

# The role of community pharmacists in primary and preventative healthcare

Peter Fitzgerald  
Deputy Secretary  
Health Strategy, Productivity & Analytics

11 June 2014

- Introduction of DH representatives
- The demand for healthcare (the context for exploring new workforce models)
- Community pharmacy in Victoria – key facts regarding the sector and governance framework
- Current community pharmacist roles in Victoria (examples)
- Explanation of trials of expanded roles in community pharmacy nationally and internationally
- The key policy and funding considerations in developing new roles and models.
- Questions and next steps

- The Department is committed to ensuring that patients get the best care, delivered in a safe and effective way.
- This is an increasingly challenging task in the context of increasing demand for health services arising from:
  - i. An increasing population because people are living longer and there is an ever growing population base. Victoria's population grew from 4 million at the end of 1982 to 5.8 million people at the end of 2013. Recent figures released show that Victoria's population is likely to reach 10 million people by 2051, with Greater Melbourne anticipated to grow to 7.8 million people by 2051.
  - ii. An increasing burden of disease - Australia now has one of the highest rates of adult obesity in the world (at 28.3 per cent of the population). With obesity being a leading cause of diabetes and cardiovascular disease, its prevalence is a major concern.
  - iii. Patient choices and preferences for particular types of care and technology.
- Delivering the best care for patients is also influenced by supply side factors such as the availability of health workforce and the uptake of new technology.
- We also know that, within our universal system, some groups in our population are more likely to experience poor health and illness than others.

This is the framework we apply to our thinking about community pharmacy and the health system in Victoria

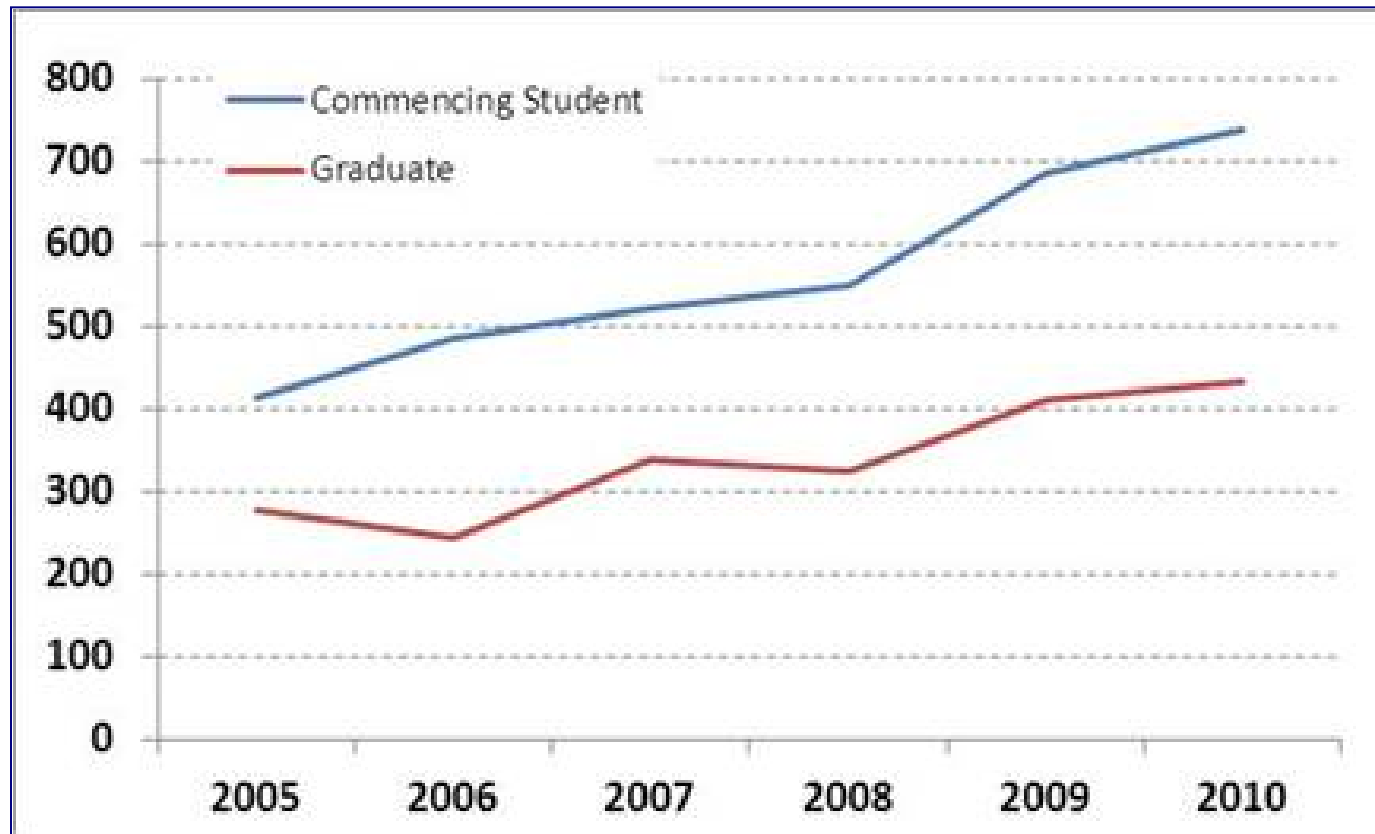
1. A system that is responsive to people's needs
2. Improving every Victorian's health status and health experiences
3. **Expanding service, workforce and system capacity**
4. Increasing the system's financial sustainability and productivity
5. Continuous improvements and innovation
6. Increasing accountability and transparency
7. Utilising e-health and communications technology.

The third point is highlighted as the remainder of this presentation will focus on the Victoria's workforce agenda as it relates to the role of community pharmacists in primary and preventative healthcare.

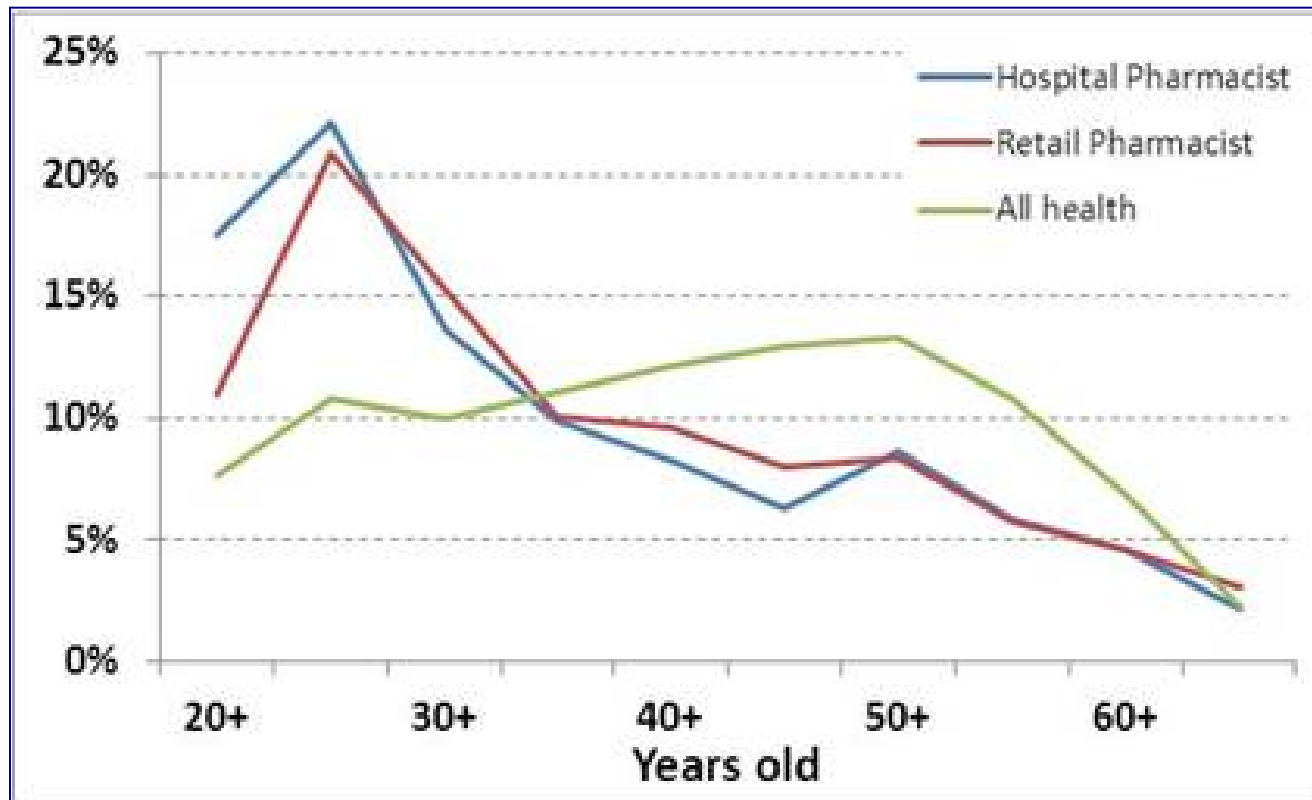
- Aim of any health workforce innovation is to deliver better patient care (and meet growing demand) through better utilisation of our skilled health workforce
- Victoria's workforce starts from high educational basis – very strong health education sector
- Already testing extended roles in many public health service areas, eg nurse practitioners, advanced hospital pharmacy, nurse endoscopy, advanced physiotherapy in emergency, orthopaedics and neurosurgery
- Health Workforce Reform Implementation Taskforce established to oversee program

- 6,815 registered pharmacists in Victoria on June 30 2103 (Source: AHPRA annual report 2012-13), with 62% working in community, 22% in hospitals and 16% in research, academia and industry.
- Approximately 4150 working in community pharmacy in Victoria (Census data 2011)
- Around 1400 registered pharmacy premises in Victoria, with around 1300 of those being community pharmacies and 100 in hospitals.
- Broad geographic distribution
- Pharmacy education is a four year pathway plus internship year (main providers in Victoria are Monash plus Latrobe; RMIT commenced course in 2011.)

Source: DEEWR



Source: 2011 Census





Victorian Pharmacy Authority	Premises licensing, ownership and operation.
State government	Administer drugs and poisons legislation and Victorian therapeutic goods legislation
Pharmacy Board of Australia	Practitioner registration and complaints handling. Standards and guidelines around pharmacy practice.
Commonwealth government	Negotiation of Community Pharmacy Agreement (5CPA). Location of pharmacies receiving payment for PBS medicines.
Therapeutic Goods Administration	Ensuring that healthcare products available in Australia are of an acceptable standard.

Australian Pharmacy Council	Independent accreditation agency for pharmacy under the National Registration and Accreditation Scheme Accredits pharmacy schools and programs; intern training programs;
Pharmaceutical Society of Australia	Peak national professional pharmacy organisation representing pharmacists working in all sectors and locations. Registered Training Organisation
Society of Hospital Pharmacists of Australia	National professional organisation for pharmacists, pharmacists in training, pharmacy technicians and associates working in hospitals and other health service facilities.
Pharmacy Guild of Australia	Membership organisation representing the owners of independent community pharmacies.

Pharmacy Board of Australia	Various, including Code of Conduct
Professional practice standards (Pharmaceutical Society of Australia )	Various, including: <ul style="list-style-type: none"> <li>• Professional Practice Standards Version 4, 2010</li> <li>• Standard and guidelines for pharmacists providing a staged supply service – March 2011</li> <li>• Standard and guidelines for pharmacists performing clinical interventions – March 2011</li> </ul>
Professional Guidelines (Pharmaceutical Society of Australia )	Various, including: <ul style="list-style-type: none"> <li>• Clinical interventions</li> <li>• Home and residential medication management reviews</li> <li>• Immunisation services</li> <li>• Issuing certificates for absence from work</li> <li>• MedsCheck and Diabetes MedsCheck</li> </ul>

- Safe and effective dispensing of prescriptions
- Ongoing medication management
- Medication checks and home medication review
- Chronic disease screening & monitoring including: diabetes checks, blood pressure checks, asthma management
- Health promotion – weight management, smoking
- Limited dispensing areas, including opioid addiction treatment or staged supply of medications.

- Increasing demand for healthcare requires innovation in the way we deliver services.
- Effective primary and preventative healthcare depends on locally accessible services.
- Respected and trusted profession
- Pharmacists have high level of health education and knowledge of medicines.
- Emerging ideas and evidence from other jurisdictions that could be translated into change in Victoria.
- Consumer centred care

- Queensland: immunisation pilots (influenza) – required supplementary training of pharmacists to inject.
- WA: Basic screening for chlamydia and early physician referral
- International models:
  - UK, US, Portugal, – pharmacists administering wide range of vaccinations
  - UK, US, Canada – pharmacists prescribing independently or in shared care arrangements for specific patients
  - NZ – pilot of pharmacists providing range of assessment and treatment interventions (ordering /interpreting lab tests, monitoring response to therapy and adjusting medication

- Improved shared care:
  - Rural and regional healthcare – including tele-consultations
  - Advanced pharmacy roles in medication management (eg on discharge from hospital)
- Management and prevention of chronic health problems
- Reducing pressure on other health care services, including unplanned presentations to health services and hospitalisations – examples might include basic wound care or after hours services.

- Lack of time
- Availability of staff and resources
- Adequate private space for patient counselling
- Coordination with other health care professionals
- Lack of financial compensation/incentives for health promotion activities
- Additional skills/knowledge required



- Safety and quality are primary policy considerations – requires consideration of training pathways, pharmacy environment and linkages to other health professionals.
- Need removal of financial disincentives for new models for pharmacists and consumers.
- Requires Commonwealth support for new models through community pharmacy agreements and also MBS /PBS.
- Pharmacy led models need to be compared on quality and cost effectiveness against other potential providers of the services.

Questions?

- Provide additional information to inquiry.
- Reviewing range of views and opportunities against policy parameters.
- Advice to the Victorian Health Minister on options.

# The role of community pharmacists in primary and preventative healthcare

Peter Fitzgerald  
Deputy Secretary  
Health Strategy, Productivity & Analytics

11 June 2014