27 June 2014

Mr Keir Delaney
Secretary, Legal and Social Issues Committee
Legislative Council
Parliament House
Spring Street
Melbourne VIC 3002

By email to: lsic@parliament.vic.gov.au

Dear Mr Delaney

Inquiry into community pharmacy in Victoria

Thank you for the opportunity to make a submission to the Legal and Social Issues Committee regarding its inquiry into community pharmacy in primary and preventative care in Victoria.

The National Registration and Accreditation Scheme (the National Scheme) was established under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The Pharmacy Board of Australia (the Board) exercises its functions under the National Law with the objectives of the National Scheme as a prime consideration. The objectives are:

(a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
(b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and
(c) to facilitate the provision of high quality education and training of health practitioners; and
(d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and
(e) to facilitate access to services provided by health practitioners in accordance with the public interest; and
(f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

In accordance with provisions in the National Law, the Board has published registration standards approved by the Australian Health Workforce Ministerial Council. It has also published guidelines for pharmacists and a code of conduct for pharmacists.

The Board considers the practice of pharmacists and emerging issues to determine whether in the public interest, it must exercise any of its functions under the National Law, and in accordance with the objectives of the National Scheme.

Community pharmacy

Community pharmacy plays a significant role in the provision of healthcare services to the public given it is a primary point of contact for members of the public seeking healthcare with community pharmacists.

Community pharmacists have formed important relationships with hospital pharmacists and other healthcare providers in the management of post-acute healthcare of patients, including the management of risk factors associated with readmission to hospital. These links are important given the ongoing healthcare provided to the public by community pharmacists.

Pharmacists have long been important members of healthcare teams, both providing direct patient services and facilitating the public to access varied health services through referral. Currently however community pharmacists only receive a small proportion of their income from non-dispensing services and...
they are not able to make direct referrals to specialists under the Medicare benefits rules for referral.

Pharmacists have provided important services outside the confines of pharmacy premises such as in the aged-care setting and in the broader community setting through programs providing medication review services for which remuneration is claimed by pharmacists.

**Expansion of services**

Community pharmacy is well placed to respond to emerging healthcare needs of the public. It also has the potential to expand the range of services that may be delivered to the public in a range of settings. This is of particular importance to rural and regional settings where access to health services may be limited due to a shortage of trained health professionals in particular geographical locations. In these circumstances, initiatives which promote pharmacists’ contribution to medicines management services are particularly important.

The success and sustainability of any proposed delivery of new pharmacy services will require consideration of how pharmacists can be adequately remunerated given that pharmacists often provide advice and information without remuneration.

**Compounding of medicines**

While pharmacists have routinely compounded medicines to meet the specific treatment needs of the public and prescribers, more pharmacists are providing compounding services to meet emerging needs such as products that are no longer available as proprietary products and products which cater for individual patient treatment needs. Increasingly, community pharmacists are establishing compounding services to provide products of a more complex nature for which the Board is developing guidance to the profession in the form of its revised *Guidelines on compounding of medicines* which are currently open for consultation.

**Administration of vaccines by pharmacists**

Administration of vaccines by pharmacists occurs in many overseas countries including Canada, New Zealand, the United States of America, the United Kingdom and Ireland.

The Board approached the Advanced Pharmacy Practice Framework Steering Committee (APPFSC) to suggest a coordinated approach to progress further work on vaccination by pharmacists. The APPFSC is a profession-wide forum working collaboratively on a number of projects associated with the *National competency standards framework for pharmacists in Australia 2010*. The APPFSC agreed and established a Vaccination Working Group (the Working Group) consisting of individuals from a subset of the pharmacy stakeholder organisations represented on the APPFSC. The Working Group prepared a consolidated set of competencies for the administration of vaccines by pharmacists. A copy is available on the Advanced Pharmacy Practice website at [http://advancedpharmacypractice.com.au/resources/](http://advancedpharmacypractice.com.au/resources/).

The Board announced on 5 December 2013 in the *communiqué* of its 22 November 2013 meeting that vaccination is within the current scope of practice of a pharmacist, however, further work regarding competence to do so, standards, training and where this may take place will need to be completed before vaccination by a pharmacist will be able to occur outside of a trial.

Community pharmacy has previously provided easily accessible immunisation services to the public through the administration of vaccines by health practitioners such as registered nurses in the pharmacy. As a result of a decision from the Department of Health, Queensland to grant approval for pharmacists to administer influenza vaccinations to adults under the auspices of a research trial, trained pharmacists are currently administering vaccinations in 80 pharmacies in Queensland which have suitable facilities for delivery of immunisation services. This trial, the Queensland Pharmacists Immunization Program (QPIP), is being undertaken by the Pharmacy Guild of Australia (Queensland Branch) and the Pharmaceutical Society of Australia in cooperation with Queensland University of Technology and James Cook University. The expansion of administration of vaccinations by pharmacists to other jurisdictions has the capacity to positively contribute to preventative healthcare given the increased rates of immunisation that are anticipated.

The Board also notes the decision of the Northern Territory Government to amend legislation authorising qualified pharmacists to supply or administer a Schedule 4 substance that is a vaccine to a person (influenza and measles vaccines).

The Board is monitoring developments in the decisions of state and territory governments authorising administration of vaccines by pharmacists. It is also liaising with stakeholders about developments in
training, training program accreditation and the facilities required in pharmacy premises for the safe administration of vaccines by pharmacists. Additionally, the Board will give careful consideration to its functions under the National Law and the need to facilitate access to services provided by pharmacists in accordance with the public interest, to enable the continuous development of a flexible, responsive and sustainable health workforce and to enable innovation in the education of and service delivery by pharmacists.

Prescribing

Prescribing by health professionals other than medical practitioners is currently occurring, and there are various arrangements and authorisations in place for this.

Pharmacists are authorised to supply medicines that are classified as schedule 2 (pharmacy medicine) and schedule 3 (pharmacist only medicines). Currently they do not prescribe schedule 4 (prescription only medicines or prescription animal remedy) and schedule 8 medicines (controlled drugs). However, pharmacists currently have the capacity to supply schedule 4 (prescription only) medicines previously prescribed by an authorised prescriber without a prescription in limited circumstances, often referred to as ‘emergency supply’. This involves the supply of a limited amount of a medication (no more than the amount required for three days’ treatment or the smallest standard pack for a specific medication (topical preparations and aerosols)), to ensure ongoing necessary treatment of a medical condition.

Additionally, subject to state or territory government authorisation in drugs and poisons legislation, pharmacists may provide ‘Continued Dispensing’ of eligible prescribed medicines. This involves the supply of standard packs under the Pharmaceutical Benefits Scheme (and lodgment of a claim for reimbursement of the Government subsidy where applicable) under defined circumstances when a valid prescription is not available. The medicines that currently can be supplied by Continued Dispensing are:

- HMG-CoA reductase inhibitors (cholesterol lowering medicines), and
- oral contraceptives.

The supply of such medicines through Continued Dispensing by pharmacists has the capacity to contribute to positive health outcomes for the public by facilitating adherence to prescribed drug therapy. State and territory governments and stakeholders may give further consideration to the expansion in the medicines that pharmacists may be authorised to supply through Continued Dispensing (under the Pharmaceutical Benefits Scheme) if satisfied that such expanded services may further contribute to health outcomes of the public.

Pharmacists are required by the Board to comply with standards and guidelines on practice published by the profession. Pharmacists undertaking Continued Dispensing are required to refer to relevant guidelines (Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists published by the Pharmaceutical Society of Australia). The “guidelines are intended to provide advice and guidance to assist pharmacists to meet their professional responsibilities, exercise professional judgement in individual circumstances and manage risks associated with the Continued Dispensing of eligible prescribed medicines.”

The Board is currently monitoring opportunities for the expansion of pharmacists’ roles in the quality use of medicines to incorporate services such as prescribing. Prescribing by pharmacists has potential application in both the hospital and community practice settings.

The Health Professionals Prescribing Pathway (HPPP)

The HPPP project was undertaken by Health Workforce Australia to develop a nationally recognised approach to prescribing. The HPPP describes the following five steps to safely and competently prescribe:

Step 1: complete education and training
Step 2: obtain recognition from the National Board of competence to prescribe
Step 3: ensure authorisation to prescribe
Step 4: prescribe medicines within scope of practice

1 Guidelines for Continued Dispensing of eligible prescribed medicines by pharmacists, Pharmaceutical Society of Australia Ltd. January 2012
Step 5: maintain and enhance competence to prescribe

The HPPP describes safe prescribing models in the following three categories:

1. **Autonomous prescribing.**
   
   Prescribing occurs where a prescriber undertakes prescribing within their scope of practice without the approval or supervision of another health professional. The prescriber has been educated and authorised to autonomously prescribe in a specific area of clinical practice. Although the prescriber may prescribe autonomously, they recognise the role of all members of the health care team and ensure appropriate communication occurs between team members and the person taking medicine.

2. **Prescribing under supervision.**
   
   Prescribing occurs where a prescriber undertakes prescribing within their scope of practice under the supervision of another authorised health professional. The supervised prescriber has been educated to prescribe and has a limited authorisation to prescribe medicines that is determined by legislation, requirements of the National Board and policies of the jurisdiction, employer or health service. The prescriber and supervisor recognise their role in their health care team and ensure appropriate communication occurs between team members and the person taking medicine.

3. **Prescribing via a structured prescribing arrangement.**
   
   Prescribing occurs where a prescriber with a limited authorisation to prescribe medicines by legislation, requirements of the National Board and policies of the jurisdiction or health service prescribes medicines under a guideline, protocol or standing order. A structured prescribing arrangement should be documented sufficiently to describe the responsibilities of the prescriber(s) involved and the communication that occurs between team members and the person taking medicine.

**Development of prescribing competencies**

The National Prescribing Service (NPS) Board commissioned the Prescribing Competencies Framework in a bid to promote the quality use of medicines in all prescribing. The Prescribing Competencies Framework describes the competencies required to prescribe medicines judiciously, appropriately, safely, and effectively in the Australian healthcare system. It will also be an important reference tool for potential training program providers in the development of suitable training programs.

**Future initiatives**

For any model of prescribing by pharmacists that may be proposed in the future, the Board will need to work collaboratively with relevant stakeholders and exercise its relevant functions under the National Law. This may require the Board to:

- liaise with state and territory governments regarding the authorities conferred in drugs and poisons legislation on pharmacists to prescribe
- liaise with the Australian Health Workforce Ministerial Council regarding a registration standard for endorsement of registration of pharmacists as being qualified to prescribe scheduled medicines
- approve accreditation standards to accredit programs of study which address the Prescribing Competencies Framework and that lead to a qualification, which the Board may approve as a qualification suitable for endorsement of registration
- liaise with pharmacy stakeholders about the development of professional practices standards, and
- develop guidelines if required, after wide-ranging consultation.

The Board is in the process of developing terms of reference for and appointing members to its Pharmacy Prescribing Committee, an advisory committee that will report to the Board. It is proposed that membership will include external appointees with expertise in a range of fields that will provide useful insight into their issues relevant to prescribing.

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2 Health Workforce Australia 2013: Health Professionals Prescribing Pathway (HPPP) Project – Final Report
I confirm that the Board does not seek to make this submission in confidence and understands that it will be made a public document. If you would like to discuss the submission further, do not hesitate to contact me by telephone or by e-mail.

Yours sincerely

Stephen Marty
Chair