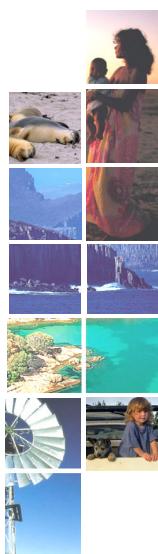


# The Emergency Locum Service : meeting rural pharmacists' emergency needs

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## ABSTRACT

The general maldistribution of pharmacists for rural and remote areas of Australia has a profound impact on the availability of locum pharmacists in regional areas. Research indicates that the vacancy rates in regional areas for casual community pharmacy staff is twice that of metropolitan areas, with the average number of months the position is vacant being over five months compared to just two months in metropolitan areas. There are countless situations where pharmacies have to close for a few days because the pharmacist is ill and unable to recruit a locum at short notice. This problem is well known among practicing rural pharmacists and has long been recognised as a disincentive to rural practice. Temporary pharmacy closures also compromise the health of rural communities. The objective of the Emergency Locum Service is to support pharmacists in rural and remote areas through direct access to locums in emergency situations such as illness, bereavement, or family emergencies. The Service is part of the Rural and Remote Pharmacy Workforce Development Program (RRPWDP) funded by the Department of Health and Ageing, and is expected to benefit rural communities by ensuring that local pharmacy services continue during times of illness or other emergencies.



## INTRODUCTION

There is currently a serious maldistribution of pharmacists in rural and remote areas of Australia. This shortage comes at a time when the health of people living in rural and remote communities has been identified as worse than that of those living in metropolitan areas<sup>1</sup>, with relatively poor access to health services cited as being one of the major causes of this inequality<sup>2</sup>.

The Australian Institute of Health and Welfare (AIHW) has identified that while approximately 30 per cent of Australia's population lives in regional areas, only 22 per cent of pharmacists work in rural and remote areas<sup>3</sup>. Similarly, there are fewer pharmacists per 100,000 population in remote centres than in Capital City and metropolitan centres. Furthermore, it has been identified that pharmacists in rural and remote areas are significantly older than pharmacists in metropolitan areas. The percentage of employed pharmacists aged 65 years or over is much higher outside

<sup>1</sup> Mathers, C 1995 *Health differentials among Australians Aged 25-64 years* Health Monitoring Series No 1, Canberra, AGPS.

<sup>2</sup> The Australian Institute of Health and Welfare, 1998 *Australia's Health 1998*, Canberra, AIHW.

<sup>3</sup> The Australian Institute of Health and Welfare, 1998 *Pharmacy Labour Force 1995*, National Health Labour Force Series No 12.



capital cities<sup>4</sup>, and a recent Pharmacy Guild of Australia study has revealed that, in Victoria for example, almost 60 per cent of proprietors plan to retire within the next ten years<sup>5</sup>. The AIHW has raised the question of whether or not there are sufficient numbers of pharmacists to replace retiring full-time pharmacists in one-person pharmacies<sup>6</sup>.

The Pharmacists Supply and Demand Study<sup>7</sup> was undertaken to compare vacancy rates for community pharmacists in Australia, with the number of pharmacists who are registered as seeking employment. The study conservatively estimated that the current vacancy rate for community pharmacists exceeds the available supply by at least 400 pharmacists. Whereas approximately 15 per cent of community pharmacies in metropolitan areas require at least one full time equivalent (FTE) pharmacist, in rural areas almost 30 per cent of pharmacies require a FTE pharmacist and in remote areas approximately half of all pharmacies currently require a FTE pharmacist. The study also found that the average length of vacancy for permanent pharmacist staff in regional areas was around twice that of metropolitan areas, with many survey respondents stating that they have had pharmacist vacancies for five years or more in remote areas.

## THE IMPORTANCE OF RURAL PHARMACY

Eighty-nine per cent of Australians chose pharmacists as the most important health profession for honesty and ethics. This places pharmacists as the second most important health professionals (Morgan Poll). These statistics show that pharmacists are a highly valuable member of any community, especially in towns that may have a population of only 1000, where pharmacists often become the town counsellor, health adviser and a trusted friend.

Doctors only visit many rural towns twice a week, so the local pharmacist is responsible for not only dispensing prescriptions, but also giving informative and useful health advice to communities.

On average, each man, woman and child visits a community pharmacy 14 times each year, in metropolitan, rural and remote, hospital and Indigenous community settings. This equates to over 200 million occasions each year during which pharmacists are able to provide professional advice and service.

## THE RURAL AND REMOTE PHARMACY WORKFORCE DEVELOPMENT PROGRAM

In recognition of the problem, the Pharmacy Guild of Australia attracted federal funding to design and deliver a range of strategies with the key aim of improving recruitment and retention of pharmacists in regional areas. Modelled on successful

<sup>4</sup> *ibid* 3

<sup>5</sup> Pharmacy Guild of Australia, 1998 *Retirement intentions of pharmacists in single pharmacy towns: A national survey*, unpublished draft report.

<sup>6</sup> *ibid* 3

<sup>7</sup> Emerson, L, 1998 *Pharmacy supply and demand study*, The Pharmacy Guild of Australia.

tools for improving recruitment and retention of other health professionals in rural and remote areas of Australia and taking into account the unique characteristics of the pharmacy profession, the RRPWDP consists of interventions on a variety of levels. The Program also draws upon the strategies that have underpinned many successful international programs that aim to improve recruitment and retention of health professionals in rural and remote areas.

The RRPWDP was established in 1999 to maintain and enhance pharmacy services in rural and remote Australia, and provided funding of \$1.5 million over three years. As part of the Australian Government's Regional Health Strategy – More Doctors Better Services, the 2000/01 Commonwealth budget provided an additional \$11.47 million to expand the program by funding a range of new initiatives. The initiatives funded under the program include the Emergency Locum Service.

## THE EMERGENCY LOCUM SERVICE

The Emergency Locum Service is a scheme implemented by the Pharmacy Guild of Australia that alleviates the hardships faced by rural and remote pharmacists in accessing locum services in urgent and emergency situations.

The Service, which commenced in February 2002, is accessible 24 hours a day 7 days a week and assists pharmacists with the travel costs for locums.

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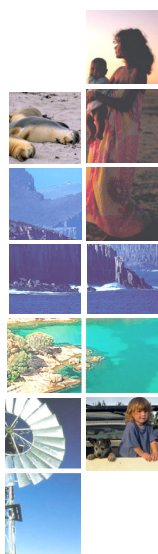
There are countless situations where pharmacies have to close for a few days because the pharmacist is ill and unable to recruit a locum at short notice. The problem of being unable to hire locums at short notice is well known among practicing rural pharmacists and has long been recognised as a disincentive to rural practice.

It is a known fact that to get a locum at the best of times, for holidays and other planned absences, many pharmacists have to start searching for a locum up to a year in advance. In emergency situations rural pharmacists have no hope of finding a locum at short notice and the only option is to close the pharmacy for a few days.

Without the Emergency Locum Service it is anticipated that most pharmacies in a rural and remote area that incur an emergency would more than likely have to temporarily close, compromising the health of rural communities, and forcing members of that community to travel some distance to access pharmacy services.

The Emergency Locum Service has progressed extremely well since the commencement of the program. To date, 24 locums have been sent out to rural and remote areas, and on all occasions the locum has arrived within 24 hours of a call being placed.

The program, apart from statistically progressing well has received positive feedback from rural and remote pharmacists who have used this invaluable service.



It is hoped that the importance and the viability of the Emergency Locum Scheme will continue to reach pharmacists in rural and remote areas so they can access such an important and successful scheme.

The program is currently funded until June 2005, however, negotiations have commenced to extend the program beyond the current funding period.

## CONCLUSION

In conclusion the Emergency Locum Scheme is a long awaited service for pharmacists in rural and remote Australia. There is a real difficulty in getting locums out into regional communities, which has often resulted in sole proprietor pharmacies having to close down for several days at a time during emergencies. This problem is well known among practicing rural pharmacists and has long been recognised as a major disincentive to rural practice. Temporary pharmacy closures also compromise the health of rural communities – the Emergency Locum Service is a positive step forward in addressing this long-standing issue.

