The Pharmacy Guild of Australia

PHARMACY GUILD OF AUSTRALIA

Submission: National Medicines Policy Review

Terms of Reference 1: Evaluate the current NMP objectives and determine whether these should be modified or additional objectives included. This includes consideration of the proposed Principles to be included within the NMP.

Proposed Principles of the National Medicines Policy:

- **Equity** – all Australians receive effective, safe, high-quality, and affordable access to medicines when needed irrespective of background or personal circumstance.
- **Consumer centred approach** – consumers should be informed, engaged, and empowered to participate in medicines policy, recognising their key role in supporting the achievement of the policy's objectives.
- **Partnership based** – establish and maintain active, respectful, collaborative, and transparent partnerships, to harness stakeholders' skills, experience, and knowledge.
- **Accountability and transparency** – all stakeholders are identified and accountable for their responsibilities and actions towards delivering or contributing to the achievement of the policy's objectives, within a transparent framework.
- **Stewardship** – all stakeholders have a shared responsibility to ensure that the policy's objectives are met in an equitable, efficient, and sustainable manner, as stewards of the health system.

Question 1A

Are these proposed principles appropriate?
With regard to the proposed principles, is anything missing or needing to change?

The Guild supports the Department of Health's proposal to add over-arching principles to the National Medicines Policy, with the intention that principles will provide "an explicit, high-level direction for the planning, design and implementation of programs and initiatives to achieve objectives".[1] The Guild considers the proposed principles to be appropriate, however there are certain elements that require clarity or emphasis.

The Guild agrees with the inclusion of the Equity principle as medicines affordability is a primary concern for consumers, particularly Australians aged 25 – 34, and lower-income earners. Almost one in five people who earn less than $35,000 per annum were unable to have a prescription filled in the past 12 months due to financial hardship.[2] Medicines are even less affordable for consumers who suffer from

[1] https://consultations.health.gov.au/technology-assessment-access-division/national-medicines-policy-review/supporting_documents/NMP%20Review%20%20Discussion%20Paper.pdf
[2] https://www.guild.org.au/__data/assets/pdf_file/0014/112055/NAB-Pharmacy-Report-2021.pdf

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poor health. Australian Bureau of Statistics data show that 12.2% of people who self-assessed as having "fair/poor health" have delayed or been unable to get a prescription filled due to cost, compared to 5.5% of people with better health. Therefore, medicines affordability should be integral to the National Medicines Policy.

The Guild also recommends a greater emphasis on equitable access to medicines irrespective of where a person lives in Australia, to address current inequities arising from consumers' locations, particularly for rural and remote consumers. Our proposed amendment would be 'all Australians receive effective, safe, high-quality, equitable and affordable access to medicines when needed irrespective of background, location or personal circumstance'.

The Guild agrees with the inclusion of a "Partnership based" principle as it relates to establishing and maintaining partnerships between stakeholders, and we recommend that additional emphasis is placed on the responsibility of government to engage with the partners. For instance, companies within the medicines supply chain are key stakeholders, and the partnership principle should be strengthened to reflect the need for government to actively engage with these stakeholders.

Additionally, we recommend adding the principle of "dynamism" or "responsiveness" to reflect the dynamic nature of medicine usage and health demands in Australia. The fast-paced nature of development of medicines, vaccines, and medical devices, as well as changes in consumer preferences and population health challenges, demand that the National Medicines Policy should be dynamic and responsive. The addition of such a principle may encourage partners including government bodies to regularly consider the currency of the NMP and address any inconsistencies between the NMP and current practice.

Question 1B

Objectives of the National Medicines Policy:
The NMP's four central objectives are outlined on pages 2 to 4 of the **current policy document**.

- Access to medicines
- Quality, safety, and efficacy of medicines
- Quality use of medicines
- Maintaining a responsible and viable medicines industry

Are these four Objectives still relevant? Should any be modified, or any additional objectives be considered? If so, how and why?

The Guild considers all four current objectives to be relevant to the National Medicines Policy, however it is our view that three of these require modification.

Access to medicines

The Guild would like to reiterate the importance of medicines affordability to the equitable access to medicines. Medicines affordability is a fundamental barrier to the access and quality use of medicines in this country. In addition to affordability, remoteness is also a barrier, and the NMP must address inequities arising from remoteness in the Equity principle.

Medicine shortages have been something that community pharmacists have been required to manage and respond to for many years, however the past five years have seen the problem grow to critical proportions. The time and effort spent by pharmacists sourcing medicines for patients, confirming

changes with prescribers, and explaining changes to patients is considerable, and impacts the time that pharmacists spend on other critical roles in medication supply and management.

We highlight the importance of changes made during 2020 and 2021 in response to the bushfires and COVID-19 which enabled greater access to medicines, such as Expanded Continued Dispensing and therapeutic substitution. Expanded Continued Dispensing allows pharmacists to supply a PBS medicine to a consumer when there is an immediate need and the consumer can't obtain a prescription,[3]. Therapeutic substitution allows pharmacists to substitute a certain medicine for another where there is a serious scarcity of the prescribed medicine[4]. These are both excellent examples of how medicines access has been recently improved.

It may be appropriate to include a recognition in the NMP of the importance of maintaining security of medicines including medical devices and vaccines, as this is not recognised in the current NMP.

We ask that the NMP recognise that industry and Australian Governments are critical partners with a shared responsibility for maintaining reliable access to medicines for the Australian public. The NMP should also address regulatory barriers to medicines access, such as any discrepancies between Commonwealth and State & Territory legislation that prevent health practitioners from working to their full scope of practice. The NMP should recommend that all health practitioners are enabled to work to their full scope of practice.

We note that the NMP specifies that "Health practitioners and retailers" have a role "in relation to recommending, prescribing, or providing particular medicines."[5] We recommend that this role also includes dispensing in addition to prescribing, as dispensing is a clinical service which is not adequately reflected by the term "supply", a term which is used elsewhere in the document. Dispensing involves an autonomous and critical review of a consumer's prescription to assess the safety and appropriateness of the prescribed medicine.

Underpinning all the above measures is the appropriate resourcing for all healthcare practitioners in order to achieve equity and access to medicines. Inequality in consumer outcomes may result from community pharmacies being under-resourced, particularly in rural and remote areas. We recommend that workforce, geographic and other challenges involved in the provision of medicines and accompanying advice be recognised in the Policy.

Quality use of medicines

The need to address medication misadventure and adverse events through quality use of medicines (QUM) programs has grown significantly since the National Medicines Policy was published in 2000. For example, in one study pharmacists completing Home Medicines Reviews identified that 19% of consumers were experiencing an adverse reaction to a medication at the time of the review.[6]

The Guild notes that the current NMP mentions health practitioners and the Australian Government's role in "coordinating and funding efforts to promote quality use of medicines, including public information campaigns."[7] This includes funding key QUM programs and initiatives, and we highlight that community pharmacists have a significant role in QUM programs. The Seventh Community Pharmacy Agreement

[3] https://www.pbs.gov.au/pbs/news/2020/03/continued-dispensing-arrangements-covid-19
[4] https://www.tga.gov.au/substituting-scarce-medicines
[5] https://www1.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf
[6] https://onlinelibrary.wiley.com/doi/10.1002/pds.912
[7] https://www1.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf

(7CPA) funds several pharmacist-led QUM services, however the services are capped. For example, community pharmacies are unable to be funded for providing more than twenty MedsChecks or Diabetes MedsChecks per calendar month.[8] Ideally all services supporting QUM should be uncapped so that pharmacists can provide them in a targeted way to those in need.

We emphasise the value of ongoing and regular patient intervention to monitor care and address medication-related problems, which occur through the direct supply of medicines to consumers through monthly dispensing. We suggest that the NMP includes guidance on recommended frequency of consumer interaction with health care practitioners. Acknowledging the NMP is and should remain a high-level document, it would nevertheless be helpful to incorporate a general recommended frequency of interaction with health care practitioners, for example twelve months for medical reviews and monthly for regular pharmacist interaction. Supporting regular interactions between consumers and health care practitioners is particularly important for maintaining QUM for high-risk consumers and those with adherence issues.

Further, the Quality Use of Medicines objective should include reference to the critical role of health care practitioners in supporting consumers' medication adherence to optimise health outcomes, patient wellbeing and quality of life. Medication adherence is critical, as the World Health Organisation (WHO) has estimated that patients on medicines for chronic conditions have an average adherence rate of 50%, which was estimated to cost EU governments €125 billion annually, as well as contributing to the early death of nearly 200,000 Europeans per year.[9]

Focusing on costs to taxpayers in the NMP undermines the benefit of QUM programs to consumers. The current NMP often refers to the cost of medicines and balancing "health needs and responsible fiscal discipline". The QUM services delivered by community pharmacies deliver a huge QUM benefit to consumers. Health outcomes must be the primary focus on the NMP, and costs must be considered secondary. The Guild strongly objects to any cost-cutting measures that have been adopted in other countries such as New Zealand for example, where pharmacies receive differential fees for dispensing a repeat script versus an original script.

Maintaining a responsible and viable medicines industry

This objective does not sufficiently detail the entities which comprise the Australian "medicines industry". While there is reference to the industry functions of "research and development, manufacture, and supply of medicines", the medicines industry also undertakes other functions critical to the supply and availability of medicines in Australia. These include:

- Product sponsors, which have responsibilities to: ensure continuous manufacture or importation of medicines to ensure an uninterrupted supply chain; provide relevant and timely medical information to Australian health professionals on their medicine portfolio; and conduct post-market monitoring of medicine use and safety.
- Elements of the supply chain including wholesalers, distributors, delivery companies and personnel who have responsibility for delivering medicines to pharmacies, hospitals and clinics.
- Community pharmacies which are the end of the supply chain and the interface with the consumer and responsible for the clinical care and professional support associated with the dispensing and supply of medicines. Community pharmacists are more than "retailers".

[8] https://www.ppaonline.com.au/programs/medication-management-programs/medscheck-and-diabetes-medscheck
[9] https://www.who.int/chp/knowledge/publications/adherence_full_report.pdf

The Guild strongly believes the medicines supply chain and community pharmacies should either be included in the definition of industry; or the objective amended to 'Maintaining a responsible and viable medicines industry and supply chain'.

The medicine supply chain as a whole is a critical function at all times; however, it is particularly important during times of disaster. As the Discussion Paper notes:

> *"The COVID-19 pandemic has highlighted the importance of an ongoing supply of medicines and the challenges in guaranteeing an uninterrupted supply chain… Reduced medication availability can have serious equity, clinical and economic outcomes for patients. This includes potential increases in out-of-pocket costs, medication errors, adverse events, or increased risk of mortality during times of shortage."*[10]

As private businesses, community pharmacies must be viable in order to operate and provide the Australian public with reliable and ongoing access to essential medicines and related services. Many community pharmacies operate for extended hours including evenings, weekends and public holidays, providing access to medicines and clinical services at times when many other primary health care providers are unavailable. Increasingly we are seeing community pharmacies in many regions extending their trading hours and in larger metropolitan centres, some pharmacies are open 24 hours a day, seven days a week. The provision of such services and ongoing trading hours can only be accomplished if the pharmacy business remains viable. Community pharmacies should also be recognised as the endpoint of the supply chain and the primary point of contact between consumers and their medicines. It is through this interface and the frequency of interactions where the greatest opportunity for QUM support exists.

As private enterprises, medicine distributers and wholesalers must also be viable in order to operate efficiently and effectively. Given the size of the country, Australia has an exceptional medicine distribution arrangement which provides for prompt delivery (usually within 24 hours) of essential PBS medicines to virtually any community pharmacy in Australia, irrespective of location and such capabilities must be recognised and continue to be supported. The role of the wholesaler comes to the fore during a disaster when they work with the local pharmacies to ensure people can access their medicines.[11]

We therefore consider that the supply chain as a whole is a critical component of Australia's medicine policy whose viability must be recognised in the NMP.

Reliable supply of medicines is critical for the ongoing health outcomes of the Australian public as well as for the efficient operations of the medicines supply chain. Medicine shortages are increasingly common,[12] requiring not only greater collaboration between elements of the supply chain but also greater investment by the elements of the supply chain to mitigate the risks from supply disruptions. Many pharmacies report having to increase staffing levels solely to manage PBS medicine shortages.

COVID-19 has also focused attention on the potential risks associated with obtaining medicines through international channels, and the consequences that could be experienced if supplies are extensive and prolonged.[13,14] The Guild supports encouraging the local manufacture of medicines and new therapeutics, for example mRNA vaccines. Also, as we have previously noted, it may be appropriate to include a

[10] https://consultations.health.gov.au/technology-assessment-access-division/national-medicines-policy-review/supporting_documents/NMP%20Review%20%20Discussion%20Paper.pdf
[11] https://ajp.com.au/news/the-fire-crisis/
[12] https://www.nps.org.au/australian-prescriber/articles/medicine-shortages-in-australia-what-are-we-doing-about-them
[13] https://www1.racgp.org.au/newsgp/professional/pandemic-challenging-australia-s-medication-supply
[14] https://www.minterellison.com/articles/medicine-shortages-in-australia-covid-19

recognition in the NMP of the importance of maintaining security of medicines including medical devices and vaccines, as this is not recognised in the current NMP.

Terms of Reference 2: Consider the definition of medicines and whether the NMP needs to be expanded to include health technologies.

Question 2A

Should the current NMP definition of medicines be expanded to include medical devices and vaccines? Why or why not? How would a change in definition of medicines be reflected in the policy's high-level framework?

The Guild agrees that technology has greatly advanced since the National Medicines Policy was published in 2000, and the NMP should keep pace with these advances to accommodate future technological developments. We generally agree with the proposal to include vaccines and medical devices in the NMP's definition of medicines; however, we highlight the following factors for the Review Committee to consider.

With the proposed principle of equity in mind, the funding sources for vaccines and medical devices must be considered to maintain "affordable access to medicines when needed irrespective of background or personal circumstance".[15] While it is important to recognise the broadening definition of medicines, vaccines and medical devices must be funded in a way that does not negatively impact prescribers, pharmacies or consumers.

For example, currently many medical devices are not funded as part of the PBS, however if the Australian Government were to propose funding more medical devices through the PBS, additional funds would need to be committed to accommodate this to avoid a significant overspend of PBS funds. Such devices may include, for example, implantable insulin-containing products. Any potential change in the definition of medicines would require a discussion and commitment from government to additional funding sources, as the PBS is not currently designed to fund a broader definition of medicines.

We also note that the Seventh Community Pharmacy Agreement (7CPA) contains a risk-share arrangement with the Australian Government which is based on the current definition of medicines.[16] We note that any change to the PBS would need to be first discussed with the Guild and the 7CPA risk-sharing arrangement would need to be adjusted to account for any change. This is critical to ensure that pharmacies are not financially impacted.

Technological developments and consumers' general understanding suggest that "medicines" are broadly defined, and we acknowledge that similar mechanisms of safety and regulation apply to both vaccines and medical devices as they do for medicines, albeit with differing approval mechanisms. However, any broadening of the definition of medicines would require sufficient government funding to be committed to ensure that prescribers, pharmacies and consumers are not financially impacted.

Question 2B

Does the policy's current title, the "National Medicines Policy", reflect the breadth of health technology developments within the policy's scope?

[15] https://www1.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf
[16] https://www.pbs.gov.au/info/general/seventh-community-pharmacy-agreement

If not, how best can these and future health technologies be better represented in the policy's title?

We acknowledge that it is becoming more difficult to distinguish between medicines and medical devices as technology advances. The Discussion Paper notes that "The emergence of new drugs and novel medical technologies have the potential to alter the boundary between the term 'medicine' and 'medical devices'."[17]

The Guild is open to an alternative name for the NMP, if vaccines and medical devices are included, to recognise the breadth of therapeutics reflected in the document. However, we again note that any change to the definition of medicines requires a discussion and commitment from government to additional funding sources, as the PBS is not currently designed to fund a broader definition of medicines.

Terms of Reference 3. Assess the NMP's utility in the context of rapidly evolving treatment options, population changes, interconnected relationships, and system-wide capacities.

Question 3A

How has the NMP been able to maintain its relevance and respond to the changes in the health landscape?

There are multiple factors contributing to the ongoing relevance and utility of the National Medicines Policy that we wish to highlight.

We note that the NMP has continued to be relevant and applicable despite changes in the health landscape because it has been crafted in a high-level format. The Guild supports the Review Committee's intention to review the NMP "as a high-level policy framework, rather than reviewing the activities and programs aimed at delivering the policy." We agree that "This will assist in future-proofing the policy, as adopting detailed program specific feedback within the policy risks dating the revised NMP and reducing its universality."[18]

As well as ensuring the NMP remains a high-level policy framework, it is important that it becomes a dynamic policy in order to maintain its utility, given the fast-paced nature of medicines, vaccines and medical devices development as well as changing consumer preferences and population health challenges. We recommend adding the principle of "dynamism" or "responsiveness" to reflect the dynamic nature of medicine usage and health demands in Australia. The addition of such a principle may encourage partners including government bodies to regularly consider the currency of the NMP and address any inconsistencies between the NMP and current practice.

Question 3B

How could the NMP be refreshed so that the policy framework is able to better address current and future changes in the health landscape? What is missing and what needs to be added to the policy framework, and why?

[17] https://consultations.health.gov.au/technology-assessment-access-division/national-medicines-policy-review/supporting_documents/NMP%20Review%20%20Discussion%20Paper.pdf
[18] https://consultations.health.gov.au/technology-assessment-access-division/national-medicines-policy-review/supporting_documents/NMP%20Review%20%20Discussion%20Paper.pdf

The National Medicines Policy should recommend that all health practitioners are enabled to work to their full scope of practice, to enable greater and more equitable access to health care. The National Medicines Policy should also reflect trends in the global health landscape to future-proof the policy and ensure it remains relevant and applicable to Australia's future healthcare system. This includes the global trend towards a preventative approach to healthcare. Deloitte notes the increasing amount of health data collected through "wearables and… sensors in the home, at work, and in the medical environment."[19] Healthcare is likely to become more participatory and personalised for individual consumers as this data from wearables is increasingly leveraged to improve health treatment, prevention and early diagnosis for consumers.

In Australia a National Preventive Health Strategy is being developed[20]. Community pharmacies are involved in preventive healthcare through providing vaccinations and multiple screening-based research trials such as the recently announced research trial for chronic kidney disease screening.[21] The Australian Government clearly supports the transition to a preventive healthcare system, and this transition should be reflected in the NMP.

Recent initiatives such as Australia's "national digital health record system, electronic medication management and real-time prescription monitoring provide a platform to reduce preventable harms and improve the quality use of medicines."[22] These developments must be incorporated into a refreshed NMP to support their full implementation across the health sector, in order to realise the benefits for consumers and other partners of the NMP and to maintain the relevance of the NMP.

Telehealth and other technological innovations benefit consumers in many ways; however, telehealth does not fulfill the need for consumers to physically access their local community pharmacy to obtain medicines. Therefore, consumers' equity of access to medicines, and the need for consumers to have a local pharmacy, is still a key priority regardless of technological innovations.

Another area of focus for the NMP should be on measuring health outcomes that are valued by consumers, as these outcome data support health funding decisions, and "improved access to real-world data in medicines use and patient-relevant outcomes including safety must be a priority."[23]

Trends in personalised medicine present opportunities for therapeutic optimisation and reduction in adverse events, in particular through advances in pharmacogenomics. The NMP should recognise the potential role that health providers, including pharmacists, can play in the medication management process, by using genomic testing and information to optimise outcomes for patients. The NMP Discussion Paper notes that "The Medical Services Advisory Committee (MSAC) currently considers genetic and genomic tests for public funding through the Medicare Benefits Schedule (MBS) as part of HTA processes."[24] We note that the use of pharmacogenomic testing and technology should not be confined to MBS-funded service settings, but instead it should be utilised throughout the patient journey including in community pharmacies. The use of pharmacogenomic technology must be funded based upon the NMP's principles of access and affordability for consumers to assist in "future-proofing" the NMP.

Another key consideration which must be added to the policy review process is a recognition of the needs of culturally and linguistically diverse consumers (CALD). This could be reflected by government bodies

[19] https://www2.deloitte.com/global/en/pages/life-sciences-and-healthcare/articles/global-health-care-sector-outlook.html
[20] https://www.health.gov.au/health-topics/preventive-health/about
[21] https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/117-million-investment-in-research-to-reduce-medication-harm
[22] https://www.nps.org.au/assets/p24-McLachlan-Aslani.pdf
[23] https://www.nps.org.au/assets/p24-McLachlan-Aslani.pdf
[24] https://consultations.health.gov.au/technology-assessment-access-division/national-medicines-policy-review/user_uploads/nmp-review---discussion-paper.pdf

endeavouring to include CALD consumers in consultation with partners about the NMP. The refreshed NMP may benefit from mentioning the need for empowered and sufficiently resourced health practitioners, including community pharmacists, to support CALD consumers. This includes not only CALD consumers but those who have a low level of health literacy and those from lower socio-economic backgrounds. There is a unique opportunity for community pharmacists, as highly accessible and knowledgeable health professionals, to support CALD consumers and those with low health literacy in relation to their medicines.

Terms of Reference 4: Consider the centricity of the consumer within the NMP and whether it captures the diversity of consumers' needs and expectations.

Question 4A

How can the NMP's focus on consumer centricity and engagement be strengthened? Is anything missing, and what needs to change?

We acknowledge that consumers are the central stakeholders and beneficiaries of a well-functioning National Medicines Policy and health system, and that the primary importance of consumer choice should be reflected in the NMP. However, it is not necessarily clear that there is a need for the National Medicines Policy to become more consumer-centric than it currently is. For example, this may be warranted if a systematic review has demonstrated that the current NMP has not been consumer-centric enough, however we are not aware of such a review having taken place. We recommend instead that Government agencies focus on implementing any consumer-based initiatives currently in the NMP or in implementation documents secondary to the NMP, to ensure that consumers are adequately represented.

We recommend that government bodies include more diverse sources of consumer representation in health and medicines-related committees. For example, this could include members of groups such as the Australian Patients Association, the Federation of Ethnic Communities' Councils of Australia (FECCA), the Council of the Ageing (COTA), Dementia Australia or Asthma Australia. It is important that any decision-making committees engage with a diversity of viewpoints, including voices who are engaged with consumers and therapies on the ground, so to speak.

The current NMP rightly notes that "partners must recognise the primary position of the consumer,"[25] stating that:

> *"This Policy recognises the fundamental role consumers have in reaching these objectives, and there needs to be a commitment from all partners to ensuring consultation with consumer representatives when new arrangements are contemplated."*[26]

A National Medicines Policy must focus on both the consumers of, and the suppliers of medicines, however broadly defined. Both consumers and suppliers are equally important for a holistic National Medicines Policy, however the current NMP only partly recognises the supply component through its objective of maintaining a responsible and viable medicines industry. Further, 'viability' is currently not well defined in the NMP and appears to be discussed only from the perspective of fiscal "efficiency".

[25] https://www1.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf
[26] https://www1.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf

We have seen during the recent bushfires and throughout the COVID-19 pandemic, that community pharmacies and supply chains are critical to the achievement of the NMP's objectives.[27] We again emphasise that community pharmacists should not be categorised as "retailers", but health professionals dedicated to supporting patients, and this role is not currently recognised in the current NMP. Dispensing of medicines must not be presented in the NMP as an administrative function, but instead highlighted as a clinical function.

With the above in mind, we consider the current NMP's focus on consumer centricity to be sufficient, and we have highlighted the other components above which could be strengthened.

Terms of Reference 5: Identify options to improve the NMP's governance; communications, implementation (including enablers) and evaluation.

Question 5A

What opportunities are there to strengthen governance arrangements for the NMP? What would these be, and why?

It is not clear that the current National Medicines Policy contains governance arrangements. The current NMP states that "Each partner shares responsibility to various degrees for achieving each of these objectives, and all partners need to consider these central objectives in any relevant initiatives."[28] This approach does not provide a sufficiently detailed governance framework for achieving NMP objectives.

In order to properly address Question 5A, we would ask the following questions of the Review Committee:

- What exactly are the governance arrangements?
- How is progress against the NMP objectives measured?
- How is progress against the NMP objectives publicly and transparently reported?
- To what degree are consumers (i.e., the public) aware that the National Medicines Policy exists?
- To what degree are the NMP's partners including consumers aware of their responsibilities according to the NMP?
- Do the partners of the NMP acknowledge that they are partners, and where have the partners demonstrated consideration of the NMP in relevant initiatives that they are involved in?

We acknowledge that there are documents secondary to the NMP which outline activities implemented by partners to achieve the objectives of the NMP. The National Strategy for Quality Use of Medicines[29] is an example of this type of document. We recommend that performance measures are incorporated into these secondary 'implementation' documents instead of in the NMP.

There are many opportunities to strengthen governance arrangements in the NMP, as the current governance arrangements are not clear. The review committee should consider whether governance arrangements are included in the NMP or in secondary documents. Additionally, the above questions should be addressed in order for the NMP to contain effective governance arrangements.

[27] https://www.mdpi.com/2226-4787/9/3/142/pdf
[28] https://www1.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf
[29] https://www1.health.gov.au/internet/main/publishing.nsf/Content/3B48796D9E2DDD8ACA257BF00021DDB8/$File/National-Strategy-for-Quality-Use-of-Medicines.pdf

Question 5B

How can communication about the NMP be enhanced or improved?

It is currently unclear whether the Australian public is sufficiently aware of the existence of the National Medicines Policy and its role in our health system. It is also unclear whether all partners in the NMP are aware of their responsibilities according to the NMP and whether they consider the NMP's objectives when undertaking each of their responsibilities. Therefore, all partners would benefit from the Australian Government Department of Health communicating more about the NMP with the partners, including consumers.

We emphasise the importance of government increasing engagement not only with consumers, but with actively engaged practitioners. Governance arrangements within the NMP must include strategies and processes to enable effective exchange of information between partners concerning specific NMP issues.

We also agree with the comment in the Discussion Paper that "Ensuring clear links to the NMP are communicated could promote public recognition of a strategically aligned approach and promote visibility of the key partners and their work in delivering the NMP's objectives."[30]

Question 5C

What would be effective mechanisms to support communication about the policy?

It would be beneficial to include mechanisms for communicating to partners about the NMP on a regular basis. This would be particularly useful for informing partners of progress made on the NMP's objectives, and for updating partners on changes to documents or strategies that directly relate to the NMP.

We note that the Discussion Paper suggests exploring opportunities to better facilitate a two-way exchange of information for stakeholders to raise and consult on specific NMP issues. An example is to leverage established structures of consultation such as the current processes for partners to comment on submissions to the PBAC or in response to post-marketing reviews (PMR). The Guild would support using established structures such as these.

Terms of Reference 6: Review the NMP partners and provide options for building greater accountability including addressing conflicts of interest.

Question 6A

How should the NMP's 'partnership-based' approach be defined?

The National Medicines Policy's 'partnership-based' approach should contain more detail about each partner and their general responsibilities. Currently the NMP mentions broad categories such as health practitioners and industry, however the partners within these broad categories are not specified.

We recommend including more definition around partners within each category, particularly in the 'medicines industry' category, to provide clarity for partners as to their specific responsibilities in the NMP.

[30] https://consultations.health.gov.au/technology-assessment-access-division/national-medicines-policy-review/supporting_documents/NMP%20Review%20%20Discussion%20Paper.pdf

Question 6B

What is missing from the policy's reference to the NMP partners? Are there other partners that should be included in the policy? Who would they be and why?

The Guild recommends that the role of community pharmacists as primary health care professionals is recognised in the National Medicines Policy. The use of the term "retailers", without mentioning community pharmacy specifically, overlooks the important role that community pharmacies play in monitoring the supply of non-prescription medicines, assessing the therapeutic appropriateness of their use, and ensuring consumers understand how and when to correctly use a non-prescription medicine.

We suggest an alternative phrasing to identify partners in the 'Making the partnership work; Access to medicines' section of the NMP:

- Health practitioners and community pharmacies, in relation to recommending, prescribing, dispensing or providing particular medicines.

- Other retailers, in relation to providing lower-risk unscheduled products.

The current NMP mentions the "retail supply of medicines" and "healthcare practitioners" but it does not recognise the critical role of community pharmacies in providing services that support the quality use of medicine by consumers. We have seen for example during the recent bushfires and throughout the COVID-19 pandemic that community pharmacies and supply chains are critical to the achievement of the NMP's objectives.[31] Community pharmacies are healthcare environments where sales of non-prescription medicines are monitored for safety, appropriateness and misuse, whereas other retailers (e.g., supermarkets, convenience stores) do not have a role in monitoring the appropriate use of medicines. With this in mind, we recommend that where the NMP currently mentions 'retail' or 'retailers' this is replaced by wording that identifies and distinguishes between 'community pharmacies' and 'other retailers'.

The medicines supply chain should be recognised in its entirety as a means of delivering medicines consumers, with the critical QUM support occurring at the pharmacy interface between pharmacist and patient. This is a critical function at all times of the year; however, it is particularly important during times of disaster. The Discussion Paper highlights the importance of an uninterrupted supply chain to maintain medicines availability and avoid "potential increases in out-of-pocket costs, medication errors, adverse events, or increased risk of mortality during times of shortage.[32]" Therefore all components of the supply chain should be recognised in the NMP.

We also recommend including more diverse sources of consumer representation in health and medicines-related committees. It is important that any decision-making committees engage with a diversity of viewpoints, including lesser-heard voices who are engaged with consumers and therapies on a daily basis.

[31] https://www.mdpi.com/2226-4787/9/3/142/pdf

[32] https://consultations.health.gov.au/technology-assessment-access-division/national-medicines-policy-review/supporting_documents/NMP%20Review%20%20Discussion%20Paper.pdf

Question 6C

How could the NMP be refreshed to support greater accountability amongst the NMP partners?
How could the partnership approach be improved?

Greater clarity of the responsibilities of the NMP partners will support greater accountability amongst the partners. For example, the partners and their responsibilities could be presented in a more visual manner such as a chart to clearly show the responsibilities of each partner in funding, supporting or undertaking QUM and medicines-related activities. Responsibilities that are common between certain partners could be outlined, and the responsibility of Commonwealth and State and Territory Governments in funding and coordinating programs, guidelines and schemes should be highlighted to reflect their unique role.

Additionally, we recommend that the NMP stipulates an expectation of respectful communication when negotiating with stakeholders. All partners must act and operate respectfully toward each other, and this includes partners' interactions with government agencies. Any partners found to be engaging in disrespectful conduct must be held to account to maintain the integrity of partner communications.

Question 6D

How are conflicts of interest currently managed and should more be done to address this amongst the NMP partners?
What approaches could be taken?

Conflicts of interest are not currently addressed in the NMP; however, it is understood that they are managed by the partners as part of their professional responsibility. Our responses to the previous questions highlight the importance of further clarifying the partners and listing their responsibilities to support greater accountability. The National Medicines Policy in itself cannot manage conflicts of interest; rather, conflicts of interest should be managed by the partners when undertaking their responsibilities in the NMP, including when delivering programs and schemes related to the NMP.

We highlight that a significant conflict of interest exists between the NMP's objectives and the operations of supermarkets and other retailers in their supply of non-prescription medicines. For example, Quality Use of Medicines is one of the NMP's objectives, however supermarkets sell non-prescription analgesic drugs such as paracetamol and ibuprofen, medicines for the treatment of gastro-oesophageal reflux, laxatives and other medicines without quantity restrictions, without providing advice on usage, and sometimes incentivised by loyalty programs or other inappropriate promotion.

Such practices are contrary to the QUM objectives of minimising harm and maintaining consumer safety. The Guild recommends that the NMP recognises that the supply of unscheduled medicines through non-healthcare environments such as supermarkets carries risks of adverse outcomes for consumers.