The Pharmacy Guild of Australia

2nd July 2020

Committee Secretary
Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
Parliament House
George Street
Brisbane QLD 4000

Via: health@parliament.qld.gov.au

RE: Submission to the Inquiry into the Queensland Government's Health Response to COVID-19

The Pharmacy Guild of Australia, Queensland Branch ("PGAQ") welcomes the opportunity to provide a submission to the *Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee* on the *Inquiry into the Queensland Government's health response to COVID-19.*

PGAQ would like to acknowledge all Queenslanders and the impact that the COVID-19 pandemic has had across the State, and in particular those who have tragically lost their lives or had their livelihoods affected.

PGAQ commends all levels of Governments, and government agencies for their overall response to the COVID-19 pandemic. The positive position we find ourselves in today, is in no doubt due to the governments' approach of listening to the medical experts and taking a proactive and rapid response to implementing measures to protect all Queenslanders.

PGAQ wishes to extend particular acknowledgement to the Chief Health Officer, Dr Jeannette Young, Ms Dorothy Vicenzino, Mr Justin Lee and the Chief Allied Health Officer, Ms Liza-Jane McBride along with all of the hardworking staff across Queensland Health for their responsiveness and their proactive approach to maintaining regular contact with PGAQ to ensure that our community pharmacy network remained informed throughout the COVID-19 pandemic. It was also appreciated that Queensland Health invited PGAQ to contribute to the *COVID-19 QH Medications and Pharmacy Planning Response Group*, chaired by Associate Professor Ian Coombes, allowing the community and hospital pharmacy sectors to stay informed on matters relating to medication availability.

About the Pharmacy Guild of Australia

The Pharmacy Guild of Australia is the national peak organisation representing community pharmacies in Australia. It strives to promote and support community pharmacies as the appropriate providers of primary frontline healthcare through optimum therapeutic use of medicines, medicines management and other related services. Community pharmacies provide timely, convenient and affordable access to the quality and safe provision of medicines – most notably through the Pharmaceutical Benefits Scheme (PBS) – and other healthcare services by pharmacists who are highly skilled and qualified health professionals.

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Community pharmacy is an essential and trusted part of Australia's primary healthcare system. Each year there are 458 million patient visits[1] (approximately 8.8 million per week) to community pharmacies making pharmacists the most visited healthcare professional in Australia. The community pharmacy network, which represents over 5,800 community pharmacies and a workforce of approximately 80,000 pharmacists and pharmacy assistants, is one of Australia's most accessible health networks, dispersed right across urban, regional and remote areas.

In Queensland, there are over 1,200 community pharmacies across the state, delivering highly accessible professional health services, medicines and medication advice. PGAQ represent the owners of community pharmacies in Queensland and is committed to working with other healthcare professionals, stakeholders, community organisations, and Government in Queensland to improve safe and quality healthcare services and health infrastructure that aim to support all Queenslanders, including in times of crisis or disaster.

PGAQ commends the Queensland Government on the range of health support activities aimed at supporting Queenslanders throughout the COVID-19 pandemic. This submission will highlight positive support measures for community pharmacy and address some of the issues and barriers that community pharmacy experienced, with a number of recommendations for consideration to improve future activities during COVID-19, or indeed, if and when another emergency or disaster situation should arise.

The Exceptional Community Pharmacy Response to COVID-19

The community pharmacy network has been on the frontline of Queensland's response to the COVID-19 pandemic, ensuring continued access to medicines and primary health care services, as well as a source of education, advice and reassurance for all Queenslanders.

Community pharmacies have been faced with many pressures during this time. They have sustained increased workloads and the need to rapidly adapt systems and workflows to address issues stemming from panic buying of medicines, medicine shortages, telehealth image-based prescriptions, social distancing and physical restriction measures, heightened infection control procedures, sourcing personal protective equipment for staff and the public, and the high demand for influenza vaccinations. They have been on the end of verbal and physical abuse in trying to uphold restrictions and measures put in place by the Government regulations. They have been coming to work each day amongst fears for their own, and their families, health and safety.

During COVID-19, community pharmacy has been involved in the following:

- Part of the medicine supply chain – medicine shortages including influenza vaccines, therapeutic substitution, medicine supply limitations on prescription and non-prescription medicines, medicine scheduling changes, and TGA advertising regulation changes for hand sanitisers
- Part of the telehealth measures – workflow and regulatory changes for image-based prescriptions, home delivery of medicines to vulnerable and isolated patients, 'fast-tracking' of electronic prescriptions

[1] PBS Date of Supply, Guild Digest, http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0

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- Reducing transmission of the virus – physical distancing, gathering restrictions, increased infection control and hygiene measures, PPE, and educating public about the virus and infection control measures
- Health measures – encouraging continued management of chronic diseases and ongoing access to essential medicines, administration of influenza vaccines, assessing and referring patients for testing for COVID-19. PGAQ developed a program to assist Queensland Government departments in providing COVID-19 screening assessments to public service employees, to clear their entry to Western Queensland communities.

Supportive Measures for Community Pharmacy through Queensland Government Health Response to COVID-19 Need to be Expanded and Permanent

PGAQ continues to work closely with government, various business and healthcare stakeholders, and the pharmacy sector to support measures required to respond to the pandemic. We have seen flexible, innovative and collaborative responses to address policy and practical issues.

PGAQ commends the Queensland Government for working collaboratively and enacting the following policy changes to support community pharmacy during the COVID-19 pandemic:

- Granting special authority to healthcare workers, including pharmacists, in the form of a *Drug Therapy Protocol – Communicable Diseases Program*[2]. This authorisation allowed for common sense support mechanisms for the health and wellbeing of Queenslanders through community pharmacy, by:
  - Authorising pharmacists to supply Antiviral medications and importantly, to administer a coronavirus vaccine if/when one becomes available.
  - Additional supply authorisation for pharmacists, to aid in continuity of care during the COVID-19 pandemic
- Making practical amendments to the *Queensland Pharmacist Vaccination Standard*[3] to ensure that community pharmacists could continue to safely and effectively provider vaccination services to Queenslanders

Recommendation 1

PGAQ calls on the Queensland Government to permanently extend and expand these initiatives during the recovery and beyond the pandemic, to support Queenslanders in better access to medicines and primary healthcare through the Queensland community pharmacy network

Medicine Continuity

Medicines shortages are an ongoing problem for Queenslanders and a significant administrative burden for community pharmacies and prescribers. Therapeutic substitution by a pharmacist

[2] Drug Therapy Protocol – Communicable Diseases Program https://www.health.qld.gov.au/__data/assets/pdf_file/0036/443988/dtp-comm-disease-program.pdf

[3] Queensland Pharmacist Vaccination Standard https://www.health.qld.gov.au/__data/assets/pdf_file/0016/444130/standard-pharmacy-vaccination.pdf

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without the need to consult a prescriber is permitted in equivalent countries (e.g. USA and Canada)[4] without compromising safety and should be developed further in Queensland to manage medicines shortages.

A medicine shortage is not only frustrating and inconvenient for patients and their carers, but it can potentially worsen a person's health condition by interrupting treatment and affecting medicine adherence and persistence. Such interruptions can affect the control of a person's condition and has been associated with increased mortality, adverse medicine events, errors, increased hospitalisation as well as detrimental effects on a person's quality of life.[5] The impact of COVID-19 on the global medicine supply chain and the anxiety-induced stockpiling of medications by concerned patients[6] has amplified this already serious medication shortage issue.

The Therapeutic Goods Administration (TGA) established the Serious Shortage Medicine Substitution (SSMS) process as a result of shortages experienced during the pandemic. However, the model implemented is a complex process involving TGA notification on each occasion for implementation under State and Territory laws. Current arrangements do not permit substituted medicines to be dispensed by a pharmacist as a pharmaceutical benefit, meaning patients either pay the full amount or must make urgent arrangements with a prescriber for a prescription for an alternative PBS medicine that may be suitable and available.

To date, there has been one SSMS for metformin modified release 500mg.[7] This medicine is commonly used for people with diabetes to control their glucose levels. Any disruption to a person's treatment can have a swift and significant impact on a person's glucose control. With nearly 700,000 PBS prescriptions dispensed annually for this medicine, 145,000 in Queensland, there are a significant number of people using this medicine who may have access issues due to a shortage. However, the lack of PBS subsidy for the substituted medicine affects affordability, particularly for concessional patients. These patients then face significant health risks in the absence of being able to arrange an urgent replacement prescription for a suitable alternative that is subsidised.

This should not be the case, with metformin or other prescription medicines for chronic health conditions. Australia has a highly trained, professional pharmacist workforce in community pharmacy who are able to safely and responsibly substitute medicines that may be unavailable due to a shortage. Both Commonwealth and State and Territory arrangements should recognise a pharmacist's clinical expertise to manage a patient's medicine needs during a serious supply shortage, being able to substitute for suitable subsidised alternatives where appropriate along with ongoing monitoring and support as well as keeping the patient's prescriber informed. Appendix I provides further information about therapeutic substitution to ensure ongoing continuity of therapeutic care for Australians affected by medicine shortages.

The continued dispensing arrangements in place for the bushfire crisis were extended by the Commonwealth due to COVID-19 to ensure patients could access PBS medicines in the event that

[4] https://www.jmcp.org/doi/pdf/10.18553/jmcp.2018.24.12.1260

[5] The impacts of medication shortages on patient outcomes: A scoping Review; 2019; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6499468/

[6] https://www.abc.net.au/news/2020-03-24/coronavirus-panic-buying-sees-shortage-of-vital-medicine/12081436

[7] https://www.tga.gov.au/alert/shortage-metformin-modified-release-500-mg-multiple-brands

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they were self-isolating or unable to attend a consultation with their prescriber. This was complemented by all states and territories expanding the emergency supply arrangements of prescription medicines enabling pharmacists to supply the smallest standard PBS quantity (or smallest standard pack for non-PBS medicines) when clinically indicated for patients to continue treatment in the absence of a current prescription.

While Queensland legislation recognises the pharmacist's professional discretion in assessing the need for emergency supply, COVID-19 has highlighted problems with the Commonwealth's continued dispensing arrangements. The Commonwealth only permits one PBS subsidised continued dispensing supply in a 12 month period. This not only affects the affordability for patients of emergency supply medicines but does not recognise that patients may face multiple emergencies outside of their control, as seen by people affected by the fires earlier in the year, and now COVID-19.

Continued dispensing remains a practical and safe approach to ensuring continuity of care for patients in emergency situations such as natural disasters or pandemics. PGAQ continues to advocate for this to be implemented on a permanent basis, without the 12 month restrictions and not just in declared emergency situations. The additional supply authorisation for Pharmacists under the communicable diseases program needs to be reshaped into an appropriate, permanent legislative instrument which uses the clinical skills of community pharmacists to ensure medication continuity for patients in all circumstances. Personal emergencies, such as domestic violence, show the breadth of situations patients may face where urgent access to medicines without requiring a prescription would be appropriate to ensure the continuity of a person's health treatment.

PGAQ urge the Queensland Government to move as the first state to implement sensible, permanent measures to enable therapeutic substitution and continued dispensing arrangements for pharmacists to ensure Queenslanders receive effective continued care for the chronic conditions beyond the pandemic and future state emergencies or disasters.

Preventable Hospital Presentations

By staying open and remaining an accessible point of call for primary healthcare during the pandemic, the community pharmacy network reduced hospital presentations and reduced the potential for clustering of the virus at Queensland emergency departments by ensuring medication continuity for Queenslanders, through the communicable diseases program measures adopted. PGAQ urge the Queensland government to strengthen and improve these measures so that they provided the intended benefits to patients and so that they are made into permanent measures through Queensland legislation.

For long-term health system reform, the community pharmacy network needs to be empowered to reduce unnecessary hospitalisations. PGAQ have developed a proposal for **a pharmacist autonomous prescribing trial in North Queensland**, to demonstrate solutions that will benefit Queenslanders' access to primary healthcare and generate health system savings (see appendix II).

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Prescribing assessment tools[8,9] are available and adaptable to upskill pharmacists, PGAQ call on the Queensland Government to enable pharmacists to practice to the full extent of their clinical scope.

Increase Queenslander's Access to Vaccinations Through Community Pharmacy

Recommendation 2

Enact immediate policy change to allow community pharmacist-vaccinators access to the National Immunisation Program (NIP)

Community pharmacy has seen an increased demand for the seasonal influenza vaccine this year due to community concern, Government advice and Home Telehealth by prescribers. Queensland pharmacists are also able to administer a number of other vaccines that are listed on the NIP, including Pneumococcal, Meningococcal and Pertussis vaccines. Many people who are eligible for NIP vaccines prefer to use their local community pharmacy because of convenience but must pay the full price for the vaccine and service. Appropriately trained pharmacists in Queensland should be given access to the NIP to best support the health of the community and ensure equitable and affordable patient access.

Allowing NIP access through community pharmacy will ensure all Queenslanders, especially those most vulnerable, get increased access to vaccination services across the state as we navigate through one of the most challenging influenza seasons in our nation's history. Community pharmacists are already able to deliver NIP vaccinations to their patients in Victoria, Western Australia and the ACT, the Queensland Government need to move to allow Queenslanders this same level of community access.

The Seventh Community Pharmacy Agreement, signed on 12 June 2020, has included a commitment by the Commonwealth to harmonise vaccination administration by pharmacists across all jurisdictions, including access to the NIP.

The COVID-19 pandemic highlighted the urgent need to increase the breadth of vaccination services that Queenslanders of all ages can access through the established vaccination network of community pharmacies, while general practices closed their doors, community pharmacy stayed open to continue providing vaccinations. There are significant economic benefits and health system savings to be gained by ensuring all Queenslanders eligible for NIP vaccines can conveniently access them through their local pharmacy. A reduction in disease burden and unnecessary hospitalisations associated with vaccine preventable diseases, reduced patient wait time (avoiding patient clustering) and overall improved access and use of vaccines under the NIP, would result from the decision to empower pharmacist to deliver NIP vaccines.

94% of community pharmacies are quality accredited to the AS85000 Quality Care Community Pharmacy standard requiring robust policies and procedures for delivery of pharmacy services such

[8] Hardisty J, Davison K, Statham L, et al. Exploring the utility of the Prescribing Safely Assessment in Pharmacy Education in England: Experiences of pre-registration trainees and undergraduate (MPharm) pharmacy students. International Journal of Pharmacy Practice 2019, 27, pp.207-213. https://pubmed.ncbi.nlm.nih.gov/30088295/

[9] Harrison C, Hilmer S. The Prescribing Skills Assessment: A step towards safer prescribing. Australian Prescriber, Vol 42: 5 2019. https://www.nps.org.au/assets/p148-Harrison-Hilmer-v2.pdf

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as vaccination and stock management, including cold chain management. Routine ordering from wholesalers and the stock management necessary to ensure continuity of care for patients and the pharmacy wholesale supply-chain has significant capacity to streamline the logistics of delivery and management of the entire Queensland NIP stockpile.

Travel Health Measures Through Community Pharmacy as Borders Re-Open

Recommendation 3

Implement the travel medicine recommendation from the *2018 Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland,* as a timely measure which will support a return to safe travel as Queensland's borders re-open

As the Queensland Government continue to support Queensland through the pandemic recovery, the time will come to return to the free movement of people across our domestic and international borders to ensure our economy recovers as soon as possible. As 'travel-bubbles' begin to emerge between Queensland, New Zealand, Southeast Asia and beyond, travel health measures need to be put in place to keep travellers safe on their journey and keep Queensland safe upon their return.

Following the recommendations from the 2018 *Queensland Government Response to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's Report No. 12 – Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland*[10], PGAQ have developed a *Proposal to extend the range of Travel Medicine services available through community pharmacies in Queensland* (see appendix III), outlining how all Queensland community pharmacies can provide comprehensive travel health services.

PGAQ call on the Queensland Government to implement the travel medicine recommendation of the 2018 Queensland Parliamentary Inquiry so that Queenslanders can, without financial cost to the State, receive all the necessary medications and travel health advice to support safe travel from their local community pharmacy. This measure represents an important step in balancing the health and safety aspects of a return to open borders and appropriately recognises the highly skilled community pharmacist workforce as an accessible primary healthcare destination for supporting the safe travel of Queenslanders.

Community Pharmacy is Frontline Primary Healthcare

Recommendation 4

That community pharmacists and pharmacy support staff be recognised as frontline and essential primary healthcare providers providing a critical role and value to the health system.

Community Pharmacy staff are working on the frontline of the COVID-19 pandemic for Queenslanders, ensuring continued access to medicines and essential primary care health services

[10] Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's Report No. 12 – Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland. https://www.parliament.qld.gov.au/documents/tableOffice/TabledPapers/2018/5618T1639.pdf

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and medicine management programs. Queensland community pharmacies are often the first port of call for both well, and unwell, people to come to for their various health needs.

However, there are many examples of measures or programs put in place throughout the pandemic that have left community pharmacies and their staff exposed, abused, overwhelmed with workload and workflow changes, and feeling undervalued as a part of the health system, with little recognition that they are health care workers.

The global shortage of PPE, particularly masks, certainly provided a challenge to both the State and National pandemic response.

PGAQ recognises the prioritisation of the limited supply of masks to those health services most likely to come in contact with a suspected or confirmed case of COVID-19, and were pleased to be included in the providers who received limited supplies of masks from the National Medical Stockpile distributed through PHNs in each tranche.

However, many community pharmacies reported extreme difficulty in obtaining access to these masks, with some PHNs hesitant to provide PPE to pharmacies. Community pharmacists have continued face-to-face interactions with patients throughout the pandemic with physical distancing whenever possible. Pharmacies have reported patients being instructed by their GP during a telehealth consultation to attend the pharmacy for point of care testing such as blood pressure measurements putting the transmission risk on to the pharmacist. Yet, there have been extensive problems with community pharmacies accessing PPE from PHNs.

Additionally, the capacity of PHNs to provide logistical support to primary care in this manner and magnitude may not be as efficient as the distribution through existing mechanisms such as pharmaceutical wholesale supply organisations (as above, in optimizing the distribution of the Queensland NIP stockpile).

Supporting the Development of the Frontline Community Pharmacy Workforce

The COVID-19 pandemic highlighted the essential service that community pharmacy and the community pharmacy workforce play in keeping Queenslander's healthy, by staying open and continuing to service communities in providing access to primary healthcare and crucial medications. The community pharmacy workforce, including Queensland's pharmacy assistants, worked tirelessly to implement social distancing measures and maintain recommended hygiene practices to keep the community safe while the pharmacy continued its operations.

In light of the crucial role the community pharmacy workforce played throughout the pandemic, PGAQ urge the Queensland Government to provide support to the community pharmacy network while implementing the recommendation from the 2018 *Queensland Government Response to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's Report No. 12 – Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland* regarding the mandatory training of pharmacy assistants.

The applicable mandatory training is the *SIR30116- Certificate III in Community Pharmacy* which has the nominal duration of twenty-four months. A transition of two years would be required to ensure that the industry had adequate time to meet this obligation.

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This measure would ensure that support staff across the community pharmacy workforce are adequately trained and appropriately qualified to undertake the provision of health services such as assisting customers with prescriptions, supporting the supply of pharmacy and pharmacist only medications and assisting customers with a number of conditions such as allergy, cough and colds, and pain.

In Conclusion

Thank You to the Queensland Government for the health response to COVID-19 to date and the ongoing support measures for Queenslanders

The COVID-19 pandemic is causing significant disruption and strain to the lives of all Queenslanders, with potentially long-term health, social and economic consequences.

Ensuring there is a primary health system fit for purpose during a time of disaster, crisis or emergency is what Queenslander's expect and deserve.

Recognising the critical frontline primary healthcare role Queensland pharmacists play during disasters and emergencies and utilising their training to its full extent, including in recovery, relief and future planning efforts, will ensure that all Queensland communities have the best access to the essential health services they need. This includes a network of community pharmacies across Queensland that can be called on to contribute to a national coronavirus vaccination program, if/when a vaccine is developed.

I, as the Branch President of the Pharmacy Guild of Australia Queensland, would like to extend an offer to present on behalf of Queensland community pharmacy at any public hearings on this matter as this inquiry progresses. Should you have any questions regarding this submission, or to arrange attendance at a public hearing, please contact the Pharmacy Guild of Australia, Queensland Branch Director Gerard Benedet on 07 3831 3788.

Kind regards,

Professor Trent Twomey
Branch President
Pharmacy Guild of Australia, Queensland Branch

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Appendix I
Summary of Therapeutic Substitution by Pharmacist

Appendix II
Pharmacy Guild of Australia, Queensland Branch North Queensland Proposal: Solutions to Reduce Unnecessary Hospitalisations

Appendix III
Proposal to Extend the Range of Travel Medicine Services Available Through Community Pharmacies in Queensland

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Summary of Therapeutic Substitution by Pharmacist

Outcome Sought

1. Therapeutic substitution by pharmacists as a mitigation strategy to more effectively and efficiently manage medicines shortages, and thereby ensure continuity of appropriate clinical care for Australian patients.
2. Implementation of regulatory amendments in State and Territory legislation to enable therapeutic substitution by pharmacists according to contemporary therapeutic guidelines in order to ensure continuity of treatment and care, particularly for at-risk patients.
3. Implementation of regulatory amendments in Commonwealth legislation so that therapeutic substitution by a pharmacist can be claimed as a pharmaceutical benefit where appropriate.

Key Points

- Medicine shortages are an ongoing problem for the Australian community and a significant administrative burden for pharmacists and staff of community pharmacies as well as prescribers and practice staff
- Medicine shortages risk disrupting a person's medicine treatment with associated health consequences
- There has been precedence in Australian jurisdictions to help at-risk patients – NT arrangements in 2016-17 for the extended shortage of Metformin XR[1]
- For a person presenting with a prescription for the unavailable medicine, the pharmacist assesses the patient according to contemporary therapeutic evidence and uses their professional judgement to determine whether medicine substitution is appropriate. If substitution is appropriate:
    - Consumer consent for substitution is obtained and appropriate counselling is provided.
    - The prescription is annotated and the pharmacist dispenses a suitable alternative, including as a pharmaceutical benefit, if eligible.
    - The pharmacist makes a record of the assessment and uploads details of the substitution to the patient's My Health Record.
    - The pharmacist continues to monitor and review the patient while using the substituted therapy, referring the patient to their prescriber for any identified issues that cannot be resolved.
- Provides an efficient and effective mitigation strategy for the increasing incidences of medicines shortages, including during emergencies or pandemics

[1] NT Department of Health Best Practice Communique 16-04 Primary Health Care Pharmacy Group – Metformin XR Shortage

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Patient Benefits

- Continuity of care and treatment when there is a medicine shortage
- Reducing risk of non-adherence and associated poor health outcomes
- Less likely to experience stress and anxiety over possibility of interruption to treatment
- Greater patient convenience
  - Ensuring access to equivalent treatments
  - Subsidised (PBS) pricing when supported by the Commonwealth
  - Particularly when presenting to a community pharmacy after-hours, or on weekends or public holidays

Community Benefits

- Changes to GP and ED workloads
  - greater capacity for GPs and EDs to manage more complex health conditions
  - improved availability and reduction in wait times at GPs and EDs
  - reduced presentations to GPs and EDs for the purpose of prescription reviews and associated administrative tasks to manage a medicines shortage
- Improved long-term and disaster/pandemic management – enables ongoing treatment for patients when the supply of their prescribed medicine is disrupted

Prescribers

- Promotes collaborative working arrangements between prescribers and pharmacists
- Fundamental role and responsibility of prescribers for diagnosis, initial prescribing and timing for review remain unchanged
- Reduced volumes and administrative burden of managing medicines shortages
- Confidence in continuity of therapy for their patients

Community Pharmacy

- Improved workload with less workflow interruptions for pharmacists to provide clinical care
- Community pharmacies not exposed legally, professionally or financially in order to ensure continuity of care for patients
- Reduced volumes and administrative burden of managing medicines shortages
- Greater efficiency for managing medicines shortages, particularly for people presenting after hours, on weekends or public holidays

Governments

- Improved disaster/pandemic management – enables ongoing treatment for patients when the supply of their prescribed medicine is disrupted
- Risk management strategy for increasing incidence of medicines shortages to facilitate ongoing treatment and care
- Reallocation of critical health resources from reduction in GP and ED presentations from interruption to a person's medicines due to shortages

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- Savings from a reduction in patient morbidity and health service use due to poor adherence as a result of medicines shortages
- Improved efficiency in the health system

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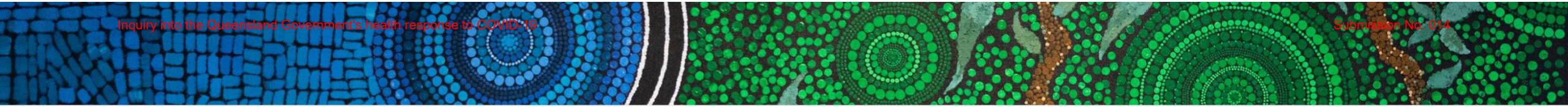
Solutions to Reduce Unnecessary Hospitalisations

The Pharmacy Guild of Australia

February 2020



The Pharmacy Guild of Australia, Queensland Branch affirms that Aboriginal People and Torres Strait Islander People are the Indigenous People of Australia.

We acknowledge and pay respect to the past, present and future Traditional Custodians and Elders of this nation.

We also recognise those whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders.

Agenda

1. Background
2. Change is needed
3. How community pharmacy can help
4. Trial overview
5. Trial components
6. Evaluation & monitoring
7. Driving behavioural change
8. Next steps
9. Summary
10. Questions

Background

- Approximately 170 pharmacies in the NQ catchment area.
- 12 QLD towns PhARIA rated ‘moderately accessible’ to ‘remote’ include a pharmacy but no medical centre; and 39 include a pharmacy and only one medical centre.[1]

1. 2016 Guild geo-spatial analysis of PhARIA 4-6 areas

Community pharmacists are highly trained, highly trusted and easily accessible health professionals

Background

- In regional areas, 65% of people live within 2.5km of a pharmacy.[1]
- Approximately 70 million individual patient visits annually in QLD, including afterhours and weekends.
- Pharmacists are one of the most trusted professions – recent public opinion surveys have shown that 84% of adults trust the advice they receive from pharmacists.[2]

1. Guild Submission to the Review of Pharmacy Remuneration and Regulation 2016
2. http://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543

Background

- Pharmacists complete minimum 5 years training as well as ongoing, mandatory professional development.
- Pharmacists are medicines experts with broad training in disease prevention, management and treatment with a focus on patient outcomes.
- Pharmacists operate within extensive professional, ethical quality and risk management frameworks.
- Governing boards define registration standards, codes, guidelines, policies and scope of practice to which a pharmacist is qualified to operate.

1. Guild Submission to the Review of Pharmacy Remuneration and Regulation 2016
2. http://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543

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Change is needed

"Right now, our system is dangerously imbalanced towards expensive tertiary hospital care and away from community-based, preventive and primary healthcare," Dr Miles said.

"Many parts of Queensland no longer have a GP. Even in large centres like Mackay and Gladstone, there are no bulk-billing GPs left.

"Many clinics are booked days or weeks in advance. But it's even worse in smaller towns like Mission Beach, a two-hour drive from Cairns, where their only GP clinic shut its doors for good before Christmas.

"For more and more people, emergency departments are the only healthcare option available when they need it. But as fantastic as our EDs are in emergencies, they aren't the best place to delivery primary care."

- The Australian Newspaper 8/01/2020

Change is needed

We know that demand for hospital emergency departments and GP services is outstripping supply and the problem will only get worse over coming years;

- Approximately 1.4 million Queenslanders living with chronic illness.
- Over 179,000 potentially preventable hospitalisations in Queensland.[1]
- Demand for GP services is forecast to outpace supply, resulting in a shortfall from 2020 onwards.[2]
- 1.3 million Australian's did not visit a GP or specialist because the cost was too high.[3]

1. AIHW (Australian Institute of Health and Welfare) 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18 . Cat. No. HPF 36. Canberra: AIHW
2. Deloitte General Practitioner Workforce Report 2019
3. Australian Institute of Health and Welfare (AIHW), Patients' out-of-pocket spending on Medicare services, 2016–17, p. 15, available here

Change is needed

Case Study: Out of Hours Emergency Supply

Gary, a 55 year-old male living in Brisbane's inner suburbs has run out of his packet of Candesartan, used to treat his hypertension and high blood pressure. Gary has one more repeat on his prescription, however the original is over 12 months old and has expired.

Gary goes into his closest community pharmacy on a Sunday afternoon, unaware the prescription has expired and finds the pharmacist is not allowed to supply the medication. The pharmacist checks Gary's My Health Record notes that he has been on the medication for a number of years, the dose has been stable, and he has been counselled by pharmacists in the past on the use of this medication. The pharmacist currently only has the option to dispense an emergency supply for three days, however they have been advised by the pharmacy owner not to do as this will require them to break open a whole packet of medications, restricting the future sale of the remainder of the packet.

As it is a Sunday, there are no GP clinics open. Even if Gary had three days' supply it is unlikely he would be able to get an appointment with his GP within the next three days, unless it was an emergency. Gary's only option is to go to the emergency department at the public hospital to get a script, where the doctor he sees has a limited view of his medical history and the medicine he is currently taking.

Change is needed

Too many emergency visits unwarranted

JANINE WATSON

11th Dec 2019 1:23 PM

Subscriber only

NUMBERS are up at emergency departments on the Mid North Coast.

The spike includes an increase in patients arriving by ambulance.

The increase in prese
with the latest Burea
presentations at eme

This is an increase o
period last year.

This included 779 m
cent.

DR ELLIE CANNON: Don't come to see me if you get flu... even if you're feeling as sick as a dog

By DR ELLIE CANNON FOR THE MAIL ON SUNDAY

PUBLISHED: 10:43 AEDT, 15 December 2019 | **UPDATED:** 10:48 AEDT, 15 December 2019

Share 19 shares 98 View comments

In the weeks before Christmas, my practice is heaving with last-minute 'urgent' cases. Many of these are not emergencies at all, but people bogged down by a bad case of flu.

Patients are forced to wait, coughing and sneezing – all the while putting fellow, potentially vulnerable patients at risk of infection. And it's been worse than ever

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Queensland hospitals are $36 million in debt

By Felicity Caldwell

July 27, 2019 — 3.24pm

A A A

Queensland's public health system is more than $30 million in the red, in large part due to implementation of the state's controversial $1.5 billion integrated electronic medical record.

The state's 16 hospital and health services (HHS) were expected to have ended the 2018-19 financial year with a combined deficit of $36.30 million.

Plan to let kids get flu jabs in chemists

TORY SHEPHERD
STATE EDITOR

CHILDREN as young as 10 would be able to get the flu jab at pharmacies, under changes the State Government is planning in the wake of a horror influenza season.

Currently children have to be at least 16 to skip the doctor and go to a chemist. Health Minister Stephen Wade said lowering that age would increase the proportion of vaccinated children. Flu has killed 106 South Australians this year.

Mr Wade said flu was "very dangerous" and getting more children vaccinated would build up herd immunity in SA. "We have just experienced a particularly bad flu season and it is important we are proactive in preventing the disease by ensuring as many people are vaccinated as possible," he said.

SA's chief public health officer Nicola Spurrier said it would boost the number of immunised children because it would be easier for families to fit the jab into their busy lives.

Queensland Goverment to fund extra beds to cater for flu season

THE Palaszczuk Government will fund up to 90 extra beds across Queensland's southeast to keep up with increased demand during the winter flu season.

Change is needed

Comparing pharmacists scope of practice

		CANADA [1]	UK [2]	QLD
Prescription authority for common ailments	Independently	✓	✓ [3]	✗
	Changing dosage	✓	✓	✗
	Renew and extending prescriptions	✓	✓	✗
	In an emergency	✓	✓	✓
Immunisations and injections	Influenza	✓	✓	✓
	Travel vaccines	✓	✓	✗
Treatment for minor ailments		✓	✓	✗

1. Using the pharmacists scope of practice model of Alberta Canada
2. Includes Schedule 2 to 5, except diamorphine, dipipanone or cocaine for treatment of addiction
3. Pharmacists in the UK are required to undergo extra prescribing accreditation and training but are able to prescribe any medicines for any medical condition within their competence

Community pharmacists are primary healthcare professionals

Agenda

1. Background
2. Change is needed
3. How community pharmacy can help
4. Trial overview
5. Trial components
6. Evaluation & monitoring
7. Driving behavioural change
8. Next steps
9. Summary
10. Questions

How community pharmacy can help

An estimated **$248m p.a.** saving to the QLD Government, including;

- Approximately **$63m p.a** saving to QLD Government if community pharmacists could administer more vaccinations.[1]
- Approximately **$176m p.a.** saving to QLD Government if community pharmacists could treat more minor ailments.*[1]
- Approximately **$9m p.a.** saving to QLD Government if community pharmacists could dispense more medicines under continued dispensing.

1. EY Scope of practice opportunity assessment, August 2018
* For four selected conditions

Agenda

1. Background
2. Change is needed
3. How community pharmacy can help
4. Trial overview
5. Trial components
6. Evaluation & monitoring
7. Driving behavioural change
8. Next steps
9. Summary
10. Questions

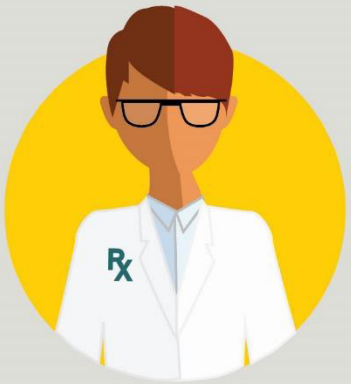
Full Scope of Pharmacy Practice

Injections

- Immunizations
- Travel medicine
- Other injectable medications

Prescribing

- Refill authorization
- Adaptation
- Independent prescribing
- Deprescribing



Laboratory Tests

- Lab tests
- Point of care testing
- diagnostic testing
  (e.g., pulmonary function testing)

Disease Management

- Screening
- Prevention
- Chronic diseases
- Acute (common ambulatory) conditions

- Supported by evidence
- Preferred by patients

Sarah's Sketches

Tsuyuki RT, Houle SKD, Okada H. Can Pharm J 2018:151; 286-287

Trial overview

- Tropical Australian Academic Health Centre (TAAHC) area conducts a three year trial in partnership with Community Pharmacists (The Guild) to reduce unnecessary hospitalisations and reduce GP demands.

- The trial is supported by JCU Pharmacy School to map and verify the savings and the change in patient behaviour throughout the trial.

- This innovative trial would lead Australia's primary health care agenda and work to promote better patient outcomes from Mackay to Cape York.

Agenda

1. Background
2. Change is needed
3. How community pharmacy can help
4. Trial overview
5. Trial components
6. Evaluation & monitoring
7. Driving behavioural change
8. Next steps
9. Summary
10. Questions

Pharmacists can do more and improve patient outcomes in North Queensland

Trial components

The main areas of the trial would be;

- Vaccinations
  - Expand range to include all travel and health vaccinations (excluding Yellow Fever)
  - Include access to NIP for all vaccinations
  - Lower vaccination age to 10
- Minor ailments
  - Delivery of services including basic wound care, non-complex ENT infections, pain management (i.e. migraine)
  - Medication adherence including blood pressure cholesterol management, COPD and asthma control
  - UTI trial overlap
- Continued dispensing
  - Lift emergency supply maximum quantity from 3 days to match the quantity allowed for in the PBS
  - Expand the list of medications a pharmacist can dispense under continued dispensing

Agenda

1. Background
2. Change is needed
3. How community pharmacy can help
4. Trial overview
5. Trial components
6. Evaluation & monitoring
7. Driving behavioural change
8. Next steps
9. Summary
10. Questions

Evaluation & monitoring

A robust evaluation and monitoring system would include;

- Research partners from TAAHC would be brought on board to monitor and assess the trial.
- Data collection would be conducted by the Trial Working Group or partnerships.
- Survey data (qualitative and quantitative) – behavioural change is vital to reduce unnecessary hospitalisations.
- Savings to be reported on an annual basis.

Agenda

1. Background
2. Change is needed
3. How community pharmacy can help
4. Trial overview
5. Trial components
6. Evaluation & monitoring
7. Driving behavioural change
8. Next steps
9. Summary
10. Questions

Pharmacists are medicines experts with training in disease prevention, management and treatment

Driving behavioural change

To ensure the trial is robust and delivers less unnecessary hospitalisations, a key component will be to drive behavioural change.

- Consumer awareness and promotion campaign via North Queensland HHS's to encourage behavioural change.
- Grassroots engagement / local champions to encourage behavioural change.
- Consumer and provider data collection regarding uptake and roadblocks.

Agenda

1. Background
2. Change is needed
3. How community pharmacy can help
4. Trial overview
5. Trial components
6. Evaluation & monitoring
7. Driving behavioural change
8. Next steps
9. Summary
10. Questions

Next steps

- Present to TAAHC decision makers.
- Approval of trial concept and additional work.
- TAAHC and Guild lobby Government for trial.
- Government to support trial.
- **Government change to regulations to support the trial.**
- TAAHC and Guild working group/ taskforce.
- Training and rollout completed by the Guild and trial partners.

Agenda

1. Background
2. Change is needed
3. How community pharmacy can help
4. Trial overview
5. Trial components
6. Evaluation & monitoring
7. Driving behavioural change
8. Next steps
9. Summary
10. Questions

Summary

- No cost to Government
- Approximately 170 pharmacies in the Northern Queensland catchment area.
- In regional areas, 65% of people live within 2.5km of a pharmacy.[1]
- Over 179,000 potentially preventable hospitalisations in Queensland.[2]
- Demand for GP services is forecast to outpace supply, resulting in a shortfall from 2020 onwards.[3]
- 1.3 million Australian's did not visit a GP or specialist because the cost was too high.[4]
- An estimated **$248m p.a.** saving to the QLD Government.[5]

1. Guild Submission to the Review of Pharmacy Remuneration and Regulation 2016
2. AIHW (Australian Institute of Health and Welfare) 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18 . Cat. No. HPF 36. Canberra: AIHW
3. Deloitte General Practitioner Workforce Report 2019
4. Australian Institute of Health and Welfare (AIHW), Patients' out-of-pocket spending on Medicare services, 2016–17, p. 15, available here
5. EY Scope of practice opportunity assessment, August 2018

Summary – precedent in other OECD countries

		CANADA [1]	UK [2]	QLD
Prescription authority for common ailments	Independently	✓	✓ [3]	✗
	Changing dosage	✓	✓	✗
	Renew and extending prescriptions	✓	✓	✗
	In an emergency	✓	✓	✓
Immunisations and injections	Influenza	✓	✓	✓
	Travel vaccines	✓	✓	✗
Treatment for minor ailments		✓	✓	✗

1. Using the pharmacists scope of practice model of Alberta Canada
2. Includes Schedule 2 to 5, except diamorphine, dipipanone or cocaine for treatment of addiction
3. Pharmacists in the UK are required to undergo extra prescribing accreditation and training but are able to prescribe any medicines for any medical condition within their competence

Questions?

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Proposal to extend the range of Travel Medicine services available through community pharmacies in Queensland

October 2019

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Contents

1. Introduction

Every year, many Australians travel overseas for work, leisure and/or to visit friends and relatives. Yet many do not obtain pre-travel health advice prior to their journey, thereby exposing themselves and the wider Australian population to travel-related health risks. In many countries, pharmacists play an important role in the provision of travel health services, often providing comprehensive care to travellers who do not seek travel health advice and services from other health providers. However, in Australia, current legislation limits the level of service that pharmacists are able to offer. This short paper briefly discusses the roles and impact of pharmacists in the area of travel health, the requirements of a comprehensive travel health service and current limits on practice in Australia. In the process, some recommendations are made that, if implemented, would allow pharmacists to make a greater contribution in the area of travel health.

2. Background

In 2017, the United Nations World Tourism Organization (UNWTO) UNWTO reported 1,323 million international tourist arrivals and that year-on-year growth in international tourist arrivals continued for an unprecedented eighth consecutive year.[1] Travellers are increasingly visiting higher risk destinations in Africa, Asia and other developing countries, often at short notice and with little or no planning. In addition, reports suggest that travellers take greater risks when overseas, that their perceptions of risk are decreasing and that many travel without insurance.[1-3]

It has been noted that travellers are at greater risk of morbidity and mortality while travelling than when they are at home, with between 65-75% of visitors to developing countries experiencing at least one health problem when overseas.[4-6] However, although most health problems experienced by travellers are classified as minor, non-life-threatening and/or preventable, such as traveller's diarrhoea, international travellers still face significant infective and non-infective health risks that can have major implications to the traveller while overseas and to the Australian public and health system on their return. [5, 7-10]

Modern travellers have ready access to pre-travel health advice from an ever increasing range of information sources.[11] The growth of the internet means that travellers can increasingly and easily access information themselves, although the quality of the information they find may vary. The development of travel medicine as an independent specialty has resulted in the increased availability of specialist travel clinics in metropolitan centres and general practitioners (GPs) still play a major role in the provision of travel health services in many areas.[11,12] However, despite readily accessible information, studies repeatedly show that only 36-52% of international travellers obtain travel health advice before their journey meaning that a significant number of travellers remain at risk of travel-related health problems.[13-18]

Many international travellers already visit a pharmacy sometime during their preparations for their journey, either to collect medicines and/or vaccines prescribed by their doctor, to buy non-prescription medicines and first aid items or to check with a pharmacist whether it is necessary or worthwhile for them to visit a doctor or travel clinic prior to their journey.[19-21] In doing so, travellers are taking advantage of the pharmacy's location, convenience, extended opening hours and the ready availability of trained staff and, in countries like Australia, many pharmacists provide this advice and information free and on an *ad hoc* basis.[20-22] In doing so, community pharmacy-run travel health services present an attractive option for travellers who are

perhaps reluctant, time-poor or unable to visit a travel clinic or their GP for advice and/or when other sources of information are not readily available in their locality.[11,19,20,23,24]

However, since the mid-1990s in a number of countries, notably the USA, UK and Canada, pharmacists have become increasingly involved in the provision of more formal travel health services. The exact services vary between regions and countries and are often dependent on local legislation. However, the services can be divided into three main categories. Firstly, referral information services that respond to questions from travellers about their need for vaccinations, antimalarials and other materials. The service provides the traveller with standard information resources and refers the traveller to an appropriate prescriber if vaccines and/or other medications are required.[24-26] Secondly, pharmacy-run immunisation services. These services were first developed in the USA and the UK, and were initially extensions of successful influenza-vaccination schemes operating from community pharmacies.[21,27,28] Finally, in some countries, pharmacies offer full-service, comprehensive pharmacist-run travel clinics (PTCs) and a number of models exist in different settings.[25-27, 29-31] Examples include a pharmacist-run telepharmacy service operated by a large health insurer in a managed-care setting[25, 26] and a PTC in a primary healthcare setting within a university health centre.[32] Both of these models operate in the USA and are fully operated by pharmacists and evaluations show that travellers are very satisfied with the services provided. In addition, it has also been shown that users of these services are less likely to be prescribed antimicrobials, antimalarials or vaccines that are divergent from standard guidelines.[25,26,32]

A number of examples also exist of successful PTCs operating from community pharmacies.[21,27,28] For example, Hind *et al* describe the evaluation of a pilot service in the Grampian region of Scotland.[27] This service was delivered from multiple pharmacies and was developed from a highly successful pharmacy-run influenza immunisation scheme. [27,28] A needs assessment study of the general public in the region found that 75% of respondents agreed/strongly agreed that pharmacies are convenient locations for travel health services and that 70% agreed that community pharmacies could successfully provide a 'one-stop shop' for travel health services. [21,27] Pharmacists completed a travel health and immunisation training program and then offered the service from their pharmacies. [27] In the service evaluation, it was found that 80% of the travellers questioned thought that the service provided value for money and that 98% would happily use the service again.[27] Other examples of successful PTC service models operating from community pharmacies also exist.[30,33,34]

A survey of Australian pharmacists' perceptions and practices in travel health has been performed.[22] It was found that two-thirds of respondents already provided some form of travel health service in their current practice.[22] However, most only provided information services, responding to simple travel-related health enquiries instigated by travellers and in most situations the workload was low. Few respondents performed full pre-travel risk assessments.[22] That said, 90% of respondents felt that travel health was an appropriate role for pharmacists even though at the time of the survey pharmacists were unable to offer immunisation services, antimalarials and antimicrobials without prescription. [22]

A PTC operating from a community pharmacy has been piloted and evaluated in North Queensland. The service offered travellers full pre-travel risk assessments, pre-travel counselling and education and included a referral pathway for travellers requiring vaccinations and/or medications that were unavailable from

pharmacies without prescription. A particular niche area was identified for the service; to supply travel health advice to travellers visiting relatively low-risk destinations or travellers who may not normally obtain pre-travel health advice from other sources, and it was found that the majority of clients during the pilot met this profile. The other remit of the service was to operate within then current legal and professional restrictions and again this requirement was met with 40.7% of the PTC's clients being referred to their GP after their pre-travel risk assessment, mainly for vaccinations or for the prescription of medications not available from pharmacies in Australia without an appropriate prescription. A training program for pharmacy staff, pre- and post-travel risk assessment and data collection tools and pharmacy-specific information resources for travellers were also developed and evaluated. Although traveller numbers in the trial were small, data (currently unpublished) suggests that travellers accepted and valued the service. The clients rated the PTC highly for both quality and usefulness and considered the PTC to be comparable to other travel health services. They were also very supportive of the role of the pharmacist in the area of travel health. As the pharmacy had private consultation rooms, neither the clients nor the pharmacists involved in the pilot project appeared concerned about any lack of privacy or confidentiality, a concern that is often raised by other health professions. Due to their accessibility, the pharmacists working within the PTC felt that travel health was an appropriate role for pharmacy and overall, they were happy with the pilot model and the resources used in the pilot. They also felt that they were adequately trained and were confident to perform the roles required. However, they did recognise that the model used in the pilot project was not currently financially viable. That said, potential efficiencies and changes were identified, such as the ability to supply travel vaccines, antimalarials and a small range of antimicrobials and other medicines without prescription and the conversion of paper-based traveller assessment tools to an electronic format would make the PTC more viable and also improve service delivery.

In summary, pharmacies are ideal sites from which travel health services can operate, as they are accessible, have a well-trained and skilled workforce, and often have extended opening hours.[20,23,24,27] Community pharmacy-run travel health services may be attractive to some travellers, including potentially those travellers who may not normally obtain pre-travel health advice from other sources. A greater availability of these services may, in turn, assist in decreasing the number of Australian travellers not obtaining pre-travel health advice before their journey thereby reducing the implications and consequences of the health risks faced by Australians overseas and on their return to Australia.[20 23,24,27] Finally, extending the range of vaccines that may be available from pharmacies and allowing a limited range of antimalarials, antimicrobials and other medicines to be available from pharmacies for travel-specific indications would improve the viability and convenience of community pharmacy-run travel services and the quality of the care offered to their clients.

3. Requirements of a comprehensive travel health service

The main aims of a travel health service are to prevent and/or minimise the health or other risks associated with travel for each individual traveller, and to manage any problems that may occur during their journey.[35] Therefore, the use of a risk management approach in the assessment of travellers is considered to be an integral and essential component of both pre and post-travel health services.[3,4, 35-39] The key elements of a high quality, comprehensive travel health service have been identified as:[3,4 35-39]

1. A formal and thorough, pre-travel health risk assessment analysing the itinerary and full medical history, to identify both general and specific travel-related health risks for each individual traveller.
2. An individualised, risk management strategy for each traveller using, if appropriate, a combination of vaccines, medicine, education and guidance to prevent and/or reduce the risk of travel-related health issues at their planned destination(s).
3. A process of risk communication providing reliable, current and evidence-based, written and verbal, information which is understandable by the traveller in an appropriate manner.
4. A formal and thorough assessment system for returning travellers to identify travel-related health problems and ensure the appropriate treatment of any health problems.
5. The care and advice given to the traveller is documented, recorded and subsequently uploaded to My Health Record and shared with the traveller's nominated GP. In addition, records are to be maintained and stored for an appropriate length of time. [3,4,35-39]

3.1 Can these requirements be provided from a community pharmacy in Queensland and/or what is required?

As discussed in section 2, the evaluation of overseas models[21,23,27-34] and the findings of the North Queensland (NQ) PTC pilot (currently unpublished) demonstrate that all of the key elements of a high quality, comprehensive travel health service can be successfully provided from community pharmacies and, in particular, in Queensland. However, the findings (unpublished) of the NQ PTC pilot also demonstrated that the model could be further modified so that an efficient, fully comprehensive travel health service delivering high quality care for the traveller can be delivered from all community pharmacies in Queensland. Specifically, the following modifications are recommended to ensure that each of the 5 key elements of a comprehensive travel service can be met:

3.1.1. A formal and thorough, pre-travel risk assessment

The pre-travel consultation is the fundamental component of the clinical, decision-making process in travel health and, as part of the NQ PTC pilot, a comprehensive literature review was performed to identify all of the key components of a pre-travel risk assessment and to develop a systematic and standardised questionnaire and interview tool to aid the interview and assessment process. Paper-based questionnaires were used in the pilot, however, these could be easily adapted for electronic use with an IT platform, thereby making the interview process more efficient and also aid in the maintenance of records.

3.1.2. An individualised risk management strategy for each traveller

A fully comprehensive travel health service should be able to provide each traveller with an individualised management strategy that will use, if appropriate, a combination of vaccines, medications, education and guidance to prevent and/or reduce the risk of travel-related health issues at their planned destination(s). At the time of the NQ PTC pilot, although pharmacists could assess, counsel and educate the traveller and supply items available over-the-counter in pharmacies (and did so successfully), they were unable to administer vaccines and could not supply prescription medications. As a result, many travellers (40.7%) needed to be referred to their GP for these services.

The range of medications required to meet the requirements of most international travellers is relatively small and can be divided into three main areas; Antibiotics and antimalarials, vaccines and other medicines. Appendix I lists a number of suggested Schedule 4 medicines and vaccines that would meet the needs of the majority of routine pre-travel consultations.

a. Vaccinations - Pharmacists in Queensland are now able to administer a limited range of vaccines and the Queensland Pharmacist Immunisation Pilot (QPIP) has demonstrated that they are able to do so safely, effectively and efficiently. It is proposed that the list of vaccines that pharmacists are allowed to administer is expanded to cover those vaccines commonly required in pre-travel consultations. Of course, if approved, pharmacists would complete the additional training requirements associated with those vaccines.

I. Vaccines – Routine

Haemophilus influenza type b
Hepatitis B
Human papillomavirus (HPV)
Influenza
Measles, mumps, rubella
Meningococcal (quadrivalent)
Pneumococcal
Polio
Rotavirus (for young children)
Tetanus, diphtheria, pertussis
Varicella
Zoster

II. Vaccines – Travel

Cholera (Dukoral®)
Hepatitis A
Japanese encephalitis
Rabies
Tickborne encephalitis
Typhoid
Yellow fever

b. Antibiotics and antimalarials - Pharmacists in Queensland are currently unable to supply antibiotics and antimalarials without prescription. However, the upcoming *Pharmacist-led management of uncomplicated UTIs trial* will educate pharmacists on how to judiciously and appropriately supply antimicrobials following standardised management protocols and antimicrobial stewardship principles. Traveller's diarrhoea, respiratory and urinary tract infections and the supply of chemoprophylaxis for travellers visiting malaria-endemic areas are common travel health interventions.[7-9,35-40] Therefore, it is recommended that the range of antimicrobials used in the upcoming *Pharmacist-led management of*

uncomplicated UTIs trial can be expanded to include the antimicrobials and antimalarial agents list in Appendix I. It would be recommended that a model of pharmacist prescribing that mimics the prescriptive authority model used in the province of Alberta, Canada or the Patient Group Directives used in the UK is adopted. These are autonomous prescribing models with pharmacists making prescribing decisions following best practice protocols and are similar to existing prescribing arrangements for Nurse Practitioners in Queensland.

The Pharmacy Guild's submission to the Pharmacy Board of Australia on pharmacist prescribing in April 2019 further outlines Autonomous Prescribing models in Australia as a way to address the public need for improving medicines access and management.

c. Other medicines – Appendix I also list a small number of agents that may be useful in specific situations such as the prevention of altitude illness, venous thromboembolism and jet lag. If approved for use by pharmacists, these would be prescribed by pharmacists for specific situations and in the same manner as described in subsection b above.

3.1.3. Risk communication providing reliable, current and evidence-based, written and verbal, information

A series of pharmacy-specific educational resources were developed for the NQ PTC pilot and the range would be further expanded. Most pharmacists already possess good verbal interviewing and counselling skills however travel-specific interviewing and counselling skills are also covered in the training package developed for the NQ PTC pilot.

3.1.4. A formal and thorough assessment system for returning travellers to identify travel-related health problems and ensure the appropriate treatment of any health problems

As in subsection 3.1.1, as part of the North Queensland PTC pilot, a comprehensive literature review was performed to identify all of the key components of a post-travel risk assessment and to develop a systematic and standardised questionnaire and interview tool to aid the interview process. These can also be adapted for electronic use via the GuildCare IT platform.

3.1.5. The care and advice given to the traveller is documented and recorded

The intention would be that occasions of service are documented in a format that may be uploaded to the traveller's My Health Record and shared with the traveller's nominated GP.

4. Summary

In conclusion, pharmacies are ideal sites from which travel health services can operate and community pharmacy-run travel health services may be attractive to certain niche groups of travellers. In particular, to travellers who may not use the services offered by other health providers. The inability to administer travel-specific vaccines and to supply a limited range of medications and antimalarials limits the services that can be offered from community pharmacies. Overseas experience shows that expanding the range of vaccinations and medicines available from pharmacies to include travel-specific vaccines, antimalarials and a limited range of antimicrobials and other medications will significantly improve the level of services available from pharmacies and thereby reduce the risks of travel for Australians.

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6. Appendices

Appendix I: Suggested Schedule 4 Prescription Only Medicines and Vaccines required for routine pre-travel consultations

1. **Antibiotics and Antimalarials**
   a) **Antibiotics – for Travellers' diarrhoea**

   Azithromycin, Ciprofloxacin, Norfloxacin

   b) **Antibiotics – for urinary tract infections**

   Trimethoprim, Cephalexin, Nitrofurantoin, Amoxicillin/clavulanic acid

   c) **Antimalarials for chemoprophylaxis**

   Atovaquone with proguanil, Doxycycline, Mefloquine

   d) **Antimalarials for stand-by treatment**

   Artemether with lumefantrine

2. **Vaccines to update or consider during pre-travel consultations**
   a) **Vaccines – Routine**

   Haemophilus influenza type b

   Hepatitis B

   Human papillomavirus (HPV)

   Influenza

   Measles, mumps, rubella

   Meningococcal (quadrivalent)

   Pneumococcal

   Polio

   Rotavirus (for young children)

   Tetanus, diphtheria, pertussis

   Varicella

   Zoster

   b) **Vaccines – Travel**

   Cholera (Dukoral®)

   Hepatitis A

   Japanese encephalitis

   Rabies

   Tickborne encephalitis

Typhoid

Yellow fever*

c) Other agents*

i. Altitude Illness*

Acetazolamide

Dexamethasone

Nifedipine

ii. VTE Prophylaxis*

Enoxaparin

iii. Jet Lag*

Melatonin (*compounded preparation*)

*Optional depending on the level of pre-travel consultation offered