



## Special Commission of Inquiry into Healthcare Funding

**Submission Number:** 88  
**Name:** NSW Therapeutic Advisory Group  
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NSW  
Therapeutic  
Advisory  
Group Inc.

Advancing  
quality use  
of medicines  
in NSW

31<sup>st</sup> October 2023

## **Submission to The Special Commission of Inquiry into Healthcare Funding**

**NSW Therapeutic Advisory Group (TAG) wishes to draw the attention of the Special Commission to the loss of frontline clinician-led 'grassroots' problem-solving in complex medicines management and the medicines management workforce in NSW Public Hospitals. This has serious implications for the safe and effective use of medicines in our hospitals and the appropriate care of our patients.**

NSW Therapeutic Advisory Group (TAG) Inc is an independent, not-for-profit member-based association committed to advancing quality use of medicines (QUM) in NSW public hospitals and the wider community. NSW TAG members are clinical pharmacologists, pharmacists and other clinicians from the hospitals of NSW and affiliated academic units. NSW Therapeutic Advisory Group is a founding member of the Council of Australian Therapeutic Advisory Groups. NSW TAG supports its members through information sharing, leveraging members' expertise to develop high-impact resources and rapid dissemination of clinical advice and information using a small secretariat. The value of its expert network was demonstrated during the pandemic when it formed and led the Drug and Therapeutics Advisory Community of Practice in NSW without additional funding.

This type of 'community of practice' model involving frontline clinicians had been used by NSW TAG since its inception in 1988. NSW TAG received core funding from NSW Health from 1988 until the end of 2021 (approximately \$380,000 in 2021). In 2021, the Clinical Excellence Commission (CEC) stated that they would take over the role and functions of NSW TAG in conjunction with a NSW Health project to develop a statewide formulary. Concerns raised about the need for an independent clinician-led organisation like NSW TAG to support management of complex therapeutics in a clinically relevant timeframe have been realised. Consequently, NSW TAG has used our reserve funds to continue front-line support for NSW Hospitals, which is neither appropriate nor sustainable.

Much of NSW TAG's work is conducted through hospital or district Drug and Therapeutics Committees (DTCs). These multidisciplinary committees oversee the medicines management in their health service organisations to ensure judicious, appropriate, safe, and cost-effective use of medicines. DTCs activities include formulary management, individual patient use approvals, protocol/guideline development and review, policy and legislation implementation, medicine-related quality improvement and stewardship programs and medicine-related risk monitoring. Management of a formulary, which is now supported by the CEC through the Statewide Formulary, is generally straightforward and occupies approximately 10-15% of a DTC's time.

The other DTC activities are more challenging and nuanced as they frequently deal with complex clinical problems and the grey area of therapeutics. Complex drug and

therapeutics issues are appropriately assigned to ‘local governance’ or ‘local clinical decision-making’ by the CEC. These other activities have required ongoing support that has not been and cannot be provided by the new CEC-led framework. Despite the loss of NSW Health core funding and in recognition of the need for ongoing frontline clinician and DTC support, NSW TAG has continued its support of its members and DTCs (albeit in a more limited way) in 2022 and 2023, due to some reserve funds and grant funding success. NSW TAG continues to run regular member meetings, has reinstated its newsletter of medicine-related information, conducts email discussions of issues challenging our members and updates its guidance documents.

A major flaw in the new NSW Health model is the top-down approach and the removal of the opportunity for frontline clinicians to problem solve amongst themselves and pilot solutions amongst themselves. The previous partnership model that involved NSW TAG and valued the input of the frontline clinician led to numerous state and national initiatives. Many of our initiatives have been adopted by NSW Health and the Australian Commission on Safety and Quality in Health Care (ACSQHC) and include [Recommendations for Terminology, Abbreviations and Symbols used in Medicines Documentation](#), the [National Quality Use of Medicines Indicators for Australian Hospitals](#) and [National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#). Without the opportunity for frontline clinicians to problem solve and initiate novel clinician-led programs, funded organisations like NSW Health and the ACSQHC risk losing the broad engagement of grassroots clinicians and the capacity to successfully promote and implement programs of proven local value. The National Medicines Policy underscores the importance of partnerships to optimise the quality use of medicines in all Australians.

There is now ever-increasing concern in NSW regarding a sustainable frontline workforce where the brain-drain of frontline pharmacists and clinical pharmacologists is reaching a crisis point. The vicious cycle of burnout being experienced by NSW frontline clinicians means they are moving to non-frontline roles or roles outside NSW. NSW public hospitals have had the poorest pharmacist: bed ratios of all Australian jurisdictions for many years.<sup>1</sup> Furthermore, the scope of pharmacist practice is being recognised and expanded in other Australian jurisdictions leading to further deterioration in pharmacist numbers within NSW. Similarly, the number of clinical pharmacology advanced trainees and clinical pharmacologists in NSW is lower compared to jurisdictional counterparts. The subsequent high turnover of clinical staff, particularly mid-career staff, also has serious consequences for training of early career clinicians. The growing deficit of frontline QUM clinicians in NSW hospitals puts NSW hospital patients at serious risk of medication error and adverse events.

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<sup>1</sup> Society of Hospital Pharmacists of Australia NSW Branch. [Submission to NSW budget 2022-2023 consultation](#), February 2022

Without sufficient hospital pharmacists, clinical pharmacologists, DTC expertise and ongoing grassroots collaboration in the QUM space, the public hospital system risks substandard pharmaceutical care as services struggle to meet patient needs.

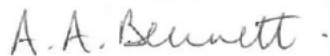
With the inception of NSW TAG in 1988 and as the jurisdictional home of the influential clinicians who drove the national QUM model in the late 1990s and early 2000s, NSW is seen as a national and global QUM leader. We need a secure funding model to maintain this position.

NSW TAG is a trusted, dedicated, and safe collaborative forum of grassroots NSW clinicians with expertise in drugs and therapeutics, whose goal is to ensure appropriate, safe and effective medicines use in NSW hospitals and the wider community.

**We request that you recognise the importance of cost-effective frontline clinician input to the best management of medicines in NSW public hospitals and the wider community by recommending core funding be re-instated to NSW Therapeutic Advisory Group. A collaborative model with top-down resources from the CEC, complemented by proven clinician-led collaborative problem-solving supported by NSW TAG, is essential for the quality use of medicines in NSW Hospitals.**

If you would like any further clarification or information, please do not hesitate to contact Dr Sasha Bennett [REDACTED]

Yours faithfully,



Dr Sasha Bennett  
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Prof Sarah Hilmer  
Chair, NSW TAG