

Pathways to Progress: Healthcare Access in Rural Victoria

Future workforce: Building the pipeline

Abstract title: Reconnecting the Workforce Pipeline – 8 Years of Growing Career Rural Hospital Pharmacists

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Background

Our hospital provides healthcare to the community of approx. 30,000 in a Modified Monash Model (MMM) 3 Rural location, and services a wider catchment of over 90,000 people across MMM 4 and 5 Rural locations.

Objectives

To embed Pharmacy Intern Training & Education as core business at our health service, ensuring a sustainable pipeline of skilled rural hospital pharmacists are available to meet the growing medication management requirements of our expanding health service.

Actions

An external review of the hospital pharmacy service was conducted during 2016 in the setting of critical pharmacist workforce shortage. The recommendation for the health service to fund 2 Full-Time Equivalent Pharmacy Intern positions annually, was accepted by the hospital executive, and actioned resulting in 2 Pharmacy Interns commencing their training programs in late 2016.

A single-hospital Pharmacy Intern Training Program was developed and implemented by our 10-strong team of pharmacists from 2017, training 2 Pharmacy Interns each year. Our team of support staff (pharmacy technicians and an administration officer) were also involved in delivering our Pharmacy Intern training program, with the whole department ensuring Pharmacy Interns and Pharmacy Students on placement are well supported.

During 2020 we successfully attracted State Health Department funding for a further Pharmacy Intern position, as did a neighbouring smaller MMM 4 hospital. Both health services identified collaboration as the mechanism to ensure training success. We developed a collaborative multi-site Pharmacy Intern Experiential & Educational Training Program, and from 2021 our local Pharmacy Intern cohort grew to three at our MMM 3 hospital, plus one based at the MMM 4 hospital. In light of the broader range of clinical specialties & operational pharmacy experiences available in the MMM3 hospital's pharmacy department, the program included having the MMM 4 Pharmacy Intern spend 2 weeks orientating at the larger health service at the same time as the 3 Pharmacy Interns, then spend 1 day each week at the larger hospital with their co-interns, plus a further 3 x 3-week-long rotations spaced throughout the year.

Evaluation

Since 2017 16/16 (100%) of our locally grown Pharmacy Interns have been employed as Pharmacists at these two health services, with employment duration following general registration pharmacists ranging between 1 and 5 years. At the time of writing, 8/16 (50%) locally grown Pharmacy Interns remain employed as pharmacists in these 2 health services, ie all four from the 2022 Pharmacy Intern cohort, three of four from the 2021 cohort, and one of two from the 2020 cohort. Since 2017 our clinical pharmacist workforce has effectively doubled, enabling more sustainable clinical medication management service delivery to hospitalised patients across both health services, with the MMM 4 health service implementing and embedding weekday clinical pharmacy services to the Acute Ward & Maternity Unit during the last 3 years.

Discussion

We have demonstrated that with executive support, and via collaboration and partnership, rural hospitals can attract, train, and support an early career rural hospital pharmacy workforce.