



Community Pharmacy Roadmap Program Development Template

Program/Service Quadrant	Basic Dispensing Protocols A- Prescribed Medicines – Services and programs
1. Program/Service Description	
a) Background	<p>Traditionally, the role of pharmacy included the compounding of pharmaceuticals on the premises. However, whilst a number of pharmacies still provide compounding services, the practice declined with the modern onset of mass production and marketing of pharmaceuticals, and the accompanying increase in medicines’ sophistication and complexity.</p> <p>With these developments, pharmacists have become experts in the management of medicines for their patients. A core, essential element of this management is the dispensing of medicines to patients in an accurate, efficient and timely manner, and providing the requisite counsel and advice on their appropriate use.</p>
b) Brief Description	<p>Basic dispensing protocols comprise standards and guides on best dispensing practice, with a view to minimising the potential for dispensing errors, and adhering to Quality Use of Medicines (QUM) principles. Basic dispensing protocols are covered by a number of professional bodies, as follows:</p> <ul style="list-style-type: none"> • Peak bodies such as The Pharmaceutical Society of Australia, and insurers such as Pharmacy Defence Limited, provide standards and guides on good dispensing practice • The Pharmacy Guild’s Quality Care Pharmacy Program (QCPP) includes a standard on the supply of medicines, medical devices and poisons. These guides and standards include protocols to assist the pharmacist, or dispensary technician, to dispense a prescription in accordance with QUM principles. • The Pharmacy Board of Australia has developed dispensing guidelines on the safe dispensing and labelling of medicines.
c) Alignment with Government Policy	<p>Australia’s established and well accepted National Medicines Policy (NMP) includes a national strategy on the quality use of medicines (QUM). QUM principles dictate that all medicines should be used judiciously, appropriately, safely and efficaciously.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>From a Government perspective, implementation of basic dispensing protocols results in a more efficient and cost-effective health system through minimising prescribing and dispensing errors.</p> <p>From a pharmacy perspective, basic dispensing protocols provide a more efficient process for dispensing prescriptions whilst improving dispensing accuracy.</p>
e) Consumer Benefits	<p>Consumers benefit through increased safety, through fewer errors and better detection of potential medicine interactions, and greater efficiency in dispensing.</p>
f) Who Performs the Service	<p>The overall responsibility for dispensing lies with the pharmacist. In busier dispensaries, the pharmacist is often assisted by a dispensary technician who is supervised at all times by the pharmacist.</p>
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professionals?</i> No.</p>
2. Implementation and Enablers	
a) Stakeholder Consultation	<p><i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program.</i></p>

	Not applicable
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> IT solutions have become an integral part of the dispensing process in community pharmacy. The use of computerised dispensary systems assists the pharmacist to maintain a medical record for patients, provide Consumer Medicine Information and help the pharmacist to detect drug to drug interactions, overdoses and similar clinical considerations in the dispensing process.</p> <p>Community pharmacy dispensary computer systems also enable the online verification of PBS entitlement and claiming, as well as enabling electronic prescriptions which are a fundamental step to improving patient care by contributing to the safe and effective prescribing and dispensing of medicines.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> No.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes.</p> <p><i>Will an additional pharmacist be needed?</i> Individual pharmacies will need to assess their workload capacity according to the volume of prescriptions dispensed. There may be a need for another pharmacist to manage other professional activities within the pharmacy, such as the supply of Pharmacist Only Medicines if the dispensary workload increases.</p>
d) Training	<p><i>Will additional formal training be needed?</i> No</p>
e) Supporting Standards, Procedures and Templates / Checklists	<p><i>Will a QCPP standard be required?</i> The QCPP currently includes a standard and policy for dispensing medicines.</p> <p><i>Will professional guidelines and/or standards be required?</i> There are currently a number of professional guidelines and standards available.</p> <p><i>Are there any national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> Yes- The Pharmacy Board of Australia's "Guidelines for the Dispensing of Medicines".</p>
f) Legislation / Regulation Implications	No changes to legislation are required.
3. Funding	
Funding Options	Not applicable
4. Timelines	
Timelines	<p><input checked="" type="checkbox"/> Established community pharmacy practice</p> <p><input type="checkbox"/> Immediate to short-term implementation (< 30 June 2015)</p> <p><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (> 1 July 2020)</p>