



## POSITION STATEMENT

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### Pharmacists in General Practice

#### Position

Community pharmacy and general practice are integral parts of the primary health care system.

Collaboration between community pharmacy and general practice provides integrated patient-centred care, improving the quality use of medicine and reducing fragmentation of care.

In principle, the Guild supports integration of pharmacists into general practice as an opportunity to enhance the collaboration between general practice and community pharmacy. A pharmacist working in general practice should be able to practise to their full scope, including prescribing, to better support people with chronic health conditions, particularly in regions in which there are GP shortages.

However, for pharmacists to be most effective within the general practice at maximum efficiency to the health system, they must:

- maintain and strengthen the patient's relationship with their community pharmacy, and the general practice
- maintain and strengthen the communication between the general practice and the local community pharmacies
- focus on areas of patient care that are not readily available through the local community pharmacy
- ensure efficient use of limited health funding by not duplicating services already being provided in the local community pharmacies
- not dispense medicines from the general practice
- remain professionally independent from the GPs within the practice
- support the general practice with prescribing audits and quality improvement in prescribing practice and medicine education.

This will ensure closer collaboration between community pharmacy and general practice, achievable by enhanced communication and information technology such as secure messaging systems, shared care planning software, tele-medicine and the MyHealth Record.

#### Outreach model

The Guild believes that the best way to integrate community pharmacy with general practice setting is through an outreach model of care using local community pharmacists as non-dispensing pharmacists. This is primarily due to the current maldistribution of the pharmacy workforce, particularly in rural and remote Australia.

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The Guild is concerned that the employment of non-dispensing pharmacists in general practice will exacerbate existing workforce pressures and the sustainability of the community pharmacy network. The key emphasis should be on the importance of not duplicating services or roles, but using the available workforce in community pharmacy to increase integration of pharmacists into the primary healthcare team, especially in areas with limited health workforce.

Formalising existing collaboration arrangements through programs such as Community Pharmacy Health Care Homes will recognise community pharmacists as an important part of the primary health care team. Shared care agreements, formal referral systems for medication management services such as MedsChecks and HMRs, participation in case conferences, and short clinical service agreements for other QUM activities, will take advantage of the expertise of existing community pharmacists and avoid duplication of services.

There has been no research comparing the 'Non-dispensing pharmacist in General Practice' model and the 'Community Pharmacist Outreach' model. The Guild calls for a trial to assess the cost-effectiveness and outcomes from a patient, and workforce perspective on various options.

## Background

In September 2014 the Pharmaceutical Society of Australia (PSA) and the Australian Medical Association (AMA) announced they were working on a model where pharmacists would work alongside GPs in a practice<sup>1</sup>.

In the UK, the role of the pharmacist as a clinician has been strengthened by the development of prescribing rights with independent pharmacist prescribers being especially recognised as a vital source of clinical care in general practice<sup>2</sup>.

In the 2018 May Budget, the Government announced the Workforce Incentive Program (WIP)<sup>3</sup> in a bid to streamline workforce incentives to improve patient access to health services where there are shortages of health care professionals, particularly in regional, rural and remote areas. The WIP will be implemented from 1 July 2019.

Under the Budget measure, around 5,000 general practices and more than 7,000 medical practitioners will be eligible for incentive payments, to strengthen team-based and multidisciplinary primary care and support practices to employ allied health professionals, including – for the first time – non-dispensing pharmacists, in all locations.

Several Primary Health Networks (PHNs) are currently conducting trials to determine the viability of non-dispensing pharmacists. For example, in March 2017 the Capital Health Network in conjunction with the University of Canberra released findings of a pilot in three general practices<sup>4</sup>.

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<sup>1</sup> AMA, General Practice Pharmacists – Improving Patient Care, May 2015: <https://ama.com.au/article/general-practice-pharmacists-improving-patient-care>

<sup>2</sup> <http://www.rpharms.com/policy-pdfs/pharmacists-and-gp-surgeries.pdf>

<sup>3</sup> Workforce Incentive Program, The Department of Health: <http://www.health.gov.au/internet/main/publishing.nsf/+content/work-pr-wip-workforce-incentive-program>

<sup>4</sup> Pharmacist Within General Practice, Innovative Trial Shows Positive Results, Capital Health Network: <https://www.chnact.org.au/pharmacist-within-general-practice-innovative-trial-shows-positive-results>

Other PHNs include:

- WentWest PHN – WentWest General Practice Pharmacist Project<sup>5</sup>
- Brisbane South PHN and Brisbane North PHN – REMAIN HOME project<sup>6</sup> (Reducing Medicines Admissions into Hospital through Optimising Medicines) 2016
- Country South Australia PHN “Pharmacist in General Practice Program”. The trial aims to “improve quality use of medicine, medication review, adherence, reconciliation and accuracy of electronic records to enhance health outcomes” in rural and remote areas of South Australia<sup>7</sup>.

The award-winning Maningrida Pharmacy Service in the Northern Territory<sup>8</sup>, a joint collaboration between community pharmacy United Chemists Palmerston and Mala’la Health Service Aboriginal Corporation is an exemplary model of collaboration.

## Related Policies

N/A

## Authority

### Endorsed

National Council – May 2019

National Council – September 2015

### Reviewed

Policy and Regulation Sub-committee – February 2019

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<sup>5</sup> Western Sydney General Practice Pharmacy Program, Integrating pharmacists into the patient care team, May 2018:

<http://wentwest.com.au/documents/resources/reports/WSGPPP2018- WEB.pdf>

<sup>6</sup> Keeping you at home and out of hospital: <https://www.uq.edu.au/news/article/2016/10/keeping-you-home-and-out-of-hospital>

<sup>7</sup> County South Australia PHN, Our Activity Plan 2018-19:

[https://countrysaphn.com.au/resources/WhoWeAre/Activity%20Plans/2018/CSAPHN\\_Activity%20Plan\\_CountrySA\\_v10%20\(003\).pdf](https://countrysaphn.com.au/resources/WhoWeAre/Activity%20Plans/2018/CSAPHN_Activity%20Plan_CountrySA_v10%20(003).pdf)

<sup>8</sup> Northern Territory PHN 2018 Winners: <https://www.ntphn.org.au/administrators-medals-in-primary-health-care-2018-winners>