



Community Pharmacy Roadmap Program Development Template

<b>Program/Service Quadrant</b>	<b>Complementary and Alternative Medicine (CAM) B – Pharmacy Medicines and Health Products – Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>Complementary and Alternative Medicine (CAM) is a group of diverse medical and health care systems, practices and products that are not generally considered part of conventional medicine.<sup>1</sup> CAM covers a wide range of therapies including (but not limited to) herbal medicine, aromatherapy, Chinese traditional medicine, homeopathy, aromatherapy, ayurvedic medicine, chiropractic services and massage therapy. ‘Complementary medicine’ is typically used in association with conventional medicine whereas ‘alternative medicine’ is used instead of conventional medicine, although this is not a rigid rule.</p> <p>In Australia, medicinal products containing herbs, vitamins, minerals and nutritional supplements, homeopathic medicines and certain aromatherapy products are referred to as complementary medicines.<sup>2</sup></p> <p>There is widespread use of CAM by Australians, with complementary medicines being generally available for self-selection in retail outlets such as pharmacies, health food stores and supermarkets.</p> <p>National Institute of Complementary Medicine (NICM) figures from 2009 indicate that two-thirds of the Australian population use complementary medicines each year and that out-of-pocket expenses for consumers purchasing complementary medicines is almost four times that spent on pharmaceuticals.<sup>3</sup> The NICM figures also show :</p> <ul style="list-style-type: none"><li>• The Australian industry is valued at \$1.5 billion to \$2.5 billion;</li><li>• Market growth is 3-12% per annum (depending on the segment); and</li><li>• One third of complementary medicine users concurrently use pharmaceuticals.<sup>4</sup></li></ul> <p>Government, health professional bodies and the community justifiably demand that health interventions are evidence-based; however, many complementary medicines lack strong supporting clinical research or evidence.</p> <p>Complementary medicines in Australia are regulated as medicines under the <i>Therapeutic Goods Act 1989</i> (the <i>Act</i>), which provides the legislative requirements to ensure the quality, safety, efficacy and timely availability of therapeutic goods in Australia.</p> <p>Medicines included in the Australian Register of Therapeutic Goods (ARTG) are either “Registered” or “Listed” medicines, with the corresponding designation on the product label of ‘Aust R’ or ‘Aust L’, followed by a unique identifying number. “Registered Medicines” are those determined to be ‘higher risk’ by the Therapeutic Goods Administration (TGA), the government body which administers the <i>Act</i>. “Listed” medicines can only contain ingredients that have been evaluated by the TGA to be ‘low risk’, and may carry indications only for health maintenance and health enhancement or certain indications for non-serious, self-limiting conditions. Most, but not all, complementary medicines included on the ARTG are Listed medicines.</p>

<sup>1</sup> National Centre for Complementary and Alternative Medicine; <http://nccam.nih.gov/health/whatisacam/>

<sup>2</sup> TGA – The regulation of complementary medicines in Australia – an overview; [www.tga.gov.au](http://www.tga.gov.au)

<sup>3</sup> NICM – Facts and Statistics; January 2009; <http://www.nicm.edu.au/content/view/full/65/36/>

<sup>4</sup> NICM – *Ibid.*

	<p>Research published in 2008 by the National Prescribing Service (NPS) examined the information needs of consumers and health professionals in relation to CAM. This research found that many consumers rely on sources of information about complementary medicines that are of variable quality, reliability and authority. This research found that consumers believe complementary medicines are safer than conventional medicines, but are unaware that some have potential risks such as side effects, toxicity, potential for allergies and interactions with conventional medicines. The researchers also found that many consumers use CAM for general wellbeing or to prevent illness – despite a lack of any evidence for that particular use.<sup>5</sup></p>
b) Brief Description	<p>Considering the widespread availability of CAM products, often from outlets without any health professional advice available, utilising the expertise and accessibility of community pharmacists provides a vital link between complementary and conventional medicine.</p> <p>A range of complementary medicines are available through most community pharmacies in Australia, with pharmacists and pharmacy staff playing an important role in providing advice to consumers about these products. Some pharmacists have undertaken additional CAM education/training to attain qualifications in fields such as naturopathy. Many pharmacies also engage specific CAM practitioners to provide a range of services within the pharmacy.</p> <p>There is opportunity for community pharmacy to extend its role in CAM service provision. Community pharmacy should be promoted as a health care centre in which consumers can access CAM products, along with reliable advice from a pharmacist. This means purchasing decisions can be informed by the highest level of professional medicines advice available, where issues such as safety, efficacy, levels of evidence available and potential interactions can be discussed. There is scope for future education campaigns to emphasise this point and, for example, to encourage consumers to ‘ask your pharmacist about complementary medicines’.</p> <p>There is also a strong case that CAM products should be included in the person- controlled electronic health record. This would alert prescribers and dispensers of possible interactions and contraindications.</p>
c) Alignment with Government Policy	<p>The provision of CAM services through community pharmacy aligns with recommendations from the three major reform reports commissioned by the current federal Government:</p> <ul style="list-style-type: none"> <li>• National Health and Hospitals Reform Commission (NHHRC) stressed ‘greater personal responsibility’ that self care should be ‘a cornerstone of reform’, and, ‘giving people real control and choice about whether, how, where and when they use health services’. The NHHRC Report<sup>6</sup> also recommended a common national approach to the evaluation of all health interventions, involving consistent evaluation of complementary medicines, along with medical care, pharmaceuticals and other health interventions.</li> <li>• The Preventative Health Taskforce concluded that ‘Consumers should have access to tools to enable self-care and assist them to navigate the health system maze effectively’.</li> <li>• The National Primary Healthcare Strategy stresses the need to make best use of all healthcare professionals and pointed to the expanded role for pharmacy in facilitating ‘self-management of health conditions and preventing/managing chronic disease’.</li> </ul> <p>In addition, utilising a highly trained health professional with expertise in all medicines aligns with the Australian Government’s National Medicines Policy<sup>7</sup>, incorporating the National Strategy for the Quality Use of Medicines.</p>
d) Expected Outcomes for Government and Community Pharmacy	<p>Utilising the skills of community pharmacists as part of a patient’s health support team provides the Government with an opportunity for greater integration between conventional medicines and CAM, particularly for the large number of consumers that use both. Seeking advice from community pharmacy does not involve extra government expenditure on Medicare rebates, as is the case when consumers consult other health professionals.</p>

<sup>5</sup> NPS Complementary Medicines Use Survey Results- Media Release, November 2008.

[www.nps.org.au/news\\_and\\_media/media\\_releases/repository/complementary\\_medicine\\_usefirst\\_findings\\_from\\_nps\\_survey](http://www.nps.org.au/news_and_media/media_releases/repository/complementary_medicine_usefirst_findings_from_nps_survey)

<sup>6</sup> A Healthier Future for all Australians; Final Report June 2009

<sup>7</sup> <http://www.health.gov.au/internet/main/publishing.nsf/Content/National+Medicines+Policy-1>

	<p>From a community pharmacy perspective, an expanded role of pharmacists involving CAM service provision as an adjunct to product supply will improve business viability. There will be greater recognition of the role of community pharmacists as members of the primary health care team. This will lead to a greater capacity to effectively utilise the increased number of new pharmacy graduates in a manner that benefits both pharmacy practice and the community. Pharmacy graduates will continue to have a positive outlook for community pharmacy as a career, supporting the viability of pharmacy education providers.</p>
e) Consumer Benefits	<p>The availability of professional advice and information through community pharmacy allows consumers to access integrated health support across the two domains of conventional and complementary medicine. With the ever-increasing use of complementary medicines by consumers, it is essential that they have access to these services. Consumers will benefit from professional support and advice relating to side-effects, interactions, contraindications and treatment options, for example whether a particular complementary medicine is appropriate for the condition in question and how this compares to conventional medicines.</p>
f) Who Performs the Service?	<p>Pharmacists Pharmacy assistants Other health professionals – naturopaths or CAM practitioners may be engaged by a community pharmacy, depending on the service provided.</p>
g) Collaboration with Other Health Care Professionals	<p><i>Will service delivery require any formal collaboration with other health care professional/s?</i> No</p>
<b>2. Implementation and Enablers</b>	
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> <ul style="list-style-type: none"> <li>• CAM practitioner bodies</li> <li>• CAM product sponsor representatives</li> <li>• Consumer organisations</li> <li>• Funders</li> <li>• Government and regulatory bodies</li> <li>• GP organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Professional insurers</li> </ul>
b) IT Requirements	<p><i>Is pharmacy software required to deliver this program?</i> IT systems would be useful in delivering CAM services and should be streamlined for ease of use and to maximise pharmacy workflow. Pharmacy software could have an integrated recording system for service consultation. With the development of e-Health records, there is the opportunity for consumers' use of CAM to be recorded for access by other health professionals as required. Image databases could be developed so that Medicine Profiles generated by community pharmacists include images of complementary medicines.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this program?</i> Services requiring an in-depth consultation with a pharmacist or CAM practitioner would benefit from the availability of a private consultation area.</p> <p><i>Is the service within the pharmacist's/pharmacy assistant's normal scope of practice?</i> The supply of complementary medicines through community pharmacy is within the current scope of pharmacy practice. As the level of intervention develops further training may be required or other trained health personnel may be engaged.</p> <p><i>Will an additional pharmacist likely to be needed?</i> For those services requiring an extended pharmacist consultation, consideration needs to be</p>

	given to ensuring that another pharmacist is available to manage other professional activities within the pharmacy at the time of consultation, such as dispensing or the supply of Pharmacist Only Medicines.
d) Training	<p><i>What additional formal training is likely?</i></p> <p>The sale of complementary medicines is covered by current undergraduate training complemented by Continuing Professional Development (CPD) training for graduate pharmacists. All pharmacy assistants that support a pharmacy's professional services should have a basic level of training in complementary medicines. As the level of pharmacy assistant involvement in a CAM service increases, so should the level of support training.</p> <p><i>Does any suitable training exist?</i></p> <p>There is training available for both under-graduate and graduate pharmacists, and for pharmacy assistants via pharmacy schools and pharmacy organisations such as the Guild and Pharmaceutical Society of Australia (PSA). In addition, CAM institutions and manufacturers provide some training that may be suitable. Available training modules should be reviewed and revised as specific community pharmacy professional services evolve.</p>
e) Supporting Standards, Procedures and Templates/Check lists	<p><i>Will a QCPP standard be required?</i></p> <p>Yes.</p> <p>Strict adherence by pharmacists to professional protocols set out in an auditable standard should ensure the public receives a standardised, quality-assured professional support service. Generic standards for professional support services are available as part of QCPP 2<sup>nd</sup> edition. As services are developed, the need for supporting templates/checklists can be assessed and, where not available, the development of new ones should be part of the program structure.</p> <p><i>Will professional guidelines and/or standards be required?</i></p> <p>Yes.</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></p> <p>To be determined.</p>
f) Legislation/ Regulation Implications	It will be necessary to ensure that all service elements are aligned with relevant legislation.
<b>3. Funding</b>	
Funding Options	<p>Possible funding options include:</p> <ul style="list-style-type: none"> <li>• User-pays (Review GST implications )</li> <li>• Health Insurers</li> <li>• Federal Government - potentially for campaigns to raise consumer awareness of CAM interactions with other medicines and to 'ask your pharmacist' about this issue</li> </ul> <p><i>Has any funding for this program been secured?</i></p> <p>No.</p>
<b>4. Timelines</b>	
Timelines	<p><input checked="" type="checkbox"/> Established community pharmacy practice – CAM product supply</p> <p><input checked="" type="checkbox"/> Immediate to short-term implementation (&lt; 30 June 2015) – CAM services</p> <p><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</p> <p><input type="checkbox"/> Longer-term implementation (&gt; 1 July 2020 )</p>