Pilot Handbook

Queensland Community Pharmacy Chronic Conditions Management Pilot

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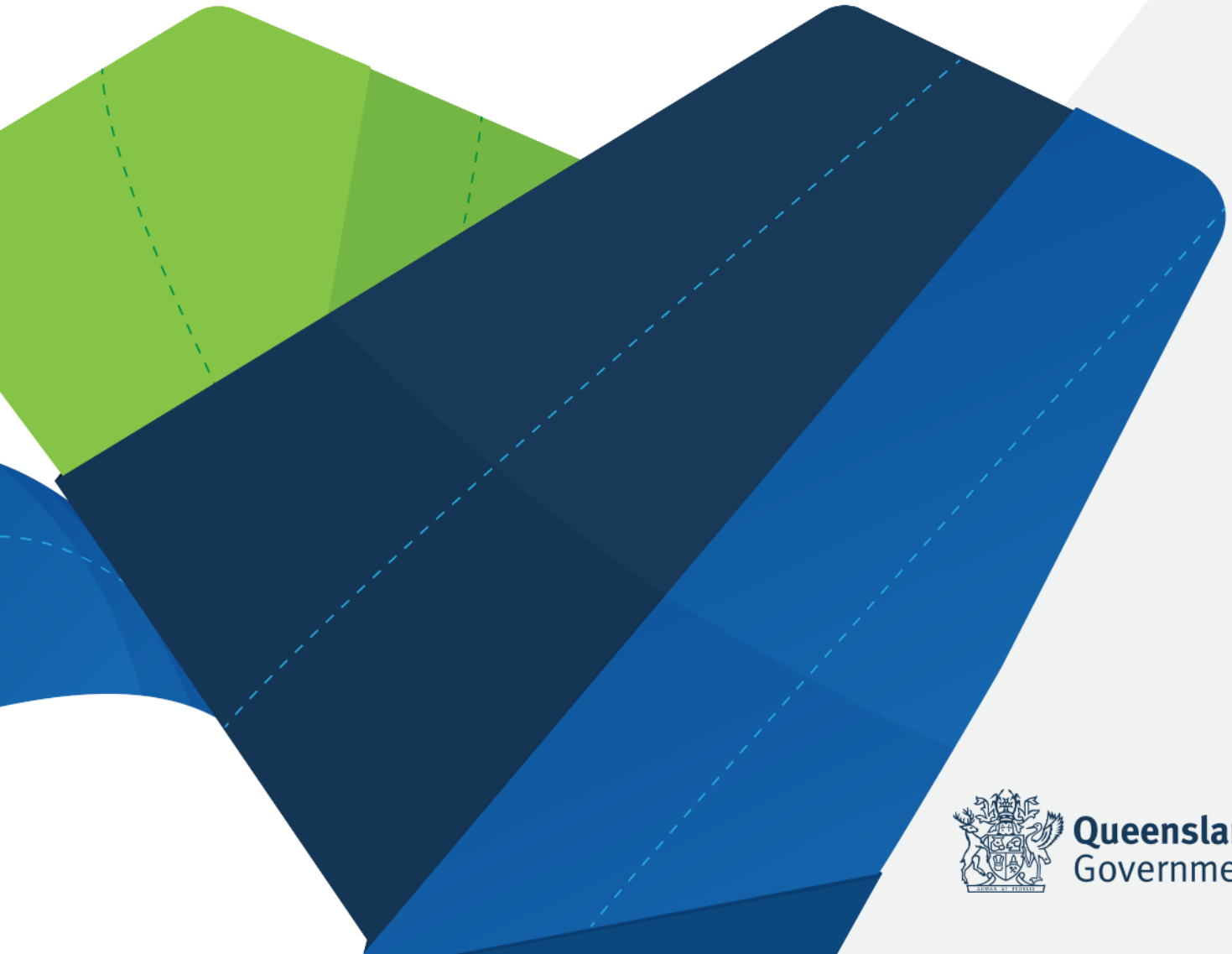

Queensland Government

Contents

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1 Overview

1.1 Document purpose

The Queensland Community Pharmacy Chronic Conditions Management Pilot Handbook (the **Handbook**) provides pharmacists and pharmacy staff who are participating in the Queensland Community Pharmacy Chronic Conditions Management Pilot (the **Pilot**) with a reference guide to information and resources which support their participation in the Pilot.

The Handbook includes information regarding participation requirements, patient eligibility and management, and other operational requirements and processes. It aims to support the provision of safe and high-quality pilot services, in accordance with the legislative provisions that enable service delivery for the Pilot.

The Handbook is a living document and will be updated as revisions are made to improve content and processes. When updates to the Handbook are made, the version on the Queensland Community Pharmacy Pilot website will be replaced.

2 Conditions of participation

To ensure pilot services are delivered to a high-quality and safe standard, participating pharmacies and pharmacists are required to adhere to the conditions of participation. In addition, there are criteria that patients must meet to be eligible to receive a service as part of the Pilot.

2.1 Participation requirements: pharmacies and pharmacists

Prior to providing services as part of the Pilot, pharmacies and pharmacists must receive authorisation from Queensland Health.

The requirements that must be met by pharmacies and pharmacists to be authorised to participate in the Pilot are outlined in the Participation Requirements. Additional information regarding the room requirements component is detailed at Appendix A: Room requirements.

Pharmacy owners, or an authorised delegate, are required to complete the registration form on behalf of their pharmacy, as well as on behalf of the participating pharmacists working within their pharmacy/ies.

The pharmacy owner, or an authorised delegate, must provide a number of declarations throughout the registration process in relation to the readiness of the pharmacy and the pharmacists that intend to provide pilot services at that pharmacy.

Pharmacies and pharmacists will be authorised by Queensland Health to commence delivery of pilot services following the successful completion of the registration process.

The Queensland Community Pharmacy Pilot website provides information related to the registration process for pharmacy owners and pharmacists seeking to participate in the Pilot as well as access to the registration form.

Pharmacy owners (or authorised delegates) of a pharmacy that has already been authorised to participate in the Pilot should email the Pilot Coordination Team at QLD-pharmacyscopepilot@health.qld.gov.au if they wish to register additional pharmacists to participate in the Pilot, at that pharmacy.

Participating pharmacists and pharmacy owners are responsible for ensuring that participation requirements are met and maintained for the duration of pilot service delivery.

A Check-in process has been developed to provide assurance that mandatory requirements continue to be met and to identify areas for ongoing improvement of pilot services. More detail about the Check-in process can be found in Section 10.1.

2.2 Patient eligibility

To receive a service as part of the Pilot, patients (and/or substitute decision-makers) must comply with the following requirements:

- be physically present at the pharmacy for the consultation
- provide informed financial and clinical consent to participate in the pilot service
- provide consent to participate in the evaluation for the Pilot, including agreeing to having their administrative health service data analysed for evaluation purposes and to be contacted to participate in surveys about the Pilot.

Prior to a patient receiving a consultation, pharmacy staff are required to determine if the patient is eligible to receive a service that is within the scope of the Pilot. This includes understanding patient details that may prevent participation, such as age, pregnancy status, existing comorbidities, etc. These details are outlined in the clinical protocols for each condition, which can be found on the Queensland Community Pharmacy Pilot website.

Patients (and/or substitute decision makers) must also be provided with information regarding the financial, clinical and evaluation implications of participating in the Pilot, as per the patient consent information sheets. More detail can be found in Section 3.

Should a situation occur where a patient who is clearly ineligible has been booked into a consultation, they should not be charged any fees. Where a patient has decided not to proceed with receiving some part of a service or becomes ineligible during the consultation, they may still be required to pay for services that have already been provided.

3 Patient consent

3.1 Patient consent

Informed consent is an essential component of person-centred healthcare and ensures that a patient has sufficient information about the proposed treatment to understand and make an appropriate decision about their care. Further information about informed consent can be found in the Queensland Health *Guide to Informed Decision-making in Health Care*.

To participate in the Pilot, patients (and/or their substitute decision maker) must provide three types of consent prior to receiving pilot services: 1) clinical consent, 2) financial consent and 3) evaluation consent. All three types of consent are to be recorded in the Pilot Clinical Information System (the **Pilot CIS**).

The consent process is supported by patient consent information sheets.

It is the responsibility of the participating pharmacist to ensure that all three types of consent have been communicated by the patient and recorded in the Pilot CIS prior to commencing the consultation.

3.1.1 Clinical consent

Patients (and/or their substitute decision maker) must be made aware of the scope of the pilot service being provided, including potential tests or treatments involved and the risks and benefits of the service.

Information that should be discussed as part of obtaining informed clinical consent includes:

- the scope of the service that may be delivered and what is involved in the service
- consent for the participating pharmacist to confidentially record and store patient information in the Pilot CIS
- consent for the participating pharmacist to share information as necessary with other members of the patient's healthcare team including with their usual General Practitioner (GP) or other healthcare provider
- advice that prescriptions issued as part of the Pilot may not be able to be dispensed outside of Queensland.

Where a patient has nominated a usual GP or healthcare provider, the participating pharmacist should obtain consent from the patient prior to sharing the service consultation summary and/or sending a referral for further management.

Patients have the right to change their mind regarding clinical consent for some or all of their treatment at any time, including after providing initial consent. Patients may also refuse consent for the sharing of their information with other practitioners. The patient's decision to withdraw or refuse consent should be documented in their clinical record in the Pilot CIS.

3.1.2 Financial consent

Patients (and/or their substitute decision maker) must be made aware of the costs associated with the service being provided, including the consultation fee and any other potential costs associated with the service.

Information that should be discussed as part of obtaining financial consent includes:

- an estimate of the consultation fee
- other potential costs associated with the service such as the cost of consumables, prescribed medicines, and investigations that may be required
- an indication of when a follow-up consultation may be required and an estimate of what this would cost
- other options for accessing care at a lower cost or no cost (e.g., through a GP or Aboriginal Community Controlled Health Service).

All consultation fees charged must align to the Pilot fee schedule outlined in Section 4.

It is essential that patients (and/or their substitute decision maker) are explicitly made aware and understand that the consultation with a participating pharmacist and any medicines prescribed or pathology tests requested are not subsidised by the Medicare Benefits Schedule (MBS) or the Pharmaceutical Benefits Scheme (PBS), and do not count toward the PBS Safety Net. All components of the consultation, including any medicine and consumable costs are out of pocket expenses and must be paid in full by the patient.

A patient may retract their financial consent, including after providing initial consent. Patients should be made aware that if they decide not to proceed with receiving some part of a service, they may still be required to pay for services that have already been provided.

The clinical and financial consent information sheet can be found on the Queensland Community Pharmacy Pilot website.

3.1.3 Evaluation consent

Patients (and/or their substitute decision maker) must be informed of the Pilot evaluation and asked to provide evaluation consent. All patients (and/or their substitute decision maker) should receive a copy of the evaluation consent information sheet.

Information that should be discussed as part of obtaining evaluation consent:

- Routinely collected administrative health service data necessary to ensure the appropriate monitoring of the quality and safety of the Pilot will be used for evaluation purposes. This includes routinely collected activity records and analysis of routinely collected data by Queensland Health and the Commonwealth Government about health services received before and after participation in the Pilot. **Patients must provide consent for the use of their data for the evaluation, to be eligible to receive a pilot service.**

- The patient must provide consent for their contact details to be shared with the evaluation team so that follow-up surveys can be sent, and the evaluation team can contact the patient (and/or their substitute decision maker) regarding other evaluation activities. **Patients must provide consent to be contacted to be eligible to receive a pilot service. Patients do not have to participate in any evaluation activities, if contacted.**

- Once they receive a service, patients will be invited to participate in a range of evaluation activities. Consent for participation in these activities will be collected directly by the evaluation team at the point of contact.

A checklist of the key points to cover with the patient in relation to evaluation consent is provided as a guide at Appendix C: Evaluation consent checklist.

Once patients (and/or their substitute decision maker) have been provided with the information relating to evaluation consent, pharmacy staff must confirm this consent in the Pilot CIS. In doing so, pharmacy staff are confirming that the patient (and/or their substitute decision maker) has understood key aspects of the evaluation information outlined above and in the evaluation consent information sheet.

Section 11 provides further detail about evaluation activities.

4 Consultation fee schedule

Consultation fees for pilot services have been determined based on the complexity and duration of the service being provided. Participating pharmacies and pharmacists are required to adhere to the fee schedule, set out in Table 1.

Table 1: Consultation fee schedule

	Brief consultation	Standard consultation	Long consultation
Duration	<10 minutes	Between 10 and 20 minutes	>20 minutes
Description	Consultation for a patient presenting with an obvious problem characterised by the straightforward nature of the consultation that requires a short patient history, and if required, limited examination and management.	Consultation for a patient presenting with clinical signs and symptoms with an easily identifiable underlying cause that requires a standard consultation including any of the following: taking a history, undertaking clinical examination, arranging any necessary investigation, implementing a management plan, and providing appropriate preventative healthcare.	Consultation for a patient presenting with multiple clinical signs and symptoms that requires a more detailed consultation including any of the following: taking a history, undertaking clinical examination, arranging any necessary investigation, implementing a management plan, and providing appropriate preventative healthcare.
Price	$19.50	$36.70	$70.50

Time taken to complete the following activities should not be included in the consultation time:

- writing clinical notes and completing forms, reports, or other documentation
- uploading records into the Pilot CIS
- talking to carers or relatives when the patient is not present.

The Pilot consultation fees outlined in Table 1 do not include any taxes, fees or charges (such as GST).

Consultation fees will be subject to annual fee indexation which will occur in line with MBS fee indexation.

5 Pilot services overview

The *Extended Practice Authority - Pharmacists - Community pharmacy chronic conditions management pilot* (the Pilot EPA) provides the legislative mechanism for the Chronic Conditions Management Pilot. In the Pilot EPA, prescribing includes protocol-based prescribing as part of a chronic disease management program.

5.1.1 Prescribing

A participating pharmacist may prescribe a medicine to a patient in accordance with the Pilot EPA where this is required for the management of the patient's condition. All prescribing must be completed as part of a consultation and must have a corresponding clinical record within the Pilot CIS. Where a medicine is prescribed, the clinical record must include:

- relevant patient history
- an assessment of the condition that requires the prescribed medicine
- the management plan for treating the patient's condition.

When selecting a medication to manage the patient's condition, the medicine must be mentioned within the relevant section of the current online version of the *Therapeutic Guidelines* (as set out in the Pilot EPA) and must be prescribed in accordance with any restrictions stated within the relevant Pilot clinical protocol.

Additional information related to prescribing is mentioned within the relevant clinical protocol. Participating pharmacists must be aware of any restrictions that impact the prescribing of medicines for the pilot service.

Prescriptions must be compliant with all other requirements outlined within the *Medicines and Poisons (Medicines) Regulation (2021)* and *Medicines and Poisons Act 2019*. Refer to the *Writing Lawful Prescriptions* factsheet for information.

Prescriptions for services delivered through the Pilot must be generated from the Pilot CIS. Participating pharmacists may choose to generate an electronic or paper prescription for the patient. Pilot prescriptions can be presented at any pharmacy to be dispensed, including the pharmacy where the pilot service was delivered. For both paper and electronic prescriptions, verification of the participating pharmacist prescriber can be confirmed through the Queensland Community Pharmacist Prescriber Register.

Patients who are prescribed medicines through the Pilot and who may be travelling interstate should be advised that their prescription may not be able to be dispensed outside of Queensland.

Clinical protocols have been developed to support the delivery of pilot services that involve prescribing. These protocols have been informed by and developed in alignment with the

Therapeutic Guidelines, the *Australian Medicines Handbook* (AMH), and other relevant resources.

6 Clinical record keeping

Clear, thorough, and timely clinical documentation is critical to delivering and facilitating safe and quality healthcare services and is proven to improve patient outcomes by ensuring that essential information about a patient's care is available to all members of the patient's care team.

Ensuring the completeness and accuracy of documentation in the clinical record is important for good clinical communication across care providers and forms the basis of safe transitions of care between treating clinicians and with the patient and their carer/family.

Quality clinical documentation also ensures that the participating pharmacist is protected in the event of any complaint or allegation about the care provided. If the documentation is missing or incomplete, the participating pharmacist may be at risk of being unable to support their clinical decision-making or explain the action taken.

The Pilot CIS has been developed for collecting, storing, and sharing patient records. Every patient seen through the Pilot must have a clinical record that supports effective patient care during and following the consultation and enables collaborative communication and/or referral between healthcare providers.

> Participating pharmacists are required to **finalise all clinical records within 24 hours of the consultation** to ensure clarity and completeness of the clinical documentation. It is important to avoid saving clinical records as drafts, as this helps maintain quality and safety standards for the Pilot. In addition, **draft records may not be compliant with professional and legal requirements**. Pharmacists should implement a process to review and finalise clinical records at the end of each day.

High-quality clinical documentation should be informed by the principles outlined in Table 2 which have been adapted from the *Australian Commission on Safety and Quality in Healthcare*.

Table 2: Principles of high-quality clinical documentation

Principle	Outcome
Person-centred	• The patient's goals for their care are reflected in the care provided. • Documentation is tailored to the care needs of the patient, taking into consideration what practical information is needed to support safe care.

Compliant	• Privacy and confidentiality requirements are met. • Patient consent documentation requirements are met. • Standardised terminology and approved abbreviations are used for both general health terms and medications.
Complete, accurate and readable	• Relevant information is captured, including clinical history, the results of diagnostic tests, treatment plan and information and advice (including communication with other healthcare practitioners). • Documentation is accurate, objective and shows respect for the patient. • Documentation can be understood by other health practitioners. This includes the patient's management plan and any other details in the clinical record necessary to facilitate continuity of care.
Integrated and up to date	• Relevant information is shared with other health practitioners securely and in a timely manner. • Consultation summary documentation is provided to the patient where relevant. • Information is up to date. Clinical records, consultation summaries and referrals are completed contemporaneously with the consultation.
Accessible	• The needs and the capabilities of those who will use the information are considered, including language barriers. This may include the patient and their family and/or carer. • Documents are available to patients and clinicians that need them, when they need them (physical accessibility).

6.1 Data privacy

Participating pharmacists are required to comply with *Queensland health record legislation*, to ensure that clinical records are held securely and that unauthorised access to such records is prevented, including protecting the privacy and integrity of electronic records. Participating pharmacists must also comply with relevant State and Commonwealth requirements pertaining to the privacy and confidentiality of personal information.

Patients have a right to access information contained within their clinical record and pharmacy staff should facilitate access to the required information in a timely manner where appropriate.

It is a pharmacy owner's responsibility to ensure that all participating pharmacists and pharmacy staff uphold the privacy and confidentiality of collected and stored data and ensure that only authorised staff have the ability to view, input, amend and distribute clinical information collected as part of a Pilot consultation.

6.2 Patient clinical record

The patient clinical record will include general administrative, patient-specific and consultation-specific information that is taken prior to, during and following consultation.

Patient clinical records must be contained within the Pilot CIS. In the event that the Pilot CIS is unavailable due to unexpected system downtime, a paper clinical record can be used. A template that can be used for this purpose has been included at Appendix B: Paper clinical record.

It should be noted that in the event of the Pilot CIS being unavailable, participating pharmacists will not be able to generate a Pilot prescription.

6.2.1 Clinical documentation for prescribing services

Participating pharmacists are required to complete a clinical record where a pilot consultation is provided. A comprehensive clinical record is required to detail the following information:

- the patient's personal details including their name and address
- a record of the patient's financial, clinical and evaluation consent
- the patient's medical history relevant for the management of the condition
- details of the assessment conducted, including examinations, investigations, measurements, and if pathology was requested
- diagnosis or working diagnosis made
- the management plan including all interventions provided for the patient (therapeutic and non-therapeutic)
- referrals or notifications made to other healthcare professionals
- plans made for clinical review and follow-up with the patient.

Example consultation records are detailed within Table 3 and Table 4 as a guide.

Table 3 provides an example clinical consultation record for a general consultation for hypertension on a 52-year-old man.

Table 3: Example clinical consultation record for a general consultation for hypertension

Field	Example information
Past medical history	Hx depression (>2y), GORD (>2y), Gout (>8y). Last GP visit 6 months ago for Mx flare of gout. Nil concerns with Mx of other conditions.

Field	Example information
	BP from previous 2/52 appointment 150/90mmHg. Nil suspected secondary causes.
Past surgical history	Appendectomy age 32.
Medication history	Sertraline 100mg once each evening. Pantoprazole 20mg once each morning. Colchicine 500micrograms 2 tablets initially then 1 tablet 1 hour later PRN for gout. Indomethacin 25-50mg up to four times/day as required.
Allergies/adverse reactions	Penicillin – hives. Unknown reaction date.
Social history	Ex-smoker, quit 15 years ago. Alcohol 2-3 days/week, < 4 drinks per occasion.
Relevant family history	Father MI aged 55, brother has T2DM. WR is Pacific Islander.
Relevant work, hobbies and other information	Bus driver. Reports limited fruit/vegetable intake, most days without fruit and ~2 serves of vegetable with dinner. Has chips/chocolate/soft drink up to twice/day Exercise each weekend doing work on yard/gardening and walks with wife 3-4x/week.
Consultation type	Follow-up.
Presenting symptom	Risk factor cardiovascular disease.
Subjective assessment	Presented for F/U - CVD-RR program pathology request completed. Reports no new Sx since previous appointment. Nil issues with current Mx depression and no Sx of GORD. Nil significant changes to lifestyle since previous appointment, wants to start at local gym twice/week.
Objective assessment (including measures)	Weight - 101kg, Height - 185cm, BMI - 29.5, Waist circumference - 96cm. Systolic BP - 152mmHg, Diastolic BP - 85mmHg (avg multiple readings). Pathology results from 2/52: TC - 4.8 mmol/L, HDL-C - 1.4 mmol/L, LDL-C - 3.2 mmol/L, TGs - 1.4 mmol/L, BG (Random) - 5.9mmol/L, HbA1c - 5.2%, uACR - 18mg/g, eGFR - >90mL/min. AUSDRISK 20 points - High/Very High risk of developing diabetes. CVD Check calculated at 4% risk – Reclassified to intermediate/moderate risk due to Pacific Islander ethnicity.
Diagnosis	Hypertension.

Field	Example information
Treatment and plan	Discussed pathology results - recommended to commence blood pressure and lipid lowering treatment. Agreed to trial blood pressure lowering medication to treat to initial BP target < 130/85 mmHg. Would prefer not to commence lipid lowering treatment at present and trial lifestyle management. Discussed lifestyle improvements for hypertension and lipids including reducing salt intake, processed foods/foods high in saturated fat. Lifestyle Rx updated and attached. Rx'd perindopril 2.5mg once each morning (Qty 30, 1 repeat). Counselled on use of perindopril and to not take indomethacin if a flare occurs. Recommended to represent to GP for alternative if a flare occurs.
Follow-up and clinical review	Clinical review booked for 4 weeks' time to monitor response to treatment. Pathology request to check renal function/potassium provided - to be completed the week prior to appointment.
Notification and referrals	GP notified of test results and commencement of perindopril and to recommend trial of pantoprazole cessation/step down to PRN with GORD symptoms well controlled (with patient consent).

Table 4 provides an example clinical consultation record for an asthma management consultation.

Table 4: Example clinical consultation record for an asthma management consultation

Field	Example information
Past medical history	Asthma diagnosed age 11 PMHx of allergic rhinitis and mild eczema. No hospitalisations/severe flares of asthma. Last asthma review 9 months ago.
Past surgical history	Tonsillectomy age 10.
Medication history	Salbutamol inhaler 100mcg PRN using approx. 3–4 times/week. Budesonide DPI 200mcg BD, recommenced 2 weeks ago. PRN Loratadine for allergies. PRN emollient cream for eczema. Nil flu vaccine.
Allergies/adverse reactions	Nil known.
Social history	Drinks alcohol socially (1–2 drinks/week). No recreational drug use.
Relevant family history	Mother asthma and eczema. Father hypertension.
Relevant work, hobbies and other information	Works as a primary school teacher. Lives with partner and two children. No recent travel. No pets.
Consultation type	Initial consultation.
Presenting symptom	Worsening asthma Sx.

Field	Example information
Subjective assessment	Reports recent increase in Sx past 3 weeks, increased daytime Sx (3 days/week) and waking at night twice in past week due to asthma. Using salbutamol more frequently. Sx persist since commencing preventer 2 weeks prior, minor improvement. Unable to see regular GP for review of worsening Sx. Increased stress and poor sleep due to workload. Exposure to dust and chalk at work. Nil other red flag/alarm Sx. No recent illness/infection.
Objective assessment (including measurements)	O/E – chest – mild expiratory wheeze. Spirometry: FEV_1 2.1L (pre), 2.5L (post), FEV_1/FVC ratio 0.72 – consistent with reversible airflow limitation. Weight – 68kg, Height – 165cm, BMI – 25.0. BP – 118/76 mmHg. ACT score – 16 (not well controlled).
Diagnosis	Mild to moderate asthma – currently not well controlled.
Treatment and plan	Reviewed inhaler technique and adherence. Counselled on importance of daily preventer use. Discussed pharmacotherapy stepped up to budesonide/formoterol 200/6mcg one inhalation BD (step 3). Discussed prednisolone standby therapy if Sx continue to worsen or for acute flare. Rx'd budesonide/formoterol 200/6mcg one inhalation BD Qty 1 and prednisolone 25mg two tablets daily for 5 days Qty 30. Salbutamol to continue PRN. Updated Asthma Action Plan and Lifestyle Rx. Discussed trigger avoidance and stress management.
Notification and referrals	Provided consultation summary to GP (with patient consent) for ongoing care and to advise re stepped-up therapy.
Follow-up/clinical review	Review booked in 4 weeks. Patient advised to see GP earlier if Sx worsen.

7 Professional communication

7.1 Consultation summary

Timely and comprehensive sharing of information with other members of the patient's health care team is critical for ensuring continuity of safe and high-quality care and supports reduction in duplication of tests and investigations.

Following a consultation, a consultation summary should be provided to the patient and, with patient consent, electronically shared with the patient's usual GP or healthcare provider(s) via secure messaging within the Pilot CIS. Where this is not possible, alternative secure transfer of patient information may be used. Ideally, this communication should occur within 48 hours of the consultation.

Where a GP or usual care provider is not nominated, the patient should be provided with a digital or hardcopy of the consultation summary, to be given to the care practitioner of their choice.

The consultation summary can be generated within the Pilot CIS and must include relevant details including personal and clinical patient information, relevant history, presenting symptoms, information on the treatment plan and advice on ongoing care and management of the patient.

7.2 Referrals

Patients accessing pilot services may require referral to other healthcare providers for further investigation, treatment or management including collaborative management. The clinical protocols provide guidance and criteria to aid clinical decision-making in determining when a patient may require a referral.

A referral may occur concurrently with commencement and/or ongoing management of the patient by the participating pharmacist. Alternatively, a referral may result in the transfer of care for the patient to another healthcare provider. Timely and comprehensive referrals are critical to ensuring continuity of safe and high-quality care for the patient.

A copy of the referral should be shared with the patient. Where possible referrals should be sent to the nominated provider via secure messaging within the Pilot CIS. Where this is not possible, alternative secure transfer of patient information may be used. Where a usual care provider is not nominated, the patient should be provided with a digital or hardcopy of the referral to be given to the health practitioner of their choice.

Where the relevant clinical protocol requires a referral to be made, the participating pharmacist must ensure that a written referral is generated using the CIS and provided to the patient and/or their designated primary care provider.

The referral must be generated using the CIS and must include patient identification details, referring practitioner details, relevant clinical information about the condition, treatment provided including any medication prescribed or changed and the reason for the referral.

8 Pathology testing

Pathology testing may be required to support the pharmacist management of care for pilot services, as set out in the relevant pilot clinical protocol.

Pharmacists may choose to use the iMedical Online Pathology Test online service for requesting pathology tests. Pathology test results and any planned follow-up action must be appropriately captured and documented in the patient's clinical record within the Pilot CIS.

8.1 Point of Care testing (PoCT)

All PoCT instruments used for the Pilot, including but not limited to consumables, reagents, controls, and software, must be listed on the *Australian Register of Therapeutic Goods*. Pharmacies must have documented processes for ensuring that PoCT is completed to an acceptable standard and that results are actioned appropriately.

Where PoCT is performed for a patient, the result must be documented within the patient's clinical record in the Pilot CIS, including (where relevant) the date and time the test was performed, the validity of the result, and the identification of the PoCT instrument used. Where there are concerns related to the validity of the result, these should be documented within the patient's clinical record along with a plan to retest (either through PoCT or laboratory testing).

Confirmatory pathology testing (through a laboratory) is required for confirmation of a result that is diagnostic (e.g., fasting blood glucose results >7 mmol/L).

Staff performing PoCT must be aware of the reference ranges for each test conducted and the implication of a result outside of the reference range.

Relevant standards and resources to support with PoCT are provided below:

- *Australasian Association of Clinical Biochemists – Point of Care Testing Implementation Guide*
- *Royal Australian College of General Practitioners – Standards for point-of-care testing*
- *Department of Health and Aged Care | Requirements for Point of Care Testing (Second Edition 2021)*.

9 Clinical incident and feedback management

Ensuring that lessons learned are captured, communicated, and applied is an important part of creating a system that enables continuous improvement and informs better clinical practice and service delivery. This includes having a culture that encourages patients and staff to report incidents and share learnings.

9.1 Feedback and incident reporting

Feedback from participating pharmacists, pharmacy staff, health practitioners and consumers regarding their experience of the Pilot is strongly encouraged to support continuous improvement of pilot service delivery. The Pilot Quality and Safety Framework articulates a systems approach to understanding and analysing clinical incidents.

A process for monitoring and maintaining an effective feedback and incident management system throughout the Pilot has been developed to ensure an accessible, responsive, and fair process for consumers, providers and all stakeholders involved.

The Pilot online feedback and incident form, located on the Queensland Community Pharmacy Pilot website, has been designed for consumers and stakeholders to provide general feedback, report a clinical incident, give a compliment, or make a suggestion for improvement. Complaints and incidents are also able to be reported via the Office of the Health Ombudsman (OHO) and the Australian Health Practitioners Regulation Agency (AHPRA).

The online feedback and incident reporting mechanism is in addition to existing business-as-usual feedback and incident management policies and processes for the pharmacy.

The process for participating pharmacists and/or pharmacy owners to report feedback or incidents is outlined in Section 10.3.2. The Pilot Coordination Team will register submissions received via the online feedback and incident form or via email into a central register where they are triaged, reviewed and managed through the appropriate avenue.

Through the triage and review processes, submissions will be categorised as:

- **Compliments** – these are communicated back to the participating pharmacy/pharmacist and noted in reporting.
- **Suggestions for improvement** – these are assessed for potential improvements for the Pilot, and/or communicated back to the pharmacy if relevant.
- **Complaints** – these are referred (if appropriate) to the relevant participating pharmacy for management via local policies and processes. Depending on the nature of the complaint, it may also be referred to other quality and safety pathways for action and resolution, including to the Pilot Quality and Safety Subcommittee.
- **Clinical incidents** – these are managed through the appropriate quality and safety pathway, depending on the nature of the incident. This may include referral to the Pilot Quality and Safety Subcommittee or to the OHO/ AHPRA.

All feedback and incident reports are used to inform quality and safety management and reporting and continual quality improvement processes, as well as to inform the evaluation of the Pilot.

10 Pilot administration and support

The Pilot Coordination Team provides support to participating pharmacists and pharmacies and ensures that reporting requirements for the Pilot are met.

In addition to providing support for Pilot-related queries and questions, the Pilot Coordination Team is responsible for conducting the Check-in process and maintaining up to date information on the Queensland Community Pharmacy Pilot website.

The sections below provide an overview of what support to expect and the resources available to pharmacies and pharmacists for the duration of the Pilot.

10.1 Check-in process

The approach to conducting the Check-in process aims to create minimal workload for pharmacies and pharmacists while ensuring a regular and comprehensive assessment of compliance with service delivery and operational requirements. There are several components to the Check-in process for both participating pharmacists and pharmacy owners that are highlighted in Table 5.

Table 5: Stages of the Check-in process

Stage	Description	What should you expect
Selection and notification	A list of pharmacies who will participate in the Check-in process for the given month will be generated based on the time since the pharmacy has received authorisation. The cadence which each pharmacy will be selected to participate in the Check-in process for the Pilot is 3 and 9-months following authorisation.	As part of this process, the pharmacy owner and participating pharmacists will receive a notification email that the pharmacy has been selected. The email will invite you to work with the Pilot Coordination Team to find a suitable time to conduct the Check-in conversation. Within the notification email, you will be provided with a link to the **Pilot evaluation survey for completion** and requested to provide an **image/s of your consultation room**.
Compliance Check	A review will be undertaken to ensure that the participation requirements continue to be met.	This will be done as pre-work by the Pilot Coordination Team ahead of the Check-in conversation.
Patient record auditing	A sample of consultation records will be selected to be reviewed for alignment with the clinical protocols and completeness of the clinical record.	The outcome of the consultation record audit will be provided to the treating pharmacist.

Check-in conversation	Check-in conversations provide a proactive approach to understanding the operational impacts, challenges and experience of delivering pilot services.	These sessions will be scheduled for approximately 30 minutes and will be either through teams or in-person with a member of the Pilot Coordination Team. A number of topics will be discussed during the Check-ins, to understand if you have any concerns or require any additional support.
Post-Check-in summary	A summary of the Check-in will be generated for each pharmacy.	You will receive a copy of the summary through email.

10.2 Pilot Website

The Queensland Community Pharmacy Pilot website has been established to assist with the management of information and resources. The website provides access to the registration process and a range of pilot resources.

10.3 Registration process

A Registration Information Pack, which can be accessed on the Pilot website, has been developed to support pharmacy owners in completing the registration process. This document outlines what is involved in completing the registration form, details the information that will be requested as part of the registration process and answers a number of frequently asked questions.

Pharmacists wishing to participate in the Pilot should work with the relevant pharmacy owner to confirm adherence to the participation requirements and to complete the registration process.

10.3.1 Accessing Pilot resources

Resources that have been developed to assist with the delivery of pilot services are located on the Queensland Community Pharmacy Pilot website. It is important to note that printed versions of these documents are uncontrolled and that documents located on the website may be updated throughout the duration of the Pilot.

Resources that are available on the website include:

- the Pilot Handbook (this document)
- the Clinical Protocols

- the Chronic Conditions Management Pilot Registration Information Pack
- the clinical and financial consent information sheet
- the Pilot evaluation consent information sheet.

10.3.2 Reporting a clinical incident

Participating pharmacists and/or pharmacy owners are required to report the following via email to the PCT at qld-pharmacyscopepilot@health.qld.gov.au:

- all clinical incidents relating to the Pilot that are reported to a pharmacist's indemnity insurer; and
- any instances where the OHO or AHPRA are investigating a clinical incident or complaint about a pilot service.

Reporting of clinical incidents via email to qld-pharmacyscopepilot@health.qld.gov.au is essential to ensure central visibility of all clinical incidents relating to the Pilot.

10.3.3 Participating pharmacies look-up directory

The **Participating pharmacies look up directory** is an online tool that allows consumers to search for pharmacies that are taking part in the Pilot.

The Participating pharmacies look-up directory includes the phone number and address of the pharmacy, and a link to the Pilot booking portal for that pharmacy, if provided through the registration process. If a pharmacy owner wishes to update the details that are displayed on the directory, they can contact the Pilot Coordination Team via email to qld-pharmacyscopepilot@health.qld.gov.au.

Pharmacists are responsible for reporting all changes to relevant details or their participation in the Pilot, for the duration of the Pilot. If a participating pharmacy stops providing pilot services, it is the responsibility of the pharmacy owner to report this to the Pilot Coordination Team via email to qld-pharmacyscopepilot@health.qld.gov.au. This is important so that pharmacies who are no longer providing pilot services do not appear in the directory.

10.4 Key contacts

There are a number of key contacts available for participating pharmacists and pharmacies to access support throughout the delivery of pilot services, as summarised in Table 6.

Table 6: Key contacts for pilot service-related queries and issues

Contact	Key Contact	Contact Details	Support Provided
Queensland Health	Pilot Coordination Team	E: qld-pharmacyscopepilot@health.qld.gov.au	Primary point of contact for queries and further information.
CIS provider	MedAdvisor Qld support	P: 1300 909 917	Technical support with the Pilot CIS.
Pilot evaluation team	Pilot Evaluation Team	E: QCPSPPevaluation@deloitte.com.au P: (07) 3003 8230	Primary point of contact for questions relating to the evaluation of the Pilot.

11 Evaluation

Queensland Health has commissioned an external evaluation of the Pilot. The evaluation is being conducted by an external evaluation team (Deloitte in partnership with Griffith University academics). The evaluation has received ethical approval through Griffith University's Human Research Ethics Committee.

The mixed-methods evaluation will collect and analyse data from a range of sources, including activity and administrative records and additional data collected from all stakeholders involved in the delivery of the Pilot. Stakeholders include participating pharmacists, participating pharmacy owners/managers, patients, other healthcare practitioners, and other relevant stakeholders (e.g., peak bodies, government, and consumer representative groups).

The following section provides an overview of the data that is collected by the evaluation team from pharmacists, pharmacy owners, and patients who choose to participate in the evaluation activities. All data collected for the evaluation is kept private and stored in secure online environments, held by Deloitte and Griffith University. This information is only accessible to the evaluation team. More information about risks, privacy, and data storage is outlined in the evaluation information sheet.

There are a range of other stakeholders who may be consulted as part of the evaluation (see Table 7).

Table 7: Consultations for other stakeholders

Group	Purpose
Other Healthcare Practitioner Survey	To collect information about their experiences of the Pilot.

Group	Purpose
Other key stakeholder consultations	To collect insights from other key stakeholders, including peak bodies, and other representative groups.

If you have any questions about evaluation activities, please contact the evaluation team directly using the details provided in Section 10.4.

11.1 Evaluation data collection – pharmacists and pharmacy owners/managers

There are a number of opportunities for participating pharmacists and pharmacy owners to contribute their views about the Pilot to the evaluation team. These are outlined in Table 8 which describes the purpose and timeframe of each evaluation activity.

While participating pharmacists, pharmacy owners and other pharmacy staff may be invited to complete all of the following evaluation activities, you can choose whether or not to participate in one or all of these evaluation activities.

Table 8: List of pharmacist evaluation activities

Evaluation activity	Purpose	Timeframe
Post Training survey	To collect data about to what extent the training was a barrier or enabler to delivery of pilot services and participating pharmacist's experiences of training.	Following completion of the relevant training.
Pharmacy Pilot survey	To collect data about participating pharmacists, pharmacy owners/managers and other pharmacy staff experiences with the delivery of pilot services.	Surveys are sent as part of the Check-in process (see Section 10.1).
Option for follow-up interviews/focus groups	An optional interview with the evaluation team to provide further feedback about experiences in the Pilot. Pharmacy staff can express interest in these follow-ups by indicating their interest as part of the pharmacist pilot survey.	Interviews may be offered after the Pharmacy Pilot survey.
Formal withdrawal survey	Captures participant self-reported reasons for withdrawing from the Pilot.	Once a participant has withdrawn.

11.2 Evaluation data collection – patients

A condition for participation in the Pilot is that patients are required to consent to the provision of routinely collected activity data for evaluation purposes. This includes the

collection and analysis of data relating to the services patients receive, along with data about a patient's health service utilisation more broadly (e.g., MBS, PBS, and hospitalisation data). The evaluation team ensures that appropriate privacy and security processes are in place to access this information, in line with ethical guidelines.

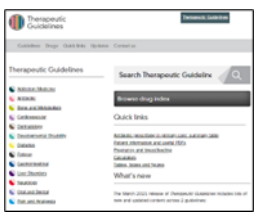
Patients will also be sent a Patient Experience Survey between one (1) and three (3) days after they received a pilot service. These surveys will collect information regarding the patient's experience accessing care under the Pilot (booking, convenience, cost etc) and the care that they received (interactions with pharmacy staff, confidence and trust and patient centred care). Patients will also be able to provide further feedback and insights about pilot services through the opportunity to participate in other evaluation activities.

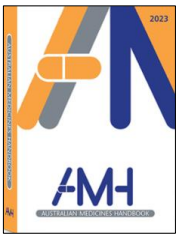
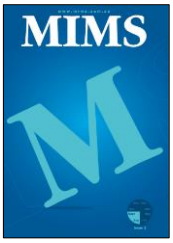
12 Key documents and resources

The delivery of pilot services is supported by key documents and resources which can be used by participating pharmacies and pharmacists to support effective and high-quality service delivery.

In addition, there are a number of resources that have been used to inform the Pilot clinical protocols and may be useful to reference throughout pilot service delivery. These resources are summarised in Table 9.

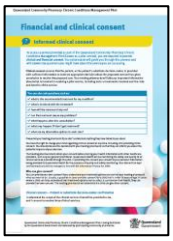
Table 9: Key resources and documents

Resource	Description
Queensland Government	**Relevant Queensland Legislation** Medicines and Poisons (Medicines) Regulation 2021 Extended Practice Authority – Pharmacists - Community pharmacy chronic conditions management pilot
	**Pilot clinical protocols** The clinical protocols guide participating pharmacists' management of each condition within the Pilot. This includes detailing the parameters of the intervention/ service.
	**Therapeutic Guidelines** The Therapeutic Guidelines is an online data base that provides practical treatment advice to assist practitioners with decision making at the point-of-care.

Resource	Description
	**Australian Medicines Handbook** The AMH is an independent, evidence-based, national drug reference, for health practitioners concerned with the quality use of medicines.
	**Monthly Index of Medical Specialities (MIMS) Australia** MIMS is an online database that provides comprehensive and trusted medicines information to Australian health care professionals.
	**MSD Manual for the Professional (the Merck Manual)** The Merck Manuals are medical reference resources that cover a number of medical topics, including disorders, tests, diagnoses and drugs. The Merck Manual has been used in developing the advice provided in the clinical practice guidelines and clinical protocols.

The resources developed to support consumers as part of the Pilot are listed in Table 10. Digital versions of these resources are available on the Queensland Community Pharmacy Pilot website.

Table 10: Consumer resources

Resource	Description
	**Clinical and financial consent information sheet** The clinical and financial consent information sheet provides information about what constitutes clinical and financial consent, and what information the patient should understand prior to providing clinical and financial consent.
	**Evaluation consent information sheet** The evaluation consent information sheet provides information about the evaluation process and the evaluation activities patients will be required to participate in as part of accessing a pilot service.

Appendix A: Room requirements

Pilot services must be delivered in a private consultation room for patient privacy and to ensure confidential conversations and patient examinations can be conducted.

The Quality Care Pharmacy Program (QCPP) outlines a number of minimum standards for a consultation area[1]. These requirements are for a consultation area that:

- Allows for confidential sit-down consultations between the participating pharmacist and patient and/or substitute decision maker.
- Allows the participating pharmacist and patient and/or substitute decision maker to talk at normal speaking volumes without being overheard by others.
- Is not within the dispensary.

In addition to the QCPP standards for a consultation area, the room requirements to deliver pilot services are detailed in Table 11.

Table 11: Pilot service room requirements

Category	Requirement
Consultation room	Sufficient floor area within the consultation room for the required equipment and furniture to deliver care effectively and comfortably to the patient
	Suitably enclosed and sound-proof to ensure patient privacy and confidentiality
	Sufficient lighting to effectively examine the patient and conduct the consultation
	A comfortable ambient temperature
	Access to hand washing facility (including sink) to ensure appropriate infection control measures are achievable
	Flooring that is easy to clean
	Appropriate storage space to safely and hygienically store clinical and non-clinical consumables
Information and	A computer with the Pilot CIS available and accessible during the consultation

[1]Professional Service Area, Quality Care Pharmacy Program, 2020.

Category	Requirement
Communication Technology	A printer or access to a proximal printer to be able to provide physical documentation to the patient
Equipment	A desk and office chair for pharmacists that has appropriate space for a computer and to appropriately conduct the consultation
	Adequate seating for the patient and a guardian/ carer
	A hand sanitising station that can be used by the pharmacist and patient (alcohol concentration of between 60% and 80% volume per volume ethanol or equivalent)
	A height measurement device
	A scale or weighing machine
Resources	Access to the Pilot Handbook
	Access to the Clinical protocols
	Access to patient resources to be provided during and following consultation

Appendix B: Paper clinical record

Please note that this paper clinical record is only to be used in the absence of the Clinical Information System (CIS). All details must be entered into the CIS when available and this paper patient clinical record must be appropriately destroyed.

An editable version of this form is available on the Queensland Community Pharmacy Pilot website

Consultation Date:	Pharmacist:	Does the patient consent: Y/N

Patient information:			
First name:	Last name:	Date of Birth:	Sex assigned at birth:
Address:	Suburb:	State:	Post code:
Medicare number: □□□□□□□□□□/□□/□□		Medicare expiry:	
Mobile number:		Email:	

Emergency contact:			
First name:	Last name:	Relationship:	Contact Number:

Medical and social history:
Past medical history:
Past surgical history:
Allergies and known adverse medication reactions:
Current medications:

Clinical service:	
New or follow-up service:	
Presenting symptoms:	
Subjective assessment:	Objective assessment:

Measures (observations):

Weight (kg):	Height (cm):	BMI (KG/M2):	Waist circumference:	Temperature:
Systolic blood pressure (mmHg):	Diastolic blood pressure (mmHg):	Heart rate (beats/min):	O2 saturation (%):	

Measures (respiratory function):					
FEV1 (in litres):	FVC (in litres):	FEV:FVC ratio (%):	PEF (L/min):	Asthma control test (5-25):	COPD Assessment test (0-40):

Measures (lipid profile):			
Total cholesterol (mmol/L):	HDL-C (mmol/L):	LDL-C (mmol/L):	Triglycerides (mmol/L):

Measures (glycaemic control):					
hbA1c (mmol/mol):	HbA1c (%):	Blood glucose-Fasting (mmol/L):	Blood glucose- 1 hour post OGTT (mmol/L):	Blood glucose- 2 hour post OGTT (mmol/L):	Blood glucose-Random (mmol/L):

Measures (renal measures):			
Creatinine (urinary) mmol/L:	Albumin (urinary) g/L:	Urinary Albumin-to-Creatinine Ratio (uACR) (mg/g):	Egfr (mL/min/1.72m2):

Pathology:	
Pathology required: Y/N	Pathology test(s) ordered:

Clinical service:
Diagnosis:
Treatment:

Consultation outcome:					
Consultation length: Brief, standard, long		Clinical service type:			
Prescribed Pilot medication:	☐	OTC treatment:	☐	Non-pharmacological management:	☐
Counselling and education:	☐	No intervention:	☐	Other (please specify):	

Appendix C: Evaluation consent checklist

Patient consent for evaluation will be confirmed by participating pharmacists during patient visits. It is important that participating pharmacists understand that this means they are confirming that patients consent to the following declarations (see Table 12).

Please see link for the full evaluation consent information sheet. A printed copy could be useful to show patients at the point of collecting evaluation consent.

Table 12: Points for patient consent declaration

Patient consent points
I understand that the evaluation will include the analysis of my activity data;
I agree that all of my questions related to the Pilot and the evaluation have been answered to my satisfaction;
I understand the risks involved;
I understand that there will be no direct benefit to me from my participation in this research;
I understand that my participation in the Pilot is voluntary;
I understand that my participation in this research will not be disclosed to anyone outside the independent evaluation team;
I understand that if I do choose to participate or not to participate in follow-up evaluation activities (e.g., survey or interviews), it will have no effect on my relationship with Queensland Health, Deloitte, Griffith University, or any health service provider;
I understand that if I have any additional questions, I can contact the research team;
I understand that my name and other personal information that could identify me will be de-identified in reports, publications or presentations resulting from this research;
I understand that I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee if I have any concerns about the ethical conduct of the project; and
I agree to participate in the Pilot and agree to: • Being contacted to participate in surveys regarding the Pilot • My administrative health service data to be analysed for evaluation purposes.

Glossary

Table 13: Glossary

Acronym	Description
AHPRA	Australian Health Practitioner Regulation Agency
AMH	Australian Medicines Handbook
COPD	Chronic Obstructive Pulmonary Disease
EPA	Extended Practice Authority
GP	General Practitioner
MBS	Medicare Benefits Schedule
MIMS	Monthly Index of Medical Specialties
OHO	Office of the Health Ombudsman
PBS	Pharmaceutical Benefits Scheme
PCCM	Primary Clinical Care Manual
Pilot CIS	Pilot Clinical Information System
PoCT	Point of Care Testing
QCPP	Quality Care Pharmacy Program