate's living costs to allow them to continue working at my pharmacy after their intern year

Other (please specify)

***11. If you had not received this allowance, would you still employ a new graduate?**

Yes

No

Please explain why you have selected your answer

***12. Do you think the maximum allowance value ($20,000 per new graduate) is an appropriate contribution to the costs of employing a new pharmacy graduate?**

Yes

No

Please explain why you selected your answer

13. Has the graduate pharmacist continued to be employed in your pharmacy following the completion of their graduate year?

Yes

No

How can the program be improved?

14. Are there any changes you would make to the operation of the Intern Incentive Allowance or Extension program?

***15. Do you think the Intern Incentive Allowance or Extension Program is an effective way to recruit community pharmacists in rural, remote or very remote areas?**

Yes

No

Please explain why you selected your answer.

7 SURVEY TOOLS

16. Are there other more effective ways of promoting community pharmacist recruitment in rural, remote or very remote areas?

Additional feedback

17. If you would like to provide any additional feedback about the Intern Incentive Allowance or Extension Program, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Intern Incentive Allowance for Rural Pharmacies and Extension Program: Intern and graduate perspectives

About the programs

The Intern Incentive Allowance for Rural Pharmacies provides financial support to rural pharmacies offering a placement for a pharmacy intern during their intern year, thereby increasing the capacity of rural pharmacies to provide sustainable pharmacy services to rural and remote communities. The Intern Incentive Allowance - Extension Program supports rural pharmacies to employ a newly graduated pharmacist during their first year of practice.

A maximum allowance of $10,000 (excluding GST) per intern and $20,000 per new graduate may be paid to Community Pharmacies and eligible Hospital Authorities who employ a pharmacy intern or graduate for a continuous 12-month period in a defined rural or remote area.

For more information about the programs, please visit the 6CPA website.

About you

1. Did you undertake your internship year at a community pharmacy that participated in the Intern Incentive Allowance for Rural Pharmacies under a Community Pharmacy Agreement?

Yes

No

I don't know

Your experience as an intern

2. As an intern, how did you benefit from the Intern Incentive Allowance? Please select all that apply

My employer could offer me a more attractive salary than other internship sites

I was able to secure an intern position in a rural area because of the availability of the allowance

My employer helped cover the costs of my relocation (e.g. travel, rental assistance)

My employer helped cover the costs of undertaking compulsory intern training outside the pharmacy (e.g. exams)

I don't know - my employer did not discuss the allowance with me

I did not receive any of the above benefits

Other (please specify)

***3. At the end of your internship, were you offered continuing employment at the community pharmacy where you completed your internship?**

Yes

No

Your experience as a graduate

4. Did you complete your graduate year at a community pharmacy that participated in the Intern Incentive Allowance for Rural Pharmacies Extension Program?

Yes

No

I don't know

7 SURVEY TOOLS

***5. As a graduate pharmacist, how did you benefit from the Intern Incentive Allowance Extension Program? Please select all that apply**

My employer could offer me a more attractive salary than other graduate positions

I was able to secure ongoing employment because of the allowance

My employer helped cover the costs of undertaking continuing professional development (CPD) training (e.g. travel costs to training sites)

I don't know - my employer did not discuss the allowance with me

I did not receive any of the above benefits

Other (please specify)

Current practitioners

***6. Are you currently practising as a pharmacist in a rural, remote or very remote area?**

Yes

No - I am practising in a metropolitan area

No - I am not currently practising

If you are currently practising, please enter the postcode of your practice

Program feedback

***7. Did completing your intern year at a community pharmacy in a rural, remote or very remote area influence your decision to continue working in a rural, remote or very remote area?**

Yes

No

Please explain why you selected your answer

Metropolitan practice

***8. What influenced your decision to work in a metropolitan area? Select all that apply**

I was offered employment in a metropolitan area

I prefer to work in a metropolitan area

There are more opportunities for career advancement in a metropolitan area

I did not enjoy working in a rural, remote or very remote area

There is not enough financial incentive for me to continue to work in a rural, remote or very remote area

Other (please specify)

About you

Targeting respondents who have not participated in the programs

***9. Have you heard of this allowance before?**

Yes

No

7 SURVEY TOOLS

Program feedback

***10. Do you believe employing more pharmacists at an intern or graduate level in rural, remote or very remote pharmacies in an effective way to increase the rural pharmacy workforce?**

Yes

No

Please explain why you selected your answer

Additional feedback

11. If you would like to provide any additional feedback about the Intern Incentive Allowance or Extension Program, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Rural Pharmacy Mentor Scheme

About the program

The Rural Pharmacy Mentor Scheme, offered under the 6CPA, encourages and supports pharmacy students to enter rural practise. We are seeking feedback from community pharmacists who provided mentorship to students in receipt of the Rural Pharmacy Scholarship. We would like to explore your experience as a mentor, and the effect of mentoring on a student's future practise.

For more information about the program, please visit the 6CPA website.

Your experience as a mentor

***1. Please describe the mentoring activities you undertake with students as part of the scheme**

***2. How often would you claim the $375 honorarium payment made available to mentors?**

I would always claim the honorarium payment

I would sometimes claim the honorarium payment

I would never claim the honorarium payment

***3. Please describe why you have opted not to claim the honorarium payment**

***4. How many hours of effort would you spend with a student on mentoring activities per annum?**

***5. Do you think the honorarium payment of $375 per mentor is a helpful contribution to your efforts as a mentor?**

Yes

No

Please explain why you selected your answer.

***6. Do you mentor other students who did not receive a scholarship?**

Yes

No

***7. Do you believe that receiving mentorship from a practising rural community pharmacist impacts on a student's decision to practise in a rural, remote or very remote area?**

Yes

No

Please explain why you selected your answer

8. Do you believe that the rural pharmacy scholarship is an effective method of attracting students from rural, remote or very remote areas to a career in rural pharmacy?

Yes

No

Please explain why you selected your answer.

Additional feedback

9. If you would like to provide any additional feedback about the mentor scheme, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Rural Intern Training Allowance

About the program

RITA provides financial support to assist intern pharmacists from rural and remote areas to access compulsory intern training programme activities. The allowance is awarded to intern pharmacists only. The allowance is intended to defray travel and accommodation costs associated with undertaking compulsory intern training workshops, training days and examinations. Travel and accommodation costs for all other eligible Compulsory Professional Development events attended by intern pharmacists are to be claimed through the Rural Pharmacy Continuing Professional Education Allowance. Eligible intern pharmacists are able to claim up to a maximum of $1,500 per financial year.

For more information about the program, please visit the 6CPA website.

About you

1. Have you accessed the Rural Intern Training Allowance offered under a Community Pharmacy Agreement?

Yes

No - I have never applied for not received the Rural Intern Training Allowance

No - I have applied for the Rural Intern Training Allowance but was unsuccessful

***2. Do you believe the funding you received was a helpful contribution to the costs incurred as part of your training and education?**

Yes

No

Please explain why you selected your answer

***3. Did the availability of this allowance influence your decision to undertake your internship year in a rural, remote or very remote area?**

Strongly agree

Agree

Neutral / not sure

Disagree

Strongly disagree

Applying for the RITA

4. The application process to receive the RITA was a straightforward process.

Strongly agree

Agree

Neutral / not sure

Disagree

Strongly disagree

Awareness of the RITA

***5. Have you heard of this allowance before?**

Yes

No

7 SURVEY TOOLS

Program feedback

6. Do you think the availability of an allowance to cover the travel costs associated with completing compulsory intern training for rural pharmacy interns would encourage more interns to practise in rural, remote or very remote areas?

Yes

No

Please explain why you selected your answer

Additional information

7. If you would like to provide any additional feedback about the RITA, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Rural Pharmacy Liaison Officer Program: Pharmacist perspectives

About the program

The Rural Pharmacy Liaison Officer Program, previously known as the Pharmacist Academics at University Departments of Rural Health (PAUDRH) Program, was established to raise the profile of pharmacy within the University Departments of Rural Health (UDRH) and pharmacy schools, and to enable rural pharmacists and pharmacy graduates to acquire the necessary skills to practice effectively in rural areas.

The funding is being provided to further the objective of the RPLO Program, which is to implement local level projects that will:

1. Provide support to both practicing rural community pharmacies and to pharmacy students undertaking clinical placements in rural areas

2. Promote inter-professional collaboration with pharmacies, pharmacists, pharmacy students, and other universities

3. Strengthen mentoring and advisory arrangements for pharmacies, pharmacists and pharmacy students, and

4.Facilitate professional development and networking opportunities for pharmacies, pharmacists and pharmacy students.

For more information about the program, please visit the 6CPA website.

Awareness of the RPLO program

1. Have you heard of the Rural Pharmacy Liaison Officer program, or know your local Rural Pharmacy Liaison Officer?

Yes

No

Your experience with the RPLO program

***2. Thinking about your local Rural Pharmacy Liaison Officer, please indicate whether you agree with the following (Yes, No, Not sure)**

RPLOs enhance the profile of pharmacy in rural, remote and very remote locations

During my studies, I have undertaken a student placement organised by an RPLO

As a pharmacist, I have taken on a student placement organised by an RPLO

RPLOs foster collaboration between community pharmacists, students and University Departments of Health

I have been invited to, or attended a training or networking event delivered by an RPLO

Barriers to rural pharmacy

***3. What do you think are the most significant barriers to the recruitment and retention of rural community pharmacists? Please rank the following options by placing a [1] next to the option you think is the most significant barrier and continuing to [5] (least significant)**

Not enough opportunities for interns or students to take on rural placements

Not enough incentive for rural community pharmacists to offer student placements

Living in a rural, remote or very remote area is unattractive to graduate pharmacists

Not enough financial incentive for pharmacists to move to rural, remote or very remote areas

Professional and social isolation associated with practising in rural, remote or very remote areas

4. Can you think of any other barriers to recruiting and retaining rural community pharmacists?

7 SURVEY TOOLS

Additional information

5. If you would like to provide any additional feedback about the RPLO program, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Rural Pharmacy Liaison Officer Program: RPLO perspectives

About the program

The Rural Pharmacy Liaison Officer (RPLO) Program was established to implement local level projects that provide support to practising rural community pharmacies and pharmacy students undertaking placements in rural areas. We are seeking feedback from RPLOs to explore your experience with the program and identify any areas that require improvement.

Your work as an RPLO

1. Which of the following activities do you think comprises the majority of your work as an RPLO?

Promoting the profile of pharmacy in rural, remote and very remote areas

Organising and supporting student placements in rural, remote and very remote areas

Supporting community pharmacists in rural, remote and very remote areas through delivering training and networking events

Fostering collaboration between community pharmacists, students and University Departments of Rural Health (UDRHs)

Other (please specify)

Promoting the profile of pharmacy

2. How have you promoted the profile of pharmacy in rural, remote and very remote areas?

Supporting students

3. What kind of support do you provide students on rural placement?

Training and networking

4. What kind of training and networking opportunities have you facilitated for the community pharmacists within your area?

Fostering collaboration

5. How have you fostered collaboration between community pharmacists, students and University Departments of Rural Health in your role?

Other activities

6. What other activities have you undertaken in your role as an RPLO?

Program feedback

7. Do you think there exists overlap between the objectives of the RPLO program and the Administrative Support for Pharmacy Schools offered under the 6CPA which assists universities to offer meaningful rural placements? For more information about the Administrative Support program, please visit the 6CPA website.

Yes

No

I don't know / I am not involved in organising placements

Please explain why you selected your answer

7 SURVEY TOOLS

8. Are there any ways the RPLO program could be strengthened to better support RPLOs to achieve the objectives of the program?

Additional information

9. If you would like to provide any additional feedback about the RPLO program, or additional information to help us understand your responses in this survey, please provide this in the field below.

7 SURVEY TOOLS

Rural Pharmacy Scholarship and Mentor Schemes

About the program

The Rural Pharmacy Scholarship Scheme provides financial support to encourage and enable students from rural and remote communities to undertake undergraduate or graduate studies in pharmacy at university. Up to 30 scholarships are offered annually, with a value of $10,000 per annum per student. Scholarship recipients are encouraged to seek employment in rural and remote areas following graduation.

The Rural Pharmacy Scholarship Scheme is supplemented by the Rural Pharmacy Scholarship Mentor Scheme. It aims to reinforce the scholar's ties to rural and regional Australia and provide support to scholars outside of the university and formal study environment. Rural Pharmacy Mentor support involves at least quarterly contact, such as via email, telephone or face-to-face sessions as instigated by the scholar.

For more information about the Rural Pharmacy Scholarship Scheme and Mentor Scheme, please visit 6cpa.com.au.

About you

1. Have you ever received (or are you currently receiving) the Rural Pharmacy Scholarship offer under a Community Pharmacy Agreement?

Yes

No

Scholarship recipients: Feedback on the Scheme

2. For how many years of study did you receive the scholarship?

Less than one year

One year

Two years

Three years

Four years

***3. Was the scholarship value of $10,000 per annum a helpful contribution to the costs of your study?**

Yes

No

Please explain why you selected your answer.

***4. Did the availability of the scholarship influence your decision to study pharmacy?**

Not at all

Somewhat

Very much

5. Did you find being mentored by a community pharmacist as part of the scholarship scheme a useful experience?

Yes

No

Please explain why you selected your answer.

***6. What kind of activities did you undertake as part of your mentorship with a rural community pharmacist?**

7 SURVEY TOOLS

***7. What field of pharmacy do you currently (or plan to) practise in?**

Community pharmacy

Hospital pharmacy

Other (please specify)

***8. Are you currently practising as a pharmacist?**

Yes

No

Your experience in pharmacy practice

9. Do you currently practise in a rural, remote or very remote area?

Yes

No

***10. Please enter the postcode of your current pharmacy practice.**

Your experience practising in a rural, remote or very remote area

11. Did receiving the scholarship influence your decision to practise in a rural, remote or very remote area?

Not at all

Somewhat

Very much

Please explain why you selected your answer

About you

Targeting respondents who had not participated in the programs

12. Have you heard of the Rural Pharmacy Scholarship before?

Yes

No

***13. Are you currently practising or intending to practise pharmacy in a rural, remote or very remote area?**

Yes, I am currently practising or intend to practise pharmacy in a rural, remote or very remote area

No, I am currently practising or intend to practise pharmacy in a metropolitan area

No, I do not currently practise nor intend to practise pharmacy

Rural practice

***14. When you commenced studying to become a pharmacist, did you intend to work in a rural, remote or very remote area?**

Yes

No

7 SURVEY TOOLS

***15. What factors influenced your decision to work in a rural, remote or very remote area? Please select all that apply**

I have previously lived in a rural, remote or very remote area

I had in interest in practising in a rural, remote or very remote area prior to studying pharmacy

A position was not offered to me in a metropolitan area

I had a positive experience on a rural placement

I have a good relationship with a mentor who practises in a rural, remote or very remote area

I prefer to live and / or work in rural, remote or very remote areas

I have a partner or family living in a rural, remote or very remote area

The remuneration I was offered was higher than that of the same position in metropolitan areas

Other (please specify)

Your experience practising in a metropolitan area

16. What has influenced your decision to work in a metropolitan area rather than a rural, remote or very remote area? Please select all that apply

I prefer to live / work in a metropolitan area

There are more work opportunities available in metropolitan areas

It is too difficult for me to relocate to a rural, remote or very remote area

I undertook a rural placement and did not enjoy the experience

There is not enough financial incentive to relocate to a rural, remote or very remote area

I have no connections in rural, remote or very remote areas

Other (please specify)

Non-practising pharmacists

17. Please explain why you are not currently practising as a pharmacist

Additional feedback

18. If you would like to provide any additional feedback about the scholarship or mentor schemes, or additional information to help us understand your responses in this survey, please provide this in the field below.

8 CONSULTATION GUIDES

PEAK BODY STAKEHOLDER CONSULTATION GUIDE

Background

The Commonwealth Department of Health has engaged Healthcare Management Advisors (HMA) to undertake a cost-effectiveness review of 12 rural pharmacy workforce programs. HMA are undertaking consultations with peak bodies and relevant stakeholders to identify benefits and potential areas for improvement around the rural pharmacy workforce programs and Aboriginal and Torres Strait Islander workforce programs.

This document, the *Consultation Guide* provides a summary of the questions HMA intend to explore with representatives of your organisation. These questions are divided into three categories:

- **Overarching program-related questions** – these apply to all stakeholders
- **Program-specific questions** – these apply to the stakeholders as indicated in Table 8.1, and
- **Survey support** – this question applies to stakeholders as indicated in Table 8.1

Stakeholder question scope

Table 8.1: Peak body stakeholders, by program

Program	The Pharmacy Guild of Australia	Pharmaceutical Society of Australia	National Australian Pharmacy Students' Association	Consumers Health Forum of Australia	Society of Hospital Pharmacists of Australia	Deans of pharmacy schools	National Aboriginal Community Controlled Health Organisation	Australian Rural Health Education Network	Australian Association of Consultant Pharmacists	Locum provider
Overarching program-related questions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
(1) Rural Pharmacy Scholarship Scheme	✓	✓	✓	✓						
(2) Rural Pharmacy Scholarship Mentor Scheme	✓	✓	✓							
(3) Intern Incentive Allowance for Rural Pharmacies	✓	✓			✓					
(4) Intern Incentive Allowance for Rural Pharmacies – Extension Program	✓	✓								
(5) Rural Intern Training Allowance	✓	✓								

Program	The Pharmacy Guild of Australia	Pharmaceutical Society of Australia	National Australian Pharmacy Students' Association	Consumers Health Forum of Australia	Society of Hospital Pharmacists of Australia	Deans of pharmacy schools	National Aboriginal Community Controlled Health Organisation	Australian Rural Health Education Network	Australian Association of Consultant Pharmacists	Locum provider
(6) Rural Pharmacy Student Placement Allowance	✓	✓	✓			✓		✓		
(7) Administrative Support to Pharmacy Schools	✓	✓	✓			✓				
(8) Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme	✓	✓					✓			
(9) Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme	✓	✓	✓				✓			
(10) Continuing Professional Practice Allowance	✓	✓			✓				✓	
(11) Rural Pharmacy Liaison Officer Program	✓	✓	✓		✓			✓		
(12) Emergency Locum Service	✓	✓								✓
Survey support	✓	✓	✓		✓	✓		✓	✓	

Consultation questions

Overarching program-related questions

(1) In the view of the organisation you represent, should there be financial and/or other support incentives to promote rural and remote pharmacy workforce recruitment and retention?

(2) Are there means or mechanisms other than the programs that are the subject of this review that could be used to support rural and remote pharmacy workforce recruitment and retention?

(3) Is the 6th Community Pharmacy Agreement an appropriate mechanism, by which to fund rural pharmacy workforce recruitment and retention support?

(4) Are there reasons why the pharmacy workforce needs support and retention more than other health professionals (e.g. allied health, nursing, doctors)?

Program-specific questions

1. Rural Pharmacy Scholarship Scheme

Program objective: The Scholarship Scheme aims to encourage and enable students from rural and remote communities to undertake undergraduate and graduate entry studies in pharmacy at university, leading to a registrable qualification as a pharmacist.

Specific consultation questions:

(a) What are the workforce benefits of offering scholarships to rural pharmacy students?

(b) Are scholarships an effective way of recruiting rural workforce?

(c) Scholarship recipients are selected on the basis of rural origin, attendance at a rural primary school and financial need (income tested). Are these criteria appropriate? Are there any other selection criteria that would ensure scholarships are provided to those with greatest need?

(d) How does the Pharmacy Scholarship Scheme compare to other scholarship programs offered to disciplines outside of pharmacy?

(e) Do scholarships under this program provide any benefits outside of workforce development for:
  (i) Pharmacy students?
  (ii) Universities?
  (iii) The broader community?

2. Rural Pharmacy Scholarship Mentor Scheme

Program objective: The Scholarship Mentor Scheme aims to provide mentoring to students from rural and remote communities and Indigenous students to encourage and enable them to undertake undergraduate and graduate studies in pharmacy at university, leading to a registrable qualification as a pharmacist.

Specific consultation questions:

(a) What are the workforce benefits of providing mentorship to pharmacy students? (For mentors? For students?)
(b) Recipients of both the RPSS and the ATSIPSS are required to participate in the Mentor Scheme. What additional benefit does mentoring offer to Aboriginal and Torres Strait Islander students? Are there any issues to consider in offering mentorship to this group?
(c) How much work do you think this program generates for mentors? Mentors are paid an honorarium of $375 per mentored student, per year. Is this sufficient reimbursement?
(d) To be eligible, mentors must be a pharmacist practicing in a rural area. Should there be any other selection criteria of mentors e.g. minimum number of years' experience in the field?
(e) Does mentorship provide any benefits outside of workforce development for:
  (i) Mentors?
  (ii) Rural and remote pharmacies?
  (iii) Students?
  (iv) The broader community?

3 & 4. Intern Incentive Allowance for Rural Pharmacies and Extension Program

Program objective: Funding provided to the employing pharmacy / pharmacist to assist with the costs associated with employing an intern pharmacist or new graduate in rural and remote areas, including (but not limited to) travel, accommodation and salaries.

Specific consultation questions:

(a) What are the costs of employing an intern/new graduate in rural and remote areas and how do they differ to employing a more experienced pharmacist?
(b) What are the workforce benefits of the Intern Incentive Allowance? (For employing pharmacists? For interns/graduates)?
(c) Do community pharmacists in rural and remote areas have difficulty recruiting and retaining interns and new graduates?
(d) Under the program, pharmacies in receipt of funding must use this to cover costs associated with employing an intern pharmacist including (but not limited to) the intern's travel, accommodation and salaries. Is supplying funding to the pharmacy, rather than the intern the most appropriate way to distribute funds?
(e) Does the Allowance provide any benefits outside of workforce development for:
  (i) Pharmacy interns?
  (ii) Rural and remote pharmacies?
  (iii) The broader community?

5. Rural Intern Training Allowance

Program objective: The Rural Pharmacy Intern Training Allowance aims to reduce the additional costs incurred by intern pharmacists practising in rural and remote communities to undertake compulsory workshops and examinations that are part of an Intern Training Program.

Specific consultation questions:

(a) What is the extent of compulsory training for intern pharmacists?
(b) Intern pharmacists may only apply for funding after completing a training event. Is reimbursement of costs (rather than upfront payment) the most appropriate provision of funds?
(c) What are the key barriers to attending training experienced by rural interns? Does the Allowance effectively address these barriers?
(d) Are there other ways in which interns in rural /remote areas can access compulsory training (e.g. video conferencing, webinars etc)?
(e) What are the workforce benefits of providing financial assistance to rural intern pharmacists to attend compulsory training?
(f) Does the Allowance provide any benefits outside of workforce development for:
    (i) Rural and remote pharmacy interns?
    (ii) Rural and remote pharmacies?
    (iii) The broader community?

6. Rural Pharmacy Student Placement Allowance

Program objective: The Rural Pharmacy Student Placement Allowance aims to facilitate positive placement experiences for pharmacy students in rural and remote communities in order to encourage students to return to rural communities upon graduation. Financial assistance will be provided to students for costs incurred for travel and accommodation associated with rural placements.

Specific consultation questions:

(a) What are the workforce benefits of providing financial assistance to pharmacy students to undertake a placement in a rural or remote area?
(b) Funds are paid to universities offering pharmacy courses and distributed to eligible students through their universities. Is this the most appropriate way to distribute funding? Does the Allowance provide any benefits outside of workforce development for:
    (i) Pharmacy students?
    (ii) Universities?
    (iii) The broader community?

7. Administrative Support to Pharmacy Schools

Program objective: The Administrative Support to Pharmacy Schools aims to provide financial support to pharmacy schools to facilitate placements for students in rural and remote areas and to promote the Student Placement Allowance Scheme, the Rural Pharmacy Scholarship Scheme and the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme.

Specific consultation questions:

(a) What are the workforce benefits of providing financial assistance to pharmacy schools?
(b) The objectives of the funding are to assist pharmacy schools to facilitate placements for students in rural and remote areas and to promote the Student Placement Allowance, the Rural Pharmacy Scholarship Scheme and the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme. Do pharmacy schools in receipt of the Student Placement Allowance or the RPLO Program require additional funding to promote these programs?
(c) Does the funding provide any benefits outside of workforce development for:
    (i) Universities?
    (ii) The broader community?

8. Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme

Program objective: The aim of the program is to increase Aboriginal and Torres Strait Islander participation in the pharmacy workforce, allowing those pharmacies to better meet the needs of their local Indigenous communities

Specific consultation questions:

(a) What are the workforce benefits of the Scheme for:

(i) Rural community pharmacists?
(ii) Metropolitan community pharmacists?
(iii) Aboriginal and Torres Strait Islander trainees?
(iv) Aboriginal and Torres Strait Islander communities?

(b) Participating trainees must be undertaking a nationally recognised course in Pharmacy Assistance (e.g. Cert IV in Community Pharmacy). Is the focus on pharmacy assistants appropriate?

(c) Does the Scheme provide any benefits outside of workforce development for the above groups?

9. Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme

Program objective: The aim of the Program is to increase the number of Aboriginal and Torres Strait Islander pharmacists working in community pharmacies, thereby assisting in meeting the needs of their communities.

Specific consultation questions:

(a) What are the workforce benefits of offering scholarships to Aboriginal and Torres Strait Islander pharmacy students?

(b) Are scholarships an effective way of engaging Aboriginal and Torres Strait Islander students in pharmacy?

(c) Scholarship recipients are preferentially selected on the basis of rural origin. Is this criterion appropriate? Are there any other selection criteria that would ensure scholarships are provided to those with greatest need?

(d) One of the aims of the scholarship is to increase in the number of Aboriginal and Torres Strait Islander communities with access to culturally appropriate pharmacy services.
(i) Are scholarships for Aboriginal and Torres Strait Islander pharmacy students an appropriate way to achieve this?
(ii) Are there other ways that this could be achieved?

(e) Do scholarships provide any benefits outside of workforce development for:
(i) Aboriginal and Torres Strait Islander students?
(ii) Aboriginal and Torres Strait Islander communities?
(iii) Universities?

10. Continuing Professional Education Allowance

Program objective: The Rural CPE Allowance aims to reduce the additional costs incurred by Pharmacists practising in rural and remote communities in continuing to undertake professional development and training, thereby encouraging and enabling them to undertake training and development opportunities.

Specific consultation questions:

(a) How important is access to CPD for rural pharmacists?

(b) Funding is granted to both rural pharmacists attending metropolitan CPD or metropolitan educators delivering CPD in rural / remote locations. Is it more efficient to fund rural pharmacists to attend CPD or to fund educators to bring CPD to rural areas?

(c) Are there other ways in which CPD training can be provided e.g. video conferencing, webinars etc?

(d) What are the workforce benefits of offering financial assistance for rural pharmacists to attend CPD events?

(e) Does the Allowance provide any benefits outside of workforce development for:
(i) Rural and remote pharmacists?
(ii) CPD educators?
(iii) The broader community?

11. Rural Pharmacy Liaison Officer Program

Program objective: In 2012, the objectives of the RPLO program (previously known as the Pharmacy Academics at University Departments of Rural Health) were revised to place greater emphasis on the needs of rural pharmacists and communities. The current objective of the RPLO program is to implement local level projects that:

- Provide support to both practicing rural community pharmacies and to pharmacy students undertaking clinical placements in rural areas

- Promote inter-professional collaboration with pharmacies, pharmacists, pharmacy students, and other universities
- Strengthen mentoring and advisory arrangements for pharmacies, pharmacists and pharmacy students, and
- Facilitate professional development and networking opportunities for pharmacies, pharmacists and pharmacy students.

Specific consultation questions:

(a) Does the RPLO program meet the needs of rural pharmacists, students and communities?
(b) Are there benefits to the RPLO program other than workforce development for:
  (i) Universities?
  (ii) Rural and remote pharmacists?
  (iii) Pharmacy students?
  (iv) The broader community?
(c) Is there any overlap between activities undertaken as part of the RPLO Program and the Administrative Support to Pharmacy Schools allowance?

12. Emergency Locum Service

Program objective: The aim of this program is to support rural and remote communities to retain access to community pharmacy services at all usual times.

Specific consultation questions:

(a) What are the workforce benefits of providing emergency locum services to rural and remote pharmacists?
(b) What would be the impacts on pharmacists without access to the ELS?
(c) The ELS is only offered to pharmacists in the event of an emergency. Is the ELS (as opposed to locum services to cover absence due to CPD attendance or personal leave) the most appropriate form of support?
(d) Does the ELS provide any benefits outside of workforce development for:
  (i) Rural and remote pharmacists?
  (ii) The broader community?

Survey support

HMA will be conducting a survey of community pharmacists, pharmacy students, University Departments of Rural Health (UDRHs) and other stakeholders later in the project. What is the best way to engage the membership of your organisation through a survey (e.g. email, written, SMS)? Is your organisation able to promote the survey on our behalf? Are you able to assist with follow-up reminders to your membership base?

UDRH SITE VISITS (PROGRAM RECIPIENTS AND BENEFICIARIES)

Consultation questions for Rural Pharmacy Liaison Officers (RPLOs)

The following list of questions forms a draft guide to consultations with Rural Pharmacy Liaison Officers (RPLOs).

(1) How many days per week (FTE) are you employed as an RPLO?

(2) The objectives of the RPLO program are to:
- Provide support to rural community pharmacies and pharmacy students undertaking placements
- Promote inter-professional collaboration between pharmacies, pharmacists, pharmacy students and other universities
- Strengthen mentoring and advisory arrangements, and
- Facilitate professional development and networking opportunities.

In your role as an RPLO, what are the kind of activities you undertake to meet these objectives?

(3) From your perspective, what are some of the challenges faced by pharmacists working in rural areas? Do you think there are specific challenges for pharmacists in your community?

(4) Are there any improvements you would like made to the RPLO program to allow you to better address the needs of your community?

(5) Do you think the 6CPA is the most appropriate mechanism to fund and administer the RPLO program?

(6) Under the 6CPA, universities receive funding to assist with the organisation of student placements. Are you aware of this program? Do you think funding to facilitate the arrangement of student placements is best allocated to the RPLO program or through support to pharmacy schools?

(7) Have you had any experience with the other 6CPA programs subject to review? Do you have any feedback on how these programs are marketed and accessed in your community? Do you think these programs are effective in supporting the rural pharmacy workforce?
- Rural Pharmacy Scholarship Scheme
- Rural Pharmacy Scholarship Mentor Scheme
- Intern Incentive Allowance for Rural Pharmacies
- Intern Incentive Allowance for Rural Pharmacies – Extension Program
- Rural Intern Training Allowance
- Rural Pharmacy Student Placement Allowance
- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme
- Continuing Professional Education Allowance
- Administrative Support to Pharmacy Schools; and
- Emergency Locum Service.

Consultation questions for pharmacy students and interns undertaking a rural placement or internship

To better understand the impact of the 6CPA programs on the pharmacy workforce in rural settings we are seeking input from pharmacy students who are currently undertaking placement at a rural location. This will identify the barriers that exist for students entering the pharmacy workforce and the factors that influence their decisions to practice in a metropolitan or non-metropolitan setting despite their exposure to rural practice during their studies.

(1) Why have you decided to undertake your placement in a non-metropolitan location and has this experience changed your perception of rural practice?

(2) Have you ever benefitted or heard of any of these programs that are offered under the 6CPA?
- Rural Pharmacy Scholarship Scheme
- Rural Intern Training Allowance
- Rural Pharmacy Student Placement Allowance
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme and,

8 CONSULTATION GUIDES

- Rural Pharmacy Liaison Officer Program.

(3) If so, what has been your experience with these programs?
(4) Do you intend to practice in a rural location as a pharmacist after graduation?
(5) What factors have influenced this decision?
(6) What do you think is the most significant barrier to attracting and retaining pharmacists in rural practice?

Consultation questions for community pharmacists employed in the vicinity of a UDRH

To better understand the impact of the 6CPA programs on the pharmacy workforce in rural settings we are seeking input from community pharmacists currently practicing in rural and remote areas (PhARIA 2 – 6). The following are questions we have created with the objective to gain the perspective of pharmacists and the challenges of rural practice.

(1) What are the factors that drew you to rural practice?
(2) What are the challenges that you can identify that are unique to rural practice?
(3) Do you see these as a barrier to attracting and retaining staff?
(4) Have you benefitted from any of the programs aimed at rural pharmacists funded under the 6CPA?
    - Continuing Professional Education Allowance
    - Emergency Locum Service
    - Intern Incentive for Rural Pharmacy (and Extension Program)
    - Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Allowance
    - Rural Pharmacy Liaison Officer Program and,
    - Rural Pharmacy Mentor Scheme
(5) What is your experience with the programs that you have participated in and how can they be improved?
(6) Do you have any suggestions about potential strategies that can be undertaken to increase the number of pharmacists in non-metropolitan areas?

9 RANK CORRELATION TOOL

Rank correlation is an evaluation technique used to compare the value for money of activities with different objectives. This series of questions will help us understand the perceived effectiveness of the 12 rural workforce initiatives administered by the Pharmacy Guild of Australia.

The overarching aim of the above programs is to address the unequal distribution of the pharmacy workforce between metropolitan centres and rural and remote communities.

In this respect, we ask you to please evaluate which programs have been most effective at increasing the rural and remote pharmacy workforce of Australia. The following table presents the 12 rural workforce initiatives, the volume of recipients and the average direct payment for each. A summary of each program is included on the following page. Please use the below chart to provide a rating of the success of each program:

0	1	2	3	4	5
Unable to comment	Not at all effective	Slightly effective	Moderately effective	Very effective	Extremely effective

Rural Pharmacy Workforce Program	Volume of recipients	Average direct payment	Rating
(1) Rural Pharmacy Scholarship Scheme	42	$10,000	
(2) Rural Pharmacy Scholarship Mentor Scheme	45	$375	
(3) Intern Incentive Allowance for Rural Pharmacies	86	$10,000	
(4) Intern Incentive Allowance for Rural Pharmacies – Extension Program	8	$20,000	
(5) Rural Intern Training Allowance	188	$457	
(6) Rural Pharmacy Student Placement Allowance#	18	$39,762	
(7) Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme	7	$10,000	
(8) Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme	6	$15,000	
(9) Continuing Professional Education Allowance	491	$780	
(10) Rural Pharmacy Liaison Officer Program^	10	$82,906	
(11) Administrative Support to Pharmacy Schools#	18	$29,628	
(12) Emergency Locum Service	30	$1998	

^Volume for RPLO is the number of officers
#Volume is the number of Universities

PROGRAM SUMMARIES

(1) Rural Pharmacy Scholarship Scheme

The Rural Pharmacy Scholarship Scheme provides financial support to encourage and enable students from rural and remote communities to undertake undergraduate or graduate studies in pharmacy at university. Up to 30 scholarships are offered annually, with a value of $10,000 per annum per student. Scholarship recipients are encouraged to seek employment in rural and remote areas following graduation.

(2) Rural Pharmacy Scholarship Mentor Scheme

The Rural Pharmacy Scholarship Scheme is supplemented by the Rural Pharmacy Scholarship Mentor Scheme. It aims to reinforce the scholar's ties to rural and regional Australia and provide support to scholars outside of the university and formal study environment. Rural Pharmacy Mentor support involves at least quarterly contact, such as via email, telephone or face-to-face sessions as instigated by the scholar. Rural Pharmacy Mentors will be paid an honorarium of $375 (GST exclusive) each year for participating in the Scheme.

(3) Intern Incentive Allowance for Rural Pharmacies

The Intern Incentive Allowance for Rural Pharmacists aims to increase and support the rural and remote pharmacy workforce by encouraging pharmacists to practice in rural and remote areas.

(4) Intern Incentive Allowance for Rural Pharmacies – Extension Program

The Intern Incentive Allowance for Rural Pharmacies – Extension Program provides funding to enable community pharmacies in rural areas to retain a newly registered pharmacist beyond the initial intern period.

(5) Rural Intern Training Allowance

The Rural Intern Training Allowance (RITA) was established under the 5CPA and complements the existing CPE Allowance. It provides financial support to assist intern pharmacists from rural and remote areas to access compulsory intern training program activities. The Allowance is awarded to intern pharmacists only.

(6) Rural Pharmacy Student Placement Allowance

The Rural Pharmacy Student Placement Allowance provides financial support to encourage and enable pharmacy programs at Australian Universities to deliver student placements in rural and remote communities. The allowance assists with the travel and accommodation costs associated with undertaking a placement in a rural or remote area.

(7) Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme

The Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme aims to support the community pharmacy workforce by encouraging Aboriginal and Torres Strait Islander people to enter pharmacy assistant roles. The scheme aims to increase the number of Aboriginal and Torres Strait Islander pharmacy assistants in community pharmacies and establish alternative pathways for Aboriginal and/or Torres Strait Islander students to enter pharmacy.

Incentive allowances of $10,000 are available to community pharmacies to employ and train an Aboriginal and/or Torres Strait Islander Pharmacy Assistant Trainee.

(8) Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme

For the needs of Aboriginal and Torres Strait Islander communities to be adequately met by pharmacists, there is a need for more Aboriginal and Torres Strait Islander pharmacists to work in the industry. The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme aims to encourage Aboriginal and Torres Strait Islander students to undertake undergraduate or graduate studies in pharmacy at university.

(9) Continuing Professional Education Allowance

The Continuing Professional Education (CPE) Allowance provides financial support to assist pharmacists from rural and remote areas to access CPE and other Professional Development activities.

9 RANK CORRELATION TOOL

(10) Rural Pharmacy Liaison Officer Program

The Rural Pharmacy Liaison Officer (RPLO) Programme has been established to implement local level projects that provide support to practising rural community pharmacies and pharmacy students undertaking placements in rural areas. RLPOs promote intra-professional collaboration with pharmacies, pharmacists, pharmacy students and universities, and facilitate professional development and networking opportunities for pharmacies, pharmacists and pharmacy students.

(11) Administrative Support to Pharmacy Schools

The Administrative Support to Pharmacy Schools component of the Rural Pharmacy Student Placement Allowance is for Pharmacy Schools to maintain the administration of the program.

(12) Emergency Locum Service

The Emergency Locum Service provides support to pharmacists in rural and remote areas through direct access to locums in emergency situations such as illness, bereavement, or family emergencies.

The service provides 24 hour a day, seven day a week telephone access and up to $2,500 to fund the travel costs of the locum. The service aims to place a locum in any location in Australia within 24 hours for a maximum of 7 days.

Thank you for participating in the survey

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