



Submission

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

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President 2018 - 2019

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RURAL DOCTORS ASSOCIATION OF QUEENSLAND

1. INTRODUCTION

1.1. Background

RDAQ was formed in 1989 to improve the health of rural and remote Queenslanders and support rural doctors and their families.

Rural and remote communities have poorer health outcomes. Health professionals in these communities face unique challenges. RDAQ's organisational purpose is to address these inequities by expanding and targeting rural and remote health care and protecting access to services and facilities already available.

The focus is on people and solutions, rural communities and our members. RDAQ is supported at the national level by Rural Doctors Association of Australia.

1.2. Limitation of submission

This submission is provided in response to:

Parliament of Queensland, Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, *Inquiry into the establishment of a pharmacy council and pharmacy ownership in Queensland*, Paper No 2, June 2018 - Questions 18 & 19

2. ISSUES

Q 18 Should the scope of practice of pharmacists and pharmacy assistants in Queensland be extended? If so, in what areas of practice?

19. What additional training for pharmacists/pharmacy assistants, or other risk reduction measures, should be implemented to ensure patient safety?

RDAQ holds the position that current scope of practice of pharmacists and pharmacy assistants is currently adequate. Current training is adequate for the current scope.

Bachelor of Pharmacy qualifications in Queensland prepare pharmacists to undertake medication review in the context of a health care team. The University of Queensland Bachelor of Pharmacy qualification includes a module called "Patient Centred Care" in Year four with the focus on medication review. For example,

Course Code: PHRM4011 **Course Title:** Integrated Patient Centred Care 1

The focus of contemporary pharmacy practice has shifted away from the supply of medications to the provision of professional services often underpinned by a pharmacist's expert knowledge in pharmaceutical care. At the very core of pharmaceutical care is the ability of the pharmacist to undertake a structured and comprehensive review of an individual patient's medications, whether at the time of dispensing or as a part of a more detailed review such as medication reconciliation or comprehensive medication review. Medication review is considered one of the key competency standards outlined in the National Competency Standards Framework for Pharmacists in Australia.

The philosophy underpinning this course is "Medication Review Across the Continuum". Students will be required to demonstrate their ability to identify and resolve medicine related

problems, communicate their recommendations to prescribers, and integrate and apply knowledge from previous years of the Pharmacy program to help optimise the use of medicines for individual patients across all sectors of pharmacy practice.

The inclusion of the Australian Association of Consultant Pharmacy (AACP) Stage One (Preparatory) Medication Review curriculum provides students with foundational medication management review skills. Attaining the AACP Stage One qualification will enable graduates to proceed to the AACP Stage Two accreditation assessment in a timely manner upon registration as a pharmacist. As it is an external qualification, granting of AACP stage one qualification is dependent upon all conditions of AACP being met.

The course is delivered over nine weeks (commencing in week 5 of Semester 1) and consists of three hours of lectures and three hours of tutorials each week. Included within the tutorials is the opportunity for students to further enhance and apply their skills in the areas of medication dispensing and checking and also in management of minor ailments.

Course Code: PHRM4012 **Course Title:** Integrated Patient Centred Care 2

Participants in PHRM4012 will have the opportunity to apply their knowledge about medicines and pharmacy to the care of individual patients. The course will expose participants to a range of clinical scenarios that reflect contemporary and future pharmacy practice. Participants will be required to demonstrate their ability to communicate, problem solve and integrate and apply knowledge from previous years of the Pharmacy program to help optimise the use of medicines in patients. This approach will help with the transition from student graduate to intern pharmacist.

https://my.uq.edu.au/programs-courses/program_list.html?acad_prog=2373

Pharmacy graduates are provided with “*foundational medication management review skills*” which are sufficient for the current scope of practice and these are appropriately used in practice **in consultation with the prescribing doctor**. Medication review is a useful aspect of the pharmacist’s role and is common practice, recommend by National Standards. Changes in PBS medications through prescription or dose remains the role of the medical practitioner and, appropriately, it is not included in clinical scope of pharmacy graduates.

Following a survey of RDAQ member’s the following issues and concerns were raised about the proposed extension of the clinical scope of pharmacists. Following is consideration of those issues that broadening pharmacist’s scope of practice may seek to address:

2.1. *Access to timely dispensing and the number of available repeats for prescriptions:*

Current training for Pharmacists and Pharmacy Assistants in medical knowledge including clinical judgement and reasoning skills is currently inadequate to manage general practice type patients.

Repeat prescriptions and simple consultations for problems are used by general practitioners to review the patient holistically and identify emerging problems and plan care, some of these emerging problems are not all immediately apparent but may be serious, this requires medical judgment.

Access to timely dispensing and the number of available repeats for prescriptions can be achieved through other more appropriate means through the PBS legislation.

2.2. *Cost of healthcare to patients and increased number of access points:*

In order to meet national standards and adequately address clinical governance and patient safety standards, expansion of pharmacy scope would incur the cost of additional training and continuous professional development, maintenance of professional standards and administration and ongoing management of the required clinical governance and risk management including patient safety systems.

Managing the risk of inappropriate prescription or introduction of expensive medications would require specific processes and systems, incurring new costs to the healthcare system and ultimately patients and the community.

Well acknowledged medical workforce shortages in rural areas have been presented a justification to expanding the role of pharmacists to providing clinical care. Far from providing a feasible solution, this option presents increased concerns.

- The small saving in GP consultation time would be offset by fragmentation and duplication of care.
- The GP visit is more likely to be efficient and cost effective because the GP has a comprehensive knowledge of the patient's entire medical history.
- Patient confidentiality and privacy are fundamental to proper healthcare. Ensuring these would be a significant issue in the context of a busy retail pharmacy which will require additional costs and accreditation processes.

Clinical governance, quality systems, professional standards and credentialing processes already apply to general practice. Ensuring appropriate processes and standards in pharmacy would be costly and duplicative of these. Subsequently, patients are unlikely to see any reduction in cost of healthcare and increased access points in rural and remote communities is unlikely.

A preferred strategy to address these issues is improved access for patients to a regular general practitioner at reasonable cost to improve patient outcomes in the rural and remote sector providing a more efficient and quality managed use of available funding and resources.

2.3. Coordinated patient-centred care

There remains a need for upgraded and coordinated accreditation, clinical governance systems and processes to align with National Standards and associated credentialing for medical nursing and midwifery and other allied health professionals as recommended by *Queensland Public Hospitals Commission of Inquiry, 2005*

- The need for systems and professional scope which reduce fragmentation of care through coordinated multidisciplinary teamwork.

Patients requiring repeat and other prescriptions should be encouraged to maintain continuity of care preferably using a shared care e-health record through a consistent team approach and supervised by the patient's own general practice.

- The need for contemporaneous integrated health records to ensure relevant team providers including the general practitioner are informed of changes to management or medication.

Areas of increased access for patients and improved efficiency of services through pharmacies which could be considered include emergency drug supplies at times of disasters. This would require drafting and implementation of local protocols for disaster management. Similarly, access for patients to immunisations as documented, approved and prescribed by the general practitioner.

At this stage of health care reform, any additional clinical provider options for patients will only increase and potentially undermine coordinated team care unless the health service structure facilitates coordinated care demonstrating clinical evidence of health benefits.

3. CONCLUSION & RECOMMENDATIONS

In summary, RDAQ is of the view that the inclusion of broader medical management and prescription skills in Pharmacy clinical scope of practice is inappropriate. Consideration of strategies to address issues summarised below are recommended.

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