The Pharmacy Guild of Australia

Scope of Practice of Community Pharmacists

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Pharmacy Guild of Australia
Telephone: 13GUILD (13 484 53)

Australian Capital Territory Branch
E: guild.act@guild.org.au

New South Wales Branch
E: enquiries@nsw.guild.org.au

Northern Territory Branch
E: office@ntguild.org.au

Queensland Branch
E: enquiries@qldguild.org.au

South Australia Branch
E: guildsa@sa.guild.org.au

Tasmania Branch
E: guild.tas@guild.org.au

Victoria Branch
E: info@vic.guild.org.au

Western Australia Branch
E: reception@wa.guild.org.au

National Secretariat
E: guild.nat@guild.org.au

www.guild.org.au

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1. EXECUTIVE SUMMARY

1.1 Pharmacists are trusted health professionals and highly trained clinicians

A 2017 Roy Morgan survey states that *community pharmacists are amongst the most trusted professionals in society and are acknowledged by other health professionals as highly trained clinicians and the experts in medicines and medication management.*[1]

Pharmacists are experts in medicines with a professional responsibility to ensure the quality use of medicines (QUM) – that is, that medicines are used safely, effectively, and judiciously. They have a unique and complex knowledge and skill base including a broad and deep knowledge of pathophysiology and pharmacotherapeutics.

Pharmacists also have comprehensive training in disease prevention, management, and treatment. There is robust evidence of the impact that pharmacists have on medication safety and adherence and the resulting savings to the health system, particularly in the case of pharmacists managing long term conditions through the quality use of medicines.[2]

Pharmacists undergo a minimum five years training as part of their university education and their one-year intern program before being registered to practise as pharmacists. They then undertake mandatory continuing professional development (CPD) throughout their careers to maintain currency and competency in contemporary pharmacy practice as it evolves.

The pharmacy profession operates within an extensive professional and ethical quality and safety risk management framework which includes:

- the Pharmacy Board of Australia registration standards, codes, guidelines and policies.
- the Australian Health Practitioner Regulation Agency (Ahpra) which supports the Pharmacy Board in its role of protecting the public and setting standards and policies that all registered health practitioners, including pharmacists, must meet.[3]
- Code of Ethics for Pharmacists and Code of Conduct for Pharmacies.
- National Competency Standards Framework for Pharmacists in Australia.
- Professional and Practice Standards.[4]

1.2 Benefits of pharmacists working at full scope of practice

Australia's health system is recognised as one of the best in the world, ranking at number two for its health system, with particularly high performance in areas of Administrative Efficiency and Health Care Outcomes, but a lower performance in Equity and Access.[5] Community pharmacy location rules mean there is equitable distribution of community pharmacies across Australia, providing the community with easy access to a healthcare professional.

Pharmacists are considered one of the top three most trusted professions.[6] Each year there are 458 million patient visits[7] (approximately 8.8 million per week) to community pharmacies making pharmacists the most visited and accessible healthcare professional in Australia.

[1] Roy Morgan Image of Professions Survey 2017

[2] Ernst & Young Report *Scope of Practice Opportunity Assessment* February 2020

[3] ibid

[4] Queensland Branch of the Pharmacy Guild Submission No 161 to the Queensland Government inquiry into the establishment of a Pharmacy Council and pharmacy ownership in Queensland 13 July 2018

[5] Mirror, mirror 2017: International Comparison Reflects Flaws and Opportunities for Better US Health Care. (2017) https://interactives.commonwealthfund.org/2017/july/mirror-mirror/

[6] https://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543

[7] PBS Date of Supply, Guild Digest, http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0

In 2017-2018, approximately 1 in every 15 hospitalisations in Australia was classified as potentially preventable. Measuring potentially preventable hospitalisations (PPH) can provide valuable information on the effectiveness of health care in the community. Lack of timely, accessible and adequate primary care all contribute to higher rates of PPH[8]. The quantifiable benefits of reducing PPH, to both the economy and to the health of the community, through increased access to quality health services and improved health outcomes can be achieved by utilising community pharmacists working to full scope of practice.

The accessibility and skill that pharmacists bring to the health sector is valuable and should be optimised to improve the overall function of the health system[9]. Community pharmacists being the most accessible health professionals in the community, are well placed to triage consumers and refer them to other health professionals as necessary, depending on the level of care required. Community pharmacy can also be a gateway for health promotion and prevention measures, boosting distribution of self-help information and resources on physical and mental health and wellbeing.

Additionally, it can be difficult for people to access timely and affordable treatment. Community pharmacists see patients on a regular basis without the need for an appointment. As such, pharmacists are ideally placed to provide a person-centred solution to support people with their health concerns.

1.3 Barriers to pharmacists working at full scope of practice

The current pharmacy university curriculum provides pharmacists with the required competencies; that is, the knowledge and skill, to operate as medication managers. Registration with the Pharmacy Board of Australia provides the professional authority to practise pharmacy across the full scope of pharmacy practice, which includes the prescribing, dispensing, administering, and reviewing of medicines.

1.3.1 Legislative Authority

However, at present, pharmacists in Australia do not practise according to their full scope of practice, because they do not have the legislative authority to do so. This means that they are unable to contribute to the healthcare system at an optimum level, in accordance with their acquired and assessed competencies. Because the existing pharmacy university program facilitates the necessary competencies, the impact of legislative authority changes would quickly achieve a scale that would impact access to quality health services and improved health outcomes significantly.

In 2014, the Grattan Institute stated that pharmacists should be authorised *to give repeat prescriptions and help manage chronic care. Pharmacist should also be able to administer vaccinations.*[10]

Additionally, market research conducted in 2018 by Orima Research, found that *there is strong patient support for an expansion of medication management services offered by pharmacists, especially emergency dispensing and prescription renewals for stable conditions*[11].

Restrictive state and territory legislation is one of the main barriers to mobilising the 31,794 strong pharmacist workforce[12] to deliver additional health services to the community. There are simple ways these restrictions can be addressed. For example, in Queensland, although prescribing is not currently included in legislation describing a pharmacist's role, because of a recent (2020) amendment to the state's Health (Drugs and Poisons) Regulations 1996, limited structured prescribing by a pharmacist may now occur for the treatment of uncomplicated Urinary Tract Infections (UTI) for the purpose of participating in the Urinary Tract Infection Pharmacy Pilot – Queensland (UTIPP-Q).[13]

However, to effectively utilise the Australian pharmacy workforce and empower pharmacists to reduce preventable hospitalisations, a legislative approach to facilitate the full scope of pharmacy practice across all patient presentations (acute conditions, chronic conditions and preventative health matters) is required, rather than *limiting* pharmacists' scope of practice to management of discreet conditions.

1.3.2 Funding

Another barrier to pharmacists working to full scope of practice is current funding arrangements for services. Pharmacists largely rely on a fee-for-service remuneration model for services, where the patient bears the full cost; even though the equivalent service is Government funded in other healthcare settings. A lack of adequate funding and access to funding mechanisms for pharmacists often means charging patients, or not offering the service at all.

[8] Australian Institute of Health and Welfare, Disparities in potentially preventable hospitalisations across Australia, 2012-13 to 2017-18 https://www.aihw.gov.au/reports/primary-health-care/disparities-in-potentially-preventable-hospitalisations-australia/contents/summary

[9] QUT submission No 167 to the Queensland Government Inquiry into the establishment of a Pharmacy Council and pharmacy ownership in Queensland 11 July 2018

[10] ibid

[11] The Pharmacy Guild of Australia Commissioned Community Pharmacy 2025, Market Research Integrated Summary Report, Orima Research August 2018.

[12] Pharmacy Board of Australia Registrant data – September 2020 https://www.pharmacyboard.gov.au/About/Statistics.aspx

[13] Health (Drugs and Poisons) Regulation 1996 *Drug Therapy Protocol – Pharmacist UTI Trial* https://www.health.qld.gov.au/__data/assets/pdf_file/0043/985489/dtp-pharmacist-uti.pdf

A prime example of this is access to National Immunisation Program (NIP) funded vaccines (e.g. influenza vaccine). People eligible for NIP-funded vaccines may choose to get vaccinated at a community pharmacy due to easy access and convenience, however it attracts an out-of-pocket fee for the patient as pharmacists in the majority of jurisdictions are unable to provide vaccines under the NIP, where other healthcare professionals can. This challenges the government policy intent of universal access for all Australians, and disadvantages those eligible patients from accessing the vaccine at a time and place of their choice.

Enabling pharmacists to access adequate funding for services would allow pharmacies to offer a wider range of services to patients, leading to equitable access to services for the community.

1.4 Comparison with the global pharmacist workforce

As a 2014 report by the Grattan Institute stated, pharmacists are among the most trusted of all professionals, are found in most communities throughout Australia and are accessible to patients without a long wait. Yet, compared to several other countries, pharmacists in Australia are still not able to practise to their full scope of practice.[14]

The main gaps are in areas such as the administration of vaccines, therapeutic substitution, continued dispensing, prescribing and laboratory testing. Australia lags behind countries with equivalent economies and health systems such as Canada, the UK, Ireland, the USA and New Zealand where there are examples of these practices being undertaken by pharmacists.

As stated in the International Pharmaceutical Federation (FIP) Vision statement 2020-2025, *the COVID-19 pandemic has demonstrated the essential role of pharmacies and pharmacists in our communities and their ability to innovate healthcare solutions. We must ensure their role continues to be recognised beyond the pandemic*.[15]

1.5 The way forward

1.5.1 The need to address gaps

Pharmacist competency training

Recently registered pharmacists in Australia who have studied under the current pharmacy curriculum already have the competencies to practise across the full scope of pharmacy practice as defined in the current Competency Standards. Additional training would only be required to familiarise pharmacists with standardised professional guidelines to undertake a task, pharmacy procedures or where an individual pharmacist identifies a gap in their competency due to recency of practice or to reinforce previous knowledge.

Registered pharmacists that have been practising for many years in the community, would need to assess their competency in relation to any new, or additional task they undertake. They would need to access appropriate education, training or professional development to ensure they have the contemporary knowledge and skills to perform the task or additional services and meet any legislative or professional requirements. This could be considered 'retrofitting' of the workforce to ensure they have the competencies of contemporary pharmacy practice, noting the evolving nature of medicines, therapeutics and health service delivery.

Pharmacist authorisation

Authorisation to undertake these additional tasks would need to be enabled through amendments to relevant federal, state and/or territory legislation.

These may include poisons regulations including the scheduling of medicines, drug therapy protocols or pharmacist standards, and the National Health Act.

1.5.2 Towards achieving full scope of practice in Australia

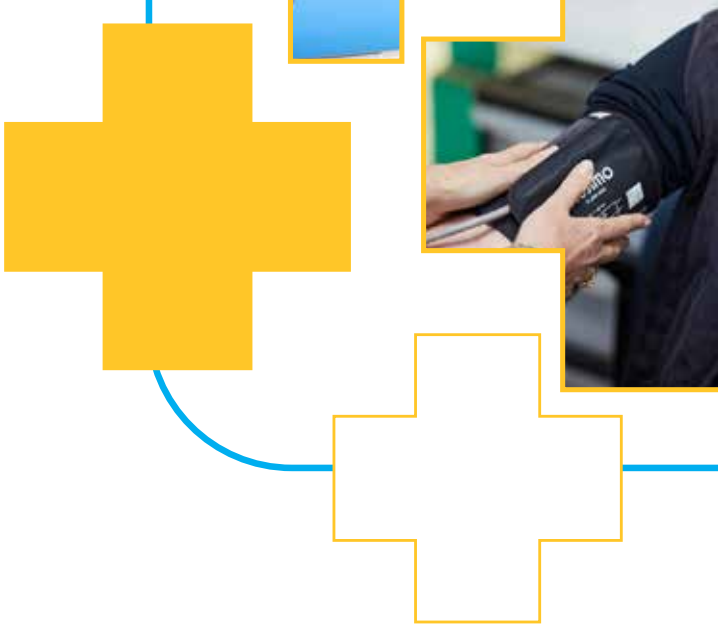
In recognition of pharmacists as the experts in medicines, they must be afforded all appropriate authorities to contribute fully to the Australian health care system by practicing at full scope of practice.

The competencies of pharmacists are being underutilised by the legislative barriers that are currently limiting their scope of practice, and therefore their value to the health system and all Australians is not being taken advantage of.

The Guild is committed to work with all levels of governments to address competency, training, professional standards, and any international or national precedents to support the required regulatory amendments over time as the profession of pharmacy evolves to meet health system, and societal needs.

[14] Grattan Institute submission No 21 to the Victorian Legislative Council, *Letting pharmacists do more*, June 2014

[15] International Pharmaceutical Federation (FIP) Vision 2020-2025, *Pharmacists at the heart of our communities*



2. DEFINING SCOPE OF PRACTICE

Scope of practice is defined in the National Competency Standards Framework for Pharmacists in Australia 2016.[16]

> Scope of practice is a time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform, and for which they are accountable

Figure 1 illustrates the components of Scope of Practice and how these are achieved.

Competency, that is, the required knowledge, skills and attributes to prescribe, dispense, administer and review medicines (Figure 2) is initially achieved through completion of an accredited program of study that is approved by the Pharmacy Board of Australia. These programs of study include university degree programs and intern training programs. Foundational core **knowledge** is achieved through a curriculum mapped to the National Competency Standards Framework for Pharmacists and the Australian Pharmacy Council (APC) Performance Outcomes Framework. Practical competency assessments and work integrated learning (WIL) components of degree programs, and the supervised practice requirements of provisional registration further develop knowledge and allow for demonstration of the required **skills**.

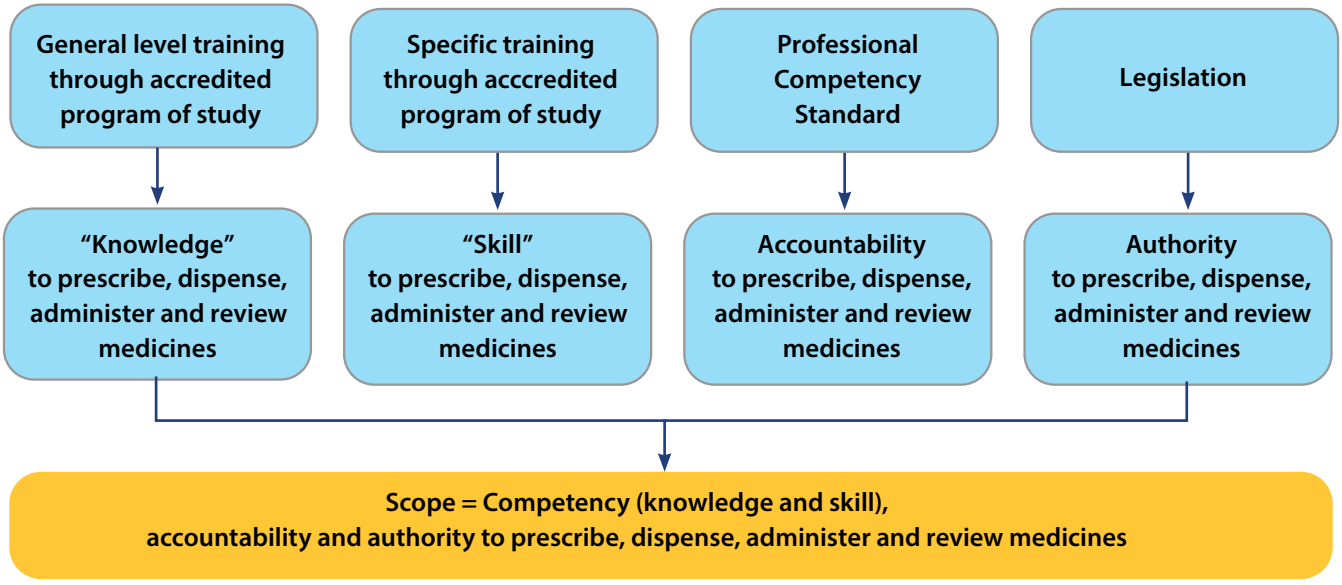


Fig 1. Understanding Pharmacist Scope of Practice, adapted from Poudel A, Lau ETL, Campbell C, Nissen LM[17].

The Competency Standards give pharmacists the **accountability** to prescribe, dispense, administer, and review medicines as they form the basis of what is considered the acceptable standard of contemporary professional practice in Australia.[18]

It is through state and territory legislation, that the **authority** is given for pharmacists to prescribe, dispense, administer, and review medicines. It is this legislative authority that also currently restricts pharmacists from practicing to their full scope.

[16] National Competency Standards Framework for Pharmacists in Australia 2016

[17] Poudel A, Lau ETL, Campbell C, Nissen LM. Unleashing Our Potential- Pharmacists' Role in Vaccination and Public Health. Sr Care Pharm. 2020 Sep 1;35(9):372-378. https://pubmed.ncbi.nlm.nih.gov/32807260/

[18] National Competency Standards Framework for Pharmacists in Australia 2016

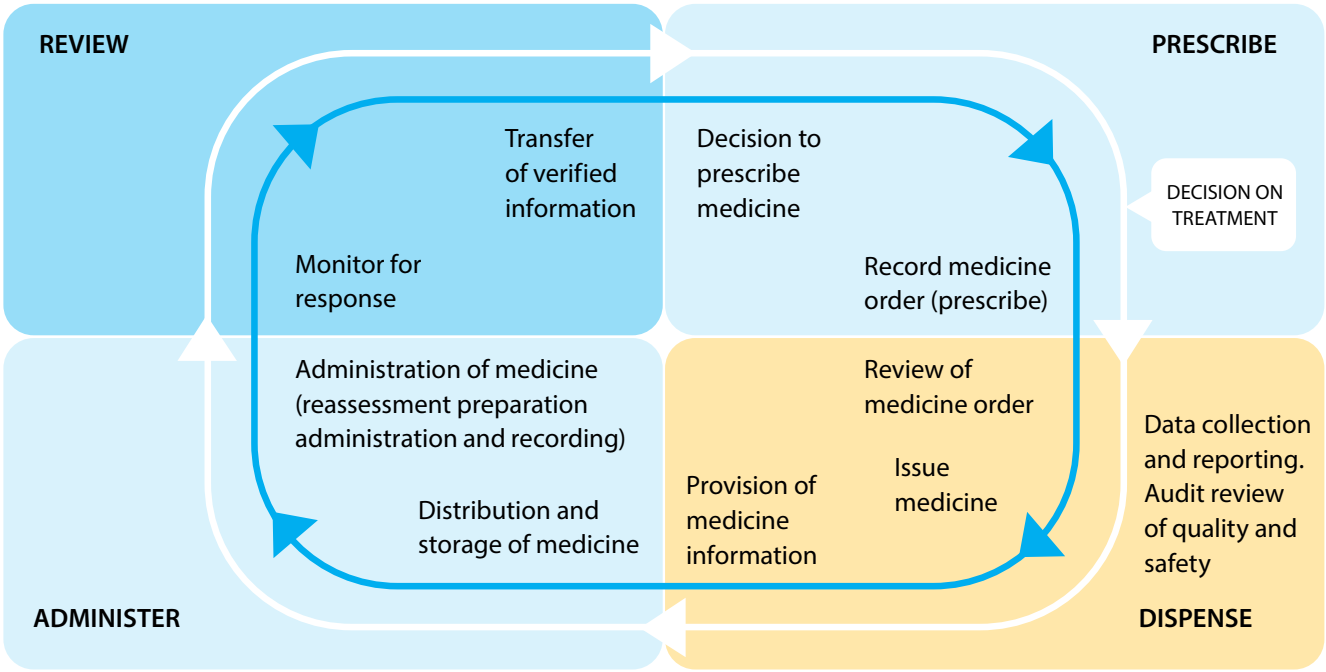


Fig 2. The Medication Management Cycle (adapted)[19]

2.1 Scope of Practice – Individual versus Profession

Scope of practice defines the boundaries of professional practice (Figure 3).

An individual's scope of practice is influenced by the professional roles they perform, or services they provide. Maintaining competency in one's scope of practice is achieved through ongoing education and mandatory continuing professional development requirements. This involves creating an individualised professional practice profile and selecting relevant competencies from the 2016 Competency Standards.

A pharmacist working to their full scope of practice is only limited by their individual training, experience, expertise and demonstrated competency, within the context of their place of practice, workplace policies and the health care needs of patients.

Fig 3. Scope of Practice of the Profession versus that of the Individual, adapted from National Competency Standards Framework for Pharmacists in Australia[20]

[19] Adapted from Stowasser D, Understanding the Medicines Management Cycle, in The Dispensing Process (PGA)

[20] National Competency Standards Framework for Pharmacists in Australia 2016.

The scope of practice for the pharmacy profession as a whole is defined by the competencies described in the 2016 Competency Standards.

As professional practice evolves and the profession matures to meet the needs of the health care system, and society in general, so do the competency standards due to their dynamic nature and regular review cycle. The capacity of the competency standards to support and enable professional practice and growth over time is invaluable to champion full scope of practice for pharmacists now, and in the future.

Therefore, 'Full Scope of Practice' for the profession is supported by the competencies defined in the current version of the Competency Standards and explained using specific roles and activities performed, currently authorised, or requiring authorisation under relevant legislation in each state and territory.

2.2 International benchmarking

The scope of practice for pharmacists in countries with comparable economies and health systems highlights that some countries are more advanced than Australia in the tasks they are authorised to perform.

As an example, in Canada and the United Kingdom, community pharmacies manage common ambulatory conditions, including ailments such as urinary tract infections, back pain and eczema.

In Canada and Scotland, pharmacists' scope of practice includes prescription renewal and the management of the ongoing supply of prescribed medicines for stable, chronic conditions without the need to necessarily returning to the prescriber.[21]

Appendix 1: International comparison table of Full Scope of Practice – Community Pharmacist illustrates the international benchmarking with OECD comparators, and therefore the gaps and opportunities for Australian community pharmacy practice.

3. DOMAINS OF COMPETENCY IN FULL SCOPE OF PRACTICE

The competencies and scope of practice of pharmacists is time-sensitive, dynamic, and responsive to emerging science and therapeutic trends, and the needs of the Australian health system and society in general.

Therefore, what may be described as 'Full Scope of Practice' today, will not be the same as 'Full Scope of Practice' in the years ahead. It is for this reason that this will be a living document, updated regularly in response to evolving needs, and documenting the changes achieved.

The domains of competency for pharmacists in providing patient care include:

1. Medication supply and dispensing
2. Prescribing
3. Review medications
4. Disease management
5. Medicine administration
6. Ordering and interpreting laboratory tests

3.1 Medication Supply and Dispensing

Medication supply and dispensing activities are core roles of a pharmacist. There are additional activities that are in the current scope of practice for pharmacists that they do not currently have the authorisation to perform. Below are some specific activities identified where action is required for pharmacist to work to full scope.

3.1.1 Medication Continuance (Prescription Renewal)

The current regulatory environment allows for some mechanisms for pharmacists to supply medicine without a prescription in an emergency, or for a limited number of medicines. These are 'Emergency Supply Arrangements' and 'Continued Dispensing Arrangements'. The authority for 'emergency supply' comes under state and territory jurisdiction, and 'continued dispensing' under the PBS.

However, international benchmarking (see Table 1[22]) suggests there is opportunity for increasing authorisation for prescription renewal activities.

[21] Queensland Branch of the Pharmacy Guild Submission 161 to the Queensland Government inquiry into the establishment of a Pharmacy Council and pharmacy ownership in Queensland 13 July 2018

[22] Appendix 1 International comparison table of Full Scope of Practice – Community Pharmacist

A change in legislation is required to enable pharmacists to continue dispensing a prescribed medicine on an ongoing basis if a patient is without a script. Medication continuance is used in the UK and prescription renewal is enabled across many Canadian provinces, where doctors can authorise pharmacists to continue dispensing for an agreed period of time. This can lead to a more efficient use of the time and expertise of a pharmacist and a GP and reduces costs to patients.[23]

Another example where continued dispensing by pharmacists should be authorised is in regard to the oral contraceptive pill (OCP), Injectable Hormonal Contraception (IHC) and Combined Hormonal Vaginal Ring (CVR). The current regulatory environment only allows pharmacists to dispense eligible PBS subsidised OCP for medication continuance under continued dispensing arrangements, and this is only permissible once every twelve months. There are currently no medication continuance options available to those who use non-PBS OCP, IHC and CVR as their regular contraceptive medication, other than emergency supply arrangements.

Pharmacists have been dispensing the contraceptive pill since it was initially marketed in Australia almost 60 years ago. Prescription renewal (and therapeutic adaptation) for the OCP, IHC and CVR (for women who have been previously assessed and prescribed a hormonal contraceptive) is already within a pharmacist's scope of practice.

Legislative enablement for pharmacists to practise to their full scope, will ensure that Australians can receive timely and judicious access to their regularly prescribed medications, through prescription renewal from their pharmacist.

3.2 Prescribing

3.2.1 Therapeutic Substitution

Therapeutic substitution (of equivalent medications) by pharmacists is at times necessary to ensure there is continuity of appropriate clinical care for patients, especially in situations where there is a shortage of the medicine(s) concerned.

Medicines shortages are an ongoing problem for Australians and a significant administrative burden for community pharmacies and prescribers. Australia's medicines shortages stem from the fact that we import over 90% of medicines and are at the end of a very long global supply chain making the nation vulnerable to supply chain disruptions[24]. Additionally, Australia represents only 2% of the global pharmaceutical market and precedence is given to markets with the highest return on investment[25].

The Therapeutic Goods Administration (TGA), in response to extreme medicine shortages experienced at the onset of COVID-19 and recognising ongoing shortages due to various issues in the medicine supply chain, established the Serious Shortage Substitution Notice (SSSN) process. This allows pharmacists to substitute specific medicines without prior approval from the prescriber during critical shortages of that medicine. State and territory legislation must be enabled for this substitution to occur[26].

However, the current mechanisms for pharmacists to provide therapeutic substitution involve an overly complicated process which will place patients at harm, as pharmacists are limited in how they can respond and support patients when the pharmacy cannot procure the specific prescribed medicine. Additionally, therapeutic substitution via the SSSN process is not covered by the Pharmaceutical Benefits Scheme and patients are required to cover the full cost of the medicine.

To optimise the current provisions, therapeutic substitution should give pharmacists the ability to prescribe the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent (when required), to ensure continuity of care in times of medication shortage or other disruptions to the supply of a patient's regular medicines.

Pharmacists are medicines experts, and the straightforward dose, form and equivalency therapeutic substitutions are within the competence of every pharmacist in Australia to manage autonomously with their patients.

Fully enabled therapeutic substitution by a pharmacist without the need to consult a prescriber should be allowed in Australia to manage medicine shortages. It is already permitted in equivalent countries, such as the USA and Canada without compromising safety and should be allowed here as well. A medicine shortage is not only inconvenient but has the potential to have negative health effects by interrupting treatment and affecting adherence.

Pharmacists can effectively manage continuity of care, particularly during times of medicines shortages, if legislative enablement allows pharmacists to practise to their full scope.

[23] Grattan Institute submission No 21 to the Victorian Legislative Council, Letting pharmacists do more, June 2014

[24] Australia's Medicine Supply, Institute for Integrated Economic Research, February 2020

[25] The real reasons we have drug shortages https://medicalrepublic.com.au/real-reasons-drug-shortages/10976

[26] Serious Shortage Medicine Substitution Notices | Therapeutic Goods Administration (TGA)

3.2.2 Therapeutic Adaptation

Therapeutic adaptation is the process of altering an existing prescribed medication to change/adapt drug dosage, formulation or regimen, based on a determination of clinical need.

This is another area where state and territory legislation prohibit pharmacists from exercising their clinical judgment and positively intervening in therapy in the best interests of the patient. It may be that the pharmacist believes that a capsule rather than a tablet is going to better suit a particular patient, or that the prescribed dosage should be adjusted, to achieve the best therapeutic outcome for the patient but in neither case can such a decision be implemented unless the prescribing doctor writes a new prescription.

A common example of where a pharmacist needs to adapt the drug dosage is in regard to prescriptions for medicine for children, in cases where the doctor has inadvertently and incorrectly prescribed a sub-therapeutic, or too high a dose based on the weight of the child and the prescription needs to be amended immediately. Often, the prescription may be brought in after hours where the prescriber is unavailable.

Another common scenario occurs in patients with chronic disease, where a pharmacist is the best placed health professional to manage effectively the up-and-down titration of newly prescribed medicines (e.g. antihypertensives, respiratory medicines) to ensure patients are appropriately stabilised on an optimal drug dosage based on clinical effect and medication tolerance.

Legislative enablement for pharmacists to practise to their full scope, will empower pharmacists to make therapeutic adaptations to prescribed medications, to optimise therapeutic outcomes and reduce unnecessary hospitalisations related to sub-therapeutic response and/or adverse medication events.

3.2.3 Prescribing of Schedule 4 and Schedule 8 Drugs

In Australia, in recognition of the need to increase the number of prescribers for continued equity of access to medicines, prescribing rights have already been extended to several non-medical professions but not to pharmacists, even though pharmacists have the relevant competencies

Prescribing rights are available to doctors, dentists, nurse practitioners, midwives, optometrists and podiatrists. By international standards pharmacists in Australia are a notable omission from the range of health professions with prescribing authority and in this regard, Australia lags behind countries such as the UK, USA, Canada and NZ.[27] (see Appendix 1)

The Health Professionals Prescribing Pathway (HPPP) defines prescribing as "an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine". This definition describes prescribing as a practice – not a model.[28]

Queensland University of Technology's (QUT) recent submission to the 2018 Queensland Inquiry referred to the ASPRINH Project (Cardiff L et al, 2017) led by QUT which found that pharmacists are well aligned to the National Prescribing Competencies and that universities prepare students well for roles in medicines management and for models of prescribing practice with the existing training curriculum.

However, prescribing is not currently included in legislation describing a pharmacist's role; there is only reference to the supply of Schedule 2 and Schedule 3 medicines, and the supply activity is not considered prescribing, even though, in order to effectively and safely supply an appropriate therapeutic intervention in the community pharmacy, the pharmacist undertakes a process that reflects the components of the prescribing process; i.e., information gathering, clinical decision making, communication and evaluation.[29]

There are a number of practical examples where pharmacist prescribing would enable better patient access to care and reduce unnecessary hospitalisations, if there was enabling legislation in place to allow pharmacists to practise to their full scope. These are:

- Effectively and appropriately managing acute pain conditions (such as dental pain) through judicious prescribing of moderate-strong pain medication for immediate relief while patients are waiting for a dental appointment.
- Prescribing an appropriate respiratory preventer medication for patients experiencing worsening asthma symptoms, without needing to delay optimal symptom management while waiting to see their General Practitioner.
- Providing timely access to preventative health measures through pharmacist prescribing of both pre- and post-exposure prophylaxis for HIV (PrEP and PEP), while also providing appropriate community access to HIV screening and sexual health referrals when required.

Prescribing medicines is within the scope of practice of pharmacists and included as a competency in the 2016 Competency Standards.

[27] Pharmacy Board Commissioned Report 9 December 2015 *Pharmacist Prescribing in Australia* by Lisa Nissen et al of QUT

[28] QUT submission No 167 to the Queensland Parliamentary Inquiry into the establishment of a Pharmacy Council and pharmacy ownership in Queensland 11 July 2018

[29] Pharmacy Board Commissioned Report 9 December 2015 *Pharmacist Prescribing in Australia* by Lisa Nissen et al of QUT

Legislative enablement to allow pharmacists to prescribe is needed if the potential patient benefits and health system savings, which would result from pharmacists prescribing within their individual scope for acute conditions, chronic conditions and for preventive health measures is to be realised.

3.2.4 Deprescribing

Prescribing medicines is within the scope of practice of pharmacists, so is the ability to deprescribe medicines. The World Health Organisation's Guide to Good Prescribing includes a step to 'Monitor (and stop?) the treatment', where it recommends using treatment monitoring to determine whether a treatment has been successful or whether additional action is needed[30]. Treatment monitoring is already within the scope of practice of a pharmacist; and using clinical knowledge and professional judgement a pharmacist has the competency to deprescribe medicines and refer the patient for further review where appropriate.

Currently, pharmacists determine the therapeutic need of a patient when considering whether to recommend a non-prescription medicine or whether it may no longer be required. However current legislation restricts the ability for a pharmacist to deprescribe a Prescription Only Medicine or Controlled Drug where there is no longer a therapeutic need for the medicine or due to adverse effects.

Legislative enablement to allow pharmacist to deprescribe within their individual scope for acute conditions, chronic conditions and for preventive health measures would enable pharmacists to contribute to reducing polypharmacy, thereby providing patient and economic benefits.

3.3 Medication review

3.3.1 Medication Management Review

Medication management review involves the review of a patient's medicines to assure proper prescribing of medicines, including dosing regimens and dosage forms. In-pharmacy medicines reviews, home medicines reviews, residential medication management reviews and review of medications at point of dispensing are all types of medication management reviews performed by pharmacists.

Currently, eligibility criteria for Commonwealth funded HMR and RMMR programs under the Community Pharmacy Agreements (CPA) require pharmacists to be an 'accredited pharmacist' – an additional training and accreditation process.

Pharmacy degree programs now include a substantial component in their curriculum of the necessary knowledge, skills and competencies to undertake comprehensive medication management reviews, indicating that the additional training is not required for recent graduates. Additional education would only be required where a pharmacist has identified gaps in their competency to complete a HMR or RMMR.

This is an example of how, as the profession evolves to meet the needs of the health system and society, so should the relevant authorisations, reducing the barriers to all pharmacists working to their full scope of practice.

Pharmacists have the necessary medicines knowledge, skills and resources to be able to complete a HMR or RMMR, however Medicare requirements restrict providers to accredited pharmacists, therefore not all pharmacists are enabled to work to full scope of practice.

Removing requirements for additional accreditation for medication management services would enable pharmacists to work to full scope of practice and ensure patients are able to access these medication management services without delay.

3.4 Disease management

3.4.1 Preventive Health

Community pharmacy offers a highly accessible network of primary health care delivering quality advice and services, and as such is poised for effective and agile preventive health activities. Pharmacies exist in well spread out and accessible locations, and often operate over extended hours, seven days a week in urban, rural and remote areas.

Community pharmacists provide a range of services, many without the barrier of an appointment, which extend well beyond the provision of prescription medicines and, as such, pharmacies are often the first contact point of the primary health care system for many people.

[30] World Health Organisation, Guide to Good Prescribing – A practical manual.

These services include, and are not limited to:

- assessment, treatment, and provision of information about medicines and health conditions.
- provision of up-to-date and locally relevant information on other health care and support services and resources.
- participation in community health, preventive health and other public health services.
- distribution of public health information and educational materials.
- health promotion activities and group education programs.
- harm minimisation programs such as needle and syringe programs and opioid replacement therapy.
- screening and risk assessments for chronic diseases such as cardiovascular disease and diabetes.
- referral to and collaboration with a General Practitioner or Hospital Emergency Services; and
- referral to and collaboration with other appropriate health professionals where required; e.g. community health nurses, mental health services, physiotherapists, drug and alcohol rehabilitation facilities etc.

Pharmacists already conduct preventive health programs that contribute to the health system action of preventive health. Such programs include smoking cessation programs, weight management programs and general health checks. However, lack of funding for these programs is a barrier to all pharmacists being able to provide these services and work to full scope.

These programs need to be further supported or formalised, as funding is largely dependent on patient contribution. Appropriate remuneration for these preventive health activities would support increased access to these services and better preventive health outcomes for the community.

3.4.2 Screening

Community pharmacies provide disease screening services for acute conditions, chronic conditions and preventive health including COPD, sleep apnoea, cardiovascular risk, anaemia, cholesterol and sexually transmitted infections. Pharmacist perform screening using screening tools (questionnaire or device) and provide education and referral for patients at risk where appropriate. Disease screening in community pharmacy is an important measure in identifying patients who potentially require intervention for a health condition they may be unaware they have.

Disease screening services are recognised in the scope of practice for pharmacists, with the main barrier to pharmacists working to full scope being inadequate funding mechanisms for service activities provided, thereby requiring patients to cover the costs associated with these service activities.

Enabling pharmacists' access to appropriate funding mechanisms for services that are equivalent to Government funded services provided by other healthcare professionals is required to ensure equitable access to services for all patients.

3.4.3 Management of common conditions

The management of common conditions is a core component of pharmacy practice. Pharmacists provide management, both pharmacological and non-pharmacological, for common conditions including wounds, pain (e.g. migraine, dental pain, arthritic pain), urinary tract infections, acne, constipation, diarrhoea, hay fever, common colds, head lice, mouth ulcers, gastro-oesophageal reflux, vaginal thrush and tinea. For the management of common conditions pharmacists across all jurisdictions can recommend and supply medicines that are unscheduled, schedule 2 and schedule 3 medicines. Pharmacist can also provide patient education and advice on lifestyle modifications.

Pharmacists management of common conditions is an under-recognised activity that significantly adds value to the health system. Pharmacists can assess and triage these common conditions, and either treat within their scope, or refer to another health professional. This assessment, triaging and referral process can help to reduce the burden on emergency departments, and allow GPs to focus on more complex and chronic conditions.

Again, the barrier is adequate funding mechanisms that recognise the role pharmacists play in primary healthcare. It is a fact that a pharmacist may spend an amount of time assessing and advising a patient, and not receive any renumeration for their time as they may have determined that a treatment option is not required, or referral is necessary.

3.4.4 Chronic disease

Chronic diseases are long-lasting conditions which might be preventable through lifestyle measures, but which can be managed on an ongoing basis to prevent worsening of symptoms and hospitalisation. They include conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease, mental health conditions and asthma. Pharmacists contribute to the management of chronic disease by way of ongoing treatment monitoring, therapeutic drug monitoring, education, lifestyle interventions and advice.

The Australian Institute of Health and Welfare found that chronic conditions are becoming increasingly common, with many patients experiencing multimorbidity (2 or more chronic conditions at the same time)[31].The role that pharmacists can play in the management of chronic conditions is evolving, and this is reflected in pharmacists becoming credentialed diabetes educators, certified asthma educators and mental health first aiders. These roles are restricted to pharmacists who have completed additional training in these specific areas, despite recent pharmacy graduates having many of the competencies required for these roles.

Greater recognition of the role that pharmacists can play in the management of chronic health conditions will allow pharmacists to practice to full scope and provide patients with chronic conditions better access to healthcare services.

3.5 Medicine administration

Pharmacists support patients in the administration of all their medicines by ensuring appropriate counselling and advice, or provision of devices that assist effective use, such as spacers for asthma.

Pharmacists can support patients further especially for vaccine and non-vaccine injections if given the authority through legislative amendments, which will have benefits to the patient and the health system.

However, while pharmacists are trained to administer medications by injection, legislation currently restricts pharmacists to administering a limited list of vaccinations (see Appendix 2), and with each addition, amendments will be required by each jurisdiction.

3.5.1 Vaccine-preventable conditions

Historically, pharmacists were only involved in the supply/dispensing of vaccines or hosting a nurse immuniser vaccination service in the pharmacy. More recently pharmacists have broadened this role to become immunisers in their own right (vaccine administrators) as well as educators and facilitators.[32]

Prior to 2014, community pharmacists in Australia were not authorised to administer flu vaccinations, however since then, community pharmacies are now contributing to public health and herd immunity by vaccinating millions of Australians, including, more recently, children from the age of 10.

The ability of pharmacists to administer vaccines safely, effectively and efficiently was demonstrated by the Queensland Pharmacist Immunisation Pilot (QPIP) undertaken in 2014. Under the trial framework a short accreditation process was put in place to train and assess the physical skill of injection techniques, which complemented the pharmacist's existing professional and clinical knowledge and skill.

Pharmacists can develop the competency to administer vaccinations either as part of their pre-registration pharmacy education (intern training program) or through pharmacist-specific accredited training programs and thus establish and deliver successful vaccinations in community pharmacy to patients of all different age groups.[33]

The multiple locations of pharmacies throughout Australia, combined with their convenience and extended hours of operation, assists in increasing vaccination rates. The administration of vaccines by pharmacists complements the work of traditional immunisers. This increased choice and the convenience of being able to walk in and be immunised opportunistically would mean that a greater number of at-risk patients, particularly older adults, could access the service, including those who might not otherwise have been vaccinated, for example in the case of the annual influenza vaccine.[34]

The COVID-19 pandemic has highlighted the urgent need to increase the breadth of vaccination services that Australians, of all ages, can access through community pharmacies. On 13 January

[31] Australian Institute of Health and Welfare, Chronic disease overview, Updated 10 November 2020. https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview

[32] Poudel A, Lau ETL, Campbell C, Nissen LM. Unleashing Our Potential- Pharmacists' Role in Vaccination and Public Health. Sr Care Pharm. 2020 Sep 1;35(9):372-378. https://pubmed.ncbi.nlm.nih.gov/32807260/

[33] Ibid

[34] Poudel A, Lau ETL, Campbell C, Nissen LM. Unleashing Our Potential- Pharmacists' Role in Vaccination and Public Health. Sr Care Pharm. 2020 Sep 1;35(9):372-378. https://pubmed.ncbi.nlm.nih.gov/32807260/

2021, Minister for Health, the Hon. Greg Hunt, announced that community pharmacists will be vaccinating patients from Phase 2a of the national vaccine roll-out strategy[35].

Legislative enablement for pharmacists to practise to their full scope will ensure that pharmacists are able to deliver all vaccinations to meet preventative care requirements for patients, following the guidelines set out in the Australian Immunisation Handbook[36].

3.5.2 Travel medicine

As border restrictions are slowly eased through the pandemic recovery, and Australians start to travel again, travel health measures need to be put in place to keep travellers safe on their journey and to keep Australia safe upon their return. Community pharmacies are ideally placed to provide these services but there are restrictions with regard to the necessary medicines that a pharmacist can supply.

In the current global climate with the pandemic's impact on travel, the ability for a comprehensive travel medicine service to be provided through community pharmacy would ensure that Australians are able to receive necessary medications for travel and also tailored travel heath advice from their local pharmacy, to support their safe travel overseas.

Legislative enablement for pharmacists to practise to their full scope would ensure that a comprehensive travel medicines service could be delivered through community pharmacy, to prescribe and administer appropriate travel health vaccines to patients as well as provide preventative health travel medicines such as antimalarials for chemoprophylaxis and antibiotics for travellers' diarrhoea.

3.5.3 Other injectable medicines (non-vaccine)

Pharmacists having completed first aid training and attained certification can administer adrenaline in the event of an anaphylactic reaction. Whilst this type of acute care is permitted, administration of medicines for chronic conditions is not.

The ability of pharmacists to administer non-vaccine medicines, requiring the same injection techniques that pharmacists are trained and competent in, are currently not enabled through legislation. Medicines such as Vitamin B12 injections, or the osteoporosis medication Prolia (Denosumab) injections are not able to be administered to patients by a pharmacist when requested, or when they are due. This latter example has posed concerns during the pandemic, while GP surgeries have been closed, as it has left many patients deferring their 6-monthly dose of this medication, impacting its therapeutic efficacy.

Additionally, enabling pharmacists to administer non-vaccine medicines, such as injectable buprenorphine to a patient for the treatment of opioid dependence, would provide increased patient access to these services at a location and time that is convenient to the patient.

Legislative enablement for pharmacist to work to full scope of practice would ensure patients prescribed injectable non-vaccine medicines could have these administered in a community pharmacy at a time and location that is convenient for the patient.

3.6 Laboratory test monitoring

3.6.1 Order and interpret laboratory tests

Not all pharmacists in Australia are able to order laboratory tests (relevant to pharmacist care) on behalf of a patient, despite their having the clinical knowledge and competencies to undertake this role and despite this role being within their scope of practice. Therapeutic drug monitoring (TDM) is the *"interpreting and monitoring of measured drug concentrations in body fluids to optimise medicine efficacy and minimise toxicity. TDM applies to the disciplines of pharmacology, pharmacokinetics, pathology and clinical medicine"* [37]

If authorised to take on this function, pharmacists would be able to ascertain whether further medical treatment should be sought or whether pharmacist care interventions would be appropriate for the patient's clinical need, thus saving time and expediting appropriate treatment/management approaches. Additionally, further TDM or other pathology testing could be ordered and interpreted as part of the formal Medication Management Review programs under the 7CPA.

In jurisdictions within Australia where legislation enables pharmacists to order laboratory tests for patients, the major barrier to this occurring is patient cost due to lack of appropriate funding mechanisms for laboratory tests ordered by a pharmacist. Appropriate funding for this service would lead to increased patient access where appropriate. A patient survey conducted by Orima Research in 2018, found that over one-quarter of the survey participants anticipated using pharmacy more in the future for receiving tests, procedures and other services[38].

Pharmacists in equivalent overseas countries are already authorised to order and interpret laboratory tests.

[35] COVID vaccination and community pharmacy - Pharmacy Guild of Australia

[36] Australian Immunisation Handbook https://immunisationhandbook.health.gov.au/

[37] National Competency Standards Framework for Pharmacists in Australia

[38] The Pharmacy Guild of Australia Commissioned Community Pharmacy 2025, Market Research Integrated Summary Report, Orima Research August 2018.

Legislation enabling pharmacists in all jurisdictions to order and interpret laboratory tests, would ensure patients could access testing and receive appropriate treatment with minimal delay.

Enabling pharmacists' access to appropriate funding mechanisms for services that are equivalent to Government funded services provided by other healthcare professionals is required to ensure equitable access to services for patients.

3.6.2 Point of care and Diagnostic testing

Pharmacists are able to provide point of care testing and diagnostic testing, within the scope of practice of pharmacists, for many acute and chronic health conditions; including blood glucose testing, INR testing, cholesterol testing, blood pressure testing, pulmonary function testing, anaemia testing and genetic testing.

Pharmacy is also involved in facilitating diagnostic testing and screening services for health conditions including bone density testing, hearing testing, bowel cancer screening, sleep apnoea screening and COPD screening.

The main barrier to pharmacists working to full scope in this area of practice is the same as that for ordering and interpreting laboratory tests – inadequate access to funding.

Enabling pharmacists' access to appropriate funding mechanisms for services that are equivalent to Government funded services provided by other healthcare professionals is required to ensure equitable access to services for patients.

4. CHECKLIST FOR CHANGE

In order for pharmacists to work to full scope of practice, now and into the future, the following are key considerations that will need to be worked through on each occasion to provide evidence and assurance for governments that pharmacists are indeed competent and accountable to undertake the task and therefore should be afforded the appropriate authority.

Competency	• Are the competencies required to perform the task included in the Competency Standards? • Are the competencies covered in university programs, ITPs, or existing training for pharmacists?
Training	• Is training required for all pharmacists (new skill), OR • Is training required for pharmacists that need to 'retrofit' a competency that is now in the degree programs? • Does training need to be developed, and accredited?
Qualification or Endorsment	• Is an additional qualification required? For example, vaccination certificate, CDE • Is a professional endorsement required by the Pharmacy Board, as required by AHMAC? For example, autonomous presecribing
Funding Mechanism	• What is the proposed funding mechanism - private, government funded? • What are the eligibility requirements for government funding?
Professional Standards / Guidelines	• Do professional practice guidelines, or standards need to be developed?
Legislative Authority	• What are the legislative or regulatory changes required? • What is the relevant legislation/regulation that needs amending? • Is there a precedent in another jurisdictions

GLOSSARY

Accountability	Responsibility of a heath professional, such as a pharmacist, to uphold professional standards of practice
Acute conditions	Conditions which usually have a sudden onset
Administer a medicine	To give patient a single treatment of the dose of a medicine by the prescribed route e.g. injection of a vaccine
Ahpra	Australian Health Practitioner Regulation Agency
APC	Australian Pharmacy Council
Authority	Legislative authority to undertake practice components
Chronic conditions	Conditions which are long-lasting and/or ongoing
Competency Standards	See National Competency Standards
Continued Dispensing/ Medication Continuance	Prescription renewal and supply for extended period – emergency situations, chronic conditions – across the categorised scheduling
Controlled drugs	S8 substances
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuing Professional Development
CVR	Combined Hormonal Vaginal Ring
Dispense	To supply a medication on prescription
Drug Schedules in Australia	• Schedule 2: Pharmacy Medicine – Substances, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person • Schedule 3: Pharmacist Only Medicine – Substances, the safe use of which requires professional advice but which should be available to the public from a pharmacist without a prescription. • Schedule 4: Prescription Only Medicine – Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription. • Schedule 8: Controlled Drug – Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.
Drug Schedules in other countries	The Drug Schedules for the comparator OECD countries (Appendix 1) do not directly match the scheduling in Australia, however there are broad similarities in medications provided 'over-the-counter' by pharmacists, on prescription only and classified as controlled (or narcotic) drugs.
Drug therapy protocol	A certified document published by the Department stating circumstances in which, and conditions under which, a person who may act under the protocol may use a stated controlled or restricted drug or poison for stated purposes (Queensland)
Emergency Supply	Limited supply of restricted drug (S4 medication), to a patient who does not have a script, but who has an urgent need for that medication (See continued dispensing)
ENT infections	Ear nose and throat infections
FIP	International Pharmaceutical Federation (Federation Internationale Pharmaceutique)
Generic/Biosimilar Substitution	Substitution by pharmacist of a bioequivalent medicine for the prescribed medicine, where the patient has provided consent
HPPP	Health Professionals Prescribing Pathway (published Health Workforce Australia in 2013)
IHC	Injectable Hormonal Contraception
Immunisation program	An immunisation program carried out by the department, local government or Hospital and Health Service; a certified program
Laboratory tests	A procedure in which a sample of blood, urine, other bodily fluid or tissues, is examined to get information about a person's health. E.g. INR test to monitor blood thinning medicines/ anticoagulants
MBS	Medical Benefits Scheme
Medication adherence	Patient compliance with prescribed drug regimen
Medication adherence counselling/ management	Pharmacist intervention to ensure there is patient compliance with drug regimen
Medication continuance	See Continued dispensing
Medication Management Review	Review of a patient's drug regimen by a pharmacist to ensure that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken and able to be taken by the patient as intended

GLOSSARY cont.

Minor Ailments	Conditions such as dental conditions, urinary tract infections and ear, nose and throat (ENT) infections
National Competency Standards Framework for Pharmacists in Australia 2016	A framework describing the knowledge, skills and attributes that are central to pharmacists performing effectively to an acceptable standard in contemporary professional practice in Australia
NIP	National Immunisation Program
Non-vaccine Injectable medications	Medicines, other than vaccines, that are administered by injection. E.g. Denosumab (Prolia) to treat osteoporosis
NPS	National Prescribing Service
Nurse	A registered nurse or enrolled nurse
Nurse practitioner	A registered nurse whose registration is endorsed under the Heath Practitioner Regulation National Law as being qualified to practise as a nurse practitioner
OCP	Oral Contraceptive Pill
ORT	Opioid Replacement Therapy
OTC	Over the counter medicines, such as Schedule 2 and Schedule 3 medicines, sold in pharmacies without a prescription
PBA	Pharmacy Board of Australia
PBS	Pharmaceutical Benefits Scheme
PCF	Prescribing Competency Framework: NPS Medicine Wise Competencies required to prescribe medicines 2012
Point of care testing	A form of testing in which the analysis is performed outside of a laboratory setting e.g. Blood Glucose (BG) levels via a glucometer (testing device)
Prescribe	Make a written direction (other than a purchase order or written instruction) authorising a dispenser to dispense a stated controlled or restricted medicine or poison
Prescriber	A person who is endorsed by regulation to prescribe a controlled or restricted medicine or poison
Prescribing	• Autonomous Prescribing - the prescriber acts with independent accountability, without the supervision of another heath professional (but still in collaboration with other health professionals) • Collaborative prescribing – the prescriber is supervised by, or acts collaboratively with, another authorised heath professional • Structural Prescribing - the prescriber has limited authorisation to prescribe medicines under a guideline, protocol or standing order
Prescription	A prescriber's direction (other than a purchase order or written instruction) to dispense a stated controlled or restricted medicine or poison, and includes a duplicate of a prescription attached to a repeat authorisation, under the National Heath Act, issued by a dispenser
QCPP	Quality Care Pharmacy Program – quality assurance program for community pharmacies
QPIP	Queensland Pharmacist Immunisation Pilot
QUM	Quality Use of Medicines
Registered nurse	A person registered under the Health Practitioner Regulation National Law to practise in the nursing profession
Registered pharmacist	A person under the Health Practitioner Regulation National Law to practise in the pharmacy profession
Repeat prescription	A prescription on which there is a direction to repeat the supply of a stated controlled or restricted drug or a stated poison a stated number of times
Restricted drugs	Schedule 4 substances
Scope of pharmacy practice	Those professional activities that a pharmacist is educated, competent and authorised to perform, and for which they are accountable
Supply	To give a patient one or more doses of a medicine as treatment for a diagnosed condition
TGA	Therapeutic Goods Administration
Therapeutic Substitution	Equivalent medication to ensure continuity of care (for example, during drug shortages) across the categorised scheduling
Therapeutic Adaptation	Change or adaptation of dug dosage, formulation, regimen (based on determination of clinical need) across the categorised scheduling
Travel medicine	Medicines and/or vaccines required to prevent or manage health problems for international travellers
UTI	Urinary tract infection
Vaccine	A biological preparation that provides active acquired immunity to an infectious disease. A restricted drug that is identified as a vaccine in the current Poisons Standard
Vaccine preventable conditions	Diseases that can be prevented by vaccine, such as influenza, measles, whooping cough

APPENDICES

Appendix 1: International comparison table of Full Scope of Practice – Community Pharmacist. As updated and published by the Guild from time to time.

Appendix 2: Pharmacists Immunisation Table. As updated and published by the Guild from time to time.

The Pharmacy Guild of Australia

Appendix 1

International Comparison table of full scope of Practice

Community Pharmacist

February 2021

Background

Australia has a **first world** health system, but we are not a **world first** in regard to the practice of pharmacy.

This is because current regulations in Australia prevent pharmacists from carrying out the full range of services they are clinically trained to deliver, and this limits the access patients have to these services. In this respect, Australia particularly lags behind the UK and Alberta in Canada, and to a lesser extent countries such as Ireland, some states in the United States and New Zealand where pharmacists have been enabled or partially enabled to provide these additional services.

Table 1 (from page 2) provides a snapshot comparison of pharmacist scope of practice in Australia and other OECD countries. The table particularly highlights that in comparison to the UK and Alberta in Canada, Australia is behind in the areas of **administering vaccine and non-vaccine medications, prescribing schedule 4 and schedule 8 medications and ordering and interpreting laboratory tests (appropriate to pharmacist care).**

The pharmacist's domains of competency in providing patient care include:

Medication supply and dispensing

- **Prescribing**
- **Review medications**
- **Disease management**
- **Medicine Administration**
- **The ordering and interpreting of laboratory tests.**

International comparison table of Full Scope of Practice – Community Pharmacist

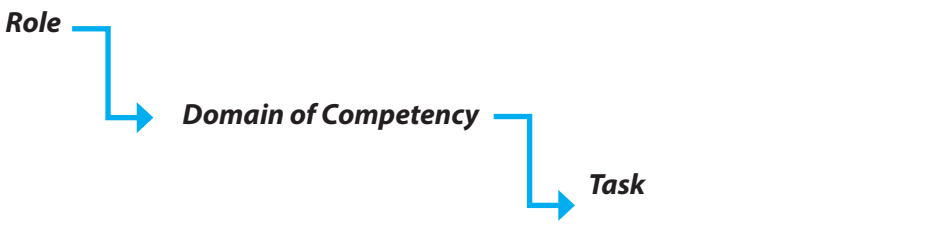


TABLE KEY: Enabled by legislative authority

- Enabled
- Partially Enabled
- Not Enabled

International Comparison table of full scope of Practice (cont.)

Domain of Competency	Task	*Enabled by legislative authority* AUS	CAN (AB)[1]	UK[2,3]	IRE[4]	USA[5]	NZ[6]
Medication Supply and Dispensing	Assuring integrity of medicine supply through the application of Quality Use of Medicine (QUM) principles	✓	✓	✓	✓	✓	✓
	Generic and Biosimilar substitution where patient has provided consent	✓	✓	✓	✓	✓	✓
	Assuring the proper storage of medicines, including cold chain management	✓	✓	✓	✓	✓	✓
	Preparing and compounding of medicines as required	✓	✓	✓	✓	✓	✓
	Ensuring continued supply of previously prescribed chronic therapy medications	✓	✓	✓	✓	✓	✓
	Supplying medicines as required, safely and accurately, across the categorised scheduling						
	Over-the-counter (Not Scheduled)	✓					
	Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	Pharmacist Only Medicine (Schedule 3)	✓					
	Prescription Only Medicine (Schedule 4)	✓					
	Controlled Drug (Schedule 8)	✓	✓	✓	✓	✓	✓
	Providing appropriately tailored counselling, information and education to enable safe and efficacious medicines management	✓	✓	✓	✓	✓	✓
	Complex supply arrangements (e.g. clozapine)	✓	✓	✓	✓	✓	✓
	Over-the-counter (Not Scheduled)	✓			✓	✓	✓

1 Pharmacists' Scope of Practice in Canada: https://www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/
2 United Kingdom – Independent Pharmacist Prescriber. Who Can Prescribe What? Pharmaceutical Services Negotiating Committee. https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who-can-prescribe-what/
3 General Pharmaceutical Council – Guidance for Pharmacist Prescribers https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-for-pharmacist-prescribers-february-2020.pdf
4 Medicinal Products (prescription and Control of Supply) (Amendment) Regulations 2020 http://www.irishstatutebook.ie/eli/2020/si/98/made/en/print?q=medicinal+products
5 https://naspa.us/resource/statewide-protocols-for-pharmacist-prescribing/
6 Medicines Regulation 1984 http://www.legislation.govt.nz/regulation/public/1984/0143/latest/whole.html

Domain of Competency	Task	Enabled by legislative authority					
		AUS	CAN (AB)[1]	UK[2,3]	IRE[4]	USA[5]	NZ[6]
Prescribing							
	Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	Pharmacist Only Medicine (Schedule 3)	✓					✓
	Prescription Only Medicine (Schedule 4)	★[7]			✗	★	✗
	Controlled Drug (Schedule 8)	✗	✗	✓	✗	★	✗
	Therapeutic adaptation – change/adapt drug dosage, formulation, regimen (based on determination of clinical need) across the categorised scheduling						
	Over-the-counter (Not Scheduled)	✓					✓
	Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	Pharmacist Only Medicine (Schedule 3)	✓					✓
	Prescription Only Medicine (Schedule 4)	✗			✗	✗	✓
	Controlled Drug (Schedule 8)	✗	✗	✓	✗	✗	✓
	Medication continuance/prescription renewal and supply for extended period across the categorised scheduling						
	Over-the-counter (Not Scheduled)	✓					✓
	Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	Pharmacist Only Medicine (Schedule 3)	✓					✓
	Prescription Only Medicine (Schedule 4)	★[8]			★	★	✗
	Controlled Drug (Schedule 8)	✗	✓	✓	✗	✗	✗
	Prescribing medication across the categorised scheduling						
	Collaborative prescribing						
	Over-the-counter (Not Scheduled)	✓					✓
	Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	Pharmacist Only Medicine (Schedule 3)	✓					✓

7 Very limited circumstances, under Health (Drugs and Poisons) Regulation Drug Therapy Protocol – Communicable Diseases Program (during a declared public health emergency), requires a Serious Shortage Substitution Notice (SSSN) issued by the Therapeutic Goods Administration (TGA).

8 Limited Circumstances: Limited to National Health (Continued Dispensing Emergency Measures) Determination 2020 (while in effect); Prior to 31 March 2020, limited to lipid-modifying agents and oral hormonal contraceptives in National Health (Continued Dispensing) Determination 2012; and specific State and Territory legislation.

International Comparison table of full scope of Practice (cont.)

Domain of Competency	Task	*Enabled by legislative authority* AUS	CAN (AB)[1]	UK[2,3]	IRE[4]	USA[5]	NZ[6]
Prescribing	Prescription Only Medicine (Schedule 4)	✗	✓	✓	★	★	✗
	Controlled Drug (Schedule 8)	✗	✗	✓	✗	✗	✗
	Structured prescribing (protocol-driven prescribing)						
	Over-the-counter (Not Scheduled)	✓					✓
	Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	Pharmacist Only Medicine (Schedule 3)	✓					✓
	Prescription Only Medicine (Schedule 4)	★[9]			✗	★	★
	Controlled Drug (Schedule 8)	✗	✗	✓	✗	✗	✗
	Autonomous prescribing – initiate new prescription or drug therapy						
	Over-the-counter (Not Scheduled)	✓					✓
	Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	Pharmacist Only Medicine (Schedule 3)	✓					✓
	Prescription Only Medicine (Schedule 4)	✗			✗	✗	✗
	Controlled Drug (Schedule 8)	✗	✗	✓	✗	✗	✗
	Deprescribing medicines across the categorised scheduling						
	Over-the-counter (Not Scheduled)	✓					✓
	Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	Pharmacist Only Medicine (Schedule 3)	✓					✓
	Prescription Only Medicine (Schedule 4)	✗			✗	✗	✗
	Controlled Drug (Schedule 8)	✗	✗	✓	✗	✗	✗
	Assessing common conditions and providing appropriate management approaches (including pharmacological, non-pharmacological and referral) across the categorised scheduling						
	Over-the-counter (Not Scheduled)	✓					✓
	Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	Pharmacist Only Medicine (Schedule 3)	✓					✓
Prescribing	Prescription Only Medicine (Schedule 4)	★[10]			✗	★	✗
	Controlled Drug (Schedule 8)	✗	✗	✓	✗	✗	✗
Review Medications	Monitor for response to treatment, including setting patient expectations for treatment efficacy and screening for potential sub or non-therapeutic outcomes	✓	✓	✓	✓	✓	✓
	Patient follow up and referral for further care when required (written and verbal)	✓	✓	✓	✓	✓	✓
	Medication adherence counselling	✓	✓	✓	✓	✓	✓
	Medication management review - assuring the proper prescribing of medications so that dose regimes and dosage forms are appropriate	✓	✓	✓	✓	✓	✓

[9] In Queensland, in limited circumstances for the treatment of uncomplicated Urinary Tract Infection (UTI), under Health (Drugs and Poisons) Regulation 1996 Drug Therapy Protocol – Pharmacist UTI Trial.

[10] In Queensland, in limited circumstances for the treatment of uncomplicated Urinary Tract Infection (UTI), under Health (Drugs and Poisons) Regulation 1996 Drug Therapy Protocol – Pharmacist UTI Trial

Domain of Competency	Task	Enabled by legislative authority					
		AUS	CAN (AB)[1]	UK[2,3]	IRE[4]	USA[5]	NZ[6]
Disease Management	Screening using questionnaire or device, educating and referring patients at risk where appropriate to relevant health professional	✓	✓	✓	✓	✓	✓
	Management of common conditions (wound and pain management, migraines, dental conditions, urinary tract infections, ear, nose and throat (ENT) infections) by recommending treatment (pharmacological and non-pharmacological), education, lifestyle interventions and advice	✓	✓	✓	✓	✓	✓
	Targeted health promotion campaigns, including general health checks	✓	✓	✓	✓	✓	✓
	Prevention programs – smoking cessation, obesity programs	✓	✓	✓	✓	✓	✓
	Delivering harm minimisation and public health initiatives (e.g Needle and Syringe Programs)	✓	✓	✓	✓	✓	✓
	Prevention strategies for chronic disease – smoking cessation, obesity programs	✓	✓	✓	✓	✓	✓
	Chronic Disease (such as diabetes, asthma, chronic obstructive pulmonary disease (COPD) - Ongoing monitoring, education, lifestyle interventions and advice)	✓	✓	✓	✓	✓	✓
	Chronic conditions where there is medicine adjustment needed e.g. INR testing	✓	✓	✓	✓	✓	✓
Disease Management	Acute care - common conditions (wound and pain management (such as migraines), dental conditions, urinary tract infections, ear, nose and throat (ENT) infections), resulting from chronic conditions by recommending treatment (pharmacological and non-pharmacological), education, lifestyle interventions and advice	✓	✓	✓	✓	✓	✓
Medicine Administration	Travel medicine	★[11]	✓	✓	✓	✓	✗
	Administration of injectable medicines (vaccine)						
	Over-the-counter (Not Scheduled)	n/a					n/a
	Pharmacy Medicine (Schedule 2)	n/a					n/a
	Pharmacist Only Medicine (Schedule 3)	n/a	✓	✓	✓	✓	n/a
	Prescription Only Medicine (Schedule 4)	★[12]					★
	Controlled Drug (Schedule 8)	n/a					n/a
	Administration of medicines (non-vaccine injectables, inhaled medications)						
	Over-the-counter (Not Scheduled)	✗					✓
	Pharmacy Medicine (Schedule 2)	✗					✓
	Pharmacist Only Medicine (Schedule 3) e.g. Vit B12	★[13]	✓	✓	✓	★	★
	Prescription Only Medicine (Schedule 4) e.g. denosumab	✗					✗
	Controlled Drug (Schedule 8) e.g. buprenorphine	✗	✓	✓	✗	✗	✗
Laboratory Tests	Order and interpret laboratory tests (appropriate to pharmacist care)	★[14]	✓	✓	✗	✗	✗
	Point of care testing	✓	✓	✓	✓	✓	✓
	Diagnostic testing (such as pulmonary function testing, blood pressure testing)	✓	✓	✓	✓	✓	✓

11 Limited to certain conditions approved under specific State and Territory legislation.
12 Limited to certain conditions approved under specific State and Territory legislation.
13 Limited to adrenaline of a strength 0.1% or less to a person who is 10 years or more, for the treatment of anaphylaxis, in certain States and Territories.
14 Whilst pharmacists are not prohibited by legislation, there are administrative barriers which hinder an approved pathology practitioner from accepting the referral. https://www.legislation.gov.au/Details/F2018L00223

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Appendix 2

Pharmacist Immunisation in Australia (as at February 2021)

VACCINE/ JURISDICTION		ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Minimum Age (influenza/other vaccines)	NIP (Y/N)	10/16	10/16	10/16	10/16	10/16	10/16	10/15	10/16
Influenza	Y	✓(10)	✓(10)	✓(10)	✓(10)	✓ (10)	✓(10)	✓(10)	✓ (10)
Measles mumps, rubella (MMR)	Y	✓(16)	✓(16)	✓(16)	✓(16)	✓(16)	✓(16)	✓(15)	✓ (16)
Diphtheria, tetanus, pertussis (dTpa)	Y	✓(16)	✓(16)	✓(16)	✓(16)	✓(16)	✓(16)	✓(15)	✓ (16)
Meningococcal (MenACWY)	Y				✓(10)			✓(15)	✓ (16)
dTpa in combination with Polio	Y				✓(16)	✓(16)			
Haemophilus influenza type b (Hib)	Y				✓(16)				
Pneumococcal	Y				✓(16)				
Poliomyelitis	Y				✓(16)				
Cholera	N				✓(16)				
COVID-19 Vaccine	No, but free to all		✓	✓	✓(TBC)	✓		✓	
Hepatitis A	N				✓(16)				
Hepatitis B	Y								
Hepatitis A & B combination	N								
Herpes zoster	Y								
HPV	Y								
Typhoid fever	N								
Typhoid fever & Hep A combination	N								
Rabies and other lyssaviruses	N								
Japanese encephalitis	N								
Measles, mumps, rubella, varicella	Y								
Meningococcal B	N								
Varicella only (chickenpox)	N								
Q fever	N								
Rotavirus (oral)<6mths	Y								
Tuberculosis	N								
Yellow Fever	N								

Pharmacist Immunisation in Australia (as at February 2021) cont.

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
INTERN	✓[1]	✓	×	✓[1]	✓	✓	× Can reconstitute COVID vaccine and label syringe for administration	✓
PHARMACY STUDENTS							Can reconstitute COVID vaccine and label syringe for administration	
OTHER STAFF							Dispense Technicians (Can reconstitute COVID vaccine and label syringe for administration)	
OFFSITE VACCINATION	✓	✓[2]	✓	✓[3]	✓	✓	✓	✓
NIP ACCESS for pharmacy	✓ >65 Flu						✓	(trial) >65
OTHER FUNDING (Commonwealth/ State)	COVID-19 (Cth)	COVID-19 (Cth)	COVID-19 (Cth)	COVID-19 (Cth)	COVID-19 (Cth)	COVID-19 (Cth) State MMR	COVID-19 (Cth)	COVID-19 (Cth)

Links to pharmacist vaccination standards/codes/protocols/supply arrangements/ guidelines etc		Last updated
ACT	ACT Pharmacist Vaccination Standards	May 2020
NSW	NSW Pharmacist Vaccination Standards	May 2020
Northern Territory	Administration of Vaccines by Pharmacists at Pharmacies NT Protocol Administration of Vaccines by Pharmacists at places other than Pharmacies in the NT Protocol	May 2020
Queensland	Queensland Pharmacist Vaccination Standard Health (Drugs and Poisons) Regulation 1996 Drug Therapy Protocol – Pharmacist Vaccination Program	April 2020 - Standard July 2020 – Protocol
South Australia	Vaccine Administration Code	Feb 2021
Tasmania	Tasmanian Vaccination Program Guidelines	Sept 2019
Victoria	Victorian Pharmacist-Administered Vaccination Program Guidelines	Feb 2021
Western Australia	Structured Administration and Supply Arrangements – Administration of vaccines by pharmacists & Influenza vaccination	Oct 2020

1 Under direct supervision of pharmacist

2 NSW – pharmacists allowed to vaccinate at GP, Aboriginal Medical Services, Local Council clinics, private & public hospitals and health services, community health centres, RACFs, Staff occupational health clinics.

3 QLD – pharmacists are allowed to vaccinate at public health facilities.

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Phone: 02 6270 1888
Fax: 02 6270 1800
Email: guild.nat@guild.org.au

Lvl 2 15 National Circuit, Barton, ACT 2600 Australia
PO Box 310, Fyshwick,ACT 2609 Australia

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