



POSITION STATEMENT

Pharmacy in Primary Health Care

Position

With its expert knowledge of medicines and generalist knowledge of health, the pharmacy profession has a unique role in the primary health care sector and should be recognised in its own right.

The Pharmacy Guild of Australia (the Guild) believes it is inaccurate to include pharmacy, the most accessible health care providers in Australia, as an 'Allied Health' profession when classifying the healthcare system. Pharmacy is a primary health care profession and therefore should be classified as a primary health discipline like medical practice, nursing, and dentistry, rather than being grouped with allied health disciplines.

Community pharmacies should be remunerated as part of relevant Commonwealth funded programs for pharmacy services irrespective of practice setting, including for outreach services provided by pharmacists from a Section 90 pharmacy.

Access to funding as a pharmacy service provider

Community Pharmacy Agreements (CPAs) provide funding for some pharmacy services, and the Guild believes services funded under CPAs should only be delivered from or within Section 90 community pharmacies. The Guild also believes that services funded under the CPA should be augmented by other Commonwealth (or State) funding programs.

Community pharmacies currently have no option but to charge patients for non-CPA services that other health practitioners may claim through the Medicare Benefits Schedule (MBS) or other funding programs. A patient accessing health services should not be disadvantaged by where they choose to access those services or by which health professional delivers them. Community pharmacies involved in the collaborative care of a patient as part of the health care team should not be excluded from Commonwealth funding for non-CPA pharmacy services due to their location or practice setting.

Examples of non-CPA primary care pharmacy services for which community pharmacy should be remunerated include, but are not limited to, administration of vaccines and other injectables (e.g., long-acting injectable buprenorphine), wound management, health marker assessment as part of chronic disease management (blood pressure, cholesterol, blood glucose/HbA1c, lung function checks), and chronic disease education (asthma, diabetes).

Community pharmacies should be eligible for Commonwealth funding relating to chronic disease management and case conferencing activities. This recognises that community pharmacies are integral to the collaborative care of a patient with chronic disease including all aspects of medication management.

National Secretariat

Level 2, 15 National Circuit, Barton ACT 2600
PO Box 310, Fyshwick ACT 2609
P: +61 2 6270 1888 • F: +61 2 6270 1800 • E: guild.nat@guild.org.au
www.guild.org.au



Integration of community pharmacy into the health care team through case conferencing and monitoring of aspects of care is vital for the holistic management and health outcomes for patients.

The Guild also believes that Commonwealth programs should remunerate providers according to the service outcome and not by provider hierarchy. As an example, all vaccine providers should be remunerated the same amount for administration of a vaccine.

The Guild also supports additional remuneration in Commonwealth funded programs for all health providers providing health services outside of standard business hours and to under-served communities, such as providers in rural and remote Australia.

Background

The Australian Government's Department of Health and Aged Care defines primary care as "generally the first point of contact people have with the health system. It relates to the treatment of non-admitted patients in the community."¹

There is no universally accepted definition of allied health; however, the Department of Health and Aged Care describes allied health professionals as those who "use evidence-based practices to prevent, diagnose and treat various conditions and illnesses. They often work in multidisciplinary health teams to provide specialised support to suit an individual's needs."²

Allied Health Professions Australia defines an allied health professional³ as one which has:

- a direct patient care role and may have application to broader public health outcomes
- a national professional organisation with a code of ethics/conduct and clearly defined membership requirements
- university health sciences courses (not medical, dental or nursing) at AQF Level 7 or higher, accredited by their relevant national accreditation body
- clearly articulated national entry level competency standards and assessment procedures
- a defined core scope of practice
- robust and enforceable regulatory mechanisms

and that the profession must consist of allied health professionals who:

- are autonomous practitioners
- practice in an evidence-based paradigm, using an internationally recognised body of knowledge to protect, restore and maintain optimal physical, sensory, psychological, cognitive, social and cultural function
- may utilise or supervise assistants, technicians and support workers.

Both the Department of Health and Aged Care and Allied Health Professions Australia websites list pharmacy under the allied health banner.

Classification of community pharmacy

Often when classifying the healthcare system for various purposes, 'pharmacy' is included as an 'Allied Health' profession. The Guild believes this classification is inaccurate. Community pharmacy is the most accessible provider of primary health care in Australia and regularly collaborates with other health care providers as part of a patient's healthcare team.

Practice setting descriptors may have a place in further defining the activities undertaken in 'primary care vs acute care', 'hospital vs community pharmacy', 'academia vs government' etc, but may not assist in grouping the profession as a whole.

A considerable body of high-quality evidence exists of the nature and benefits of pharmacists' contribution to health care in Australia. Greater recognition of this evidence within the context of the broader healthcare team would permit more innovative multidisciplinary approaches to care and better utilisation of healthcare.

Recognition of pharmacy as an integral part of the primary health care system by all levels of government and acknowledgement as primary health care providers in future health planning documents is required to support pharmacy in correcting the misclassification as 'Allied Health'.

Primary Health Care 10-year Plan 2022-2032

The Commonwealth Primary Health Care 10-year Plan 2022-2032 (the 10 Year Plan)⁴ recognises that integrating primary health care (including community pharmacies) across health, aged care, disability and social care systems is a core requirement to keep people healthy in the community.

The National Primary Health Network (PHN) Allied Health in Primary Care Engagement Framework (the Framework) developed under the 10 Year Plan recognises community pharmacy's role in primary care to enable community pharmacy to be included in Commonwealth funding opportunities.

Related Policies

- After-Hours Pharmacy Services

Authority

Endorsed

National Council – June 2023

Reviewed

Policy and Regulation Sub-Committee – November 2022

References

¹ <https://www1.health.gov.au/internet/main/publishing.nsf/Content/primarycare>

² <https://www.health.gov.au/health-topics/allied-health/about>

³ <https://ahpa.com.au/what-is-allied-health/>

⁴ <https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032>