



PHARMACISTS IN 2023: A Discussion Paper



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PSA acknowledges the contribution of Associate Professor Mark Naunton in the preparation of this Discussion Paper

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Foreword

I see a future where the pharmacy profession meets community health needs whilst focussing on ensuring pharmacists are utilised to their **full scope of practice**, they are supported to **develop as practitioners**, we have a **quality framework** for service delivery by pharmacists and we are recognised and appropriately remunerated for our significant skills, expertise and training as healthcare professionals.

Initially, I had envisaged a 10 – year plan for the profession, but overwhelming feedback from PSA members and the wider profession noted that more urgent change is needed for pharmacists to be able to retain their best and brightest in the profession and to be truly regarded as medicines experts. Based on that feedback we have shortened our timeframe for impact; we need to have delivered significant change for the pharmacy profession by 2023.

Change is inevitable if we are to realise the objective of having pharmacists seen as medicines experts across healthcare and as responsible and accountable for medicines safety and effectiveness. The discussion paper, built upon the views of pharmacists and consumers, highlights the need for pharmacists to transition to a consultation-based, patient-centric and collaborative model of care, whereby pharmacists take responsibility and accountability for medicines management. These opportunities that PSA is suggesting for the future require feedback from the profession to be able to guide PSA's next steps in the development of the role of pharmacists in community pharmacy, and in the broader primary care arena.

PSA's vision has pharmacists delivering services tailored to consumer need, delivered at the right time, by the pharmacist with the right skill set in the right setting. We should see services form a continuum from dispensing through to comprehensive medication review, delivered in an individualised manner based on patient need and focussed on the quality use of medicines.



The ultimate objective of PSA in releasing the *Pharmacists in 2023* discussion paper is to have an empowered pharmacy workforce across healthcare, from hospital to community pharmacy and in the broader primary care sector. This will require pharmacists to be enabled through appropriate funding mechanisms and quality assurance programs, to be equipped through suitable training and recognition programs and to be embedded wherever medicines are used.

We seek the views of our members, the pharmacy profession, consumers and key stakeholders in providing input into this discussion paper so that we can realise the true potential for pharmacists in the future. I look forward to consulting with a broad range of people and organisations in delivering our action plan for *Pharmacists in 2023* by the end of 2018.

I invite everyone interested in shaping the role of pharmacists in 2023 to be part of this important discussion.

A black ink handwritten signature, appearing to read 'Shane Jackson', written in a cursive style.

Dr Shane Jackson

National President
Pharmaceutical Society of Australia



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Introduction

The Australian health system is widely regarded as being world class, characterised by effectiveness, efficiency and universality. And as the global healthcare environment evolves, so must the Australian health system. The rapid pace of change has resulted in major health system reform that is likely to continue over the coming years to improve patient access, enhance primary care, capitalise on technological advances, ensure a future-ready workforce, and deliver cost-effective health outcomes.

Several reports over the past decade have identified potential roles for pharmacists in this changing healthcare environment, calling on the profession and its representative organisations to implement change. Community pharmacy for example has reached a tipping point, whereby incremental changes in enhancing the role of the community pharmacist in medication management can result in greater responsibility and accountability for improved medication outcomes in the Australian healthcare system.

Since the 6th Community Pharmacy Agreement was signed, the Report on Pharmacy Regulation and Remuneration ('The King Review') and the Productivity Commission Report released in August 2017 have all shone a light on the potential future

role of the pharmacist in the healthcare system. Recommendations by the Productivity Commission supporting pharmacists working in patient-centred and collaborative care roles with other health professionals offer the potential for serious gains in the healthcare system.

While a number of these reports and others have identified the need to better utilise the knowledge and skills of pharmacists, and offer various descriptions of roles, activities or services that pharmacists could provide, none have articulated HOW this can be achieved and what needs to change to enable it to happen.

PSA's 2017 work in developing our Early Career Pharmacist (ECP) White Paper¹ identified 10 key recommendations for the profession to action. These provided a strong direction in the need for roles and models of practice that recognise and utilise the full knowledge, expertise and skill of pharmacists training and scope of practice.

Pharmacists have more knowledge and training about medications, and their safe and optimal use, than any other health professional group. Pharmacists have been found to have greater basic pharmacology knowledge and clinical application of that knowledge

than general practitioners.² Yet, Australia is still missing out on the opportunity to maximise the safe, effective and optimal use of medicines and improved health outcomes by focussing pharmacist activities largely in the context of dispensing.

PSA believes the expertise of pharmacists as the only health professionals whose training is specifically focussed on the optimal and safe use of medications should be better utilised, better recognised, and enabled through remuneration of evidence-based services and models of care.

In 2017, PSA announced the commencement of developing a '10 Year Action Plan' for the pharmacy profession. Combined with international evidence and experience and information collated through engagement over the past year with consumers (both consumers and patients), health professional groups,

Government ministers, advisors, and agencies, and pharmacists working across all practice settings, PSA has identified the direction required for the profession to head.

In the process of collating this evidence and insight, it became patently clear that the timeframe for the 10 Year Action Plan was too long. The imperative for change was too immediate. For pharmacists to transition practice to the consultation-based, consumer-centric and collaborative models of care required by consumers and the healthcare system, and desired by pharmacists a more immediate plan is needed. The next five years is therefore critical for shaping professional practice to meet future health needs.

Pharmacists in 2023 seeks to identify and unlock opportunities that realise the full potential of pharmacist practice as part of the wider health care team to address the health needs of all Australians.



ECP Whitepaper Key Recommendations

The pharmacy profession has a collective responsibility to:

1. Take decisive action to ensure a robust and sustainable community pharmacy sector.
2. Negotiate to raise the Pharmacy Industry Award rates
3. Advocate for, and pursue alternative remuneration models for pharmacy services.
4. Identify and propose new roles and models of practice for pharmacists – with supported pathways to enable progression in these areas.
5. Work with researchers, policy makers and practitioners to ensure that evidence is translated to the delivery of evidence-based services by frontline pharmacists.
6. Ensure productive collaboration between pharmacy organisations to shape the profession in a positive way.
7. Engage with consumers and other health professionals through an awareness campaign which promotes the full extent of a pharmacist's scope, skill and expertise.
8. Recognise all practising pharmacists as clinical pharmacists, regardless of practice setting.
9. Explore the development and recognition of specialties within pharmacy practice.
10. Develop Quality Indicators for individual pharmacist practice.



Imperative for change

Consumers

To inform understanding of potential future patient-centric services and models of practice, PSA partnered with the Consumers Health Forum of Australia (CHF) to conduct a forum with consumer advocates and a survey of over 1000 people from the broader Australian population about their views.³

The survey provided a population-level examination of the barriers to the potential use of pharmacist services, while the forum provided an in-depth exploration of what informed consumer advocates see as the key role of pharmacists.

The results of this work found that consumers recognise that there is a wider range of roles that pharmacists can and should play in the health sector. They value pharmacist's expertise around medications and feel that greater use of and access to this specialty would be appropriate and useful. The extent to which consumers value the accessibility of their pharmacists was a key theme, and that pharmacists can offer continuity of care in a way that other health professionals cannot. This is because pharmacists are considered approachable, knowledgeable, are highly trusted and are more accessible than other health professionals who offer appointment-based services.

A perceived variation in access and delivery of services from pharmacists was reported by consumers, including recognition that there is clinical specialisation within the profession but they are unaware how they can access this either in the community or hospital settings.

Consumers explained that they want greater availability of pharmacists, and described a spectrum of services that could be provided that relate to the accessibility of pharmacists and their medicines expertise. Some of the suggestions included access to tests and vaccinations, help in managing medications and common self-limited conditions, and they want pharmacists to be collaborating with other healthcare professionals.

Governments and the Health System

Australia's National Medicines Policy (NMP) aims "to improve positive health outcomes for all Australians through their access to and wise use of medicines". The NMP has objectives that are based on active and respectful partnerships between governments, health professionals and providers, the medicines industry, media and consumers. The NMP places an emphasis on quality health outcomes, focusing on people's needs and highlighting the skills, experience and knowledge of the individuals in this medicines 'partnership'.

The four central objectives of the NMP are:

- timely access to the medicines that Australians need, at a cost individuals and the community can afford;
- medicines meeting appropriate standards of quality, safety and efficacy;
- Quality Use of Medicines; and
- maintaining a responsible and viable medicines industry

Further focus on the Quality Use of Medicines (QUM) is provided by the 'National Strategy for Quality Use of Medicines' published in 2002 with a goal to "make the best possible use of medicines to improve health outcomes for all Australians". The strategy describes QUM as involving: selecting management options wisely, choosing suitable medicines if a medicine is considered necessary, and using medicines safely and effectively.

However, current evidence demonstrates that significant gaps exist in the quality use of medicines in Australia. Medication safety is a significant problem with an estimated 230,000 medication-related hospital admissions happening in Australia each year.⁴ This costs the Australian healthcare system approximately

\$1.2 billion annually. However this is likely to be an underestimation as these figures do not include visits to general practitioners or community pharmacists for medication related problems, therefore the overall cost of medication misadventure is likely to be much greater.

Internationally, a number of jurisdictions have recognised the contribution pharmacists can make to quality use of medicines and have implemented system changes to enhance the role of pharmacists in the healthcare system. Along with robust, supportive evidence, this has facilitated practice change to enable pharmacists to move from a predominantly supply-focussed role to a role that has more responsibility and accountability for medication management that helps address health needs.

United Kingdom

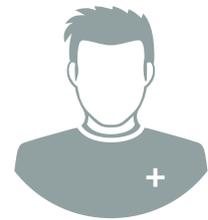
The United Kingdom Government has taken interest in enhancing the role of pharmacists over recent times and particularly since publication of the Nuffield Report in 1984⁵. In 2004, the 'Agenda for Change' grading and pay system for National Health Service (NHS) staff had pharmacist roles compared against the NHS Knowledge and Skills Framework. More recent reforms have sought more integrated services that are efficient and provide better outcomes for consumers.

New Zealand

Closer to home, the New Zealand Government's medicines strategy specifically identifies the unique role pharmacists have in the Quality Use of Medicines.⁶ Enhancing the collaboration between pharmacists and other health professionals aims to ensure the right people receive the right care at the right time. Concerns however have been expressed about the funding system that underpins this expectation.



Consumers want more from pharmacists and pharmacists want to provide more effective care to consumers. The health-system has a need for more quality use of medicines, and international experience can inform a model for change.





Canada - From Then to Now

While it has taken twelve years, these graphics demonstrate that system change is possible. Canadian pharmacists now have the opportunity to provide expanded services within scope. [Adapted from the Canadian Pharmacists Association Blueprint for Pharmacy.]

2005 | PHARMACISTS' SCOPE OF PRACTICE IN CANADA

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	NWT	YT	NU
Initiate drug therapy independently	X	X	X	X	X	X	X	X	X	X	X	X	X
Prescribe for minor ailments/conditions	X	X	X	X	X	X	X	X	X	X	X	X	X
Make therapeutic substitution	X	X	X	X	X	X	X	X	X	X	X	X	X
Change drug dosage/formulation	X	X	X	X	X	X	X	X	X	X	X	X	X
Renew/extend prescriptions	X	X	X	X	X	X	X	X	X	X	X	X	X
Administer a drug by injection	X	X	X	X	X	X	X	X	X	X	X	X	X
Order and interpret lab tests	X	X	X	X	X	X	X	X	X	X	X	X	X
Regulated Pharmacy Technicians	X	X	X	X	X	X	X	X	X	X	X	X	X

2017 |

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	NWT	YT	NU
Initiate drug therapy independently	X	✓	L	L	X	X	L	L	X	X	X	X	X
Prescribe for minor ailments/conditions	X	✓	✓	✓	X	✓	✓	X	✓	✓	X	X	X
Make therapeutic substitution	✓	✓	✓	X	X	X	✓	✓	✓	✓	X	X	X
Change drug dosage/formulation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	X
Renew/extend prescriptions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
Administer a drug by injection	✓	✓	✓	✓	✓	L	✓	✓	✓	✓	X	X	X
Order and interpret lab tests	X	✓	P	L	X	✓	P	P	P	X	X	X	X
Regulated Pharmacy Technicians	✓	✓	✓	L	✓	X	✓	✓	✓	✓	X	X	X

✓ Implemented in pharmacies L Implemented with limitations P Pending implementation regulations or policy for implementation X Not implemented

Pharmacists

Over the past twelve months, PSA has undertaken an extensive consultation process to discuss the future roles and practice of the profession. Face-to-face workshops in Queensland, New South Wales and Victorian state conferences and a profession-wide online survey have gathered the wide-ranging issues, concerns and ideas on present and future practice from over 500 pharmacists from all practice settings.

Feedback from pharmacists has said that they want to provide more effective care through use of their knowledge and advice. In everyday practice they see examples of consumer health needs that aren't being addressed within the current health system. However they have explained how their capacity to intervene is restricted by time, workload pressures, program rules, insufficient remuneration and funding mechanisms that confine practice – in terms of who pharmacists can provide a service to and where that service can be provided. This includes the administrative burden of some pharmacy programs.

Some of the system-level issues affecting consumers pharmacists feel obliged to manage and resolve, without this being recognised within existing remuneration programs. These have included coordinating prescription requests, particularly for residents of aged care facilities, medication reconciliation at transitions of care – especially at hospital discharge and admission, and attempts to support consumers with difficulties in paying for their medications.

Pharmacists have said that they want more professional satisfaction and opportunities to develop their careers. This involves greater recognition of the general and specialised professional care and advice they provide and can offer the care of consumers and to support the inter-professional healthcare team. This feedback has been received from pharmacists working in most practice settings.

Pharmacists working in primary-care and aged-care settings have said that opportunities for greater provision of more advanced/complex care need to be enabled, and to be delivered where this care is needed. They also seek greater recognition of advanced practice and clinical specialisation in community pharmacy and other primary care settings, and greater ability to contribute to support patients with chronic disease.

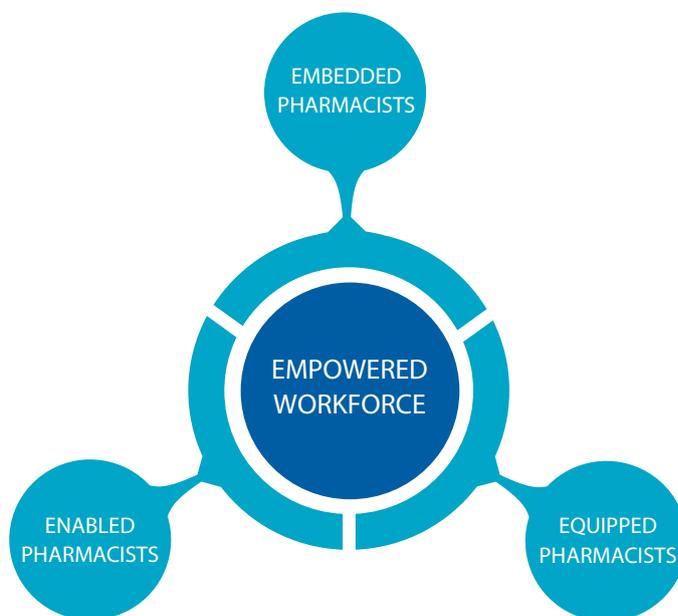
Feedback from hospital pharmacists has highlighted a lack of flexibility in some hospital systems, and called for more opportunities to expand practice experience. Hospital pharmacists have described barriers in accessing pathways of clinical specialisation, while others seek opportunities for a more generalised or 'clinically rounded' advancement of practice. Some comments have also expressed how the advanced clinical knowledge and expertise of many hospital pharmacists is restricted to acute hospital care only.

A very clear message in our feedback from pharmacists is that they want greater integrity and accountability across the profession. They are concerned with the negative perceptions of the profession, and want high quality professional practice to be recognised within and outside of the profession. They have also called for more robust evidence to support and improve the quality of pharmacist services, including capture of meaningful outcomes data that supports the economic and health value of pharmacist care.

As highlighted in PSA's ECP White Paper, remuneration of pharmacists and pharmacist services featured strongly as a concern. Many pharmacists commented on how existing funding mechanisms focus on supply and transactional activities, when quality outcomes should have priority. They want funding mechanisms that recognise and enable collaborative practice activities and services – both within the profession across care settings, but also to support the care pharmacists provide to link in with others in a patient's care team. Feedback also expressed concern regarding recognition and remuneration for pharmacists advancing in their practice, utilising their skills in managing more complex conditions.

The imperative to change is that Australia is missing out on the opportunity to maximise the safe and effective use of medicines and improve patient outcomes by confining pharmacists to supply-related activities. This mould must be broken – utilisation of pharmacists across the healthcare system, but especially in community pharmacy to their full scope of practice has the opportunity for serious gains in our healthcare system. The expertise of these highly trained health professionals can be better utilised by:

- **Embedding** pharmacists wherever medicines are used;
- **Equipping** pharmacists to enhance community access to health services; and
- **Enabling** pharmacists to be recognised and appropriately remunerated.





The PSA's Strategic Intent

The Pharmaceutical Society of Australia is the only Government-recognised peak body for all pharmacists practicing in all settings across Australia. PSA's vision is to improve Australia's health through excellence in pharmacist care, and it's purpose is to lead and support evidence-based healthcare service delivery by pharmacists. PSA's mission is achieved by ensuring pharmacists have the opportunity to have rewarding careers, providing lifelong professional support for pharmacists and the pharmacy profession, and advocating for their appropriate recognition and remuneration.

Upon these foundations, the PSA Board met in early 2018 to discuss how the pharmacy profession is evolving and to outline a strategic intent to guide the organisation's activities. The result is the PSA Strategic Intent:

“By 2023, pharmacists within the health system will be more highly valued and their role optimised. They will be practicing to full scope, operate as normative members of the health team and the rewards and recognition for pharmacists will be more appropriate to this role.”

With full disclosure of our intentions, PSA believes that to ensure the pharmacist profession meets community health needs, pharmacists must be supported to practice to full scope, develop as practitioners and all activities are underscored by a quality framework for service delivery.



Pharmacists practising to full scope of practice

PSA believes pharmacists as the medicines experts should have the opportunity to practise to their full scope of practice. This means pharmacists should have the opportunity to improve health outcomes through medicines management in the Australian healthcare system. If we are truly to address the significant issue we have with medicines management in this country then pharmacists must be able to do more. The roles of pharmacists should not be inhibited by only thinking of what pharmacists are currently doing – the challenge for the profession as a whole, is to articulate what pharmacists practising to full scope of practice means. Simply, for PSA, this means increased responsibility, and accountability for medicines management.

Pharmacist development

We must also ensure the pharmacists are supported to be the best healthcare practitioners they can be. They must be recognised as medicines experts, they should be rewarded and remunerated for their significant expertise, skills and training and we must have a framework that allows for career development and recognition. Pharmacists need to be supported to develop the capability for the opportunities that will allow a capable workforce to deliver the services that are not only needed now, but will be needed in the future.

Standards of practice

This is what PSA considers 'raising the bar' because with responsibility for medicines management, so comes accountability and a focus on continuous quality improvement. Our patients expect the services we provide to them to be delivered to a high quality. The outcomes from the services delivered by pharmacists should be tangible, measurable, and should impact on medicines use and health outcomes. And, PSA believes pharmacists who are practising to a high professional standard need to be recognised for this.



Question 1:

Should any of these objectives be considered more important for patient care than others?

Question 2:

What immediate gaps need to be filled to realise these objectives?

Pharmacists in 2023 Discussion Paper: Consultation

Change is inevitable if pharmacists are to realise their full potential, and this document echoes calls for pharmacists to be supported to transition to a consultation-based, patient-centric and collaborative model of care, whereby pharmacists take responsibility and accountability for medicines management. The opportunities proposed for the future require feedback from the broader healthcare profession, consumers and policy makers to be able to guide PSA's next steps in the development of the role of pharmacists in all care settings.

In contrast to previous 'vision papers' or future-focused consultations, *Pharmacists in 2023* seeks your comments on implementation. Challenging the established sole focus of pharmacists' role as medicine dispensers, this Discussion Paper encourages feedback that thinks 'beyond dispensing' and to how the pharmacist role might look wherever the health need exists. This is both within, and outside of, established practice settings to comment on changes that will benefit Australia's healthcare future.

Based on the feedback from pharmacists, consumers and assessing international developments, PSA sees the profession focusing its activities in key areas, with the next 2-3 years focussed where pharmacists can make the greatest contribution. This will be through addressing gaps in the current health system and supporting Government health policy objectives through the following areas; medication supply, medication management programs, public health and prevention, collaborative care teams, prescribing and supporting disadvantaged groups.

Pharmacists in 2023 seeks to go beyond outlining services, to uncover the barriers and identify the system changes required to better utilise pharmacists in delivering health outcomes.

Pharmacists in 2023 aims to ensure that system changes and funding mechanisms make a genuine difference to the health of the Australian population, as well as ensuring that pharmacists are more closely incorporated into the broader primary and secondary health care environments; AND supporting consumers as they move between these.

This document positions pharmacists as critical contributors to Australia's changing healthcare environment. Whilst community pharmacy is the most common setting in which pharmacists work and through which services are delivered, there are many other environments in which pharmacists can - and do - make a contribution to consumers' health.

PSA invites submissions to the questions posed in this Discussion Paper by **Friday 7 September 2018**. Submissions can be lodged electronically via email to pharmacistsin2023@psa.org.au or directly to:

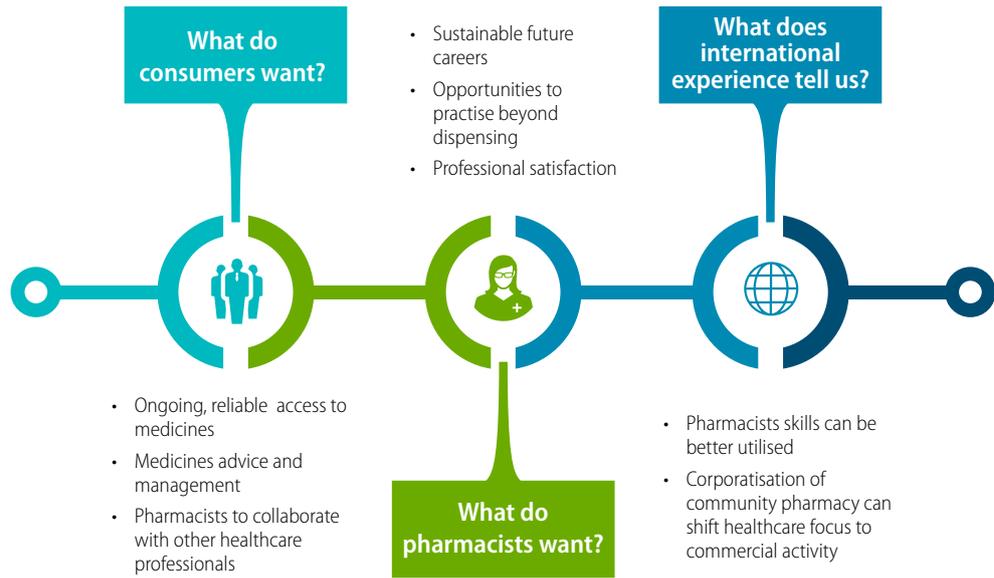


Pharmacists in 2023
PO Box 42
Deakin West ACT 2600.



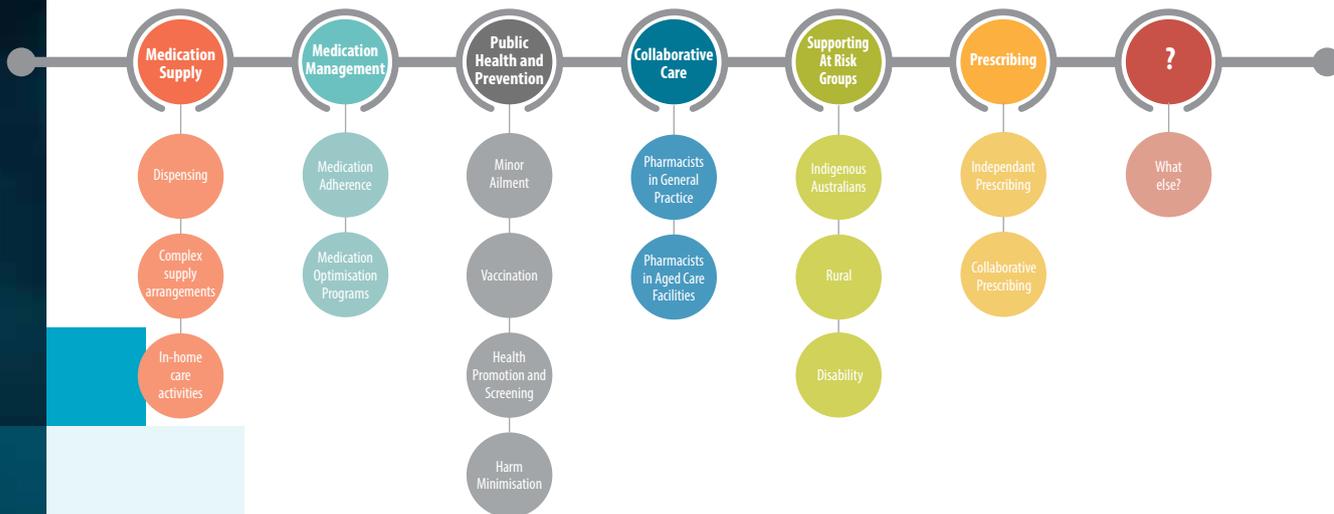
Embedding

Improving patient outcomes can be achieved by embedding Pharmacists wherever medicines are used.



The following graphic represents several activities within the pharmacist scope of practice based on feedback from pharmacists, consumers and assessing international developments. Embedding pharmacists

wherever medicines are used speaks to four areas - Medication Supply, Medication Management, Collaborative Care Teams, and Supporting At-Risk Groups





Medication Supply

PSA's vision has pharmacists delivering services tailored to consumer need, delivered at the right time, by the pharmacist with the right skill set in the right setting. There should be a continuum of services and care related to the access to and optimal use of medications. This can start from provision of non-prescription medications, dispensing prescription medications, through to reviewing understanding and adherence to treatments, reviewing the effectiveness of treatment and chronic medication management and review. These are all delivered in an individualised manner based on patient need and focussed on the quality, safe and effective use of medicines.

Apart from a defined group of relatively low-risk products, consumer access to medications occurs under the oversight of pharmacists through pharmacies. The long-established role of community pharmacists has been based on the supply model primarily focussing on preparing, dispensing, and supply of medicines which can include complex supply arrangements involving preparation of injectable medicines and compounded products.

More effective use of the pharmacy workforce and technology to redesign the dispensing process has created efficiencies in the technical process of medicines supply, and has allowed more time for the pharmacist to provide face-to-face patient-centred care.

Medication Management

Supporting the management of medications to optimise their use and effectiveness is fundamental to the education, training and professional practice of pharmacists. This occurs from assessing need and advising on self-management and/or non-prescription medication treatment, to identifying the need for medical diagnosis and prescription medication treatment, supporting consumers to understand the purpose and use of their medications, through to evaluating and optimising medication treatment including advising on deprescribing when required. In more integrated care settings, pharmacists support prescribing and utilisation of medication use at a population level and are part of interprofessional teams responsible for ongoing chronic care management.

Pharmacists also support consumers' navigation of the health system through coordinating supply of repeat prescriptions (particularly in aged residential care facilities), and liaising with prescribers on the consumers behalf.

Pharmacists have commented that caps placed on funded medication management programs are a barrier to equitable access for consumers who may benefit from these programs. They have expressed concern about the quality of some medication management services and that more accountability at an individual service delivery level is needed. Also, existing program rules affect referral into these programs and where they may be delivered.



Question 3:

What processes, tools or mechanisms would support the delivery and outcomes of medication management programs by pharmacists to integrate with others in a person's healthcare team?

Question 4:

How can remuneration mechanisms better reflect the range complexity of care required for some medication management services?

Question 5:

If medication management services were outcomes-focused in their funding, what must be considered in designing an appropriate funding mechanism?

Question 6:

What could be incorporated into the design of the program to ensure accountability and an appropriate level of quality?

Collaborative Care Teams

A collaborative care team is where the patient and their healthcare providers work together to achieve the optimal health outcomes. It could refer to situations where the team is located in the same practice setting and interact closely, or it could refer to providers who work independently but are providing care to the same patient. It also refers to making sure that linkages with existing care providers such as community pharmacists are better integrated with other care environments such as general practice through the use of digital technologies.

When establishing models for pharmacists to be integrated better into health care teams, pharmacists have moved from a transaction-based, commoditised dispensing model of practice to a relationship-based, patient-centric and collaborative model.

Health reforms internationally have seen pharmacists integrate better into care teams including Canada, UK, Scotland, and USA. Internationally pharmacists have been increasingly integrated into general practice and aged care facilities.

Studies from Canada have found that doctors, pharmacists, other staff, and patients felt that the inclusion of a pharmacist into the primary care practice improved the quality of patient care, was a valuable resource, and empowered patients to better manage their medications.

Pharmacists are already being integrated into general practice, aged care facilities and into Aboriginal health services and disability services. An announcement in the 2018-19 Federal Budget saw the expansion of the Workplace Incentive Program to include non-dispensing pharmacists. This program provides a funding model to incentivise general practices to utilise pharmacists as part of a collaborative care team.

A model posed by PSA for pharmacists in general practice focusses activities in three areas, with the majority of pharmacist time spent on the first two areas as outlined below.

Education and Training	Clinical Governance	Patient-level Activities
<ul style="list-style-type: none"> Develop and lead education and training processes related to quality use of medicines within the practice 	<ul style="list-style-type: none"> Deliver evaluation audits on best practice management for chronic disease - e.g. CVD, diabetes 	<ul style="list-style-type: none"> Identifying, resolving, preventing, and monitoring medication use and safety problems
<ul style="list-style-type: none"> Delivering education sessions (including new evidence, guidelines and therapies) to doctors and practice staff. 	<ul style="list-style-type: none"> Develop and lead clinical governance activities centred around the quality use of medicines 	<ul style="list-style-type: none"> Reducing poly-pharmacy and optimising medication regimens using evidence-based guidelines, recommending cost-effective therapies where appropriate
<ul style="list-style-type: none"> Responding to medicine information queries including; questions relating to medication formulas, medication availability and specific medication concerns from GPs (e.g. switching anticoagulants, antidepressants, opioid equivalence). 	<ul style="list-style-type: none"> Collaboratively lead and develop systems, processes and communication strategies for each practice that will reduce the risk of medicine misadventure through all transitions of care and enhance the quality use of medicines 	<ul style="list-style-type: none"> Facilitating uptake of chronic disease medication management consultations by the patients' nominated community pharmacy, as well as 6CPA funded programs such as dose administration aids, MedsCheck, and Home Medication Review
<ul style="list-style-type: none"> Significant focus should also occur on the use of high-cost medications for example hepatitis C medications 	<ul style="list-style-type: none"> Promote and enhance the uptake of electronic and self-directed care. Ensuring uptake of My Health Record and electronic medicines lists 	
	<ul style="list-style-type: none"> Act as a point of contact for local community pharmacies 	
	<ul style="list-style-type: none"> Improving the quality prescribing of high cost therapies including biologics 	



Question 7:

How can pharmacists be more involved in Collaborative Care teams?

Question 8:

How can services and models of care be delivered in locations that best suit the needs of the consumer? Eg. Home-based care, Aboriginal and Torres Strait Islander health and rural and remote settings?

Question 9:

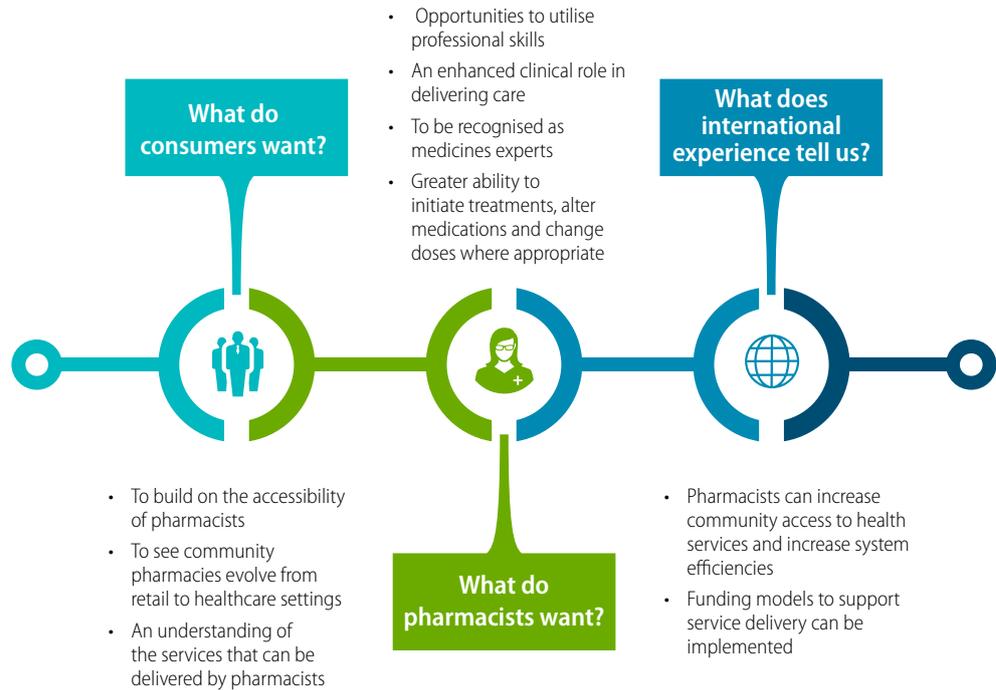
What are the barriers to implementation and how can these be overcome?

The full integration of pharmacists into a more collaborative, patient-centred model of care, is a long-term objective, particularly when supporting at-risk groups within our community such as Indigenous Australians, Rural and Remote communities and Disability Services.

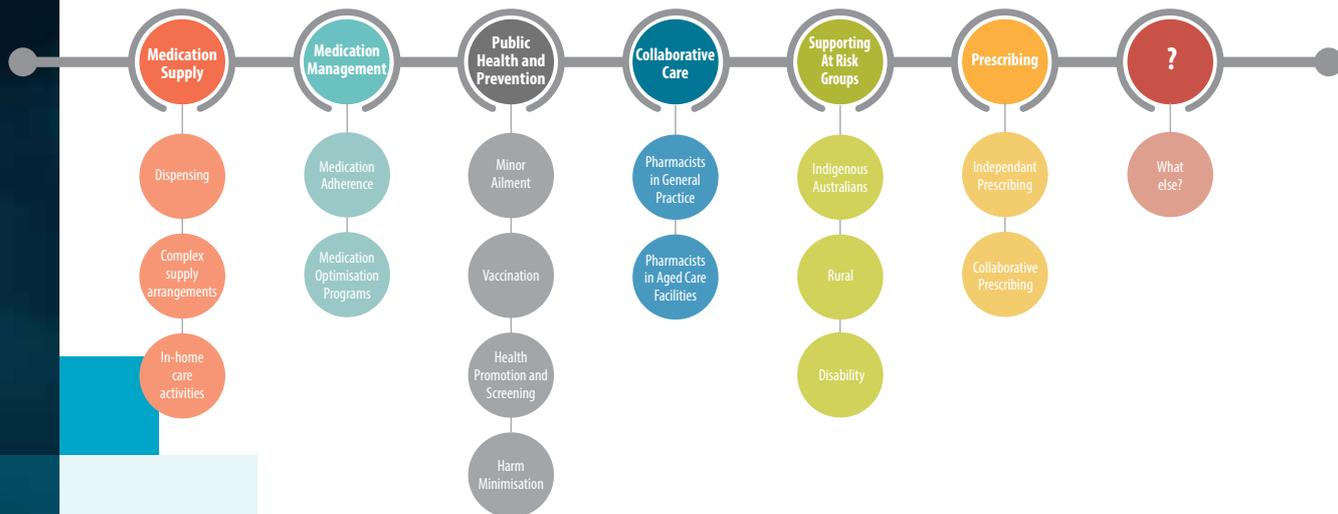
Likely requiring different funding streams and significant changes within the health system as a whole, the vision of having a pharmacist available wherever of medicine is used is a central tenet of the future of pharmacist practice in Australia.

Equipping

Improving patient outcomes can be achieved by equipping pharmacists to enhance community access to health services.



Equipping pharmacists to enhance access to health services speaks to two areas within pharmacists' scope of practice – Public Health and Prevention, and Prescribing.



Public Health and Prevention

Pharmacists have played a key role in managing patients' health concerns by using their clinical training to 'assess then treat or refer' based on the patient's needs. This contribution supports public health and prevention, timely access to care and reduces the burden on general practice and hospitals. Minor ailments and referral schemes (MAS) have been implemented in other countries including England, Canada, and Scotland with New Zealand also focussing on developing a MAS. The MAS was introduced in Scotland in 2006 and allowed specific groups of people to access treatment of self-limiting illness such as fungal infections, allergies, diarrhoea, ear aches, sore throats, and headaches. The MAS in Scotland is currently undergoing an expansion with pharmacists undergoing additional training to assess and refer patients and provide an expanded number of medications for conditions such as shingles, impetigo, female urinary tract infections, exacerbations of COPD, as well as bridging oral contraception.

Patients often do not wait long in a pharmacy to be seen by a pharmacist and the consultations for minor ailments are often short (<5 mins)⁷. The MAS in the UK was commissioned locally by primary care trusts in some parts of England and encourages people to use their community pharmacy as a first point of contact for self-limiting conditions (e.g. head lice, cough and colds, hay fever). A review of pharmacy-based MAS showed that the number of consultations and prescribing for minor ailments at general practices can decline following the introduction of a MAS.⁸

There is broad support to design and implement a Minor Ailment Scheme in Australia. In some parts of Australia community pharmacies are an ideal place to deliver a MAS with appropriately trained staff and extended opening hours, and potentially lower travel costs for some people due to the wide network of community pharmacies available in Australia. The development and implementation of a MAS in Australia is an example of utilising the existing network of Community Pharmacies in Australia to improve the accessibility of care within Australia that meets consumer needs.



Question 10:

How would pharmacists be remunerated for the time spent with patients based on the complexity of the issues identified and outcomes achieved?

Question 11:

What are the barriers to implementation and how can these be overcome?

Vaccination

Pharmacist-delivered vaccination in the community setting has been available in many countries such as the United Kingdom, the US, Canada, and, more recently, New Zealand⁹. Australia has recently benefited from the introduction of pharmacist-provided vaccination in all states and territories for several vaccines (e.g. influenza, MMR, dTpa/DTPa), though the types of vaccines that can be provided varies across state and territory jurisdictions. Further expansion of pharmacist-administered vaccinations will further increase the overall protection of the Australian population against communicable diseases. A limitation for expansion includes remuneration as currently vaccinations delivered by pharmacists attract out of pocket costs from patients.



Question 12:

How can pharmacists be more involved in vaccination services?

Health Promotion and Screening

The unique accessibility of pharmacists creates the opportunity to deliver health promotion education and services to individuals or groups of consumers as part of a coordinated program including smoking cessation and weight management programs. Pharmacists also provide health screening and monitoring services for consumers including cholesterol, blood pressure, blood glucose and sleep apnoea.

Consumers have commented that they will often ask their pharmacist for advice before going to their GP. This can be to confirm whether the complaint is serious enough to warrant a medical diagnosis and management, or whether the pharmacist can advise on self-management or non-prescription treatment. Consumers have also explained that they see their pharmacist more than their GP, particularly when collecting prescription repeat supplies.

The accessibility and knowledge of pharmacists in providing health advice freely and without appointment is often well recognised. However criticism has been expressed towards pharmacists in incentivising the sale of a product to compensate for their time and advice.

Improved use of technology

Consumers are interested to see an improvement in the use of technology used by pharmacists. Consumers are supportive of pharmacists having greater access to electronic health records as this will provide them with more accurate and reliable information. Consumers recognised that if pharmacists have access to information beyond medications prescribed, such as diagnoses, through a system like My Health Record, then they could make better recommendations.

The care and treatment provided by pharmacists, and recommendations to optimise medication use could be incorporated into electronic shared care records. Similarly, assessment made and provision of non-prescription medicines in community pharmacy form part of an individual's management.



Question 13:

How can we increase recognition of pharmacist-provided care?

Question 14:

How should health promotion and screening programs be designed to eliminate concerns about fragmentation, and ensure that the care that a pharmacist provides can be captured and recognised by others providing care to an individual?

Question 15:

What kinds of programs or remuneration mechanisms could recognise this valued role of the pharmacist and address the perception of "incentive to sell"?



Question 16:

How can pharmacist activities and provision of care be captured in an electronic shared care record? What value would this provide the consumer, wider health care team, and the health system?

Pharmacist specialisation

A key finding from member feedback was the need for pharmacists to develop specialist knowledge to help patients with specific needs. Specific areas identified by consumer feedback included pain management.

A number of pharmacists in the community have developed clinical interest areas and provide services related to these including wound management, sleep apnoea, asthma and COPD services, and mental health support and advice to name a few.

In the hospital setting it is common for pharmacists to develop specialised knowledge in areas of specialty practice (e.g cardiology, paediatrics, oncology). This specialised knowledge may develop organically through considerable experience and in managing the full complexity of care required in the secondary care setting.

Formal education and qualifications can also provide applied clinical knowledge at more advanced levels than that required to attain professional registration, and such qualifications are often taken up by pharmacists in all care settings and areas of practice.

While the National Competency Standards Framework for Pharmacists reflects the continuum of advanced practice, no formal training pathway exists for the profession that leads to defined vocational registration as occurs in the medical profession. Furthermore, outside of the profession, consumers and other health professionals have expressed the desire to know which pharmacists have specialised knowledge and how to identify them.

Pharmacist Prescribing

Equipping pharmacists with the ability to prescribe is often a difficult subject to discuss, mainly based on preconceptions and misinformation. However, a range of non-medical health professionals already have prescribing privileges, including dentists, optometrists, nurse practitioners, midwives and podiatrists.

Within recent years pharmacists have been able to supply a limited range of emergency contraceptives, anti-infectives (ocular chloramphenicol, famciclovir, fluconazole) and proton pump inhibitors (PPIs) under specific conditions due to the recent down-scheduling of these medications to the Schedule 3 category. Pharmacists have also been able to provide continued dispensing for statins and oral contraceptives in most states and territories in Australia since 2013 where there is an immediate need and it is not practicable to obtain a prescription from the patient's doctor. New Zealand have recently had it's legislation altered to allow appropriately qualified pharmacists to prescribe.



Question 17:

Separate to the existing process for advanced practice credentialing, would formal recognition of pharmacist specialisation in defined areas of clinical practice (to a defined standard) be beneficial for future practice? (For example, mental health, oncology, cardiology, paediatrics etc and/or pharmacist-practice specialties such as medicines information, pharmaceutical compounding)

Question 18:

Assuming a robust process for defining standards of clinical practice for such specialisation, what benefits would formal pharmacist specialisation provide?

Question 19:

Should some roles, services or activities be restricted to defined levels of practice or specialisation?

If we accept that pharmacists are medicines experts who currently make clinical diagnoses (within their scope of practice) and make medication recommendations for over-the-counter medicines, then prescribing could be considered simply a continuation of their medicines management role.

The last 25 years has seen the introduction of non-medical prescribing with the United Kingdom particularly leading the world. Non-medical prescribers and doctors have reported that patients accessing non-medical prescribers receive higher quality of care and can improve teamwork and in cases reduce doctors' workload. A comprehensive review has shown that non-medical prescribers (including pharmacists) with varying levels of undergraduate, postgraduate, and specific on-the-job training related to the disease or condition are as effective as usual care medical prescribers, in a range of settings.¹⁰

The literature regarding pharmacist prescribing in Australia has focused on exploring pharmacist's readiness to prescribe as well as evaluating the opinions of pharmacists, GPs, and patients.⁹⁻¹⁵ Improving access to medications has been documented as the primary reason for supporting this role expansion of pharmacists.⁹⁻¹⁴ Current support from GPs in Australia favours a dependent (collaborative) prescribing approach with an independent prescribing model largely regarded as inappropriate, although these are findings from a very small sample of GPs (n=22) in 2008.¹⁵ Several pilot studies have examined pharmacist prescribing in various settings, including hospital emergency departments, a preadmission clinic, and outpatient clinics in Australia.¹⁹⁻²¹

In Australia, developments are currently occurring investigating the roles of pharmacists in prescribing, from collaborative prescribing to independent models. Generally, supplementary or collaborative prescribing is defined as

"a voluntary partnership between the independent prescriber (e.g. medical practitioner) and a supplementary prescriber to implement an agreed patient specific management plan, with the patients consent"

Independent prescribing is defined as

"Prescribing by a practitioner who is responsible and accountable for the assessment of patients with diagnosed and undiagnosed conditions and for the decisions about the clinical management required, including prescribing"

This is likely to be more challenging for pharmacists and is likely to require postgraduate training in diagnosis. It is expected that this will take a significant time from a change management perspective for the health professions including pharmacy to accept.



Question 20:

Do you believe that pharmacists have the current skills to be able to prescribe in a collaborative role. How could this be developed in the future?

Question 21:

Should independent prescribing be a key focus for the pharmacist profession?

Question 22:

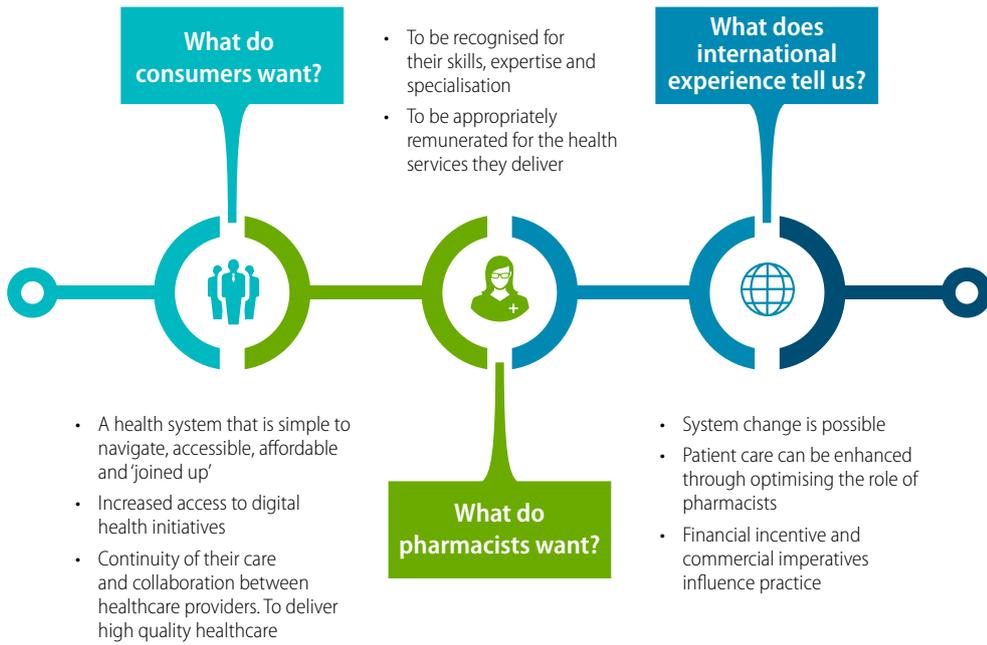
Should the decision to initiate a prescription medicine always be separated from the supply of that medicine? How can this be implemented in practice?

Question 23:

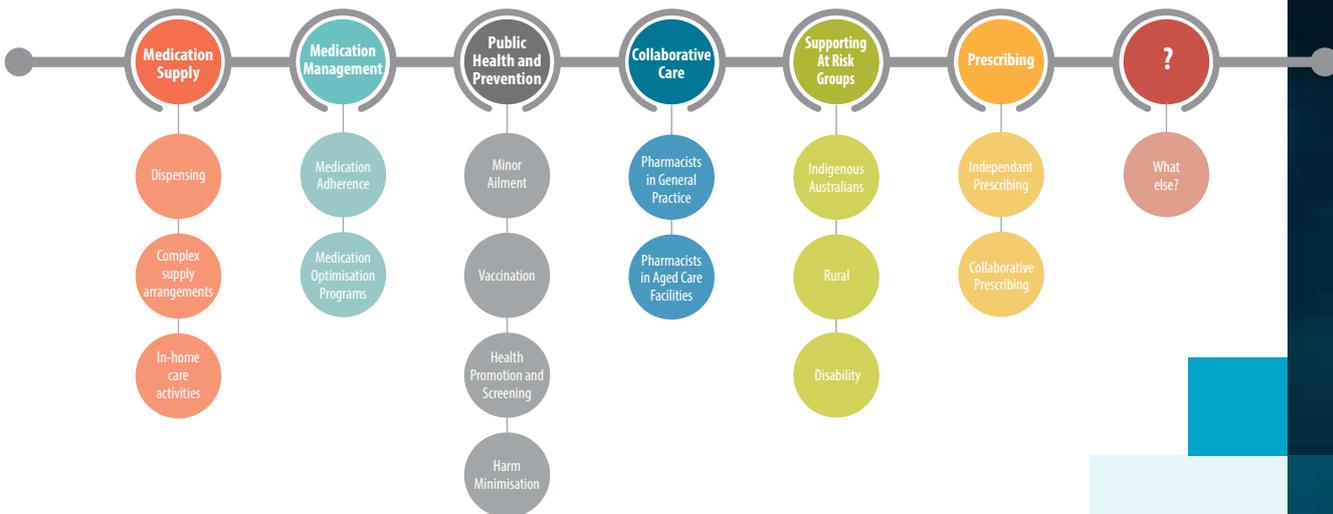
What are the barriers to implementation and how can these be overcome?

Enabling

Improving patient outcomes can be achieved by enabling system changes so that the role of pharmacists is recognised, they are fully utilised and appropriately remunerated.



Enabling system changes speaks to the entire pharmacist scope of practice, but specifically calls on the final element – what else?





Question 24:

Are there other areas of pharmacist involvement that may improve medicines management and patient care that have not been identified?

Question 25:

Should any of these areas be considered higher priority for implementation than others?

Consumers recognise that there is a much wider role that pharmacists can and should play in the health sector. Consumers value pharmacists expertise around medicines and feel greater access and use of them is appropriate. Like previous consultations, consumers feel pharmacists can offer good continuity of care because of their extended opening hours and ease of accessibility. Consumers are highly supportive of this model and are broadly not in favour of a move to more formal appointment-based services that they generally receive now without an appointment. Reconciling this with the need for the profession to transition to a consultation-based setting will need balancing with consumer expectations on the accessibility of pharmacists within community pharmacy.

A major theme that emerged from consumers is that community pharmacies do not currently feel like a health setting and they felt that a favoured model of care was a health destination style setting. Consumers strongly stressed the need for private consultation areas in pharmacies. Consumers also expressed the desire for increased access to pharmacists (rather than pharmacy assistants). Consumers voiced their concerns around stigma and discrimination particularly in the areas of pain, illicit drug users and HIV/AIDS and suggested training may be needed to counteract the stigma and judgement face by some patients.



Question 26:

What system changes or incentives can encourage innovation in pharmacist care?

Question 27:

Can a funding model be proposed that shifts the retail/medication supply focus to a clinical decision making and chronic disease management?

Question 28:

What value do funders and policy makers place on services as opposed to the medicines provision function? Can a funding model remunerate pharmacists for time spent and health outcomes as a result of intervention?

Question 29:

Should the Community Pharmacy Agreement (CPA) transform to a framework that supports future models of pharmacist care? How?

Question 30:

Outside the CPA, what other remuneration options exist and how could they be adopted?

The pharmacist workforce in Australia is well regarded for its professionalism and medicines expertise. The challenge to seeing pharmacists working to their full potential is to address the structural and funding barriers that currently result in minimal participation in key Australian health initiatives.



Question 31:

What are the major system enablers to ensure pharmacists can deliver the services and activities that contribute to safe and effective use of medicines?

Question 32:

How do we ensure and measure quality and standards of practice of pharmacist-delivered services, and 'raise the bar' in delivery of care?

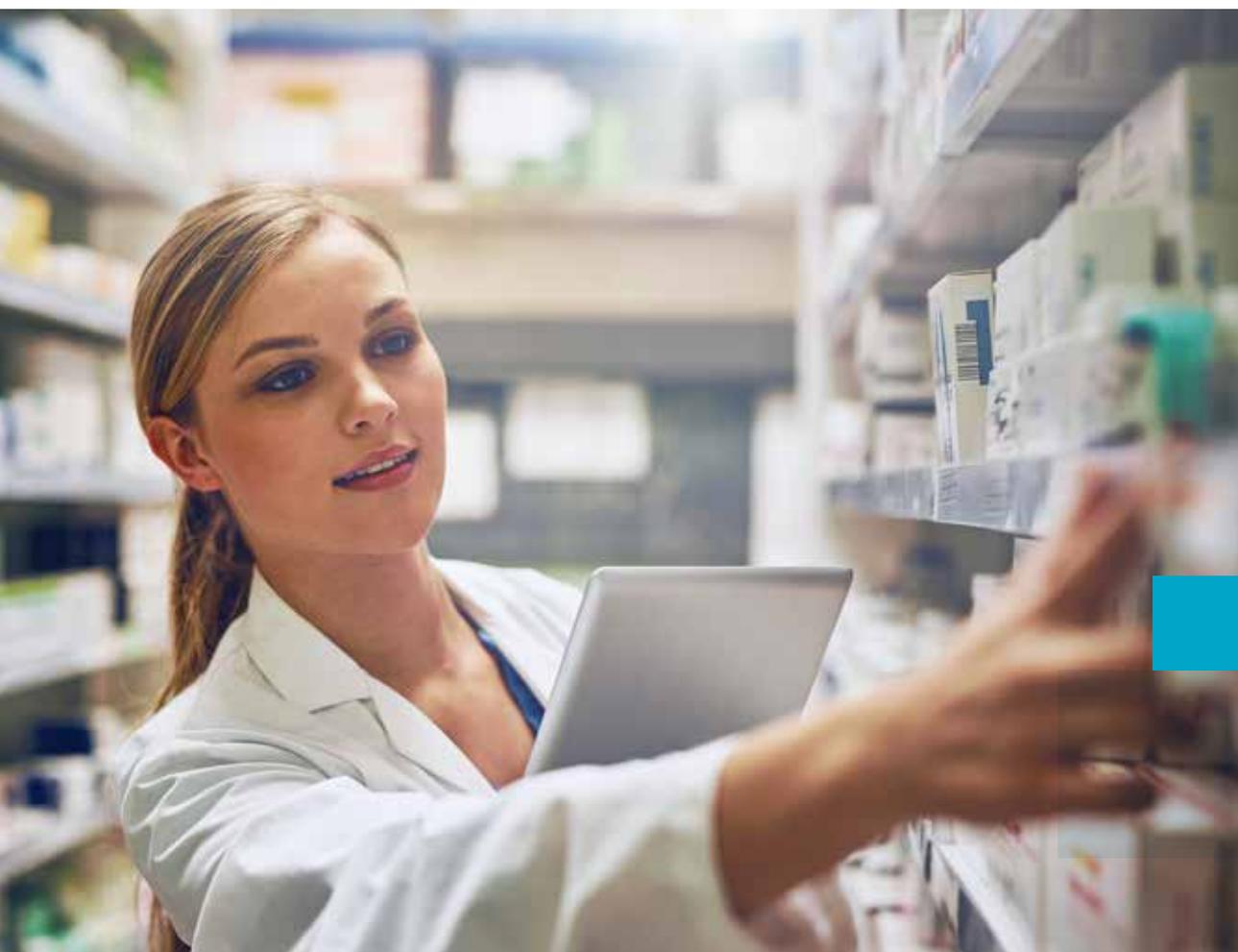
Question 33:

Are the standards of practice active/living documents that are front of mind on a daily basis?

Question 34:

What needs to be considered in preparing the pharmacist workforce for new roles?

In order to deliver on consumer needs and unlock opportunities for pharmacists in 2023, we need to enable changes within the Australian health system - this is the key objective for Pharmacists in 2023.



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