Background

Community Pharmacy Origins

Some people might remember the days when a pharmacist - nestled in a pharmacy amid frosted windows and dark timber shelving lined with bottles and earthenware jars - could be found preparing potions, creams and tablets.

Scientific advances and the advent of proprietary medicines, however, changed all of this. Much of the mystique was lost and pharmacy's status was, in some people's minds, diminished. With this change, though, script volumes grew as medicinal solutions to health conditions increased, as did the size of pharmacy premises to meet these rising demands.

Pharmacy continues to change and evolve. Pharmacists, as health professionals, are more directly engaged in primary health care in consultation with GPs and other health professionals. They have undergone long, rigorous and demanding training and aspire to be more than custodians and retailers of medicines. There has also been a realisation by governments that the network of 5000 pharmacies, well distributed throughout Australia, is a useful platform for the delivery of health care services by a highly trained and trusted group of professionals whose skills and knowledge are under-utilised.

Pharmacy is now poised to take a much more active role in the primary health care system.

The Changing Landscape of Health Care

All governments in Australia are facing challenges in providing equitable and cost effective systems of health care to their populations. These challenges, consistent with those being experienced by governments around the world[1], relate to long-term population trends, such as ageing[2], the increasing prevalence of chronic disease[3], increasing labour costs and other workforce issues[4], the wide-spread nature of Australia's population, significant disadvantage experienced by indigenous people, and the rising costs of new technologies and products, including pharmaceuticals. Consumer expectations are also exerting pressure on the funders and providers of health services.

Economic Factors

While not as adversely affected as those in other comparable nations, including the United States of America and the United Kingdom, Australian governments, health professionals and service providers are currently operating within extremely tough budgetary environments as a result of the Global Financial Crisis. Global economic pressures are bearing down and exacerbating an existing demand to increase services with fewer resources. This pressure is illustrated in the recent Access Economics report commissioned by the Guild, *'Examining the Future of the PBS'*[5]:

> *... Governments are likely to face significantly greater financial constraints than has been the case in the last decade. Largely, this reflects the fact that the ratio of workers to dependants in Australia is set to decline markedly in the decades ahead – reflecting the ageing of the population. In addition, global events will also put short term pressure on State and Federal Government budgets over the next couple of years.*

Intergenerational Report

The future of community pharmacy needs to be considered in light of the impact of ageing, as highlighted by the '*2010 Intergenerational Report – Australia to 2050' (IGR)*[6] released by the Federal Treasurer on 1 February 2010.

The purpose of the IGR is to provide a comprehensive analysis of the fiscal and economic challenges facing the nation, in particular the ageing of the population and

1. See for example: *'Pharmacy in England: Building on strengths – delivering the future, report by UK Department of Health, April 2008'*; and *'The Vision for Pharmacy: Optimal Drug Therapy Outcomes for Canadians Through Patient–Centred Care- report by the Canadian Pharmacists Association, 2008'*.
2. *'Population by Age and Sex, Australian States and Territories, June 2008'*. Australian Bureau of Statistics www.abs.gov.au - Accessed 14 April, 2010
3. *'Examining the Future of the PBS'*, prepared for the Pharmacy Guild of Australia, Access Economics: 2009: 6
4. *'The Health Workforce'*, submission by the Pharmacy Guild of Australia to the Productivity Commission, 2005: 5-6
5. *'Examining the Future of the PBS'*, prepared for the Pharmacy Guild of Australia, Access Economics: 2009: 6
6. Intergenerational Report 2010:p.xi, Department of Treasury www.treasury.gov.au - Accessed April 10, 2010

emerging issues such as environmental challenges and social sustainability. Ageing impacts on the economy in two major ways:

- the slowing of economic growth due to reduced rates of labour force participation (and therefore the government's ability to collect taxation revenue); and
- increased demand for age-related payments and services, and expected technological advancements in health, and demand for higher quality health services.

Ageing and health pressures are projected to result in an increase in total government spending from 22.4 per cent of Gross Domestic Product (GDP) in 2015-16, to 27.1 per cent of GDP in 2049-50.[7]

Health Care Demands of an Ageing Population

The average male life expectancy is now 83 years, and female 86 years. While undoubtedly a positive, this means the burden on the health care system by age-related illnesses is going to grow, as Australia's overall population ages.

By 2036 almost one quarter of our population will be over 65. Therefore, a decreasing proportion of Australians will be paying taxes to support the growing number of retirees. This demonstrates the importance of medicine management programs that allow patients with co-morbidities to continue to work, to be productive, and to take their places as full members of society, contributing to the general good through the taxes they contribute.

Figure 1: 2020 Summit (2008) – Ageing Population Impacts[8]

The graph on the right shows significant hospital expenditure in the last few years of life. While these statistics are no surprise, they highlight the important role that medicines play in keeping patients out of hospital. Furthermore, they reinforce the need for community pharmacy programs that encourage patients' medication adherence.

In light of the health challenges that Australia is facing, strong arguments exist for expanding the clinical role of the pharmacist and community pharmacy in preventative health. As identified by the Australian Institute of Health and Welfare (AIHW) 2008 Report '*Australia's Health*', the greatest scope for prevention lies in addressing tobacco smoking, closely followed by high blood pressure and obesity[9]. Another concerning issue is childhood obesity, with close to three in ten children and young people being overweight or obese[10].

In more recent times pharmacies have been encouraged to take on additional primary health care roles related to the early intervention and prevention of health problems including those involving smoking cessation, continence management, asthma and diabetes management programs.

Such programs have demonstrated:

- the capacity of pharmacy to play an enhanced role in the delivery of health services; and
- that substantial health promotion benefits and opportunities are provided when customers walk though a pharmacy door.

A further extension of the clinical role of pharmacy into this domain would support current national and State and Territory health initiatives aimed at early intervention/prevention. In rural and remote areas the possible impact of the role that pharmacy can play in this area is intensified because of the lack of availability of some other health professionals[11].

7. *Intergenerational Report 2010*:p.xi, Department of Treasury www.treasury.gov.au - Accessed April 10, 2010
8. These documents were distributed to members of the Health Sub-Group at the Australia 2020 Summit, held April 2008, Parliament House, Canberra
9. Australian Institute of Health and Welfare(2008) *'Australia's Health'* p108
10. Australian Institute of Health and Welfare(2008) *'Australia's Health'* p262
11. Australian Institute of Health and Welfare(2008) *'Australia's Health'* p333

In light of the health challenges that Australia is facing, strong arguments exist for expanding the clinical role of the pharmacist and community pharmacy in preventative health.

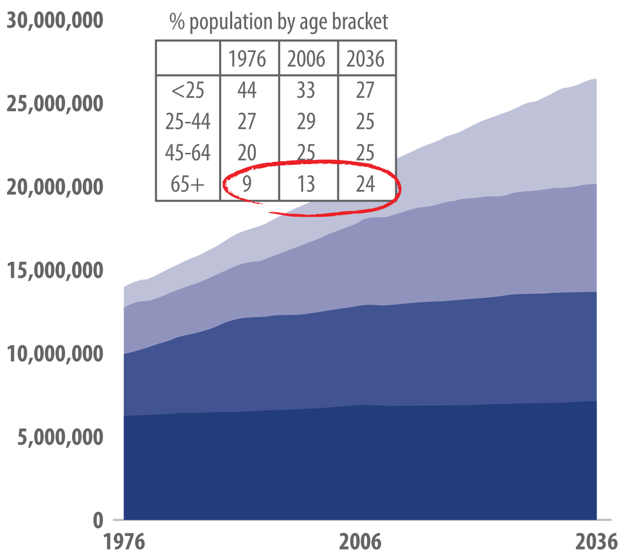
Figure 1: Our ageing population will significantly increase future demands on healthcare

By 2036, it is projected that one quarter of Australians will be over 65

Acute care expenditure rises sharply from 60 onwards

Australian population by age bracket: 1976–2036

Population by age bracket (#)

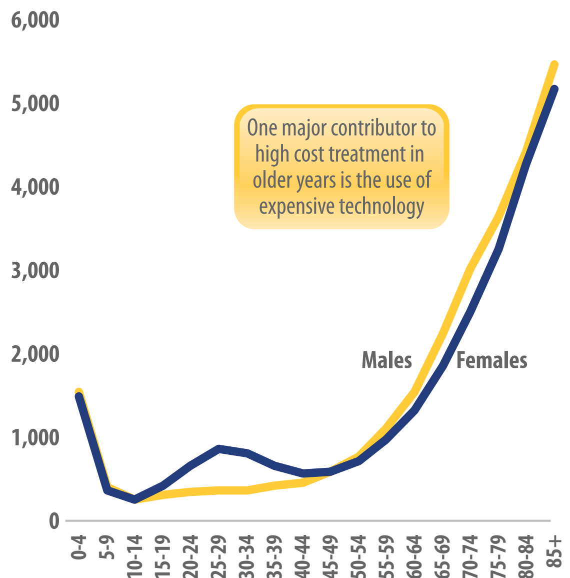


% population by age bracket

	1976	2006	2036
<25	44	33	27
25-44	27	29	25
45-64	20	25	25
65+	9	13	24

Hospital expenditure per capita by age group: 2002/3

Hospital expenditure per capita ($)



Note: Population projections based on Series B growth assumptions

Source: ABS 3222.0, *Population Projections, Australia, 2004-2101* (2006); ABS 3201.0, *Population by Age and Sex, Australian States and Territories* (2006); *Productivity Commission, Economic Implications of an Ageing Australia* (2005)

The Pharmacy Guild of Australia

Change in Focus

In the past health care focused on the treatment of symptoms. Emerging trends in health care are strongly focused on preventative strategies, which are particularly important in order "to minimise the impending overload of the health and hospital systems, and to increase the productivity, and therefore competitiveness of Australia's workforce."[12]

A healthy society is a productive, economically viable one, and keeping people out of hospital is paramount. This is where community pharmacy has a huge role to play. A study conducted under the Guild's Research and Development (R&D) Program found that pharmacies prevent approximately 486,000 people from having to visit their GP or go to hospital through providing non-prescription medicines – saving the health system an estimated $2.75 billion each year[13].

There are many strong arguments to further extend the role of the community pharmacist, particularly in relation to core competencies, such as medication compliance, continuity of care across the lifespan, and the important role of the community pharmacist in delivering a range of professional and preventative health care services.

Major Health Care Reviews

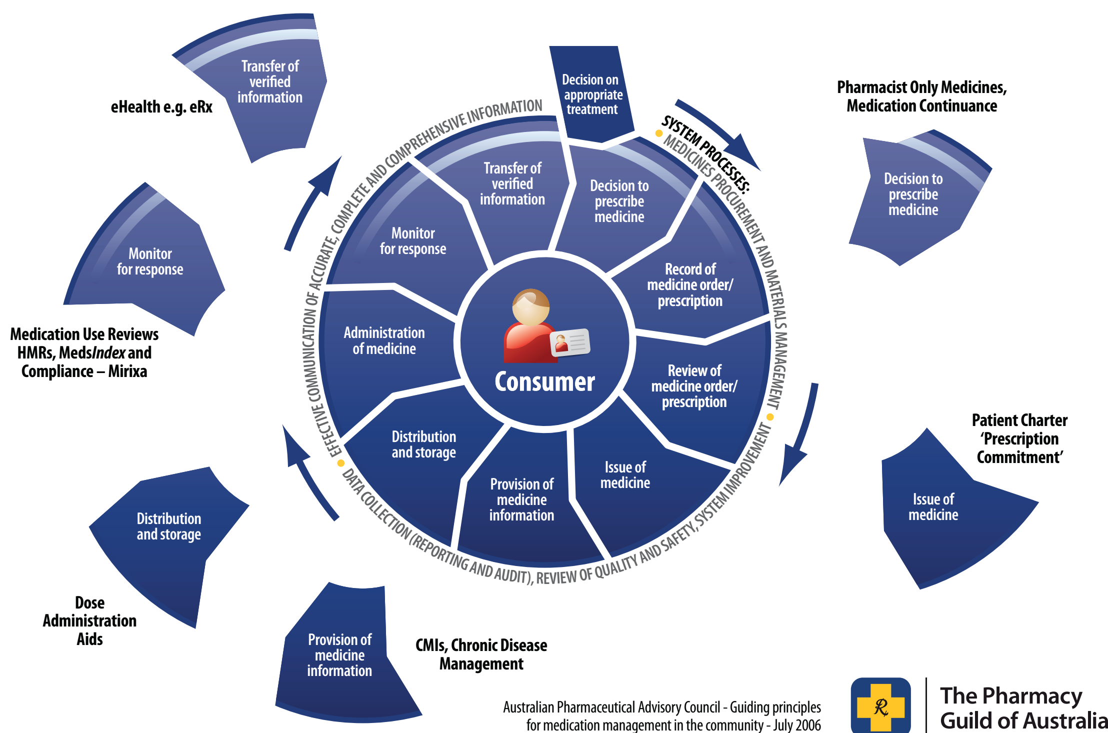
Three major reviews have indicated the direction the current Federal Government wishes to take in support of this changing focus.

The National Health and Hospitals Reform Commission's report '*A Healthier Future for All Australians*'[14] contains 27 specific references to community pharmacy. The report identifies actions that can be taken by governments to reform the health system under three reform goals:

- tackling major access and equity issues that affect health outcomes for people now;

Figure 2: Medication Management Cycle

APAC revised guidelines - Guiding Principles to Achieve Continuity in Medication Management



APAC Medication Management cycle. The health care continuum can be viewed as a series of cycles. Each cycle relates to an episode of care. For each episode of care, there is a corresponding medication management cycle, which comprises the nine key components detailed in the graphic. The characteristics of each component depend on the health care setting involved and the nature of the episode of care. What the Guild has endeavoured to do over that last decade is to ensure community pharmacy adds value to the medication management cycle. Some of these have occurred through Agreement programs and some through private programs. The components of the medication management cycle detailed are critical to achieving continuity in the medication management continuum.

The guiding principles are intended to assist partners in the quality use of medicines in achieving continuity in medication management. They offer a systems approach to medication management, that is, they advocate a consistent and standard approach across all health care settings and health care providers. The Guild's first priority is to achieve consistency and high quality service across community pharmacy. The audience for the Guiding Principles is the QUM partners, including government, health care professionals and providers, carers, and others.

- redesigning our health system so that it is better positioned to respond to emerging challenges; and
- creating an agile and self-improving health system for long-term sustainability.

Meanwhile, the Department of Health and Ageing report '*Primary Health Care Reform in Australia*'[15] contains 31 specific references to community pharmacy. The report supports and provides background for the Federal Government's '*Draft National Primary Health Care Strategy: Building a 21st Century Primary Health Care System*', as well as providing evidence to support future investment in and reform of the primary health care system. The report includes 10 key elements of an "Enhanced Primary Health Care System".

The Preventative Health Taskforce's discussion paper *'The Healthiest Country by 2020'*[16] contains three specific references to community pharmacy. The Taskforce was given the challenge to develop the National Preventative Health Strategy, focusing initially on obesity, tobacco and excessive consumption of alcohol. The strategy is directed at primary prevention, and addresses all relevant arms of policy and all available points of leverage, in both the health and non-health sectors.

While the Federal Government has not yet completed its response to all of these reports, the many references to pharmacy's role, particularly in the primary health care system have been anticipated in programs that form part of the Fifth Agreement.

A recurring theme in all reports is the rising incidence and cost of chronic illnesses. Community pharmacy must play a key role in addressing this problem.

Rising Cost of Chronic Illness

Health problems such as obesity, tobacco smoking and alcohol related illnesses account for 32 per cent of Australia's illnesses, translating into losses of approximately $18 billion per year ($6 billion in health costs and $13 billion in lost productivity[17]). Indigenous Australians are also over represented in these statistics - one in three indigenous adults is obese; tobacco smoking is responsible for 20 per cent of deaths among indigenous people; and alcohol is a significant cause of chronic illness, social problems, deaths and injury.

The Guild-commissioned Access Economics Report *'Examining the future of the PBS'*[18] highlights the rising trend in health spending on PBS medicines that manage and treat chronic diseases. The report predicted that by the year 2046/47, the top five contributors to government PBS costs will be:

- antineoplastic and immunomodulating drugs (50 per cent) – including drugs for the management of diabetes;
- drugs for nervous system conditions such as dementia and Parkinson's disease;
- blood and blood-forming organ-related drugs;
- drugs relating to the cardiovascular system; and
- drugs relating to sensory organs (for example, visual impairment).

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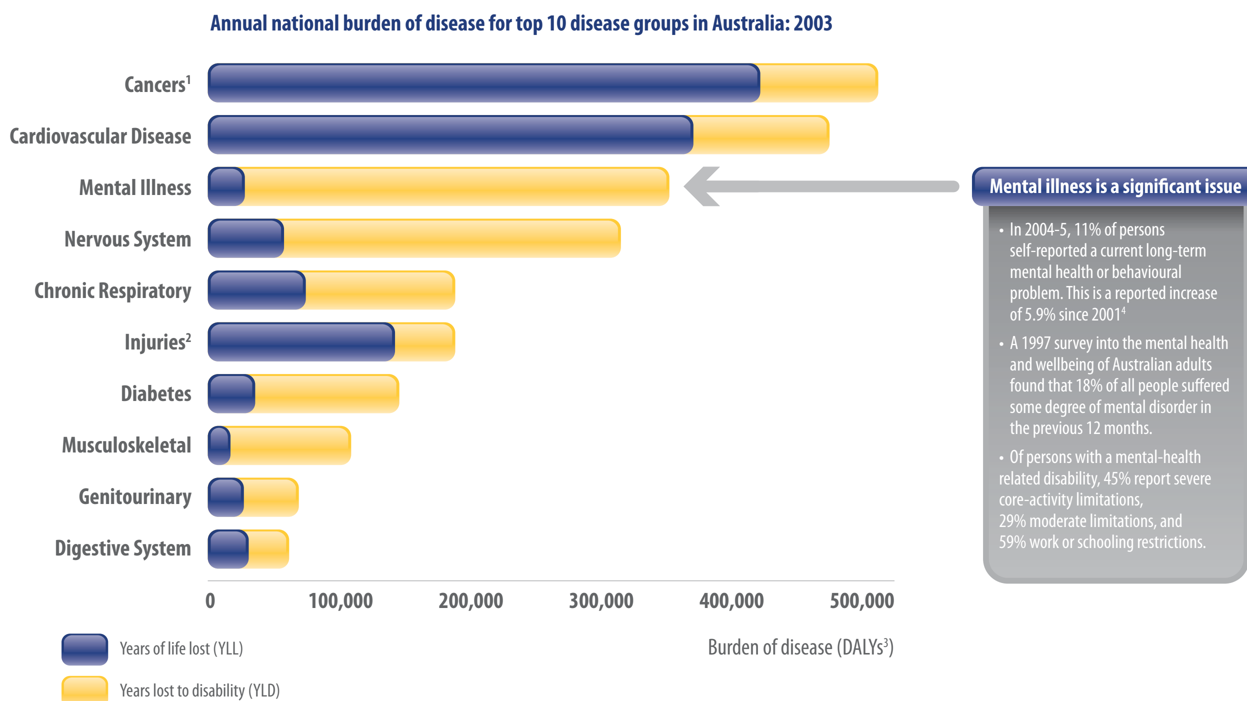
12. National Preventative Healthcare Strategy (Australian Government), 2009: 6
13. Pharmacy Guild of Australia - media release, 31 August 2009
14. National Health and Hospital Reform Commission. June 2009. www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/Documents - Accessed April 5, 2010
15. 'Primary Health Care Reform in Australia. A Report to Support Australia's First Primary Health Care Strategy. August 2009' www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/Documents - Accessed April 5, 2010
16. 'The Healthiest Country by 2020'. National Preventative Health Strategy. June 2009. www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/discussion-healthiest - Accessed 28 March, 2010
17. Hawker Britton- Report on Preventative Health Taskforce: National Preventative Health Strategy- September 2009 http://www.hawkerbritton.com/hawker-britton-media/federal-act/preventative-health-taskforce-report-national-preventative-health-strategy.html Accessed 22 February, 2010
18. Access Economics. *'Examining the future of the PBS - October 2009'* http://www.guild.org.au/uploadedfiles/National/Public/News_and_Events/Media_Release_Archive/PBS%20IGR%20Report%20October%202009%20-%20Final.pdf - Accessed 15/04/2010v

Figure 3: We live with a significant burden of ill-health



1. Includes malignant and other neoplasms 2. Includes intentional and unintentional injuries 3. Disease Adjusted Life Years (years lost through death by disease, and years lost to disability by disease) 4. Mental health data is complex. Increased self-reporting rates may be due to greater willingness to report, rather than increased prevalence

Source: AIHW, The Burden of Disease and Injury in Australia 2003 (2007); ABS 4824.0.55.001, Mental Health in Australia: A Snapshot 2004-5 (2006)

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Figure 3: 2020 Summit (2008) - National Burden of Disease 2003[19]

Figure 3 details the national burden of disease for the top 10 disease groups in Australia. It indicates the years of life lost to two variables: illness and disability.

From a purely economic perspective, the number of years lost due to disability is the striking indicator of cost for government. In simple terms "years lost due to disability" means that these people are unlikely to be productive in the workforce during that time and may additionally require welfare benefits, placing more strain on the economy.

It is for this reason that mental illness was specifically highlighted in the above bar chart. It demonstrates that the number of people who lose their lives to mental illness is small relative to the years lost due to disability. It shows however that mental illness, which continues to increase, will have a significant economic impact unless mitigating measures are put in place. There is a key role that pharmacists can play here. Adherence to medicines is very poor in this cohort of patients. Indeed the Meds*Index* system - a Guild-developed medicines compliance monitoring and support service in which patients receive a simple score out of 100 for each of their chronic management therapy medicines - shows that for this group compliance scores average are less than 40, making it the poorest compliance medicines category under this system. This presents opportunities for community pharmacy to deliver systematised programs that focus on adherence and ensure that these patients receive the maximum benefit from prescribed medicines. This is the type of program that community pharmacy must embrace.

Health spending ideally should be aimed at preventative measures to improve overall participation, productivity and wellbeing of the population. As the health system moves its focus

19. These documents were distributed to delegates of the Health Sub-Group at the Australia 2020 Summit, held April 2008, Parliament House, Canberra

toward primary prevention, there is potential for PBS expenditure to move more into the preventative end of health spending. This therefore means community pharmacy is better placed to use its existing infrastructure and expertise to address the economic burden of chronic disease.

Medicines as an Investment

The cost of medicines must not be considered in isolation from the extensive benefits derived. While medicines are initially expensive for the Commonwealth and taxpayers through PBS subsidies, in real terms they are best thought of as an investment.[21] Medicines allow citizens to work longer and more productively, with the benefit that this brings to the taxation base and economy. They also delay admission to nursing homes and avoid or delay hospitalisation for a variety of diseases and conditions, with associated costs.

The evidence to support this 'medicines as an investment' theme is noteworthy. A recent health economics report cites research that analysed the different rates of changes in life expectancy in American States from 1991 to 2004. It found that life expectancy rose across the US by an average of 2.33 years in the period, but there was significant variation in the individual States. Certain 'obvious suspects' were partially responsible for these differences, such as rates of smoking, obesity and HIV/AIDS in the various States. However, the most important determinant was 'medical innovation'. That is, longevity increased the most in those States where access to newer medicines had increased the most.[21] These findings are consistent with earlier global research, published in 2003, showing that launches of New Chemical Entities (new medicines) were responsible for 40 per cent of the increase in citizens' longevity in the period. This earlier study analysed data from 52 countries for the period 1982 to 2001.[22]

Added to this, in the Australian setting, the Productivity Commission's 2005 Research Report on the "Impacts of Advances in Medical Technology in Australia" found that "...overall, advances in medical technology arguably have provided value for money". The report found that the listing on the PBS of new medicines drives expenditure but also that these drugs deliver a range of benefits such as increases in quality and standard of living and improvements in productivity.[23]

Such evidence provides a compelling case for viewing expenditure on medicines as a fundamental investment in the nation, rather than a cost. It also emphasises the value of Australia's PBS.

20. Access Economics. *'Examining the future of the PBS - October 2009'* accessed at http://www.guild.org.au/uploadedfiles/National/Public/News_and_Events/Media_Release_Archive/PBS%20IGR%20Report%20October%202009%20-%20Final.pdf on 8/4/2010
21. Frank R. Lichtenberg, *'Why Has Longevity Increased More in Some States than in Others? The Role of Medical Innovation and Other Factors, Centre For Medical Progress, Medical Progress Report No. 4 July 2007'*. Cited in Access Economics Examining the future of the PBS October 2009 http://www.guild.org.au/uploadedfiles/National/Public/News_and_Events/Media_Release_Archive/PBS%20IGR%20Report%20October%202009%20-%20Final.pdf accessed 8/4/2010
22. Lichtenberg FR, *'The Impact of New Drug Launches on Longevity: Evidence from Longitudinal, Disease Level Data from 52 Countries 1982-2001'* 2003 Columbia University and National Bureau of Economics.
23. Productivity Commission *'Impacts of Advances in Medical Technology in Australia'*, Research Report, 2005 Melbourne

A prominent, recurring theme in these reviews is the need for community pharmacy to adapt and continue to redefine itself in the face of significant changes in the health landscape.

Overseas Comparisons and Trends

Reviews in the community pharmacy sector are also underway, or have been undertaken recently, in a number of other developed countries comparable to Australia (see the table below).

A prominent, recurring theme in these reviews is the need for community pharmacy to adapt and continue to redefine itself in the face of significant changes in the health landscape. These changes, such as ageing populations and the increasing burden of chronic disease, see governments looking to maximise efficiencies in the health sector so that national health budgets remain viable.

This is consistent with the situation in Australia in 2010; it remains both a challenge and an opportunity for community pharmacy to adapt and promote itself as the highly skilled and, as yet, under-utilised, primary health care resource that it is. An expanded role for community pharmacy should result in the twin benefits of improved public health outcomes and reduced health expenditure.

This correlates with the World Health Organisation's perspective, which states:

Public health interventions, pharmaceutical care, rational medicine use and effective medicines supply management are key components of an accessible, sustainable, affordable and equitable health care system which ensures the efficacy, safety and quality of medicines. It is clear that pharmacy has an important role to play in the health sector reform process. To do so, however, the role of pharmacists needs to be redefined and reoriented.[24]

Community Pharmacy Today

Pharmacy in Australia is also changing. While community pharmacy's main focus is still the supply of medicines, much more emphasis is now placed on the provision of professional advice and changes are occurring as pharmacists are increasingly involved in the provision of primary health care services in consultation with GPs and other health professionals.

Legislative and Policy Framework for Pharmacy

The conduct of pharmacy in Australia is governed by a complex legislative and policy framework. The National Medicines Policy provides one of the frameworks and consists of the following central objectives:

- timely access to the medicines that Australians need, at a cost individuals and the community can afford;
- medicines meeting appropriate standards of quality, safety and efficacy;
- Quality Use of Medicines (QUM); and
- maintaining a responsible and viable medicines industry.

Timely access to medicines and QUM arms of the National Medicines Policy are of most relevance to the community pharmacy sector. This, in addition to relevant pharmacy practice policy and legislation, is manifested through the following:

- the PBS, which underpins the bulk of pharmacy remuneration and is established under Federal legislation;
- the National Registration and Accreditation Scheme effective July 2010, which facilitates the national registration and accreditation of all health professionals;
- the medicines scheduling arrangements, placing considerable responsibility on pharmacists in their handling of scheduled medicines;
- QUM, which influences the practice of pharmacy and drives many of the standards followed by pharmacists through the Guild's Quality Care Pharmacy Program (QCPP);
- State and Territory-based legislation, which governs ownership and registration of pharmacy premises and the handling and storage of drugs, poisons and controlled substances; and
- other legislation, both Federal and State/Territory, which relates to the conduct of pharmacy businesses, such as privacy, trade practices and workplace relations.

Table 1: Overseas Reports Concerning the future of Community Pharmacy

REPORT	DESCRIPTION

ENGLAND – 'Pharmacy in England: Building on Strengths – Delivering the Future'	• UK Government white paper, 2008.
	• UK Health Minister, Ben Bradshaw said at its launch: *"A pharmacy isn't just a place where you go to pick up a prescription. It's a service, staffed by health professionals who are capable of dealing with minor ailments, screening for diseases and giving health advice to the local community."*
	• UK Government's stated aims for pharmacy in the paper include:
	  • a shift in emphasis from dispensing prescriptions to providing clinical services;
	  • a wider range of services available through pharmacies, exploiting their convenient locations and extended opening times; and
	  • greater use of the clinical skills of pharmacists and the talents of other pharmacy staff.[25]

CANADA – 'Blueprint for Pharmacy: the vision for pharmacy'	• Report developed by a taskforce established by the Canadian Pharmacists Association in 2008. • Designed to *"...strengthen the profession's alignment with the health care needs of Canadians and to respond to stresses on the health care system."* [26]
EUROPE – 'Greater Expectations: Pharmacy based health care – the future for Europe'	• Report published by the School of Pharmacy, University of London, 2007. • Analyses community pharmacy in various European states. • Identifies opportunities for community pharmacy to adapt to change, by working with other stakeholders to extend and improve pharmacy-based care to improve public health. • States these opportunities may primarily relate to the development of 'disease management' models that will help to ensure that community pharmacy can play a better-integrated role in the overall process of health care delivery.[27]

24. *'Developing pharmacy practice: a focus on patient care'*. Handbook, 2006 ed. Geneva (Switzerland): World Health Organisation and International Pharmaceutical Federation; 2006, p4 http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf - Accessed 24 March, 2010
25. Great Britain. Department of Health. *'Pharmacy in England: building on strengths – delivering the future.'* 2008 http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_083815
26. Taskforce on a Blueprint for Pharmacy. *'Blueprint for pharmacy: the vision for pharmacy'*. Ottawa, Canadian Pharmacists Association, 2008. P3 http://www.pharmacists.ca/content/about_cpha/whats_happening/cpha_in_action/pdf/BlueprintVision.pdf - Accessed 4 April, 2010
27. University of London. School of Pharmacy. *'Greater expectations: Pharmacy based health care – the future for Europe?'* University of London, School of Pharmacy, 2007 http://www.pharmacy.ac.uk/fileadmin/documents/News/Greater_Expectations_web_edition.pdf - Accessed 27 March, 2010

Acceptance of the Health Care Model of Pharmacy

Following the National Competition Policy Review of Pharmacy[28] (Wilkinson Review) all Australian governments made the collective decision to retain the health care model of pharmacy, characterised by support for a well-distributed network of independent community pharmacies, owned and operated by pharmacists. While the review itself did not suggest prohibiting the co-location of pharmacies in supermarkets, a ministerial determination under the *National Health Act 1953* imposed such a ban and a number of States and Territories, in actions resulting from the National Competition Policy (NCP) process, included such bans in their pharmacy legislation.

These decisions, together with consistent verbal and written support from all political parties in all jurisdictions across Australia, indicate strong support for the current system of community pharmacy, including rejecting proposals put by supermarkets and others during the NCP process for deregulation of the industry.

Governments have collectively supported the retention of a regulated industry in the interests of safety and equity of access to services and subsidised medicines through a sustainable network of community pharmacies and supported by full-line wholesalers.

They have thrown their support behind the health care model of pharmacy rather than an exclusively retail model.

The Community Pharmacy Network

Based on the accepted health care model, a shared goal of the Guild and governments is to ensure the Australian public has access to quality pharmacy services through a network of well-distributed community pharmacies. Central to the achievement of this goal has been the pharmacy location rules. These have been a feature of the Agreements following the industry restructure in the First Agreement, when more than 600 pharmacies took the opportunity to close or amalgamate.

The objectives of the location rules during the Fourth and Fifth Community Pharmacy Agreements have been to ensure:

- all Australians have timely access to PBS medicines;
- there is a commercially viable and sustainable network of community pharmacies dispensing PBS medicines;
- improved efficiency through increased competition between pharmacies;
- improved flexibility to respond to the community need for pharmacy services;
- increased local access to community pharmacies for persons in rural and remote regions of Australia; and
- the continued development of an effective, efficient and well-distributed community pharmacy network in Australia.

These decisions, together with consistent verbal and written support from all political parties in all jurisdictions across Australia, indicate strong support for the current system of community pharmacy, including rejecting proposals put by supermarkets and others during the NCP process for deregulation of the industry.

28. *'Developing pharmacy practice: a focus on patient care'*. Handbook, 2006 ed. Geneva (Switzerland): World Health Organisation and International Pharmaceutical Federation; 2006, p4 http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf - Accessed 24 March, 2010

Pharmacists – The Most Accessible Health Professionals

This established network means that community pharmacists remain the most accessible of all health professionals. Pharmacists are available for consultations at short notice and without appointment across a variety of locations, including shopping strips, shopping malls and country towns all over Australia. Consumers needing medicine or health-related advice know where to find a pharmacy and know that a pharmacist will always be present to provide that advice. The bricks and mortar presence of the community pharmacy is an important factor in providing access to care for the community.

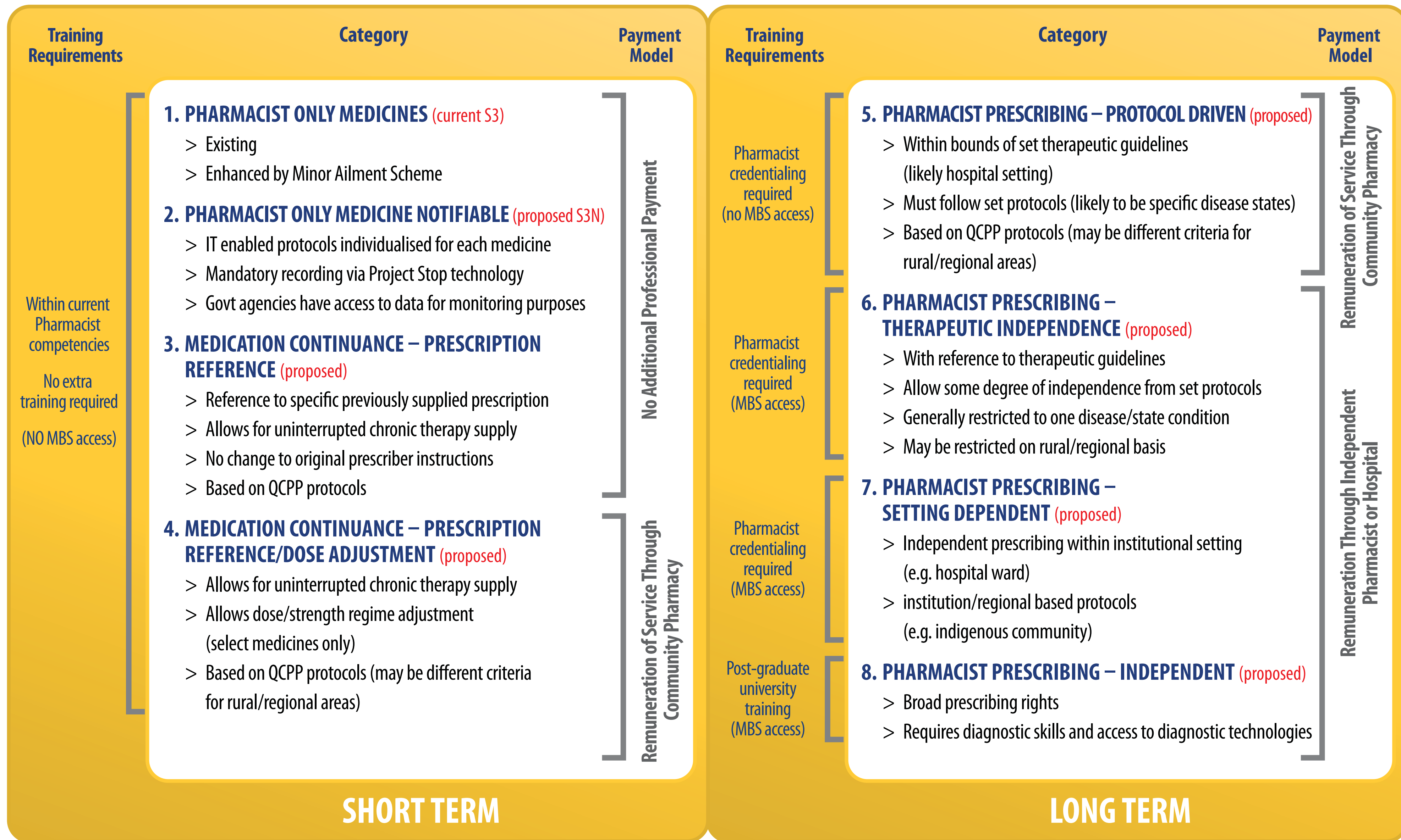
Pharmacists have traditionally been the first point of contact for advice on minor ailments and refer patients to GPs and other health professionals as appropriate. These roles are now being formalised as pharmacists increasingly take their place in a more structured way in the primary health care system.

Quality Assurance within the Community Pharmacy Network

The QCPP is a professionally prepared quality management system designed to achieve world's best practice in the business operations and professional practices of community pharmacies across Australia. It is an integrated system of standards and support tools designed to enable pharmacy proprietors to consistently meet the expectations of customers and apply the highest professional business standards. The benefits include making their businesses more effective and sustainable. The QCPP has the widespread support of the pharmaceutical industry and has been supported by financial incentives from the Third, Fourth and Fifth Community Pharmacy Agreements. The Guild was accredited as a Standards Development Organisation by Standards Australia in November 2009, which means that the QCPP Standards will become the internationally recognised Australian Standards for community pharmacy in Australia.

Increasing the number of accredited pharmacies in Australia will result in community pharmacies adopting a uniform approach when delivering professional services and providing customer care. QCPP accreditation also encourages strong support for the regulation of the sale of *Pharmacy Medicine (S2)* and *Pharmacist Only Medicine (S3)* in community pharmacies.

Figure 4: Pharmacist Prescribing Continuum



It is our vision that these activities be expanded within a national preventative health framework under the direction of a National Prevention Agency, as well as in accordance with the Federal Government's preferred primary health care funding model.

The prescribing continuum. The Roadmap documents the range of services community provides and will provide in the future. The Guild has mapped out a Pharmacist Prescribing Continuum based on an international search on the scope of practice of pharmacists. While the Guild's category classification is unique, each category is a scope of pharmacy practice that is currently undertaken in at least one national jurisdiction.

Five specific proposals will be detailed in the four 'quadrants'.

1. Pharmacist Only Medicines - Minor Ailments Scheme. The model, based on the successful UK model, would allow pharmacists to deliver subsidised medicines for minor ailments to selected patients for a standard co-payment amount. All minor ailments conditions to be addressed by such a scheme come under the competency of a pharmacist. Our proposal seeks that IT infrastructure would monitor use and set purchasing interval thresholds individualized for each product. The system would be integrated with dispensary software to streamline workflow. All pharmacists have the skill-set needed to assist to treat and triage patients with minor ailments.
2. Pharmacist Only Medicines Notifiable Scheme (S3N). The Guild and the Australian Self Medication Industry have developed a proposal to enhance the contribution that pharmacists make as providers of primary health care services, and in turn reduce the burden on medical practitioners and MBS resources. The proposal involves modifying the current Pharmacist Only Medicines (S3) schedule. While we strongly believe that the current number of schedules should be retained, the S3 schedule should include a sub-schedule of 'notifiable' medicines. The clear distinction under the proposed S3N schedule is that sales of the medicine concerned would be recorded in an integrated database, meaning cross-checking of sales could occur across multiple pharmacies. Health authorities and relevant agencies could also monitor the process with the appropriate checks and balances.
3. Medication Continuance. This proposal has been endorsed by the Federal Government as part of the Fifth Community Pharmacy Agreement. This will greatly enhance the existing emergency supply provisions.
4. Medication Continuance dose adjustment The difference with Medication Continuance is that under this proposals there would be algorithms to ensure the efficient PBS monthly dispensing quantity is dispensed. Such as scheme would ensure patients do not spend more on the cost of medicines than is necessary.
5. Pharmacist Prescribing - Protocol Driven. There are existing models of protocol driven pharmacists prescribing in the hospital sector. One area of pharmacy practice where this model is needed is chemotherapy treatment. The current model is overlaid with administrative burden on oncologists/ haematologists in private practice imposed by the current PBS authority process. There is a need to implement "Streamlined Authorities" for oncology medicines as an extension of the existing "Streamlined Authority" system. A second step for the private sector would be the extension of the current paperless system that exists in some public hospital pharmacies whereby medication charts are used to fulfil PBS requirements in absence of a separate prescription.

The Guild stresses that the proposals above are not 'independent pharmacist prescribing'. There is no moral hazard in these arrangements. There is separation between the original prescribing and dispensing of medicines. For the Pharmacist Only Medicines Schedule pharmacists already prescribe.