



Australian Government
Department of Health and Ageing



The
PHARMACY
GUILD of
AUSTRALIA

The Fourth Community Pharmacy Agreement

Research and Development Program



THE RESEARCH AND DEVELOPMENT PROGRAM IS FUNDED BY THE AUSTRALIAN GOVERNMENT DEPARTMENT
OF HEALTH AND AGEING AS PART OF THE FOURTH COMMUNITY PHARMACY AGREEMENT



Preface

This booklet is presented to potential researchers, policy makers and consumers in the interests of promoting a better understanding of the Fourth Community Pharmacy Agreement Research and Development Program (R&D Program).

It is the intent of the Guild, as managers of the R&D Program, to ensure the engagement of key stakeholders in all research and development projects funded under the program. This will facilitate an increase in the quality, relevance and usefulness of research and development project outcomes through the creation of a stronger knowledge base. The ultimate aim is effective and innovative change in policy and/or pharmacy practice.

This document is a useful guide to the background, purpose and intent of the R&D Program. It includes the following sections:

- Introduction and purpose;
- Program framework;
- Program changes;
- Questions and answers; and
- A case study.

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Introduction to the R&D Program

The Community Pharmacy Agreement Research and Development Program (R&D Program) is regarded as the major source of funding for pharmacy practice research in Australia. The program generates a significant body of pharmacy practice knowledge and helps establish Australia as an international leader in the field.

Pharmacy research and development is one of the priorities identified in the Fourth Community Pharmacy Agreement (Fourth Agreement) between the Australian Government Department of Health and Ageing and the Pharmacy Guild of Australia. Funding of up to \$19 million has been allocated for the Fourth Community Pharmacy Agreement R&D Program.

The purpose of the R&D Program

The aim of the R&D Program is to identify research and development priority areas in community pharmacy service provision and then to fund projects with the greatest potential to deliver services with positive health outcomes for consumers and economic impacts for the health system. These research and development priority areas are detailed later in this booklet.

The R&D Program focuses on building the capacity of community pharmacy and pharmacists in maintaining and improving the health outcomes of Australians through evidence-based best practice. Central to the program are the principles of excellence, partnership, strategic direction and accountability, detailed following:

▶ **Excellence** - ensuring high quality, innovative and internationally recognised research;

▶ **Partnership** - encouraging and increasing partnerships and collaboration among universities, research institutions, the health industry, government and the wider community;

▶ **Strategic direction** - delivering the greatest benefit to the community and the industry by encouraging R&D in areas of priority; and

▶ **Accountability** - demonstrating return on investment in research and development to the government, industry and community by using transparent processes within the performance driven framework of the program.

The translation of R&D projects into community pharmacy practice and/or policy is a key focus of the Fourth Agreement R&D Program. R&D Projects can be implemented into practice to:

- ▶ Develop new professional pharmacy services;
- ▶ Evaluate existing services and programs;
- ▶ Enhance the capacity of community pharmacy and pharmacists in maintaining and improving the health of Australians;
- ▶ Develop the role of the community pharmacist as a member of the primary healthcare team;
- ▶ Inform best practice professional and management standards; and
- ▶ Inform business model development and implementation.



R&D Program Framework

An R&D Program framework has been developed to ensure a consistent approach between the projects. The framework will assist in achieving program objectives by outlining the basis upon which each R&D project proposal will be assessed and prioritised.

Research and development categories

Four priority areas for community pharmacy research have been identified as part of the Fourth Agreement R&D Program. Participating projects in the R&D Program must address at least one of the following categories:

▶ **Continuity of Care** - coordination of care received by a patient over time and across all facets of the health system and care settings.

▶ **Chronic Disease Management** - risk factors, patient treatment, management and ongoing monitoring, effective self-management in accordance with national health priority areas and associated national strategies.

▶ **Primary Care Services** - promoting the role of pharmacies in maintaining and optimising the health of all Australians through the provision of advice and information particularly in the areas of medication management, preventative health and health promotion.

▶ **Workforce Development and Capacity Building** - strengthening the pharmacy workforce to enhance quality delivery of pharmacy services. This may include addressing recruitment and retention, professional satisfaction, sustainable career opportunities and evolving skill requirements.

Research and development themes

Each project must encompass and achieve the themes of Quality Use of Medicines, collaboration, consumer focus and application, as listed below. It is accepted that the level of emphasis on each of the themes will vary depending on the project focus. Please note that the descriptions are provided for guidance only.

▶ Quality Use of Medicines

Quality Use of Medicines means:

- Selecting management options wisely by:
 - considering the place of medicines in treating illness and maintaining health
 - recognising that there may be better ways than medicine to manage many disorders
- Choosing suitable medicines if a medicine is considered necessary, so that the best available option is selected by taking into account:
 - the individual
 - the clinical condition
 - risks and benefits
 - dosage and length of treatment
 - any coexisting conditions
 - other therapies
 - monitoring considerations
 - costs for the individual, the community and the health system as a whole.
- Using medicines safely and effectively to get the best possible results by:
 - monitoring outcomes
 - minimising misuse, over-use and under-use
 - improving people's ability to solve problems related to medication,

such as negative effects or managing multiple medications.

This applies equally to all decisions about medication use by individuals and decisions that affect the health of the population.

► Collaboration

Collaboration at all levels of the health system and at all stages of the research and development cycle (identifying priorities, setting questions, doing research and interpreting the findings):

- Including all health practitioners, pharmacists, researchers, government and policy makers and consumers;
- Including links between academics, educators and professionals;
- Encouraging connections within and across health sectors, particularly the acute care and community sectors;
- Building on prior research and development work; and
- Recognition of similar ideas in other healthcare sectors:
 - linkage to these ideas through involvement
 - integration of State and Australian Government ideas.

► Consumer Focus

- Access to, and utilisation of, community pharmacy services by disadvantaged groups in the community (i.e. Aboriginal and Torres Strait Islanders, culturally and linguistically diverse, low socioeconomic status and rural and remote);
- Consideration of the impact on consumers at an individual and population health level; and
- Engagement of consumers in the research process.

► Application

- Ability to apply and implement research into practice for pharmacists and consumers;
- Impact on the role of the pharmacist in the healthcare setting;
- Strategies to remove barriers to enhance/enable implementation;
- Improved standards of practice including best practice and guidelines; and
- Economic impact and sustainability for the health system, pharmacy profession and consumers.



Changes to the R&D Program

There have been several changes to the R&D Program based on feedback from the formal evaluation and stakeholder consultation forums that were held following the Third Community Pharmacy Agreement R&D Program. These include changes to:

- Project timelines;
- Emphasis on communication and collaboration;
- Reporting requirements;
- Ownership and use of intellectual property (IP); and
- The program governance structure.

► Project timelines

Stakeholder feedback from the Third Community Pharmacy Agreement R&D Program indicated that more realistic application timeframes were required. In response to this, the Fourth Agreement R&D Program will incorporate expanded application periods. Investigator Initiated Grants (IIG) have been revised from a two stage to a one stage process, and the application time for both Request for Tender (RFT) and IIG have been extended.

Strict deadlines for the completion of R&D projects will also be enforced. As the R&D Program is limited to research conducted during the period of the Fourth Community Pharmacy Agreement, participating research projects must be finalised prior to 30 June 2010 to ensure access to grant payments.

► Communication

Several changes have been made to improve the management of communication during the Fourth Community Pharmacy Agreement R&D

Program. Stakeholder feedback from the Third Agreement R&D Program indicated that

“... participants perceived that low level dissemination of the outputs of the program had limited the program’s impact.”

A strategy to increase the access and awareness of quality research results has been developed to address this need for improved external communication. This includes a commitment to maintain an effective website; the production of a regular newsletter; the development of appropriate channels of communication with key stakeholders to disseminate research results; and a wider and more active dissemination of results to relevant policy areas.

To ensure you are kept up to date with the program visit the website at www.guild.org.au/research and register for the email alerts.

► Collaboration

Feedback from the Fourth Agreement Stakeholder consultation process and the evaluation of the Third Agreement R&D Program established a need for greater collaboration among researchers, relevant stakeholder organisations and service providers.

The Fourth Agreement R&D Program will adopt a multidisciplinary approach to encourage collaboration and the development of strategic partnerships. The R&D Program is encouraging collaborative projects by offering opportunities for increased professional interaction among research institutions,

the health industry, consumers and government. The program also aims to promote a focus on the importance of active consumer participation in all stages of project lifecycle. This focus on collaboration and stakeholder participation will enhance research capacity, build a stronger knowledge base and assist in establishing the community pharmacist as an essential member of the healthcare team.

► Reporting requirements

To facilitate improvements to communication, new reporting requirements for individual projects have been developed. Researchers will now need to provide the following revised items at the end of every six-month reporting period:

- An intellectual property register;
- A financial statement;
- A completed interim report template, including:
 - A short project summary/abstract
 - including findings to date;
 - A project plan;
 - Any changes to the project;
 - Progress with achieving recruitment targets;
 - Details of how collaboration has been integrated; and
 - Details of communication and dissemination activities.

At the end of the project period, Researchers must provide:

- One page summarising key findings;
- A three page executive summary/summary report;
- A 25 page stand alone report;
- A full final report;
- A list of publications and presentations to date;

- An updated IP register; and
- An audited financial statement.

► Ownership and use of intellectual property (IP)

The translation of research into policy and practice was a major barrier identified by stakeholders in evaluation of the Third Agreement R&D Program. Participants expressed

“... disappointment that knowledge generated through the R&D Program had limited uptake in government policy and programs.”

Governments in Australia, and internationally, recognise that translating research into policy and practice is an important but difficult and long-term process. To facilitate greater and more effective uptake of health research into policy and practice, the Fourth Agreement R&D Program focuses primarily on development and application. This is also consistent with the feedback from the Fourth Agreement stakeholder consultation process. This change in focus has highlighted the need for a new approach to the management of intellectual property (IP) and moral rights. This new approach will help to achieve the program’s aims and thus maximise the national benefits and returns from public investment in research through use of R&D project material in future programs or initiatives and activities.

The implications of this new approach to IP mean that any IP rights in relation to the project material will be vested in the Commonwealth. This does not affect the ownership of Intellectual Property in any existing material; however, the Commonwealth must be granted a broad licence to use existing material in

conjunction with project material. You and your co-authors will also be required to provide consent for the materials, or variations of them, to be used with or without attribution of authorship.

You will, however, be granted an irrevocable, fee-free, non-exclusive licence to:

- Use, copy, publish, broadcast and communicate the R&D project material;
- Use the project material for your own non-commercial educational, research and development activities; and
- Modify and adapt the project material, excluding the rights to commercialise or exploit.

You will not be permitted to use the project material for commercial activities unless prior approval is obtained.

This approach will enable the findings of R&D projects to contribute directly to the advancement of community pharmacy practice and the profession of pharmacy and, in turn, better healthcare for Australians. Remember you are encouraged to publish and present the findings of your R&D project, thereby receiving well deserved recognition.

► Governance structure

An improvement to governance structure was another key recommendation of the stakeholder feedback consultation report for the Third Agreement R&D Program. The report recommended that a committee be established

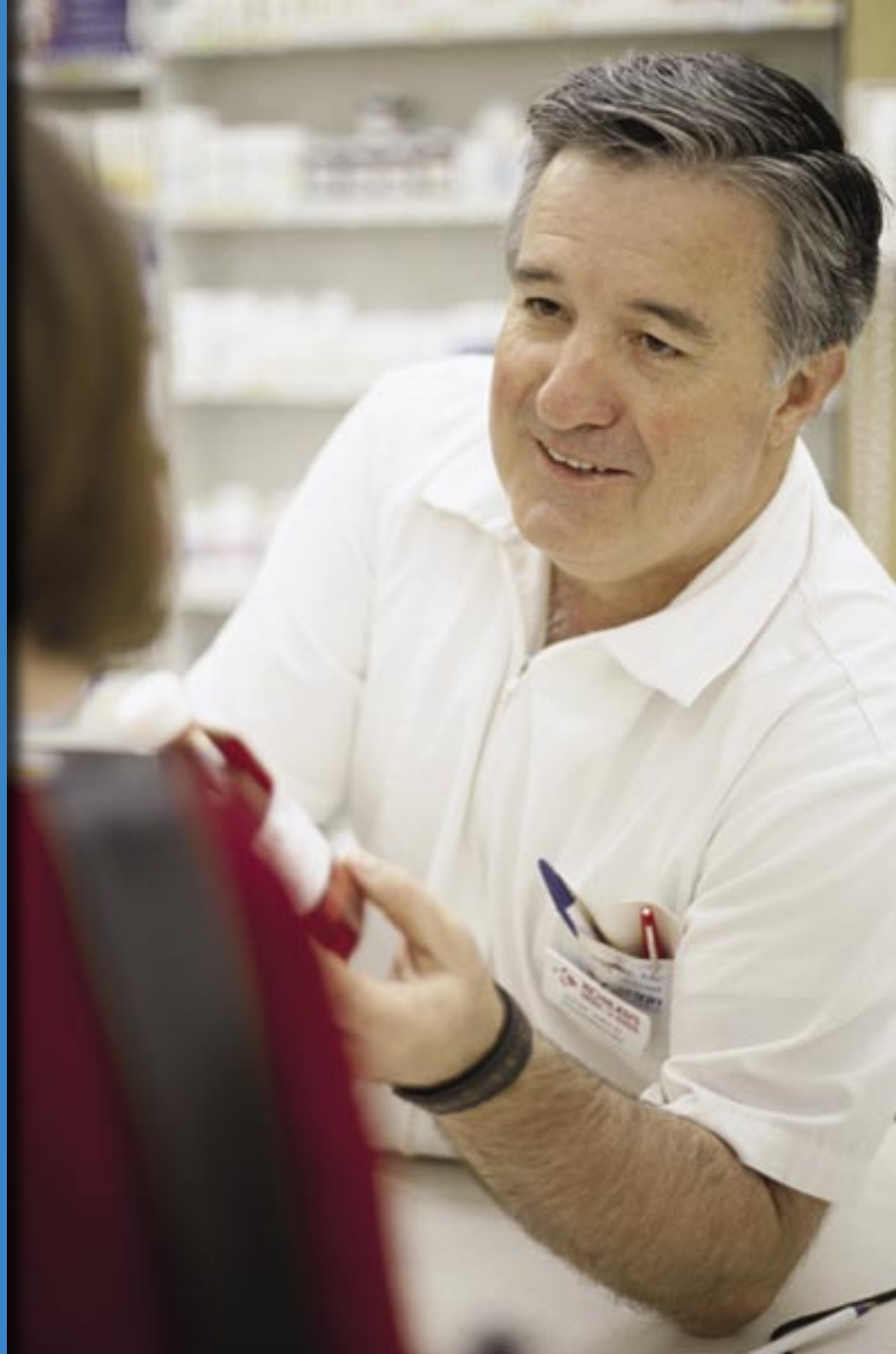
“... to provide guidance and governance of the research objectives and activities of the program.”

As a result, a Research and Development Steering Committee has been established

to improve the governance of the Fourth Agreement R&D Program. The Steering Committee provides advice and recommendations to both the Guild, as manager of the R&D Program, and the Minister for Health and Ageing’s representative advisory committee - the Professional Programs and Services Advisory Committee (PPSAC). PPSAC has been established to provide advice to the Minister for Health and Ageing on the funding of, and management responsibilities for, programs and projects under the professional programs and services. The Steering Committee will advise PPSAC on the development, implementation and ongoing management of the Fourth Agreement R&D Program.

Advisory panels will also be established to assist in the assessment of funding applications and oversight of funded projects. These improvements to governance structure will facilitate enhanced collaboration between stakeholders and their engagement in the program, and improve the program’s adherence to best practice standards.





Question and Answers

► Why should I participate in the R&D Program?

The R&D Program aims not only to build upon the body of knowledge in community pharmacy practice, but also to build capacity for the future of the profession and individual pharmacy services through the translation of research into practice. By participating in the R&D Program you will be contributing to this progression and assisting pharmacists in their important role of maintaining and improving the health outcomes of all Australians.

A key objective of the program is to develop high quality, innovative and internationally recognised research that delivers the greatest benefit possible to the community and the health sector. This is achieved by encouraging research and development in community pharmacy priority areas, while ensuring that these priorities both meet the needs of consumers and key stakeholders, and align with current government policy.

By encouraging strategic partnerships and collaboration among universities, research institutions, the health industry, government and the wider community we are aiming to enhance the role of the community pharmacist as a member of the primary healthcare team. As discussed previously in this brochure, improvements to communication, reporting and governance of the program have facilitated this enhanced focus on collaboration.

► How has the R&D Program benefited community pharmacy in the past?

Several R&D projects have been funded and developed into professional services and programs offered through community pharmacy. Previous projects have delivered a wide range of benefits to consumers including improvements to medication adherence, medication management, self-management and monitoring of chronic illness, and preventative healthcare.

Evaluation of the Third Community Pharmacy Agreement R&D Program found that the program

“... laid a good foundation for a research program that informs government policy ... and enhances pharmacy and pharmacist practice and their contribution to primary healthcare services and health outcomes.”

A major achievement of the Third Community Pharmacy Agreement R&D Program was its contribution in supporting the further development of professional services in the areas of asthma, diabetes and medicine management, as well as developing a significant knowledge base for future research to build upon. The Diabetes Care in Pharmacy Case Study on page 14 details one example of the positive benefits the Third Community Pharmacy Agreement R&D Program has had for community pharmacy.

► ***How long do I have to apply for funding under the R&D Program?***

You will generally have eight weeks from date of advertisement to apply for funding under the R&D Program. This includes application times for both Request for Tenders (RFT) and Investigator Initiated Grants (IIG).

► ***When does the R&D Program finish?***

All R&D projects must be finalised prior to 30 June 2010. This is to ensure access to grant payments, as the R&D Program is limited to research conducted during the period of the Fourth Community Pharmacy Agreement.

► ***What will I need to provide for the new reporting requirements?***

At the end of every six month reporting period you will need to provide:

- An intellectual property register;
- A financial statement; and
- A completed interim report template.

To finalise the project you will need to provide:

- An intellectual property register;
- An audited financial statement;
- One page summarising key findings;
- A three page executive summary/summary report;
- A 25 page stand alone report;
- The final report; and
- A full list of publications and presentations to date.

► ***Do I still have intellectual property and moral rights?***

The ownership and use of IP have been changed to facilitate greater translation of research into policy and practice. Once your R&D project receives funding, IP rights will be vested in the Commonwealth to facilitate the translation of its findings into policy and/or practice. You and your co-authors will be required to provide consent for project materials, and any variations of them, to be used in future programs or initiatives developed by the Commonwealth. This means that you will not benefit from any commercialisation of the project material. You will, however, be able to publish your material and use it for your own non-commercial educational, research and development activities.

► ***Will I still be able to publish and present my work?***

Yes, you will be granted a free licence to use, copy, publish, broadcast and communicate the project material. You will also be able to use the project material for non-commercial educational, research and development activities. This includes, but is not limited to, publishing papers in academic journals and presenting in academic symposia. You will also be able to modify, adapt and build upon the project material for future research, subject to certain restrictions. However, you will not be permitted to use the project material for commercial activities unless approval is obtained from the Commonwealth.

► *How will collaboration be encouraged with other stakeholders?*

A multidisciplinary approach has been adopted for the R&D Program to encourage collaboration and the development of strategic partnerships. The R&D Program is encouraging collaborative projects by offering greater opportunities for increased professional interaction with other universities, research institutions, the health industry, consumers and government.

► *Where can I find out more information?*

You can receive more information on the R&D Program by visiting our website www.guild.org.au/research or by contacting the research and development team at the Pharmacy Guild of Australia on (02) 6270 1888.



Diabetes Care in Pharmacy Case Study

Background

Type 2 diabetes affects more than 1.5 million Australians, with 275 people developing the condition every day. While diabetes is a serious condition, it can often be prevented or controlled using cost-effective intervention and management strategies. Through a collaborative approach with other healthcare providers, pharmacists can assist in the self-management of diabetes by providing patients with ongoing medication management assistance, blood glucose monitoring and lifestyle modification advice. The management of chronic disease, such as diabetes, was one of the research priorities of the Third Community Pharmacy Agreement R&D Program.

The Pharmacy Diabetes Care Program: A research project

Introduction

Through a competitive tendering process, funding from the Australian Government Department of Health and Ageing was awarded to the Pharmacy Diabetes Care Program (PDCP), a collaborative project led by Associate Professor Ines Krass from the University of Sydney. The results and findings from this research project formed the basis of the Diabetes Medication Assistance Service Pilot Program, which is being introduced in the Fourth Community Pharmacy Agreement. PDCP is one of the many Community Pharmacy Agreement research projects that have been translated into practice to deliver positive and tangible community outcomes.

The PDCP was a collaborative project involving research teams from the

University of Sydney, Monash University, University of Tasmania, Curtin University, University of Oxford, and the Department of Endocrinology and Diabetes at the Prince of Wales Hospital, NSW.

Aim and methods

The aims of the program were to:

- Identify and refer as appropriate people with undiagnosed diabetes;
- Support the continuity of care for people with diabetes; and
- Improve the health of people with diabetes.

To achieve these aims, the project implemented and evaluated a service model used to address the continuum of care for people with, and at risk of, type 2 diabetes. The model emphasised case detection, assisting patients in disease self-management and referral for those at risk but not yet diagnosed with diabetes, and patient education, support and monitoring for those with established diabetes.

The research project was divided into two areas to address this dual purpose, one of which was the Diabetes Medication Assistance Service (DMAS).

Diabetes Medication Assistance Service (DMAS)

The DMAS was aimed at people with established type 2 diabetes. The purpose of the research was to examine the role of the community pharmacist in assisting self-management of the disease, through ongoing education, support and monitoring. The research also aimed to implement and evaluate a specialised pharmacy service for people with type 2 diabetes.

The service comprised of the following areas:

- Blood-glucose monitoring;
- Informing patients about diabetes and self-management;
- Medication adherence assessment and detection of drug related problems;
- Reminders of follow-up checks for complications related to diabetes, e.g. podiatry; and
- Referrals as appropriate to healthcare professionals.

Results

There were 58 community pharmacies from urban and rural areas involved in the DMAS component of the PDCP. Throughout the six month program, pharmacists delivered an average of 29 interventions per patient with the majority of interventions relating to home blood glucose monitoring, medication adherence, and lifestyle and foot care issues.

The results of the research were very positive with significant improvements in glycaemic control of 0.97 HbA_{1c}. Improvements in blood pressure and quality of life were also recorded.

Conclusion

Overall, the PDCP was a success, enjoying high levels of satisfaction from both patients and pharmacists. Patients highlighted improvements in their knowledge about their diabetes, self-confidence, self-efficacy and motivation in its management. The program was effective at improving glycaemic control, increasing patients' understanding of long-term management of their diabetes, and at improving patients' adherence to their medicines.

Where to from here?

Turning research into practice

The evidence

The Pharmacy Diabetes Care Program (PDCP) showed the effectiveness of pharmacy delivered Diabetes Medication Assistance Service (DMAS). Based on the research findings of the PDCP, the Australian Government Department of Health and Ageing allocated funding to a Diabetes Pilot Program under the Fourth Community Pharmacy Agreement.

Diabetes Pilot Program

Beginning in September 2007, eligible patients with type 2 diabetes will be able to access the pilot DMAS program through community pharmacies. Patients will be able to schedule in-pharmacy appointments (with pharmacists in participating pharmacies) to receive assistance in managing their diabetes medicines, using a glucometer and self-monitoring their blood glucose. Pharmacists will also be involved in the patient's lifestyle management by providing regular blood pressure and weight measurements, as well as general health and lifestyle advice.

To participate in the pilot program, pharmacists must be credentialed against a competency based training course. Pharmacies must also have a private area within the pharmacy to allow for confidential sit-down consultations with the patient.

Information about this and other new professional services to be implemented under the Fourth Community Pharmacy Agreement can be found at www.guild.org.au and www.health.gov.au/ppasac



For more information see www.guild.org.au or email research@guild.org.au