Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

Submission to the Inquiry into the establishment of a pharmacy council and pharmacy ownership in Queensland

12 July 2018

Background

The Australian College of Rural and Remote Medicine (ACRRM) is one of two professional Colleges recognised by the Australian Medical Council to provide vocational training towards Fellowship in the specialty of general practice. The College's programs are specifically designed to provide its Fellows with the extended skills required to provide the highest quality care in rural and remote communities, which often suffer from a dearth of face-to-face specialist and allied health services.

ACRRM's vision is *Better health for rural and remote people through access to skilled rural doctors*. It progresses this through the provision of quality vocational training; professional development education programs; setting and upholding practice standards; and through the provision of support and advocacy services for rural doctors and the communities they serve.

College members and Fellows work in a wide range of roles and locations throughout Queensland, including as Medical Superintendents/Officers with Right of Private Practice; Rural Generalists; and as employees or owners of private practices of varying size. Depending on their role and location, they provide a wide range of general practice/primary care services within their communities, with many also participating in emergency and after-hours rosters. Many have advanced skills in areas such as anaesthetics, obstetrics, emergency medicine and indigenous and mental health.

Pharmacists' and Pharmacy Assistants' Roles and Scopes of Practice

The College submission focusses on one issue which is of key concern to the College - the scope of practice of pharmacists and pharmacy assistants.

The College specifically wishes to respond to proposals from some sectors of the pharmacy industry regarding enhanced roles as documented in the issues paper. These include:

…medicine adherence and management (including in the post-acute setting and aged care), vaccination and immunisation services, a wider role to fill health gaps in rural and remote areas, preventative health intervention reducing avoidable hospitalisations and reducing pressure on hospital emergency departments, treatment of minor ailments and better management of long-term conditions and prescription renewals, underpinned by appropriate data collection and use of e-health technologies.

ACRRM does not support the extension of the scope of practice for pharmacists and pharmacy assistants for a number of reasons:

Quality and Safety of Patient Care: The proposal to extend the scope of practice of pharmacists to include the provision of medicines to treat cardiovascular disease and a range of other conditions has significant potential to compromise quality and safety of patient

care. Pharmacists do not receive the intensive and specialised training which is required of medical practitioners and which qualifies them to prescribe and manage these conditions. Extending the scope of pharmacist prescribing would increase the potential for medication misadventure, which can occur when there are adverse interactions between medications, or when a medication is inappropriate for a range of reasons.

Medical practitioners will prescribe medications in the context of the overall management of a patient's medical condition and following a wider health check. This is unlikely to happen within the pharmacy setting, increasing the risk not only of medical misadventure, but of poorer health outcomes for the patient, both in the long and short term.

In rural and remote areas in particular, the community General Practitioner (GP) will use the opportunities provided by a consultation to undertake some general health screening checks such as blood pressure and skin cancer checks in addition to prescribing the necessary medications. This is particularly important given that people living in rural and remote areas are less likely to seek appointments for general check-ups which in turn contributes to their poorer health outcomes.

Continuity of Care, including for Chronic Disease Management: Pharmacist prescribing would result in fragmentation of patient care. Rural and remote Australians have a higher burden of chronic disease and are likely to have a wider range of co-morbidities than their urban counterparts. Continuity of care is particularly important in these communities, where people visit their doctor less frequently and where their health care needs are typically more complex.

Access in Rural and Remote areas: There is no evidence to suggest that expanding the scope of practice of pharmacists and pharmacy assistants will improve access to health care services in rural and remote communities. In the majority of cases, there are no pharmacies located in communities which do not already have a general practice or other access to primary health care services, and it is highly unlikely that a pharmacy would be a viable business proposition in those areas.

For the reasons outlined in the previous paragraphs, it is important the rural and remote people maintain continuity of care with their community general practitioner or primary health care service.

eHealth and other Technology: ACRRM supports the use of eHealth, telehealth and associated technology, but in circumstances where is supports rather than replaces, the existing care regimes. These services are most effective in rural and remote communities where they are accessed by patients in consultation with the local GP, or by the local GP to seek more specialist advice and support.

Pharmacist access to support by telehealth would further fragment patient care and would by no means provide an appropriate substitute for face-to-face consultations with a medical practitioner.

Potential Conflict of Interest: There is a clear conflict of interest in circumstances where the pharmacist as a business owner, then prescribes medications which are then sold at the business. This relationship, where commercial interests can influence health advice, is clearly problematic.

Role of Pharmacy Assistants: Given that there are no mandatory minimum requirements for pharmacy assistants in Queensland, any increased scope of practice for this role would further compromise safety and quality of patient care.

Medico-legal Implications: The situation with respect to legal liability if there were to be a case of medical misadventure due to pharmacist prescribing, is currently unclear.

Conclusion

ACRRM fully supports a team-based approach to health care, and this is particularly important in rural and remote communities. The College also supports the concept of work to the full scope of practice to ensure that services are delivered efficiently, effectively and sustainably.

However the extension of pharmacist scope of practice, particularly to include wider prescribing rights, does not fit into either of these categories. Prescribing should only be within the scope of practice for fully trained and qualified medical practitioners and it should be viewed as part of the ongoing cycle of health care, including preventative care and management of chronic disease where appropriate.

There is no evidence that pharmacist prescribing will lead to better health outcomes or reduce hospital admissions – to the contrary, the increased risk of medical misadventure and fragmentation of health care is more likely to lead to poorer outcomes. There is also no evidence that increasing the pharmacist scope of practice will improve health care access and outcomes in rural and remote communities.

The Australia College of Rural and Remote Medicine acknowledges the important role that pharmacists play in the health care system; however, it does support any extension of the scope of practice of pharmacists and pharmacy assistants under the circumstances outlined in the Inquiry issues paper.

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