

Medication Services

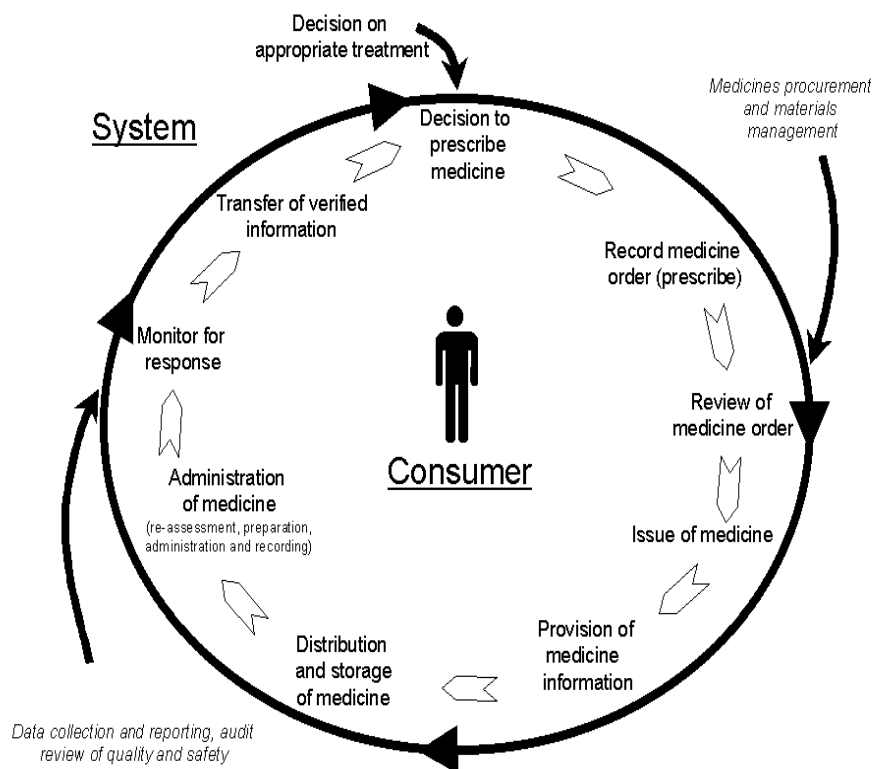
Module overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including the glossary and acronym list).

Medication management is 'a system of processes and behaviours that determines the way medications are used or handled by patients and by organisations'.¹ Medication management involves individuals and organisations, and includes all aspects of medication supply and use, as well as the management of those services. Medication management is centred on the consumer and their needs.

Service providers must follow the Australian Pharmaceutical Advisory Council's *Guiding Principles to Achieve Continuity in Medication Management* (July 2005),² which describes the medication management cycle. This cycle has 10 key components for direct patient care, and two aspects of a system to support direct patient care (Figure 1).

Figure 1: Medication management cycle showing patient-specific and central support activities³



Adapted from the Journal of Pharmacy Practice and Research 2004; 34(4):294

For the purposes of this Framework, medication services provide components that make up the medication management cycle, excluding:

- decisions on appropriate treatment
- decision to prescribe medicines
- medicines order recording
- medicines administration.

These actions are generally undertaken as part of other clinical services. However, medication services includes the monitoring and review of these components in order to minimise patient risk, and may also include recording orders on medication charts as part of an agreed role within healthcare settings. Medication services do not include clinical toxicology services but may include the provision of poisons information.

The provision of medication services involves multiple individuals and organisations and spans both the community and acute sectors of public and private healthcare. Therefore, any reference to on-site pharmacists may include pharmacists who are contracted from local community pharmacies or other third party providers to deliver medication services to local facilities.

Key principles in the provision of medication services are those expressed in the Australian Council on Healthcare Standards and reflected in the International Pharmaceutical Federation's *Consensus Statement on Hospital Pharmacy*.⁴

Four important steps that a service can take to ensure safe and effective practice are:

- ensuring patients have timely access to the medications they need
- taking an accurate and comprehensive history of a patient's current medication regimen⁵
- reviewing and assessing that regimen against any prescribed regimen, medical conditions and admission plan, and acting on potential problems (medication reconciliation⁶ and medication review²)
- providing correct and timely information about medications to patients and their primary care providers.

The principles of the National Medicines Policy must guide the provision of medication services.⁷ These services must also comply with relevant statutory regulations, and other policies and protocols regarding the quality use of medicines.

Information and communication technology software and equipment can assist a facility to safely, legally and efficiently provide medication services. Equipment that may be available, depending on the level of service and information technology infrastructure, can include:

- sufficient numbers of computers with reliable internet connections located where they can be used effectively in the delivery of medication services
- equipment to enable the provision of medication services via telehealth, if the use of such a resource is part of a facility's service delivery strategy
- a wireless local area network, and requisite mobile devices and equipment (e.g. a laptop, portable printer, label printer and portable tablet), particularly to enable rural and remote facilities to streamline their work processes and day-to-day workflow.

Medication service providers must assess each patient's medication risk, and must be trained and clinically skilled in making these judgments. Medication risk refers to the possibility of potential or actual harm from medication management. The service must be able to manage complex and unstable patients of different ages with comorbidities and/or complicated therapeutic needs until transfer to a higher level service is available. As patient complexity and medication risk level increases, the number of patients for whom a single pharmacist can provide clinical services decreases.

The nature of the medication used can contribute to risk due to the complexity of care associated with specific medications, such as:

- the requirement to prepare or administer the medication
- monitoring to ensure safe and effective medication treatment (e.g. monitoring required when administering inotropic medications)
- inherent action of the medication itself (i.e. the possibility and consequences of adverse outcomes).

The prescribers' level of experience and training can also influence medication risk. For example, teaching facilities where medical services are provided by more junior registered medical practitioners or those less experienced with the facility's systems, practices and standards may require more support from medication service providers.

A triage approach based on medication risk should be used to determine the optimal service level mix in a facility at any time. The management of patient medication risk may guide the implementation of services in line with this Framework in order to deliver effective services.

Service networks

In addition to service network requirements outlined in the Fundamentals of the Framework, specific service network requirements include:

- for some sites—access to remote pharmaceutical review (or telepharmacy) and medication services oversight, which are conducted by a pharmacist at a larger hospital and supported by nursing staff at a smaller site:
 - Levels 1 and 2 medication services primarily receive telepharmacy
 - Levels 3, 4, 5 and 6 medication services sites may provide telepharmacy to smaller sites where there is no on-site pharmacist
 - Levels 3 and 4 medication services may receive telepharmacy if a more complex patient presents and needs input from a specialist pharmacist.

Service requirements

In addition to service requirements outlined in the Fundamentals of the Framework, specific service requirements include:

- legislation requirements relating to extemporaneous and sterile (aseptic) dispensing and the dispensing of antineoplastic drugs (i.e. service providers must comply with current regulatory requirements that apply to their service level)
- services preparing, compounding, manufacturing and repackaging medications (e.g. into dose administration aids or unit-of-use packs) follow the guidelines and requirements of the *Code of Good Manufacturing Practice* and the relevant standards of the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia, and must comply with the Therapeutic Goods Administration's relevant Australian standards, including AS1386:1989 Clean Rooms and Clean Workstations
- access to appropriate facilities for cytotoxic reconstitution either on-site (if the health facility complies with AS4273, AS2567, AS2639 and AS/NZ ISO14644 and has appropriately trained staff) or access to an off-site provider (Therapeutic Goods Administration's Good Manufacturing Practice registered provider) for cancer-related medication services that support clinical oncology and haematology services for the supply of reconstituted cytotoxic products, and the service must comply with Workplace Health and Safety Queensland's *Guide for Handling Cytotoxic Drugs and Related Waste*
- use of the guidelines and requirements of the Society of Hospital Pharmacists of Australia's relevant standards and the Clinical Oncology Society of Australia's Guidelines for the Safe Prescribing, Dispensing and Administration of Cancer Chemotherapy
- current editions of reference materials recommended by the Pharmacy Board of Australia be made available at every dispensary

- occupational health and safety requirements, which services must consider in workplace design, equipment and procedures, particularly in relation to chemical management, manual handling and biological risks (e.g. sharps) while also complying with relevant legislation and standards.

Workforce requirements

In addition to workforce requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

- at all service levels staff must hold qualifications and any registration with professional bodies that allows them to provide these services under the relevant statutory regulations
- staff must be trained and assessed as competent to deliver required services
- staff must be trained and assessed as competent in the statutory requirements regarding the issue and storage of medicines
- processes must be in place to enable staff to establish and maintain their competencies or recency of practice in medication service provision; staff who dispense or supply medication must have competencies at least equal to those that pharmacy support staff require—currently a Certificate III or competence in the relevant modules within the certificate qualification
- sufficient staff and triage processes to provide timely services to patients based on medication risk and potential for harm, and adequate supervisory processes if pharmacy support staff have expanded roles
- emerging pharmacist roles relating to other parts of the medication management cycle should be evaluated and, where beneficial, incorporated into a documented clinical governance process for inclusion in the medication services framework
- where sites have access to robotics and automation to facilitate medication distribution and dispensing, staff using such technologies should be trained in optimal use of this equipment and software applications.

Level 1 Medication Service

Service description

A Level 1 service provides services to the ambulatory population with a low medication risk. This service is not limited to rural and remote areas, and may include services provided in other community health centres.

Service requirements

As per module overview, plus:

- medication services including:
 - triaging to match minimum service requirements to patient medication risk, prioritise service delivery, allocate resources to patients with higher service needs, identify those patients with a higher service need than the facility can provide and activate relevant referral pathways
 - recording a medication history and confirming a patient's current medication regimen as part of the medication reconciliation process, which must reflect the scope of practice of the practitioner providing the service and include triggers for referring a patient to a pharmacist or doctor if their needs are outside that scope of practice
 - confirming and documenting adverse drug reaction/allergy
 - issuing medications, and maintaining supply or dispensing records
 - providing basic medicines information to patients verbally and in writing (including information on how to take medicines, common side effects, and storage at home) within the scope of practice of staff providing the medication service, and staff access to a pharmacist able to provide higher level services or a specialist medicines information service if patients require more complex medicines information
 - managing a medication inventory (e.g. purchasing, ordering, and rotating and controlling stock)
 - safely purchasing, distributing and storing medications in the facility in accordance with legislative and non-legislative requirements, and relevant state drug policies and formulary
- medications supplied on individual prescription from a community pharmacy, primary health care clinic or higher level service
- documented processes in place for providing medications that require compounding
- service operates within a defined drug policy and guideline framework—which covers, for example, practices, charges for medications supplied after hours, the use of patients' own medications, and drug usage or purchasing—developed by a higher level service or central organisation (e.g. Medication Services Queensland or a private provider)
- where there is no pharmacist employed, on-site medication service oversight provided by a pharmacist located elsewhere from a higher level service (e.g. via telehealth) or through a documented process with a community pharmacist
- links to other relevant services to support patients taking medications (e.g. Aboriginal and Torres Strait Islander medical services or community nursing services)
- access in the dispensary (either on-site or located off-site where services are provided under a service agreement) to computer hardware and software needed to meet statutory requirements for recording and dispensing medications and to support medication inventory management

- access to communication technologies including:
 - telehealth facilities where this has been identified as a means of providing medication services and oversight
 - a reliable internet connection with sufficient capacity to enable access to higher level medication information and support information systems
- access to print and online reference material recommended by the Pharmacy Board of Australia, and published guidelines for medication management and medication information services, including poisons information services
- access to a suitable medication distribution or wholesaler network for supply of medications to maintain a requisite medication inventory
- medications may be sourced from a regional hospital or by direct delivery from a wholesaler
- service may be provided by a pharmacist, rural isolated practice registered nurse (RIPRN), authorised Aboriginal and Torres Strait Islander health worker or other health worker as allowed by legislation.

Workforce requirements

As per module overview, plus:

Medical

- may have access to a registered medical practitioner for prescriptions

Nursing

- access to a registered nurse, Nurse Practitioner and/or RIPRN for facilities in rural and remote areas

Allied health

- a pharmacist will be involved in the provision, supervision and monitoring of services offered by a facility capable of providing a Level 3 service or above
- access to a community pharmacist through a documented process

Other

- access to an authorised Aboriginal and Torres Strait Islander health worker or other health worker (e.g. isolated practice paramedic or physician assistant) for facilities in rural and remote areas.

Level 2 Medication Service

Service description

A Level 2 service provides a limited ambulatory and inpatient clinical pharmacy service, and complies with relevant statutory regulations regarding the provision and quality use of medications. The service is able to provide a medication service to adult and paediatric patients who have a low medication risk.

Service requirements

As per Level 1, plus:

- medication services including:
 - independent medication reviews to identify and evaluate potential risks, and a doctor or pharmacist to take action, wherever necessary
 - access to regular pharmacist medication review for long-stay patients (not restricted to but including aged care patients e.g. where the facility has designated beds for nursing-home-type care) when there are changes to medications or to expected outcomes
 - transfer of verified medication information to the healthcare provider/s continuing a patient's care on discharge (e.g. provision of a discharge medication record to a patient's nominated registered medical practitioner and/or community pharmacist)
- medications for inpatients (supplied on the basis of a legal and safe written order) may be sourced from either a regional hospital or by direct delivery via a community pharmacy (where service agreements allow) or, alternatively, patients may use their own medications during admission where there are safe storage arrangements and processes in place for the use of these medications and their return to patients on discharge
- medications for ambulatory and inpatients on discharge supplied on individual prescription from either a community pharmacy, registered medical practitioner, the hospital or a higher level service with documented processes in place for the provision of medications that require compounding
- documented multidisciplinary processes for overseeing and monitoring drug utilisation, medication service provision and medication safety (e.g. a drugs and therapeutics committee or equivalent) with local monitoring, including reporting on key performance indicators developed in collaboration with a higher level service or central organisation, and having a higher level service provide oversight and governance where these links exist
- intermittent visits from a sessional or part-time pharmacist, or visiting pharmacist from a regional hospital (may be via outreach pharmacy or telepharmacy services) who oversees medication services, particularly to inpatients, which may involve a documented process with a community pharmacist
- access to more specialised pharmacist support from a higher level facility or central organisation (e.g. medication administration advice or specialty medicines information services)
- established documented processes and referral mechanisms for access to pharmacist support, and an outreach or telehealth service from a higher level service or community pharmacist
- services may be provided predominantly by registered nurses or other health workers as allowed by legislation.

Workforce requirements

As per Level 1, plus:

- where a Level 2 service is provided by a higher level of service
 - medications may be supplied by the higher level pharmacy
 - pharmacists are involved in the provision, supervision or monitoring of services provided
 - pharmacy assistant staff may be required
- some Level 2 services outpatient medication supplies may be outsourced to community pharmacies or a medical practitioner with right of dispensing under a documented process

Medical

- as per Level 1 service

Nursing

- as per Level 1 service

Allied health

- pharmacists trained and assessed as competent based on the General Level Framework or an equivalent professional competency framework to provide clinical services and oversee medication services
- where the service is provided by a community pharmacy or other third party provider, the contracted provider is responsible for competency assessment and training of the staff providing the service under a documented process

Other

- as per Level 1 service.

Level 3 Medication Service

Service description

A Level 3 service provides a clinical pharmacy service on weekdays through an on-site pharmacy or a contracted service, and includes an out-of-hours medication mechanism and access to a pharmacist for emergency advice 24 hours a day. The service provides a medication service to patients up to a medium medication risk level. The service is provided predominantly to inpatients but may include limited hours of service to dispense medication to ambulatory patients.

Service requirements

As per Level 2, plus:

- medication services provided include:
 - independent medication review by a pharmacist, including assessing medication therapy in line with current best available evidence
 - identifying and investigating actual or potential drug-related problems, including drug–patient, drug–drug, drug–food or drug–disease problems
 - determining and following a course of action to resolve problems or minimise a patient’s medication risks
 - ensuring medication orders are legible and safe, including drug, form, route, dose and frequency
 - monitoring treatment efficacy and patient response to therapy, including biochemistry, microbiological culture and sensitivities, and therapeutic drug monitoring, prioritising higher risk patients or patients taking higher risk drugs
 - liaison with community health providers (e.g. a registered medical practitioner [general practitioner] or community pharmacist) about medications, including transferring verified medication information (i.e. provision of a discharge medication record)
- service provided either by a pharmacist employed on-site or under a documented process with a community pharmacy or third party provider
- pharmacist available during designated business hours with documented processes in place to access medications and clinical services outside these hours (after-hours service may be provided by a higher level service under a documented process)
- access to relief/locum pharmacist services, as required
- access to other health professionals on the multidisciplinary team, as required
- provision of medicines information to general or junior-level health professionals within scope of practice of the pharmacist accessing and interpreting the medicines information and, should access to information resources beyond those available at a facility be required or where more complex medicines information questions need answering, staff have access to a pharmacist able to provide a higher level service or specialist medicines information
- access to basic, non-sterile extemporaneous compounding and sterile, individually compounded products, excluding cytotoxic/chemotherapy and medications that require a higher level of specialist support, and where use of these products is within the pharmacist’s scope of practice (if compounding is performed, it is undertaken in line with the principles of the Code of Good Manufacturing Practice, but, ideally, where time constraints allow, products are sourced from a provider with the capacity to control the quality of extemporaneously prepared products)
- timely access to clinical information, including medical records and pathology results

- reliable access to a dedicated desktop and/or laptop computer in the ward/clinical area, or equivalent (e.g. electronic tablet), if wireless technology is available
- access to financial and/or administrative support, as required (e.g. for drug claims and billing, if required by the service)
- appropriate facilities, if non-sterile compounding is undertaken by the service
- may have regional responsibilities across a defined area, providing support and medication service oversight to lower level services through intermittent visits, via outreach pharmacy or telepharmacy services, or through other means
- may be a recipient of telepharmacy services if more complex patients require input from a specialist pharmacist or higher level service.

Workforce requirements

As per Level 2, plus:

Medical

- documented processes are in place with treating registered medical practitioners for consultation if changes in a patient's medication risk or presentation complexity are beyond the staff's scope of practice

Nursing

- as per Level 1 service

Allied health

- an on-site and/or contracted pharmacist, supported by technical and assistant staff, to provide services, as required, during business hours with documented processes for access to medications and clinical services after hours (i.e. a higher level service may provide an after-hours service under a documented process)
- pharmacists competent in the statutory requirements regarding issuing and storing medications, drugs and poisons and, if required by the service, non-sterile compounding
- access to specialist pharmacists (access may be by telephone)
- sole pharmacists with training and competency in less frequently used skills, such as basic extemporaneous compounding

Other

- pharmacy support staff are available to ensure that the pharmacist is best utilised to provide a clinical service.

Specific risk considerations

In addition to risk management outlined in the Fundamentals of the Framework, specific risk management requirements relevant to Level 3 medication services include:

- where a service is provided under a documented process with a community pharmacy or other private service provider, the pharmacy or service provider demonstrates compliance with recognised quality standards.

Level 4 Medication Service

Service description

A Level 4 service provides a medication service to patients with a medium to high medication risk. Such patients are likely to have complex and competing therapeutic needs, and multiple comorbidities that the service must consider when optimising therapy.

Service requirements

As for Level 3, plus:

- medication services including:
 - timely medication reconciliation for inpatients targeting points of entry into the acute care system (e.g. via emergency department)
 - proactive input into the multidisciplinary team, such as influencing therapeutic decision-making in ward rounds or team meetings to effect changes to patient care
 - education for patients and their families about medication management (e.g. provision of cardiac rehabilitation training), as required, to support the patient care programs of other clinical services that the facility provides
- a Quality Use of Medicines Program, which includes:
 - the development of local medication policy
 - pharmacist participation in the decisions made by a facility's drugs and therapeutics committee, or equivalent, and where applicable, clinical networks
 - an ongoing drug utilisation evaluation program
 - medication safety strategies that should include training and mechanisms to ensure the competency of staff from all disciplines involved in medication management
- an after-hours, on-call service for medication supply and clinical services, including medicines information, available 24 hours
- more than one pharmacist employed or contracted and available on-site
- services provided to inpatients and may be provided to ambulatory patients as part of specialty clinics (e.g. cardiac or pre-admission clinics, community mental health clinics—where they may operate in the facility) and may have limited dispensing for ambulatory patients (for private facilities, where permitted by the licence for the pharmacy for the service)
- provision of medicines information to general or junior-level health professionals and senior/consultant-level medical staff, within scope of practice of the pharmacist accessing and interpreting the medicines information, as well as staff access to a pharmacist at higher level services or a medicines information service if access to information resources beyond those available at the facility are required or where answers to more complex medicines information questions are required
- medication distributed and stored by the facility and, as required, to any lower level service that is safe, meets legislative requirements and assures the quality of the medicinal products (e.g. maintains cold chain)
- access to basic, non-sterile extemporaneous compounding and sterile, individually compounded products (excluding cytotoxic/chemotherapy and medications that require a higher level specialist support) if the use of these products is within the scope of practice of the pharmacist or trained support staff, providing:
 - appropriately maintained facilities and equipment are available

- staff undergo competency assessment in relevant practices
- documented processes are in place for providing medications that require more compounding or preparation
- may provide support for clinical trial medication distribution as part of a limited clinical trial management service where other clinical services sponsor or participate in clinical medication trials.

Workforce requirements

As per Level 3, plus:

Medical

- as per Level 3 service

Nursing

- as per Level 1 service

Allied health

- services provided by on-site pharmacists supported by technical and assistant staff
- sufficient number of employed pharmacists to provide services to patients, including timely action as per a risk-based triage process
- general or junior-level pharmacists mentored or clinically supervised by a specialist or advanced-level practitioner where applicable
- a process in place to enable pharmacists to establish and maintain their competencies in providing clinical and related medication services, including, where relevant, access to pharmacy clinical mentorship to support interns, new graduates and pharmacists who are new to hospitals
- where services are provided by a separate, private service provider, Level 4 service expectations are explicitly outlined in documented processes between the facility and the private service provider

Other

- sufficient trained pharmacy support staff available to perform support tasks, such as assisting with dispensing and medication distribution.

Specific risk considerations

As per Level 3, plus:

- a quality assurance program for validating and monitoring aseptic compounding processes⁸ where provided.

Level 5 Medication Service

Service description

A Level 5 service provides services to patients up to a very high medication risk level. This level service has the capacity to act as a referral service for very high-risk patients except those who need statewide specialist clinical services, such as a transplant, or the most complex patients. A Level 5 service provides an on-site pharmacy with clinical pharmacy services.

Service requirements

As per Level 4, plus:

- medication services provided include:
 - an extended-hours service with a pharmacist available 24 hours a day
 - teams of pharmacists or contracted pharmacists, including advanced-level pharmacy practitioners, employed full time or located on-site and providing services under a documented process
 - medications and clinical services for inpatients, day patients and, where applicable, ambulatory patients in specialty clinics
 - a dedicated clinical service may be provided to specific clinical service areas, particularly an emergency department, perioperative services, rapid assessment medical units and chronic disease clinics (e.g. heart failure clinic)
- basic, non-sterile, extemporaneous compounding possibly with limited small-batch manufacturing for local hospital use, and sterile, individually compounded products (e.g. chemotherapy including parenteral, targeted and oral chemotherapy) if the use of these products falls within the scope of practice of the pharmacist or trained support staff providing supporting medication services
- the capacity to respond to requests for medicines information related to direct patient care in a timely manner, either through a medicines/drug information service or a service provided internally
- a medicines/drug information service, where provided, that:
 - is provided by pharmacists trained in information retrieval and interpretation
 - has a broad resource base
 - has a dedicated work space
 - has defined processes for referral and response, and a quality assurance system
 - supports the operation of a facility-level drugs and therapeutics committee and drug utilisation evaluation program by retrieving, critically appraising and summarising available best evidence, and by helping to develop local medication management–related guidelines
- where other clinical services sponsor or participate in clinical medication trials, the service has the ability to provide management and support for medication clinical trials in terms of medication provision, trial documentation, quality assurance and operational advice (this service may also be provided for trials sponsored by pharmaceutical companies)

- the service may actively participate in multidisciplinary research activities to contribute to the evidence base for optimal medication management in addition to clinical trial management services and may involve local project development and implementation or participation in practice improvement initiatives or research projects sponsored by central organisations (e.g. Medication Services Queensland, corporate or institution) or external collaborators such as universities
- where the facility is a training site for medical and nursing professions, the service actively contributes to the teaching programs sponsored by other clinical services and in collaboration with higher education providers
- timely access to print or online references recommended by the Pharmacy Board of Australia, to published guidelines for medication management and to specialised medicines information resources that reflect the nature and complexity of medicines information needs that the service meets (e.g. access to a medical library and bibliographic databases).

Workforce requirements

As per Level 4, plus:

Medical

- access to registered medical specialists, as required

Nursing

- as per Level 1 service

Allied health

- pharmacists and support staff trained and assessed as competent in providing services as part of a competency process, including validation for any aseptic compounding processes
- a team of on-site pharmacists, including advanced-level practitioners (specialist and generalist) and pharmacists experienced in and aligned with clinical specialist services
- sufficient number of employed pharmacists to provide services to patients, including timely action as per a risk-based triage process, and to cover services provided to clinics and the emergency department at peak times (if the facility provides such a service), including pharmacist leave cover and, if provided, outreach or remote pharmaceutical review services
- access to at least one pharmacist available on-site trained in the assessment of pharmacist competency and pharmacists providing clinical supervision trained in this activity
- where pharmacists provide medication services beyond the facility (i.e. wider district, regional or community role, participation in clinical networks), facility management should ensure access to sufficient pharmacist and support staff resources to cover expanded service while maintaining timely access to clinical and related services within the facility. This includes the availability of pharmacist/s for provision of remote pharmaceutical review (telepharmacy) or consultation from lower level services, if required

Other

- as per Level 4 service.

Level 6 Medication Service

Service description

A Level 6 service provides services for patients with the highest level of medication risk (i.e. high risk with complexity). This level service also acts as a referral service for all lower level services across the state (i.e. a statewide and/or superspecialty service), accepting referrals, including interstate, where applicable. A team of pharmacists, including specialist advanced-level pharmacists aligned with clinical specialist services, provides medication services.

The clinical pharmacist dedicated to a clinical unit is an advanced-level practitioner (specialist and/or superspecialist) with expertise in the clinical area. A Level 6 service is accessed as a statewide, organisational or institutional resource, and may be recognised at a state and national level as providing the highest level of service.

Service requirements

As per Level 5, plus:

- development of local medication management-related guidelines as part of its participation on the local drugs and therapeutics committee with staff from a Level 6 service participating in the guideline development processes for statewide, organisational, institutional and/or national guidelines
- a specialised or statewide medicines and drug information service, and/or poisons information service may be provided.

Workforce requirements

As per Level 5, plus:

Medical

- as per Level 5 service

Nursing

- as per Level 1 service

Allied health

- provided by a team of:
 - pharmacists in training
 - junior- or general-level pharmacists
 - advanced-level pharmacists in training
 - advanced-level pharmacy practitioners with advanced knowledge and skills in the specific Level 6 specialty area
 - pharmacists aligned with clinical specialist services, and supported by technical and assistant staff including pharmacy technicians and assistants in training
- specialist and consultant pharmacists who form part of a statewide network, and may be accessed as a resource for statewide and, where relevant, interstate consultation if the service is part of a documented referral process (optional)

Other

- as per Level 4 service.

Legislation, regulations and legislative standards

In addition to what is outlined in the Fundamentals of the Framework, medication services must comply with the following legislation, regulations and legislative standards and, where a pharmacist provides medication services, there are further competencies and professional and clinical standards that must be adhered to. In the case where other clinicians (e.g. medical, nursing including Nurse Practitioners, paramedic, physician assistants or authorised Aboriginal and Torres Strait Islander Health Workers) provide medication services, their scope of practice must include competency in providing medication services to a standard that ensures consistent and safe medication management for the patient, in line with related pharmacist competencies.

These include but are not limited to:

- Australian Government. National Health (Pharmaceutical Benefits) Regulations 1960. www.austlii.edu.au/au/legis/cth/consol_reg/nhbr1960445/
- Australian Standards including:
 - AS 1386-1989 (Clean rooms and clean workstations)
 - AS4273-1999/Amdt 1-2000 (Design, installation and use of pharmaceutical isolators)
 - AS2567-2000 (Laminar flow cytotoxic drug safety cabinets)
 - AS2639-1994 (Laminar flow cytotoxic drug safety cabinets—Installation and use)
 - AS/NZ ISO 14644.4:2002 (Clean rooms and associated controlled environments - Design, construction and start-up)
- Queensland Government. Queensland Health Drug Therapy Protocol: Aboriginal and Torres Strait Islander Health Worker Isolated Practice Area, March 2008. www.health.qld.gov.au/ph/documents/ehu/dtp_indig_worker.pdf
- Queensland Government. Queensland Workplace Health and Safety Strategy: Guide for Handling Cytotoxic Drugs and Related Waste. Department of Industrial Relations; 2005. www.deir.qld.gov.au/workplace/publications/guides/cytotoxic/index.htm
- The Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) published by the Commonwealth (current edition)
- Workplace Health and Safety Regulation 2008, in particular, Part 16 Hazardous Substances, Division 3. Suppliers concerning Material Safety Data Sheets.

Non-legislative standards, guidelines, benchmarks, policies and frameworks

As per the Fundamentals of the Framework, plus:

- Australian Government. National Medicines Policy. Canberra: Department of Health and Ageing; 2000. www.health.gov.au/
- Australian Government. Department of Health and Ageing. Pharmaceutical Benefits Schedule. www.pbs.gov.au/pbs/home
- Australian Pharmaceutical Advisory Council (APAC) guiding principles and guidelines
- Clinical Oncological Society of Australia. Guidelines for the safe prescribing, dispensing and administration of cancer chemotherapy. COSA; 2008. www.cosa.org.au/File/Reports/Guidelines%20for%20Chemo%20book.pdf
- Code of Good Manufacturing Practice (current edition)
- Guide to Registered Nurses (RN) Undertaking 'Supply' of Medications (2002)

- Queensland Government. List of Approved Medications (LAM) for Queensland Hospitals
www.health.qld.gov.au/qcss/mapsu/sdl.asp
- Pharmaceutical Society of Australia (PSA) standards and guidelines
- PIC/S Guide to Good Practices for the Preparation of Medicinal Products in Healthcare Establishment Pe010 2008
- The Pharmacy Guild of Australia. The Quality Care Pharmacy Program Standards (for Community Pharmacies). www.health.qld.gov.au/qcpp/content.asp?id=807
- Queensland Health Pharmacy Procedures (for public hospitals)
- The Pharmacy Board of Australia codes and guidelines
www.pharmacyboard.gov.au/Codes-and-Guidelines.aspx
- The Society of Hospital Pharmacists of Australia (SHPA) Practice Standards and Guidelines (current editions)
- Various programs for the provision of training and competency assessment in medication services being delivered and in statutory requirements regarding the issue and storage of medicines
- Various processes for ensuring
 - the oversight and monitoring of drug utilisation, medication service provision and medication safety including reporting on key performance indicators that are developed in collaboration with a higher level service or central organisation
 - all required Material Safety Data Sheets are available and current (e.g. access to software such as Chem. Alert: www.chemwatch.net or <http://qhps.health.qld.gov.au/safety/hazards/chemicalert.htm>)
 - extemporaneous products sourced from external providers are compounded according to *Code of Good Manufacturing Practice Principles*
 - processes to access quality assurance programs for validating and monitoring aseptic compounding
 - where service support is provided via a documented process with a community pharmacist, the pharmacist and pharmacy demonstrate compliance with relevant quality standards
- access to clinical governance to address medication safety and quality issues (e.g. reporting and action mechanism for adverse events and near misses).

Reference list

1. National Prescribing Centre (2001/2002). Medicines management services - why are they so important? MeReC Bulletin 12(6): 21–3.
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