



**Community Pharmacy Roadmap Program Development Template**

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| <b>Program/Service:</b>               | <b>Travel Health</b>   |
| <b>Quadrant:</b>                      | <b>C – In-pharmacy Health Services and Programs</b>  |
| <b>1. Program/Service Description</b> |  |
| a) Background                         | <p>As reported by the World Health Organisation (WHO)<sup>1</sup>, the number of people travelling internationally is increasing every year, which can pose various health risks depending on the traveller, the type of travel and the destination. Travellers may encounter sudden and significant changes in altitude, humidity, temperature changes and infectious diseases, which can result in ill health. When planning travel, it is wise to seek advice on associated health risks at an early stage.</p> <p>WHO advises that any traveller intending to visit a developing country should seek advice at least four to eight weeks before the journey. Vaccinations, anti-malarial medicines and other medical items may be required. Depending on the destination, travellers might also be advised to take a first aid kit and some basic medicines (such as those for traveller’s diarrhoea).</p> <p>As many travellers will need to fill one or more prescriptions prior to departure, community pharmacists are ideally placed to provide advice on travel health and ensure Quality Use of Medicines (QUM) for travel purposes. Community pharmacies can also assist travellers with their non-prescription travel health needs and provide advice on the protocols for taking medicines abroad.</p> <p>In the USA, some specially trained pharmacists operate in-pharmacy travel clinics where the pharmacist administers vaccinations, as well as providing any necessary medicines and health information.</p>              |
| b) Brief Description                  | <p>Most community pharmacies in Australia provide travel services by way of dispensing prescriptions for various types of travel-related medicines and vaccines, in conjunction with providing advice on specific travel health needs. There is opportunity to develop services in which the community pharmacist plays a greater role, by providing travellers with information and advice when planning a trip, as well as administering vaccines and supplying other necessary medical items prior to departure. Such services could be based on a set of established protocols, as occurs in other countries.</p> <p>These services would also need to be integrated with any other professional travel health services, with community pharmacies potentially filling voids where travel clinics are not available and GP access is limited. The benefit of the local community pharmacist being involved in this way is that information concerning travel vaccines and medications would be integrated with their medication record at the pharmacy. This would allow identification of any potential contraindications or interactions.</p> <p>The community pharmacist can also provide follow-up support when travellers return from overseas. This may be of particular value to high-risk travellers, who may be taking medicines for pre-existing conditions.</p> <p>In addition to providing travel health services to Australians travelling abroad, there is also a need to provide similar services to visiting tourists.</p> |

<sup>1</sup> WHO – International Travel and Health; <http://www.who.int/ith/en/>

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| c) Alignment with Government Policy                        | Utilising the expertise and accessibility of community pharmacists as part of a traveller's health support team is consistent with recommendations from the National Health and Hospitals Reform Commission and Primary Health Care Strategy, promoting team care support. It also aligns with the Australian Government's National Medicines Policy <sup>2</sup> , incorporating the National Strategy for the Quality Use of Medicines.  |
| d) Expected Outcomes for Government and Community Pharmacy | Utilising the skills of community pharmacists to provide travel health services will free up other professionals, for example GPs. This will result in more efficient use of the health workforce, particularly in areas where health services are limited, including in many regional and remote areas.<br><br>From a pharmacy perspective, there will be greater recognition of the role of community pharmacists as members of the primary health care team. Community pharmacy will have the opportunity to develop a viable business involving service provision as an adjunct to product supply and will have 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. |
| e) Consumer Benefits                                       | The availability of professional travel health services through community pharmacy provides travellers with convenient and readily available access to such services. These travellers will also benefit from the advice of a highly trained health professional. Where medicine or vaccination use plays a significant role, utilising the pharmacist's expertise in medicines to ensure QUM will improve adherence and reduce the risk of misadventure. Convenient and readily available access to a health professional provides travellers increased opportunity for both pre and post travel monitoring and advice.   |
| f) Who Performs the Service?                               | Pharmacists will perform the service. Other health professionals may be utilised, such as a registered nurse for vaccinations.   |
| g) Collaboration with Other Health Care Professionals      | <i>Will service delivery require any formal collaboration with other health care professional/s?</i><br>Yes.<br>The traveller's vaccination status should be updated and shared with the GP. Service protocols will include situations where referral to a GP would be appropriate.  |

## 2. Implementation and Enablers

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| a) Stakeholder Consultation    | <i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program:</i> <ul style="list-style-type: none"> <li>• Consumer organisations</li> <li>• Funders</li> <li>• Government bodies</li> <li>• GP organisations</li> <li>• Pharmacy organisations</li> <li>• Pharmacy software vendors</li> <li>• Professional insurers</li> <li>• Travel health organisations</li> </ul> |
| b) IT Requirements             | <i>Is pharmacy software required to deliver this program?</i><br>Pharmacy software should record service consultation and this should be transferable to the patient's personally controlled e-health record. It is essential that systems are streamlined for ease of use and to maximise pharmacy workflow. Claiming software needs to be available for programs that support any subsidised services.                                 |
| c) Infrastructure and Staffing | <i>Is a private consultation area required to deliver this program?</i><br>Ideally consultation will take place within a private consultation area within the pharmacy.  |

<sup>2</sup> <http://www.health.gov.au/internet/main/publishing.nsf/Content/National+Medicines+Policy-1>

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|   | <p><i>Is the Program within the pharmacist's/pharmacy assistant's normal scope of practice?</i><br/>To be determined – this depends on the level of intervention. More specialised services may require additional training.</p> <p><i>Will an additional pharmacist be needed?</i><br/>In developing travel health services that require an extended pharmacist consultation, consideration needs to be given to the need for another pharmacist to manage other professional activities within the pharmacy, for example, dispensing or the supply of Pharmacist Only Medicines.</p>   |
| d) Training   | <p><i>What additional formal training is likely?</i><br/>Pharmacy graduates should be trained to a level where they can confidently provide support services upon registration. For more specialised services, training should be provided on-line where possible to facilitate pharmacist participation. Refresher training should also be available for registered pharmacists to ensure services remain aligned with current clinical guidelines.</p> <p><i>Does any suitable training exist?</i><br/>To be determined - There is currently no specific travel-oriented pharmacy training package in Australia, although various modules have elements that are relevant. Training requirements will need to be investigated in order to develop this service. There may be modules available overseas that could be adapted for an Australian service.</p>   |
| e) Supporting Standards, Procedures and Templates/Check lists | <p><i>Will a QCPP standard be required?</i><br/>Yes.<br/>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 the Second Edition of QCPP. As services are developed, the need for supporting templates and procedures can be assessed, and where not available, the development of new ones could be part of the program structure.</p> <p><i>Will professional guidelines and/or standards be required?</i><br/>Yes.</p> <p><i>Are there any other national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i><br/>To be determined. Depending on the interventions included in the service it will be necessary to confirm if any national guidelines relate to the intervention and if so, ensure that the service is aligned.</p> |
| f) Legislation/Regulation Implications                        | <p>There will/may need to be an amendment to:</p> <p><input type="checkbox"/> No                                      <input type="checkbox"/> Yes                                      <input checked="" type="checkbox"/> To be determined</p> <p><input type="checkbox"/> Commonwealth Legislation</p> <p><input type="checkbox"/> State Legislation</p> <p>Depending on the interventions included in the service it will be necessary to ensure that all elements are aligned with relevant legislation. As an example, should pharmacist administered vaccination be a component of the service, there would need to be amendments to both Commonwealth and State legislation.</p>   |
| <b>3. Funding</b>   |  |
| Funding Options   | <p>Possible funding options include:</p> <ul style="list-style-type: none"> <li>• User-pays (Requires review of GST implications)</li> <li>• Health insurers</li> </ul> <p><i>Has any funding for this program been secured?</i><br/>No</p>  |

#### 4. Timelines

Timelines

- Established community pharmacy practice
- Immediate to short-term implementation (< 30 June 2015)
- Medium-term implementation(1 July 2016 to 30 June 2020)
- Longer-term implementation (> 1 July 2020 )