

General Practice Pharmacist

GUIDELINES FOR GENERAL PRACTICE PHARMACISTS



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Executive summary

Pharmacists support medicines safety at every point of healthcare delivery. In the general practice setting, pharmacists work collaboratively with other healthcare professionals to ensure the quality use of medicines through:

- education and training activities
- clinical governance activities
- patient-level activities.

This guideline discusses the role of the general practice pharmacist in Australia, including establishing the role and working as part of the general practice team. Examples of activities that general practice pharmacists can undertake are discussed in:

- Appendix 1: Conducting clinical audits in general practice
- Appendix 2: Providing education to general practice staff
- Appendix 3: Supporting patients after hospital discharge.

To support the role of the general practice pharmacist, the Pharmaceutical Society of Australia (PSA) has developed training programs and practice support tools. These can be accessed via the PSA website (www.psa.org.au/GPPPharmacist).

This guideline does not replace the need for pharmacists to exercise professional discretion and judgement when fulfilling this role in their own unique practice environment. The guideline does not include clinical information or detailed legislative requirements. At all times, pharmacists working in general practice must comply with all relevant Commonwealth, State and Territory legislation, as well as the overarching standards, codes and rules (see Figure 1).

Figure 1. Overarching guidance and regulation of pharmacy practice



Reference: PSA¹

Terminology

For some terms used in these guidelines, other terms with equivalent or similar meaning may be equally appropriate in certain contexts (see Table 1).

Table 1. Guideline terms, definitions, and equivalent or related terms

Guideline term	Definition	Equivalent or related terms
Allied health professional	Healthcare professional from different healthcare disciplines, excluding the medical, nursing and dental professions	
General practice pharmacist	"A pharmacist who delivers professional services from or within a general practice medical centre with a coordinated, collaborative and integrated approach with an overall goal to improve the QUM [quality use of medicines] of the practice population"	GP pharmacist, non-dispensing pharmacist, pharmacist in general practice, practice pharmacist
Healthcare professional	A practitioner who provides health services to individuals, families and communities to promote, maintain, monitor or restore health, or prevent disease	Health professional, healthcare practitioner, healthcare provider
Medicine	A substance that is given with the intention of preventing, diagnosing, curing or alleviating disease, or improving the physical or mental health of people. Includes prescription and non-prescription medicines (e.g. complementary and alternative medicines)	Drug, medication, product
Patient	A person who uses, or is a potential user of, health services (including their family and carers)	Client, consumer, individual, person

References: PSA¹; AHW²; AHPA³; Freeman⁴; WHO⁵

Introduction

Pharmacists play a key role in supporting medicines safety at every point of healthcare delivery.⁶

The general practice pharmacist role is well established in a number of countries (e.g. United Kingdom, Canada, United States) and is emerging in Australia. The main focus of a general practice pharmacist is “to support general practitioners (GPs) to minimise the risks associated with medicines and optimise patient outcomes through the quality use of medicines”⁷ However, general practice pharmacists also support other members of the general practice team, including general practice registrars, practice nurses, other allied health professionals and support staff.⁷

A general practice pharmacist co-located with GPs can improve interprofessional communication and optimise collaboration. There is also the potential to reduce fragmentation of care, improve communication between GPs and community pharmacists, and facilitate the use of community pharmacy services.⁷ The role of the general practice pharmacist should be flexible to meet the needs of the individual practice.⁸

Community pharmacies in Australia play a pivotal role in delivering healthcare services to patients. The role of general practice pharmacists is synergistic with that of community pharmacists. Together, they support the optimisation of patient health care through team-based care. General practice pharmacists can support the uptake of community pharmacy services through referring patients to relevant services. For example, closely collaborating with community pharmacists, patients can be referred for community Homes Medicines Reviews (HMR) and other services.

Australia’s healthcare system and general practice

Primary health care is one of the main components of Australia’s healthcare system.⁹ It is seen as the ‘front line’ and aims to improve the population’s overall health by providing consistent care throughout a person’s life. This care is individualised and coordinated with the rest of the health system.⁹ General practice is a central primary healthcare service.¹⁰

The general practice team

The size and composition of general practices reflect the needs and demographics of the local population. The general practice team can be broadly classified into five main groups (see Table 2).

Table 2. The general practice team

Group	Description
Allied health professionals	Health professionals not from the medical, dental or nursing professions. Those commonly working in general practice include diabetes educators, dietitians, exercise physiologists, physiotherapists, podiatrists and psychologists. For more information, go to: https://ahpa.com.au/allied-health-professions
General practitioners	Central figures in the general practice, and the most significant link between primary care patients and the broader healthcare system
General practice registrars	Work as independent practitioners (including prescribing) under the supervision of experienced general practice supervisors who assess their learning needs, teach and provide feedback as part of workplace-based learning
Practice nurses	Have a very broad range of roles that are determined by their individual scope of practice. May be enrolled nurses, registered nurses or nurse practitioners. For more information, go to: www.apna.asn.au and www.acnp.org.au
Support staff	Include practice managers and medical receptionists. A practice manager is responsible for performing management tasks in the practice, and medical receptionists are responsible for general administration duties

References: Morgan¹¹; Britt¹²; AAPM¹³; AAPM¹⁴; Foundation¹⁵

Scope of practice

General practice pharmacists can deliver a variety of activities that broadly fit under three categories: education and training, clinical governance and patient-level activities (see Table 3).

Table 3. Examples of activities conducted by a general practice pharmacist

EDUCATION AND TRAINING	CLINICAL GOVERNANCE	PATIENT-LEVEL ACTIVITIES
<ul style="list-style-type: none"> • Deliver education sessions on quality use of medicines (including new evidence, guidelines and therapies; and use of high-cost medicines) to GPs and practice staff, as needed • Provide tailored medication education sessions to medical students and general practice registrars • Respond to medicine information queries, including questions relating to medication formulas, medication availability and specific medication concerns, from GPs and practice staff (e.g. switching anticoagulants or antidepressants, opioid equivalence) 	<ul style="list-style-type: none"> • Undertake clinical prescribing review and feedback (including prescribing high-cost therapies) • Manage drug samples • Manage medicine recalls/shortages • Implement public health initiatives • Manage health promotion campaigns • Undertake pharmacovigilance • Provide support for practice accreditation • Conduct drug use evaluations • Conduct quality assurance activities • Liaise across transitions of care and with community pharmacy 	<ul style="list-style-type: none"> • Reconcile medicines lists • Undertake medication reviews • Optimise medicines regimens using evidence-based guidelines, and recommend cost-effective therapies, where appropriate • Manage medication safety problems • Support transitions of care • Review and report on adverse drug reactions • Undertake therapeutic drug monitoring • Educate patients on medication-related issues • Conduct point-of-care testing to support medication management (if required by the practice) • Participate in the healthcare team, and contribute to team care arrangements, care plans and case conferencing, as required • Liaise between all healthcare settings • Facilitate referral pathways to community pharmacy services (e.g. dose administration aids, MedsCheck, Diabetes MedsCheck, Home Medicines Review)

Reference: Freeman⁸

For further information and details about specific activities a general practice pharmacist can undertake, go to the Pharmaceutical Society of Australia (PSA) practice support tool General Practice Pharmacist: Role Statement (www.psa.org.au/GPPPharmacist).

Competencies

General practice pharmacists require knowledge, skills and experience to competently perform their role. They should assess their competency and role description against the *National Competency Standards Framework for Pharmacists in Australia*, and identify areas for improvement. This should inform the development of their learning plan. Refer to the General Practice Pharmacist: Scope of Practice tool (see Table 4).

Eligibility criteria

The PSA recommends the criteria in Box 1 as ideal characteristics and experience for pharmacists entering the general practice setting.

Box 1. Ideal experience for a general practice pharmacist

- Current pharmacist registration with the Australian Health Practitioner Regulation Agency (AHPRA)
- Minimum 2 years experience post-registration
- Medication Management Review accreditation—desirable but not essential; accreditation is available through the Australian Association of Consultant Pharmacy (AACP; www.aacp.com.au) or the Society of Hospital Pharmacists of Australia (SHPA; www.shpa.org.au)
- Completion of PSA General Practice Pharmacist: Foundation Stage training program (www.psa.org.au/GPPharmacist)

Funding opportunities

A number of different funding programs are available for pharmacist employment by a general practice in Australia. Depending on the practice, different funding models may be used to employ a general practice pharmacist, including the following:

- Practice Incentives Program (PIP)—a program that supports continual improvement, quality care, enhanced capacity, and improved patient access and health outcomes.¹⁶ General practice pharmacists may participate in activities to assist practices to meet requirements for PIP payments. For further information about PIP, see the PSA General Practice Pharmacist: Foundation Stage training program (www.psa.org.au/GPPharmacist).
- Multidisciplinary case conferences—team conferences with a medical practitioner and at least two other team members. Each member provides a different kind of care or service to the patient. Medicare Benefits Schedule (MBS) funding is only applicable to the GP. A general practice pharmacist may participate in the conferences to help practices meet requirements for payment. For further information about multidisciplinary case conferences, go to: www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=735&qt=ItemID
- Home Medicines Review (HMR)—HMRs can be used to conduct patient-level activities (see Table 3). Note: HMRs are provided to eligible patients in their homes by accredited pharmacists after referral from the patient's doctor. General practice pharmacists have a role in liaising with the patient's community pharmacy of choice. This collaborative approach aims at improving patient care and the quality use of medicines. For further information, go to: www.ppaonline.com.au/programs/medication-management-programs/home-medicines-review
- Fee for service—general practice pharmacists may charge directly for patient services they provide (e.g. smoking cessation services).
- Workforce Incentive Program (WIP)—from 1 January 2020, WIP will support general practices in employing nurses and allied health professionals (including pharmacists).¹⁷ For further information, go to: www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-wip-workforce-incentive-program
- Practice funds—practices may choose to fund pharmacists from practice funds. Pharmacists may be funded on a sessional or hourly basis.



Establishing the role

Aim and focus

General practice pharmacists should work with all relevant practice personnel. Together, personnel can identify activities that the general practice pharmacist should be involved in to best assist the practice and its patients. These activities are likely to change over time. The pharmacist should remain aware of other opportunities in the practice to use their expertise to optimise medicines use.

Training and practice support tools

The PSA has developed training and practice support tools to assist pharmacists to work in general practice (see Table 4).

All training and support tools are available via the PSA website (www.psa.org.au/GPPharmacist).

Communication

Effective communication is essential in optimising quality use of medicines and ultimately in succeeding as a general practice pharmacist. Communication should be clear, complete, concise, organised, timely and professional. General practice pharmacists should express professional opinions competently, confidently and respectfully, avoiding discipline-specific language. They should recognise and resolve disagreements in relation to patient care that arise from different disciplinary perspectives.

An acronym that can be used for organised communication is SBAR¹⁸:

- **S** — Situation: outline the situation or issue.
- **B** — Background: provide relevant information that is required to understand the issue.
- **A** — Assessment: give your assessment of the issue (e.g. cause, severity).
- **R** — Recommendation: give your recommendations to solve or address the issue.

Table 4. PSA General Practice Pharmacist Training and Practice Support Tools

Product	Description	Use
Training		
Foundation Stage training program	An introduction to working as a general practice pharmacist covering topics such as practice software, MBS item numbers, Practice Incentives Program (PIP), the general practice team, and communication and consultation skills. Consists of online modules and a face-to-face workshop. See www.psa.org.au/GPPharmacist	May be completed by pharmacists new to or interested in working as a general practice pharmacist
Advanced Stage training program	Contains clinical and nonclinical content that is relevant to pharmacists working in a general practice setting. See www.psa.org.au/GPPharmacist	May be used to support pharmacists already practising at a high clinical level
Practice support tools		
Funding opportunities	A list of funding opportunities a practice could source to employ a pharmacist Discusses examples of how a pharmacist may contribute to revenue generation in the practice	May be used by pharmacists who approach a practice to discuss the potential for having a pharmacist in the practice
Generic position description	General overview of the core roles and key responsibilities of a general practice pharmacist	May be used by employers advertising a position for a general practice pharmacist
Sample interview questions	Contains sample questions that may be asked in the interview and space to record the interviewee's responses	May be used by the general practice to assist in planning and conducting an interview with potential candidates for a general practice pharmacist role May be used by an employer when interviewing candidates for a general practice pharmacist role
Preparing for a successful interview	Contains sample interview questions that an interviewee can consider before attending an interview, as well as suggestions of what to consider when planning the response	May be used by pharmacists when preparing for an interview for a role as a general practice pharmacist
Sample Scope of Practice	Details the 2016 Competency Standards applicable to the scope of practice of a general practice pharmacist	May be used by pharmacists to reflect on their current skills and knowledge, and identify competencies relevant to the general practice pharmacist role where they may require further professional development May be used to assist in identifying potential learning and professional development needs, and planning professional development activities
Role Statement	Summary of activities that a general practice pharmacist could perform	May be used to outline to members of the general practice team how a pharmacist can contribute to the practice May be used by both the pharmacist and practice to identify activities a general practice pharmacist could be involved in May be used in conjunction with the Needs Assessment and Role Description Guide when establishing the role
Needs Assessment	Contains a template for pharmacists to use to self-assess their competency to perform different activities and identify potential areas for further professional development, as well as identify priority activities for the practice	May be used to review the needs and priorities of the practice, and how the general practice pharmacist can contribute to the practice and collaborate with the relevant staff member Once in practice, this document may be reviewed and updated by the general practice pharmacist and relevant staff to inform an updated role description Use in conjunction with the Role Statement and Role Description Guide

Table 4. PSA General Practice Pharmacist Training and Practice Support Tools – *Continued*

Product	Description	Use
Practice support tools continued		
Role Description Guide	Template for collating information about the role of the general practice pharmacist, including practice background information and practice activity priorities	May be used to identify key activities that the pharmacist should be involved in and contribute to in the practice Use in conjunction with the Role Statement and Needs Assessment
Information sheets—for administration staff, allied health professionals, general practitioners, practice managers, practice nurses, patients, community pharmacists	Information sheets designed for different members of the practice team, community pharmacists and patients that outline the roles and responsibilities of a general practice pharmacist	May be used by the general practice pharmacist when meeting with other members of the general practice team and local community pharmacists to discuss their role and potential ways they can work together May also be used by the general practice pharmacist and other general practice staff when educating patients on the role of the general practice pharmacist and how they can assist
Activity checklists—first 3 months of practice	Checklists outlining suggested activities pharmacists should do in the first 3 months of working in a general practice Contains four checklists: Induction, Weeks 2–4, Weeks 5–8, Weeks 9–12	Use by the general practice pharmacist during first 3 months of working in a general practice to identify activities they should be doing during this period Use to assist general practice pharmacists to integrate into the practice
Service delivery guides	<ul style="list-style-type: none"> • Conducting Clinical Audits in General Practice (see Appendix 1) • Providing Education to General Practice Staff (see Appendix 2) • Supporting Patients after Hospital Discharge (see Appendix 3) 	Guidance for general practice pharmacists when undertaking clinical audits, providing education to general practice staff and supporting patients after hospital discharge
Pharmacist poster	Editable waiting room poster describing the role of the general practice pharmacist for patients	Use by the general practice to make patients aware that a general practice pharmacist is available
PSA multisource feedback tool	Online survey available to collect feedback on performance from colleagues and patients	Use by the general practice pharmacist to collect feedback on their performance from others they are working with and patients

General practice pharmacists must communicate effectively with all staff in the practice. To do this, they should have a good understanding of the roles and responsibilities of each staff member (see Box 2).

Box 2. Strategies to optimise communication with members of the general practice team

- Learn the preferred method of communication (e.g. verbal, meeting) of all healthcare professionals in the practice.
- Before beginning a discussion, confirm that the time is convenient for your colleague.
- Be clear when discussing your recommendations or planned input, and give your colleague time to discuss their opinion.
- If there is a main location where healthcare professionals communicate about a patient (e.g. patient notes), use this whenever possible and appropriate.
- Before making a clinical recommendation, ensure that you have adequate information to make the recommendation. Identify any additional information you might need.
- Offer alternative treatment options or solutions to clinical problems identified.
- Ensure that communication is clear, complete, concise and professional.
- Ensure that health records are accurate, complete, consistent, able to be easily read and understood, accessible and current.

References: McConaha¹⁸; Nijjer¹⁹; RACGP²⁰

The Royal Australian College of General Practitioners (RACGP) *Standards for General Practices* (5th edition) (www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed) contains information about communication and teamwork in the practice, and general practice pharmacists should be familiar with these standards.

For further information about communication and collaboration, see the PSA General Practice Pharmacist: Foundation Stage training program (www.psa.org.au/GPPharmacist).

Collaboration

Collaboration is an ongoing process, and will often become easier over time (see Box 3).

For further information about collaboration, see the PSA General Practice Pharmacist: Foundation Stage training program (www.psa.org.au/GPPharmacist).

Clinical autonomy

Pharmacists are independent and autonomous healthcare professionals. General practice pharmacists must make the health and wellbeing of the patient their first priority, and demonstrate responsibility and accountability for all decisions made and actions taken.²³

Collaboration does not alter the pharmacist's personal accountability for the care provided to patients.²⁴ Pharmacists have the right to refuse to undertake any actions that they believe are unsafe or inappropriate. When working as a general practice pharmacist, use your own professional judgement in all situations.

Educating others about the role of the general practice pharmacist

Staff in general practices may not have a good understanding of the role of the general practice pharmacist, as the role is still emerging in Australia. General practice pharmacists should discuss their role with all staff members, including GPs, practice nurses, allied health professionals and administrative staff. They may discuss activities that they could do within the practice to guide this discussion (see Table 3).

The PSA information sheets for general practice staff (www.psa.org.au/GPPharmacist); see Table 4) could be used when discussing the role of the general practice pharmacist. For further education about ways general practice pharmacists can work with other staff members, see the PSA General Practice Pharmacist: Foundation Stage training program (www.psa.org.au/GPPharmacist).

Box 3. Strategies to facilitate collaboration

- Ensure that you are 'visible' in the practice: take time to talk with other staff, offer regular clinical updates at team meetings and be open to answering questions from other staff (this is helpful in building trust and rapport).
- Attend practice meetings (always research and prepare well before meetings).
- Ask for help when you need it.
- Be prepared to try another approach if something is not working. Ask other practice staff for their ideas and suggestions for trying a different approach.
- Focus on activities that have the largest impact ('quick wins').
- Practice evidence-based medicine: ensure that recommendations have evidence to support them, and have references available if other healthcare professionals ask.
- Do not give up if your services are not taken up by every GP or staff member in the practice. Continue to offer to answer medication-related questions and to assist with other activities, and demonstrate your value by working with GPs and other staff who are keen to use your services.
- Ensure that your knowledge and skills are current, and be confident in what you can offer.
- Smile and make good eye contact with colleagues.
- Regularly ask for feedback from practice staff and patients, including feedback on strengths, areas for improvement and strategies that could be tried to ensure that your skills are used to their full extent in the practice.
- Have one-on-one discussions with individual team members about the practice's policies and procedures for particular activities, and collaborate with other team members to work out how you can contribute to different activities.
- Remember that clinicians are busy. If you would like focused input, or discussion of a protocol or new project, consider scheduling a meeting or including it as an agenda item in a relevant meeting.

References: Deeks⁷; Jorgenson²¹; Kennedy²²

Community pharmacy

Community pharmacists are the most accessible healthcare professional in our healthcare system. Many community pharmacists have established relationships with patients, local doctors and other healthcare providers. These relationships should be recognised, respected and valued.

General practice pharmacists have a role in both establishing and maintaining team-based primary care that includes all healthcare providers vital to the patient's care needs; the community pharmacist is often one of these providers.

General practice pharmacists can be the main point of contact between the community pharmacy and the general practice. They should meet with local community pharmacists to learn about:

- the services the pharmacy provides
- the current relationship between the community pharmacy and the general practice, and how it can be built on
- how they can work with community pharmacists to best support patient care, and optimise collaboration between the pharmacy and the practice.

When meeting with community pharmacists, general practice pharmacists should discuss ways of working together. This may be through the establishment of referral pathways between general practice and community pharmacy for patient inclusion in community pharmacy-based services such as HMRs, Dose Administration Aids (DAAs), MedsChecks, and smoking cessation. In some instances, where contact between general practices and community pharmacies is not highly developed, general practice pharmacists may have a role in linking these healthcare providers. It has been shown that enhanced communication and collaboration are important for the safe and effective delivery of health care.

The PSA General Practice Pharmacists: Community Pharmacists information sheet can be used when discussing the role of the general practice pharmacist with community pharmacists (see Table 4). For further information about collaborating with community pharmacists, see the PSA General Practice Pharmacist: Foundation Stage training program (www.psa.org.au/GPPharmacist).

Primary Health Networks

Primary Health Networks (PHNs) are organisations across Australia that focus on achieving primary care priorities at a regional level. Key objectives of PHNs include increasing the efficiency and effectiveness of medical services for patients (particularly those at risk of poor health outcomes), and improving coordination of care to ensure that patients receive the right care in the right place at the right time. General practice pharmacists should know what local PHN the practice is linked to and look for opportunities to work collaboratively with the PHN. This may be through coordinating their activities (e.g. health promotions) with the key objectives of the local PHN. For further information about PHNs, go to: www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home

For information about practice support that PHNs provide, go to: www.health.gov.au/internet/main/publishing.nsf/Content/Fact+Sheet-PHN-Practice-Support+

NPS MedicineWise educational visits

NPS MedicineWise provides an educational visiting service to GPs on a range of therapeutic topics. Peer educational visits or academic detailing by Clinical Service Specialists (CSSs) may involve face-to-face discussions with individual GPs or group discussions. General practice pharmacists may participate in individual and group discussions.

Educational visits may be:

- one on one—a 30-minute in-practice discussion for GPs, tailored to individual learning needs
- small group—a 1-hour group discussion for up to 10 health professionals (GPs, pharmacists and nurses)
- virtual visits—video-conferencing software for GPs who find it difficult to schedule an in-practice visit.

General practice pharmacists should establish links with CSSs for their own professional development, and to reinforce key messages through medication reviews, clinical audits and other practice improvement activities. To book a visit, go to: www.nps.org.au/cpd/book-a-visit

Pharmaceutical company representatives

Representatives of pharmaceutical companies visit GPs principally to promote the prescription of their products. These visits are also an opportunity for GPs to obtain important information. Some GPs do not allow visits by pharmaceutical company representatives. There is a Medicines Australia code of conduct for representatives (see <https://medicinesaustralia.com.au/code-of-conduct/about-the-code>).

General practice pharmacists should be part of sessions conducted by pharmaceutical company representatives. Pharmacists can provide evidence-based, independent advice and feedback to GPs.

Pharmaceutical company representatives may provide prescription product samples, and general practice pharmacists may be responsible for their storage and checking their expiry dates.

General practice standards

Standards for General Practices (5th edition) (www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed) has been developed by the RACGP.²⁰ General practices that are accredited, or plan to become accredited, are assessed against these standards.^{25,26}

General practice pharmacists can contribute to activities to support the practice in meeting the standards. They should be familiar with the standards and identify how they can contribute to the criteria in the standards. To access the standards, go to: www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed

Further information about the standards and their relevance to general practice pharmacists is available in the PSA General Practice Pharmacist: Foundation Stage training program (www.psa.org.au/GPPPharmacist).

General practice policies and procedures

General practice pharmacists should discuss the practice's policies and procedures with all relevant staff members. They should become familiar with policies and procedures that support their integration into the general practice team (see Box 4).

The general practice pharmacist may identify potential policies and procedures relating to medicines use that the practice does not have but would benefit from, and develop these documents. This task could be included as part of the pharmacist's role description if it is identified as a priority during a needs assessment for the practice (refer to the PSA practice support tools General Practice Pharmacist – Needs Assessment and General Practice Pharmacist – Role Description Guide).

Box 4. Examples of relevant general practice policies and procedures

- Privacy policies, and confidentiality and non-disclosure agreements
- Workplace health and safety policies and procedures
- Emergency and fire hazard procedures; training may also be available for the pharmacist
- Child and adult safeguarding procedures; pharmacists should also be familiar with State or Territory requirements for working with children checks and police checks, and apply for these checks, if required
- Infection control policies and procedures
- Medicines management policies
- Policies and procedures for clinical governance in general practice
- Policies and procedures relating to writing consultation notes and documenting findings
- Procedures for documenting patient records and communicating with other healthcare professionals in the practice, where necessary



Undertaking the role

Working as part of the general practice team

Working as a general practice pharmacist will require an understanding of how the practice operates and the activities the pharmacist will be involved in, and establishing working relationships with others in the practice team. The pharmacist should focus on activities identified in the needs assessment and role description as a priority for the practice (see Table 4). It may take some time to identify how to best integrate into the team. Try to be flexible and prepared to adapt activities and approaches.

General practice pharmacists should regularly review their role description (see *Role assessment and review*).

The following service delivery guides are available to support the general practice pharmacist in undertaking certain activities:

- Conducting clinical audits in general practice (Appendix 1)
- Providing education to general practice staff (Appendix 2)
- Supporting patients after hospital discharge (Appendix 3).

PSA practice support tools are available to assist general practice pharmacists in undertaking their role (see Table 4). All tools can be found at: www.psa.org.au/GPPharmacist

Systems in general practice

General practice pharmacists need to understand the systems used in the general practice to allow them to integrate into the current workflow. These systems include:

- roster for room use in the practice and room availability, including how to check it
- daily schedule, including how to check it
- process for making appointments and triaging telephone enquiries
- process for funding systems (e.g. PIP, MBS billing and MBS billing codes)
- practice's accreditation organisation (if applicable)
- accreditation process for general practices and requirements for accreditation (see *General Practice Standards*)
- software used in the practice, including how to access and use it
- practice's use of My Health Record.

General practice pharmacists should work with relevant staff members to ensure that they are included in, and have access to, the systems needed for them to effectively undertake their role. For example:

- ensure that the pharmacist's details have been added to the health practitioner list in the practice to enable scheduling of patient appointments (if this is part of the general practice pharmacist's role)
- work with the reception staff to develop a process for booking patient appointments with the pharmacist.

General practice software

A variety of software packages are available for use in general practice. Different software packages will have different ways to access and record information, but there are some common functionalities (see Box 5). General practice pharmacists should identify the software used in the practice when establishing their role. They should know how to use it to optimise their contribution to the practice. General practice software companies will often provide training on their software.

Box 5. Functionality of general practice software

- Booking patient appointments
- Recording patient details (e.g. demographics, medical history, medication history, allergies/adverse reactions, immunisations)
- Recording patient notes/records
- Printing patient prescriptions, and referrals to specialists or for investigations (e.g. pathology)
- Checking for drug–drug interactions, or medicines that are contraindicated as a result of recorded allergies
- Accessing patient results
- Integrating with My Health Record and enabling upload of a shared health summary
- Billing for patient consultations by the healthcare professional
- Processing payments by the patient and sending the patient's rebate to Medicare Online for the patient (if applicable)
- Integrating clinical decision support systems (see PenCS at www.pencs.com.au/products/topbar) and clinical audit tools
- Integrating quality improvement programs (see NPS MedicineWise MedicineInsight at www.nps.org.au/medicine-insight)

Resources for general practice pharmacists

General practice pharmacists must have access to the resources needed to effectively undertake their role. Discuss with the relevant staff members the resources required and how they can be accessed.

Potential resources required include:

- access to a consultation room to conduct patient consultations
- a computer with access to the internet, patient records, the intranet and reference texts (including practice software log-in codes and wi-fi codes, where needed)
- access to patient management software, patient profiles and patient health records
- access to My Health Record (www.myhealthrecord.gov.au/for-healthcare-professionals/howtos/access-my-health-record-using-provider-portal)
- access to the daily appointment list
- an email account (with remote access, if needed)
- monitoring equipment, such as a blood pressure monitor, blood glucose meter and spirometer (if the practice requires the pharmacist to undertake patient monitoring within their scope of practice)
- clinical references and guidelines.

Health records and documentation

Accurate and high-quality health records and documentation are important to optimise the safety and effectiveness of health care.²⁷ Clinical health records contain patient information required for effective care; good patient information supports appropriate clinical decisions (see Box 6).

Box 6. Purposes of health records in general practice

- Record of consultations
- Form of communication between healthcare professionals
- Information source that can be shared with patients to support a partnership based on trust and respect
- Information for education, training and professional development, or for approved research and policy
- Source of health information that can be used for clinical audits and quality improvement activities
- Source of information for medicolegal purposes

Reference: RACGP²⁸

The increasing use of shared care models and My Health Record highlights the need for high-quality health records. Patients' health records may be shared between, and relied upon by, primary, secondary and tertiary healthcare services.²⁸

When creating health records, general practice pharmacists must ensure that the records are²⁷:

- complete—this includes both information documented in the practice and information from other sources (e.g. hospital discharge summaries, pathology results, relevant telephone communications)
- consistent—medical vocabulary, abbreviations and terms should be standardised
- able to be read and understood easily—records must be legible, and organised in a way that is useful and meaningful to others accessing the records
- accessible—information should be able to be easily retrieved (a completely electronic system is preferable)
- current—records should be documented as soon as possible to maximise accuracy and completeness.

General practice pharmacists should also check that all patient details are correct (they may sometimes be overlooked). These details include the patient's usual community pharmacy (name of the pharmacist in charge, phone and fax numbers, email address, opening hours, and services available and/or accessed by the patient, such as dose administration aids and home hospital aids). If applicable, the name of the patient's carer or community care worker who is assisting the patient should also be recorded. If the patient is accessing any community health services, these services should also be noted in the records.

Clear and accurate records of patient consultations should also be kept, including records of meetings with patients after they are discharged from hospital. Pharmacists should have a thorough understanding of the practice's processes for documentation and adhere to these processes to support patient care. Patient records must be legible and should be updated as soon as possible, either during or after a patient consultation.

Details of the information that must be included in patient consultation notes can be found under Criterion 7.1: 'Content of patient health records', in the RACGP *Standards for General Practices* (5th edition). For further information about health records in general practice, see the RACGP's *Improving Health Record Quality in General Practice* (www.racgp.org.au/running-a-practice/practice-resources/general-practice-guides/improving-health-record-quality). Information about health records and documentation in general practice relevant to pharmacists is contained in the PSA General Practice Pharmacist: Foundation Stage training program (www.psa.org.au/GPPharmacist).

Managing patient documentation after discharge of a patient from hospital can be challenging. Sometimes discharge documentation may arrive at the practice days after the patient returns home, or not arrive at all. The information contained in the documentation may be incomplete. Sometimes the primary care team may not even know of the hospital admission until the patient presents to the practice. This creates additional challenges in ensuring that the patient receives the correct and optimal care.

Hospital documentation, such as discharge summaries, may be faxed, posted or sent electronically to the practice. General practice pharmacists should understand how the practice processes hospital documentation. If discharge summaries are received via fax, the reception team are often the first people to see hospital handover documentation. The general practice pharmacist should ensure that all unplanned hospital admissions communicated to the practice are brought to the pharmacist's attention. See *Appendix 3 – Supporting patients after hospital discharge*.

General practice pharmacists should have protected access to the system used to store patient health records to successfully undertake their role.²⁶⁻²⁹ My Health Record is an important tool and general practice pharmacists should be familiar with their use. For more information see www.myhealthrecord.gov.au/for-healthcare-professionals?gclid=EAIaIQobChMI6qqBue-h4gIV0YRwCh0DxgEIEAAYASAAEgIVK_D_BwE

Patient rights, confidentiality and consent

General practice pharmacists must always respect patients' and clinicians' privacy and confidentiality.²⁴ They should be familiar with the privacy obligations for pharmacists outlined in the *Australian Privacy Principles*²⁹ and *PSA Professional Practice Standards*.¹ Pharmacists should always be guided by the *Professional Practice Standards*¹ and *Code of Ethics for Pharmacists*.²⁴

If general practice pharmacists need to obtain or supply patient information to other healthcare professionals, they must obtain patient consent (which should be documented) and obtain or supply only the information necessary to ensure optimal patient care.³⁰ They should ensure that the patient understands³⁰:

- what information is being gathered or supplied
- why the information is being gathered or supplied
- who will have access to the information
- how the information will be used
- any consequences of not gathering or supplying the information.

Patient information should be stored in a way that protects the patient's privacy and confidentiality.³⁰

See the *RACGP Standards for General Practices* (5th edition) for further information on confidentiality and privacy. General practice pharmacists should be familiar with these standards (see *Resources*).

Role assessment and review

General practice pharmacists should regularly assess their role and its impact on the practice. Reviewing current activities against the role description (see *Establishing the*

role) can assist in identifying any practice gaps, as well as additional activities the pharmacist should be involved in. Regular review will also help to meet the needs of the practice and its patients. General practice pharmacists should regularly discuss their role and activities with the practice principal or partners, the practice manager, or other relevant staff members.

General practice pharmacists should regularly reflect on how successfully they are integrating into the practice. They should identify potential changes that could improve collaboration. Seeking feedback from other staff may be helpful. The PSA multisource feedback tool (see Table 4) can be used to gather feedback from colleagues, managers and patients. Discussing opportunities for improvement with the practice principal or partners, the practice manager, the lead GP or other relevant staff members may be beneficial. Working with a mentor may also assist.

General practice pharmacists need to demonstrate their value to the practice. Value can be shown through data collected from activities they have been involved in and records of outcomes of these activities.

Key performance indicators (KPIs) can be used to measure performance. A general practice pharmacist can develop KPIs to measure their impact in the practice and provide a focus for continuing improvement. KPIs can demonstrate the contribution of the general practice pharmacist to improving patient and medicines management.

The choice of KPIs will depend on the practice, the activities the pharmacist is involved in, and the key goals and strategic priorities of the practice. The general practice pharmacist's KPIs may be similar to those of other staff but will be specific to the pharmacist's role.

General practice pharmacists should discuss appropriate KPIs with relevant staff members in the practice, and agree on benchmarks for assessing performance under the KPIs. Networking with other general practice pharmacists can be useful to share ideas on relevant and useful KPIs. Examples of KPIs are numbers of patient consultations, staff education activities, drug utilisation reviews, clinical audits and health promotion initiatives. KPIs should be³¹:

- relevant to, and able to be influenced by, the general practice pharmacist's work and activities
- relevant to the practice, and its priorities and goals
- achievable, and easily measured and monitored
- monitored and reviewed or revised as appropriate.

For more information about KPIs for general practice pharmacists, see the PSA General Practice Pharmacist: Foundation Stage training program (www.psa.org.au/GPPharmacist).

Appendix 1. Conducting clinical audits in general practice

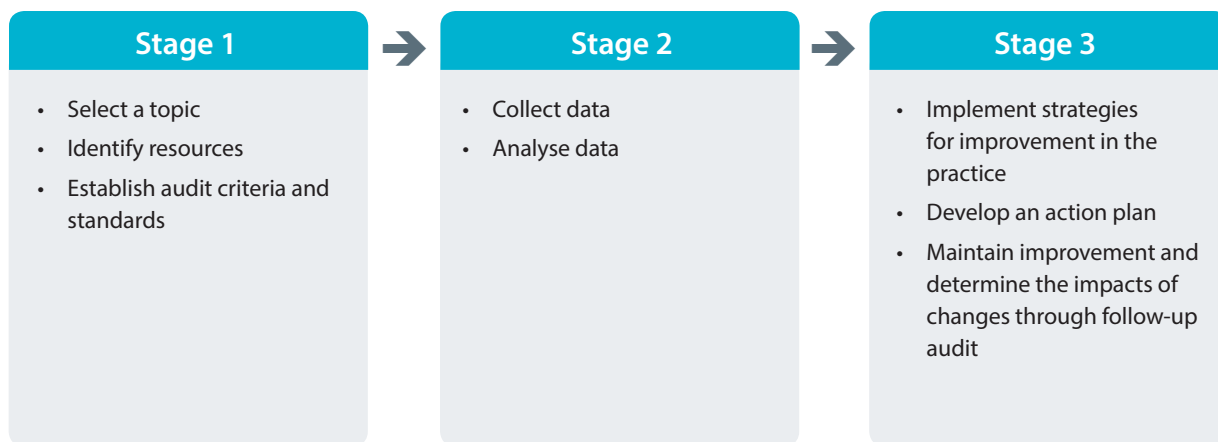
General practice pharmacists play a key role in undertaking clinical audits in general practice—they are an important quality improvement activity. A clear objective should be identified and decided on before the audit is conducted.³²

A clinical audit may³³:

- determine whether prescribing and medicines use adhere to current clinical standards and guidelines (e.g. antimicrobials are prescribed according to the current *Therapeutic Guidelines* or other relevant clinical guidelines, opioid prescribing follows the latest evidence-based recommendations)

- control medicine costs for both the healthcare system and the individual; for example, ensuring that medicines prescribed adhere to current guidelines can control costs through avoiding unnecessary use of medicines, as well as costs associated with adverse effects
- minimise the risk of adverse effects associated with medicines use
- assess whether there are areas of practice where practitioners require further education and support to optimise patient management.

Figure 2. Stages of undertaking a clinical audit



Source: Adapted from Hughes³⁴

For a full description of the stages of a clinical audit, see *Detailed Description of Stages in a Clinical Audit*. See PSA website for supplementary resources at: www.psa.org.au/GPPharmacist

A well-designed clinical audit can identify problems, and improve the prescribing and use of medicines (see Box 7).

Box 7. Conducting a clinical audit

- Include other general practice staff in the audit.
- Use the best available evidence to develop audit standards.
- Undertake a pilot of your audit methods.
- Avoid overcomplicating the process—keep it simple.
- Ensure that there is enough time to plan the audit and implement changes.
- Compare current practice against standards to reach conclusions for the audit.
- Identify recommendations and develop an action plan.
- Follow up on the actions in the action plan.
- Undertake a follow-up audit after changes have been implemented.
- Share findings with the general practice team—this could be through a presentation, written report, newsletter, etc.

Poor relationships with other staff have the potential to limit the success and value of a clinical audit.³⁴ Regularly communicate and collaborate with other general practice staff when undertaking clinical audits. This can include seeking advice from other staff on planned audit topics, discussing the best method for collecting data, working with other staff to collect and analyse data, discussing the results of the audit and strategies to improve current practices with others, and learning from each other to improve clinical knowledge and practice.

Ensuring that there is clarity around authority and accountability, as well as the aim and potential benefits of clinical audits, can optimise the value and utility of clinical audits in practice. For example, ensuring that healthcare professionals understand that clinical audits are quality improvement activities that the practice regularly undertakes and are not being done to analyse a particular professional's practice can make team members more comfortable about the activity.³⁶

Benchmarking gives the opportunity to compare current practices with best practice. It can be used to assess strengths and weaknesses in the practice, and look at what can be achieved (as demonstrated by others). It supports changes in practice that can lead to improved quality and service delivery, which ultimately leads to better patient care.³⁷ Practices should aim to have 100% compliance with best-practice standards. However, it may not always be possible to achieve 100% compliance, and a lower standard may be acceptable in some cases.³⁸

Clinical audit tools

General practice pharmacists can support GPs and practice managers in using clinical audit tools. Table 5 outlines examples of clinical audit tools available in general practice.

Resources

Resources that may assist general practice pharmacists in conducting clinical audits include:

- Example clinical audit and templates (audit criteria, data collection, audit report, action plan). See PSA website for supplementary resources in appendices at: www.psa.org.au/GPPPharmacist
- *About Clinical e-Audits for GPs*—information about Clinical e-Audits run by NPS MedicineWise (www.nps.org.au/about-clinical-e-audits-for-gps)
- Think GP: QI Programs—activities for quality improvement relevant to GPs (<https://thinkgp.com.au/qi>)
- *Standards for General Practices* (5th edition)—practice standards for general practices by the RACGP, which provide information on how clinical audits can help meet practice standards (www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed). See also resources relevant to undertaking clinical audits and meeting the indicators in the standards (www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/resource-guide)
- *Principles for Best Practice in Clinical Audit* by the United Kingdom National Institute for Clinical Excellence (www.nice.org.uk/media/default/About/what-we-do/Into-practice/principles-for-best-practice-in-clinical-audit.pdf).

Table 5. Examples of clinical audit tools

Name	Description
Medical software tools	PenCS clinical audit tools at www.pencs.com.au CATPlus, PATCAT, CAT4. CAT4 provides a view of medical practitioners' patient cohort, which is easily converted into actionable insights aligned with PIP Quality Improvement (PIP QI), and accreditation and best practice under the RACGP guidelines. Other examples include POLAR GP and some clinical audit tools that may be available through PHNs
NPS MedicineWise Clinical e-Audits	The Clinical e-Audit and other quality improvement activities are provided free of charge to Australian GPs by NPS MedicineWise. The Clinical e-Audit is recognised for the PIP Quality Prescribing Incentive (PIP QPI) (until 1 August 2019). Clinical e-Audits are accredited by the RACGP QI&CPD Program for 40 (Category 1) points (QI activity) and by the Australian College of Rural and Remote Medicine PD Program for 30 PRPD points
MedicineInsight	MedicineInsight is a quality improvement program developed and managed by NPS MedicineWise. MedicineInsight allows GPs to reflect on their own patterns of prescribing and patient care, and compare these with other GPs in their practice. These can be benchmarked at local, regional and national levels. Participating practices are offered customised quality improvement activities that support alignment with best practice and identify key areas for improvement

References: NWMPHN³⁵; PenCS⁴⁰; NPS^{41,42}

Appendix 2. Providing education to general practice staff

Education may be provided in different formats and using different delivery methods. Each format has advantages and disadvantages (see Table 6).

When delivering education, consider factors such as the purpose of the education session, the target audience, learning styles, time constraints and the education topic. By considering these factors, the best delivery method for the individual situation can be employed. Using a variety of delivery forms may be suitable for providing education on a particular topic—this is known as ‘blended learning’ (see Figure 3). This approach may cater for staff members who have different preferred learning styles.⁴³

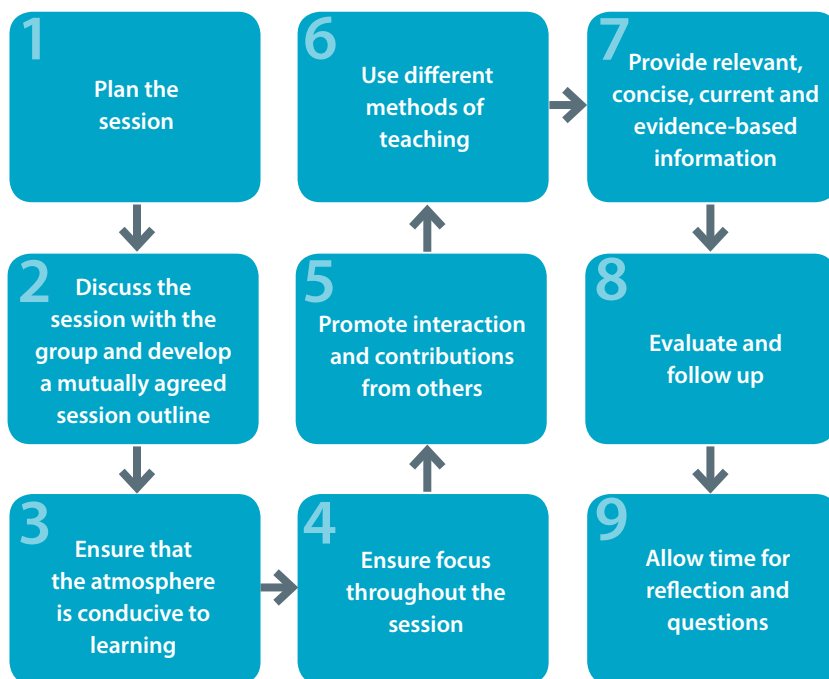
Needs assessment

Undertaking a needs assessment when planning education will help to clarify what staff currently know, and identify areas where they would benefit from further education and support. When undertaking a learning needs assessment, multiple sources can be used to identify relevant and useful education topics, including^{45,46}:

- own experiences (e.g. dilemmas seen in practice, common topics for queries from staff members, recent changes in best practice or clinical guidelines, errors or near misses, reflection on practice)
- discussions with other staff (e.g. staff meetings, asking staff what they would like further education on)
- quality improvement activities (e.g. audits, risk assessments, patient feedback).

For a rewritable template, see the supplementary resource *Education Needs Assessment Template* on the PSA website at: www.psa.org.au/GPPharmacist

Figure 3. Planning a successful education session



Source: Adapted from Steinert⁴⁴

Identifying education topics

Relevant and beneficial education topics will vary for different staff members in the general practice. For example, education may be aligned with NPS MedicineWise topics (www.nps.org.au/cpd), Veterans’ MATES topics (www.veteransmates.net.au/topics) or newly published clinical guidelines.

General practice pharmacists should develop an understanding of the skills, knowledge and experience of other staff members so that education provided is appropriate and relevant.⁴⁷

General practice pharmacists should be familiar with conditions commonly encountered in their individual practice because this can help in planning relevant and useful education topics for GPs.

Table 6. Advantages and disadvantages of various delivery methods in education

Delivery method	Description	Advantages	Disadvantages
Formal education sessions	<ul style="list-style-type: none"> Planned education sessions such as face-to-face tutorials (e.g. in-service training) or discussion groups Common education method for healthcare professionals 	<ul style="list-style-type: none"> Interactive Problem solving Motivational Reflective Social 	<ul style="list-style-type: none"> Cost Time—in both preparation and presentation May be one sided
Printed materials	<ul style="list-style-type: none"> Planned delivery of information May be supplementary to formal education sessions Often used to reinforce key messages 	<ul style="list-style-type: none"> Effective way of sharing information Targeted and curated content Can be accessed by everyone 	<ul style="list-style-type: none"> Cost Time for development May be outdated or superseded quickly Difficult to recall
Online content	<ul style="list-style-type: none"> Planned delivery of information 	<ul style="list-style-type: none"> Easily and quickly updated Can have an audio and visual component to emphasise key messages 	<ul style="list-style-type: none"> Cost Time for development Not accessible by everyone Key messages can be obscured by too much information
Education as part of everyday practice	<ul style="list-style-type: none"> Often verbal information delivered as part of a meeting or impromptu questioning 	<ul style="list-style-type: none"> Quick, immediate response Concise Targeted 	<ul style="list-style-type: none"> No preparation time—requires immediate delivery Spoken information can be easily forgotten or misunderstood

Resources

Resources that may assist general practice pharmacists in providing education to general practice staff include:

- Allied Health Professions Australia—provides an overview of allied health professions, including their education requirements and areas of expertise (<https://ahpa.com.au/>)
- General Practice Pharmacist: Needs Assessment tool—supports the pharmacist and general practice to identify the needs of the practice; may guide the pharmacist in identifying relevant education topics.

Depending on the education topic, general practice pharmacists are likely to require different resources to prepare and deliver an education session. The following are some examples of resources that could be used by the pharmacist to identify potential education topics, and prepare and deliver education to general practice staff:

- clinical guidelines
- reference texts such as *Australian Pharmaceutical Formulary and Handbook*, *Australian Medicines Handbook*, *Therapeutic Guidelines*

- journals such as *Australian Prescriber* (www.nps.org.au/australian-prescriber), *Australian Pharmacist*, *BMJ*, *JAMA*, *Australian Journal of General Practice*, *Medicine Today*
- websites (e.g. NPS MedicineWise—www.nps.org.au), GP websites/resources (e.g. *Australian Doctor*, *Medical Observer*, *the Medical Republic*, *MJA InSight*), *HealthPathways* (locality specific and may be linked to local PHNs; see www.healthpathwayscommunity.org/About.aspx), *Therapeutic Goods Administration* (www.tga.gov.au), *Veterans' MATES* (www.veteransmates.net.au).

Further details on education sessions can be found on the PSA website. See the supplementary resources in appendices at: www.psa.org.au/GPPharmacist

Appendix 3. Supporting patients after hospital discharge

General practice pharmacists manage and optimise medicines use. They play a key role in supporting appropriate medicines use by patients after hospital discharge. Although the activities that a general practice pharmacist may be involved in when supporting a patient after hospital discharge may vary depending on the situation, general activities are outlined below.

List of activities for a general practice pharmacist in supporting patients after hospital discharge

Collaborate with the patient and reception team at the practice to arrange an appointment with the pharmacist before the patient's GP appointment. Encourage practice staff to ask patients to bring in all their medicines, both new and old, so medicines can be reconciled and reviewed
Take a medication history by reviewing all medication information from a variety of sources (e.g. discharge summary, interview with the patient, community pharmacist, hospital discharge team)
Reconcile the patient's medicines by: <ul style="list-style-type: none">• collecting all relevant information• confirming the accuracy of the information• comparing the history with the prescribed medicines at every transfer of care• supplying accurate medicines information to the patient and their healthcare team See www.cec.health.nsw.gov.au
Conduct a medication review with the patient (and, where appropriate, their family members and/or carers) to determine if the current medicines regime is safe, effective and appropriate
Discuss the patient and their treatment plan with the GP and other healthcare professionals (e.g. practice nurse), if appropriate, including: <ul style="list-style-type: none">• current medicines• changes made to the patient's medicines in hospital• discrepancies between the discharge plan and current patient care• pharmacist recommendations for improved medicines management• recommendations and education the pharmacist has provided to the patient
Communicate any changes to the patient's medicines regimen that commenced in the hospital to the patient's GP for approval
Ensure that the patient understands any medicine changes that may have occurred in the hospital and that they can manage their new medicines regimen
Provide patient-centred education (e.g. verbal, print, audiovisual, demonstration), such as: <ul style="list-style-type: none">• how to take medicines prescribed or recommended (e.g. medicines regimen)• how to obtain further supplies of their medicines• what to expect from their medicines (both expected benefits and potential side effects)• which medicines should be taken and which medicines are no longer current• what to do with medicines that are no longer current• services that may assist with optimising medicines management (e.g. dose administration aids)
Identify actions and make recommendations to the patient's GP to optimise treatment (e.g. Home Medicines Review, use of a dose administration aid)
If required and on GP referral, support the provision of a Home Medicines Review with patient consent (pharmacist must be accredited; see: www.ppaonline.com.au/programs/medication-management-programs/home-medicines-review)
Ensure that the patient is able to access ongoing medication supplies (e.g. check that the patient has prescriptions for prescribed medicines and knows where to obtain supplies of their medicines)
Collaborate with other healthcare professionals involved in the patient's care, both within the general practice and in other settings (e.g. patient's community pharmacist)
Document any changes to the patient's medicines regimen, including rationale and expected treatment duration
Document any ceased medicines in the patient's record, including reason for ceasing the medicine
Offer to follow up with the patient and their carer to monitor medicine effectiveness, adherence, high-risk medicines use, adverse drug reactions and drug interactions, and to offer continuing education
Regularly reflect with the patient and the healthcare team on the effectiveness and ongoing appropriateness of the new medicines regimen as part of the patient's management plan

References: APAC⁴⁸; ACSQHC⁴⁹

For further information on undertaking medication reconciliation and reviews, see the supplementary resource *Medication Reconciliation and Review*. See PSA website for supplementary resources at: www.psa.org.au/GPPharmacist

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