SUBJECT: Design and Implementation of a trial of pharmacists practicing to full scope in North Queensland

☐ Approved
☐ Not approved
☑ Noted
☐ Further information required (see comments)

Signed .... Date 27/04/21

Hon Yvette D'Ath MP, Minister for Health and Ambulance Services, Leader of the House

Comments:

ACTION REQUIRED BY There is no specific timeframe required.

RECOMMENDATION

It is recommended the Minister:

- **Sign** the attached letter of response to Professor Trent Twomey, National President, The Pharmacy Guild of Australia (the Guild) (Attachment 1).

ISSUES

1. On 10 March 2021, Professor Twomey wrote to the Honourable Yvette D'Ath MP, Minister for Health and Ambulance Services, in relation to the Palaszczuk Government election commitment to design and implement a trial of pharmacists practicing to full scope in North Queensland.
2. The Palaszczuk Government has a current election commitment to work with the Pharmacy Guild of Australia and other stakeholders to design and implement a trial of pharmacists working to full scope in North Queensland. The timeframe for this election commitment is s.73
3. The Guild has developed an initial proposal for the trial. The scope has been proposed to include medication supply and dispensing, prescribing, review of medications, disease management, medicine administration and ordering and interpreting laboratory tests. The activities listed in the proposal are an extension of the current roles and activities of community pharmacists and would require legislative and/or regulatory change.
4. The scope for this trial has not yet been determined. The Department of Health will meet with representatives from the Guild in early April 2021 to establish a project oversight committee and discuss the scope of the project.
5. The project will be developed in collaboration with key stakeholders, including medical, nursing and allied health professionals, research organisations and consumers. Consideration will be given to key public health challenges, such as antimicrobial resistance, the impact of the COVID-19 pandemic response and vaccination roll-out on primary care and community pharmacy in North Queensland.
6. The implementation of the trial will include thorough evaluation and reporting.
7. Planning for the trial commenced in early 2021. It is expected that the trial will commence prior to s.73 s.73 and will be completed by s.73

BACKGROUND

8. The Guild is a membership-based organisation for the owners of community pharmacy. It represents and promotes the value of community pharmacy in the Australian healthcare system. Professor Trent Twomey (previous Queensland Branch president) has now commenced as the National Present of the Pharmacy Guild of Australia. Mr Christopher Owen is the current acting Queensland Branch President.
9. The Guild is a key member of the consortium led by the Queensland University of Technology for the Urinary Tract Infection Pilot - Queensland (UTIPPQ) and has supported the development, implementation and evaluation of the pilot. The model of care for the pilot enables community pharmacists to provide empirical treatment for the management of urinary tract infections using a hierarchical decision-making protocol to select the most appropriate treatment for women from a choice of three antibiotics. Since the pilot commenced in June 2020, more than 800 pharmacies have registered and 1,800 pharmacists have completed the training, demonstrating a high level of support for the pilot. Over 3,500 women have accessed the service, receiving immediate advice, treatment and/or onward referral.
10. Internationally, the pharmacy profession has undergone significant changes over recent decades with community pharmacists becoming involved in the provision of collaborative patient care. In addition to dispensing medications and providing medicine-related information to patients and health care providers, pharmacists with relevant training also provide medication reviews, vaccination services and services for ambulatory conditions.

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10.1. in Canada, pharmacists are able to prescribe medicines, either independently or collaboratively, and order laboratory testing, depending on their province or territory;
10.2. in the United States, pharmacists are involved in collaborative drug therapy management and disease state management, which may involve prescriptive and/or laboratory testing authorities, depending on state and agreement;
10.3. in the United Kingdom, pharmacists have prescriptive and laboratory testing authorities through supplementary or independent models;
10.4. pharmacist prescribers in New Zealand work in a collaborative health team environment. They are able to prescribe for a patient in their care to initiate or modify therapy and can also provide a wide range of assessment and treatment interventions, including ordering and interpreting investigations; and
10.5. the role of community pharmacists in Australia is broad and collaborative. Additional activities include the provision of vaccination services. Pharmacists in Australia are not authorised to independently prescribe or order laboratory tests.

11. The community pharmacy sector plays an important role in the provision of timely and accessible care, particularly in regional and rural areas, where access to general practitioners may be limited.

RESULTS OF CONSULTATION

12. No consultation was required for this brief.

RESOURCE/FINANCIAL IMPLICATIONS

13. There are no resource or financial implications associated with this brief.

SENSITIVITIES/RISKS

14. A number of medical professional associations, including the Australian Medical Association Queensland and the Royal Australian College of General Practitioners, have publicly expressed concern regarding a change to pharmacist scope of practice and the current UTIPPQ pilot.

ATTACHMENTS

15. Attachment 1. Letter of response to Professor Twomey.

Author	**Cleared by (Dir/Snr Dir)**	**Content verified by (DDG/CE)**	**Director-General Endorsement**
Name: Stephanie Mathews Position: Principal Workforce Officer Unit: Allied Health Professions' Office of Queensland Tel No: s.73 Date Drafted: 29 March 2021	Name: Liza-Jane McBride Position: Chief Allied Health Officer Branch: Allied Health Professions' Office of Queensland Tel No: s.73 Date Cleared: 30 March 2021 Amendments: 14 April 2021 **Note clearance contact is also key contact for brief queries**	Name: Shelley Nowlan Position: A/Assistant Deputy Director-Genera Division: Clinical Excellence Queensland Date Verified: 31 March 2021	Name: Dr John Wakefield Signed NOT APPLICABLE Date ……/……/……

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Hon Yvette D'Ath MP
Minister for Health and Ambulance Services
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C-ECTF-21/3655

E-MAILED
27 APR 2021

Professor Trent Twomey
National President
The Pharmacy Guild of Australia
PO Box 457
SPRING HILL QLD 4004

Email: s.73 - Irrelevant information @qldguild.org.au

Dear Professor Twomey Trent

Thank you for your letter dated 10 March 2021, in relation to the Palaszczuk Government election commitment to design and implement a trial of pharmacists practicing to their full scope in North Queensland.

I appreciate you taking the time to write to me on behalf of the Queensland Branch of The Pharmacy Guild of Australia (the Guild), and for the work completed to date to support this project. As we have discussed, the Department of Health will continue to work closely with the Guild and key stakeholders, including medical and allied health professionals, local research institutions and consumers, to develop, implement and evaluate this trial over the next two years.

Community pharmacies and pharmacists play a vital frontline role in the delivery of primary health care in Queensland. The Palaszczuk Government remains committed to improving access to high-quality and safe healthcare for all Queensland communities.

I would like to congratulate you on your appointment as National President of the Guild. I look forward to working with both yourself and Mr Chris Owen as the incoming Queensland Branch President.

Thank you again for bringing this matter to my attention. Should you require any further information in relation to this matter, I have arranged for Ms Liza-Jane McBride, Chief Allied Health Officer, Clinical Excellence Queensland, Department of Health, on telephone s.73 - Irrelevant information, to be available to assist you.

Yours sincerely

YVETTE D'ATH MP
Minister for Health and Ambulance Services
Leader of the House

CC: Mr Chris Owen, A/Queensland Branch President, The Pharmacy Guild of Australia - s.73 - Irrelevant information @qldguild.org.au

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10 March 2021

Hon Yvette D'Ath MP
Minister for Health and Ambulance Services and Leader of the House
GPO Box 48
BRISBANE QLD 4001
Via: health@ministerial.qld.gov.au

Dear Minister

Re: Design and Implementation of a Trial of Pharmacists Practising to Full Scope in North Queensland

On behalf of the members of the Queensland Branch of The Pharmacy Guild of Australia (the Guild), congratulations again on your re-election as the Member for Redcliffe and your appointment as the Minister for Health and Ambulance Services and Leader of the House.

The Guild very much appreciates your time in joining us at the branch recently. We thoroughly enjoyed the discussion and hearing about your journey to becoming Attorney-General and now the Health Minister. It is a truly inspirational journey. We are greatly encouraged by your knowledge of the portfolio, your awareness of the Guild and how we support our members and their local community.

We look forward to working with you and we are here to help, so please don't hesitate to ask.

In the last parliamentary term, under the direction of the then Health Minister, the Hon Dr Steven Miles MP, the Queensland Labor Government was at the forefront of improving equitable access to health care services through the vast network of almost 1,200 community pharmacies across Queensland. This four-year term provides an important opportunity for Queensland to again make advancements in primary health care.

A North Queensland Community Pharmacist Full Scope of Practice Trial

The Guild was pleased to receive a pre-election commitment from the Palaszczuk Government to design and implement a trial of pharmacists practising to their full scope in North Queensland. We look forward to working with the Queensland Government, along with other key stakeholders like local universities and tropical health experts, to progress the commencement of this trial.

This trial will be able to demonstrate the savings possible across the health system from pharmacists being able to deliver essential services, that are already within their competency to perform, to patients in need.

The full scope of community pharmacy practice is defined in Appendix I, *Scope of Practice of Community Pharmacists in Australia.* Appendix II, *International Comparison Table of Full Scope of Practice - Community*

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expectation of the Guild that participants will undertake training to assist in understanding the legislative requirements, professional practice standards and trial program rules associated with the full scope of practice tasks enabled through legislation for the purpose of the trial.

To be clear, no further clinical training or additional qualifications are required, beyond that of what an individual practitioner deems required as part of their continuing professional development for their individual scope of practice.

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PAPER

Scope of Practice of Community Pharmacists in Australia

March 2021

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Ref: SP1000-716687739-727

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1. EXECUTIVE SUMMARY

1.1 Pharmacists are trusted health professionals and highly trained clinicians

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

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

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

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

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

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

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1.2 Benefits of community pharmacists working at full scope of practice

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

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[1] Roy Morgan Image of Professions Survey 2017
[2] Ernst & Young Report *Scope of Practice Opportunity Assessment* February 2020
[3] ibid
[4] Queensland Branch of the Pharmacy Guild Submission No 161 to the Queensland Government inquiry into the establishment of a Pharmacy Council and pharmacy ownership in Queensland 13 July 2018
[5] Mirror, mirror 2017: International Comparison Reflects Flaws and Opportunities for Better US Health Care. (2017) https://interactives.commonwealthfund.org/2017/july/mirror-mirror/

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

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

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

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

1.3 Barriers to community pharmacists working at full scope of practice

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

1.3.1 Legislative authority

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

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

[6] https://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543
[7] PBS Date of Supply, Guild Digest, http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0
[8] Australian Institute of Health and Welfare, Disparities in potentially preventable hospitalisations across Australia, 2012-13 to 2017-18 https://www.aihw.gov.au/reports/primary-health-care/disparities-in-potentially-preventable-hospitalisations-australia/contents/summary
[9] QUT submission No 167 to the Queensland Government Inquiry into the establishment of a Pharmacy Council and pharmacy ownership in Queensland 11 July 2018
[10] ibid

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

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

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

1.3.2 Funding

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

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

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

1.4 Comparison with the global pharmacist workforce

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

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

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[11] The Pharmacy Guild of Australia Commissioned Community Pharmacy 2025, Market Research Integrated Summary Report, Orima Research August 2018.
[12] Pharmacy Board of Australia Registrant data – September 2020 https://www.pharmacyboard.gov.au/About/Statistics.aspx
[13] Health (Drugs and Poisons) Regulation 1996 *Drug Therapy Protocol – Pharmacist UTI Trial* *https://www.health.qld.gov.au/__data/assets/pdf_file/0043/985489/dtp-pharmacist-uti.pdf*
[14] Grattan Institute submission No 21 to the Victorian Legislative Council, *Letting pharmacists do more*, June 2014

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

1.5 The way forward

1.5.1 The need to address gaps

Pharmacist competency training

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

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

Pharmacist authorisation

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

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

1.5.2 Towards achieving full scope of practice in Australia

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

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

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

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

2. DEFINING SCOPE OF PRACTICE

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

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

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

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

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

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

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

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[16] National Competency Standards Framework for Pharmacists in Australia 2016
[17] Poudel A, Lau ETL, Campbell C, Nissen LM. Unleashing Our Potential- Pharmacists' Role in Vaccination and Public Health. Sr Care Pharm. 2020 Sep 1;35(9):372-378. https://pubmed.ncbi.nlm.nih.gov/32807260/
[18] National Competency Standards Framework for Pharmacists in Australia 2016

Fig 2. The Medication Management Cycle[19]

2.1 Scope of Practice – Individual versus Profession

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

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

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

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

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

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[19] Adapted from Stowasser D, Understanding the Medicines Management Cycle, in The Dispensing Process (PGA)
[20] National Competency Standards Framework for Pharmacists in Australia 2016.

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

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

2.2 International benchmarking

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

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

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

The International Comparison Table of Full Scope of Practice – Community Pharmacist illustrates the international benchmarking with OECD comparators, and therefore the gaps and opportunities for Australian community pharmacy practice.

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

3. DOMAINS OF COMPETENCY IN FULL SCOPE OF PRACTICE

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

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

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

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

3.1 Medication supply and dispensing

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

3.1.1 Medication continuance (prescription renewal)

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

However, international benchmarking suggests there is opportunity for increasing authorisation for prescription renewal activities.

A change in legislation is required to enable pharmacists to continue dispensing a prescribed medicine on an ongoing basis if a patient is without a script. Medication continuance is used in the UK and prescription renewal is enabled across many Canadian provinces, where doctors can authorise pharmacists to continue dispensing for an agreed period. This can lead to a more efficient use of the time and expertise of a pharmacist and a GP and reduces costs to patients.[22]

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

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

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

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

3.2 Prescribing

3.2.1 Therapeutic substitution

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

Medicines shortages are an ongoing problem for Australians and a significant administrative burden for community pharmacies and prescribers. Australia's medicines shortages stem from the fact that we import over 90% of medicines and are at the end of a very long global supply chain making the nation vulnerable to supply chain disruptions[23]. Additionally, Australia represents only 2% of the global pharmaceutical market and precedence is given to markets with the highest return on investment[24].

The Therapeutic Goods Administration (TGA), in response to extreme medicine shortages experienced at the onset of COVID-19 and recognising ongoing shortages due to various issues in the medicine supply chain, established the Serious Shortage Substitution Notice (SSSN) process. This allows pharmacists to substitute specific medicines without prior approval from the prescriber during critical shortages of that medicine. State and territory legislation must be enabled for this substitution to occur[25].

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

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

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

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[23] Australia's Medicine Supply, Institute for Integrated Economic Research, February 2020
[24] The real reasons we have drug shortages < https://medicalrepublic.com.au/real-reasons-drug-shortages/10976>
[25] Serious Shortage Medicine Substitution Notices | Therapeutic Goods Administration (TGA)

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

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

3.2.2 Therapeutic adaptation

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

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

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

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

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

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3.2.3 Prescribing of Schedule 4 and Schedule 8 drugs

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

Prescribing rights are available to doctors, dentists, nurse practitioners, midwives, optometrists and podiatrists. By international standards pharmacists in Australia are a notable omission from the range of health professions with prescribing authority and in this regard, Australia lags behind countries such as the UK, USA, Canada and NZ.[26]

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

The Health Professionals Prescribing Pathway (HPPP) defines prescribing as "an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine. This definition describes prescribing as a practice – not a model. [27]

Queensland University of Technology's (QUT) recent submission to the 2018 Queensland Inquiry referred to the ASPRINH Project (Cardiff L et al, 2017) led by QUT which found that pharmacists are well aligned to the National Prescribing Competencies and that universities prepare students well for roles in medicines management and for models of prescribing practice with the existing training curriculum. However, prescribing is not currently included in legislation describing a pharmacist's role; there is only reference to the *supply* of Schedule 2 and Schedule 3 medicines, and the supply activity is not considered prescribing, even though, in order to effectively and safely supply an appropriate therapeutic intervention in the community pharmacy, the pharmacist undertakes a process that reflects the components of the prescribing process; i.e., information gathering, clinical decision making, communication and evaluation.[28]

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

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

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

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

3.2.4 Deprescribing

Prescribing medicines is within the scope of practice of pharmacists, therefore so too is the ability to deprescribe medicines. The World Health Organisation's *Guide to Good Prescribing* includes a step to 'Monitor (and stop?) the treatment', where it recommends using treatment monitoring to determine whether a treatment has been successful or whether additional action is needed[29]. Treatment monitoring is already within the scope of practice of a pharmacist; and using clinical knowledge and professional judgement a pharmacist has the competency to deprescribe medicines and refer the patient for further review where appropriate.

DOH DISCLOSURE LOG

RTI Release

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

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

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

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

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

3.3 Medication review

3.3.1 Medication management review

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

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

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

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

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

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

3.4 Disease management

3.4.1 Preventive health

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

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

These services include, and are not limited to:

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

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

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

3.4.2 Screening

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

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

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

3.4.3 Management of common conditions

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

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

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

3.4.4 Chronic disease

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

The Australian Institute of Health and Welfare found that chronic conditions are becoming increasingly common, with many patients experiencing multimorbidity (2 or more chronic conditions at the same time)[30].The role that pharmacists can play in the management of chronic conditions is evolving, and this is reflected in pharmacists becoming credentialed diabetes educators, certified asthma educators and mental health first aiders. These roles are restricted to pharmacists who have completed additional training in these specific areas, despite recent pharmacy graduates having many of the competencies required for these roles.

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

3.5 Medicine administration

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

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

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

3.5.1 Vaccine-preventable conditions

Historically, pharmacists were only involved in the supply/dispensing of vaccines or hosting a nurse immuniser vaccination service in the pharmacy. More recently pharmacists have broadened this role to become immunisers in their own right (vaccine administrators) as well as educators and facilitators.[31]

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

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

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

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

Pharmacists can develop the competency to administer vaccinations either as part of their pre-registration pharmacy education (intern training program) or through pharmacist-specific accredited training programs and thus establish and deliver successful vaccinations in community pharmacy to patients of all different age groups.[32]

The multiple locations of pharmacies throughout Australia, combined with their convenience and extended hours of operation, assists in increasing vaccination rates. The administration of vaccines by pharmacists complements the work of traditional immunisers. This increased choice and the convenience of being able to walk in and be immunised opportunistically would mean that a greater number of at-risk patients, particularly older adults, could access the service, including those who might not otherwise have been vaccinated, for example in the case of the annual influenza vaccine.[33]

The COVID-19 pandemic has highlighted the urgent need to increase the breadth of vaccination services that Australians, of all ages, can access through community pharmacies. On 13 January 2021, Minister for Health, the Hon. Greg Hunt, announced that community pharmacists will be vaccinating patients from Phase 2a of the national vaccine roll-out strategy[34].

Legislative enablement for pharmacists to practise to their full scope will ensure that pharmacists are able to deliver all vaccinations to meet preventative care requirements for patients, following the guidelines set out in the *Australian Immunisation Handbook*[35].

3.5.2 Travel medicine

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

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

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

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[32] Ibid

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

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

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

3.5.3 Other injectable medicines (non-vaccine)

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

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

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

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

3.6 Laboratory test monitoring

3.6.1 Order and interpret laboratory tests

Not all pharmacists in Australia are able to order laboratory tests (relevant to pharmacist care) on behalf of a patient, despite their having the clinical knowledge and competencies to undertake this role and despite this role being within their scope of practice. Therapeutic drug monitoring (TDM) is the "*interpreting and monitoring of measured drug concentrations in body fluids to optimise medicine efficacy and minimise toxicity. TDM applies to the disciplines of pharmacology, pharmacokinetics, pathology and clinical medicine*"[36]

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

In jurisdictions within Australia where legislation enables pharmacists to order laboratory tests for patients, the major barrier to this occurring is patient cost due to lack of appropriate funding mechanisms for laboratory tests ordered by a pharmacist. Appropriate funding for this service would lead to increased patient access where appropriate. A patient survey conducted by Orima Research in 2018, found that over one-quarter of the survey participants anticipated using pharmacy more in the future for receiving tests, procedures and other services[37].

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

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[36] National Competency Standards Framework for Pharmacists in Australia
[37] The Pharmacy Guild of Australia Commissioned Community Pharmacy 2025, Market Research Integrated Summary Report, Orima Research August 2018.

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

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

3.6.2 Point of care and diagnostic testing

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

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

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

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

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GLOSSARY

Accountability	Responsibility of a heath professional, such as a pharmacist, to uphold professional standards of practice
Acute conditions	Conditions which usually have a sudden onset
Administer a medicine	To give patient a single treatment of the dose of a medicine by the prescribed route e.g. injection of a vaccine
AHPRA	Australian Health Practitioner Regulation Agency
APC	Australian Pharmacy Council
Authority	Legislative authority to undertake practice components
Chronic conditions	Conditions which are long-lasting and/or ongoing
Competency Standards	See National Competency Standards
Continued Dispensing/Medication Continuance	Prescription renewal and supply for extended period – emergency situations, chronic conditions – across the categorised scheduling
Controlled drugs	S8 substances
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuing Professional Development
CVR	Combined Hormonal Vaginal Ring
Dispense	To supply a medication on prescription
Drug Schedules in Australia	• Schedule 2: Pharmacy Medicine – Substances, the safe use of which may require advice from a pharmacist, and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person • Schedule 3: Pharmacist Only Medicine – Substances, the safe use of which requires professional advice, but which should be available to the public from a pharmacist without a prescription. • Schedule 4: Prescription Only Medicine – Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription. • Schedule 8: Controlled Drug – Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.
Drug Schedules in other countries	The Drug Schedules for the comparator OECD countries do not directly match the scheduling in Australia, however there are broad similarities in medications provided 'over-the-counter' by pharmacists, on prescription only and classified as controlled (or narcotic) drugs.
Drug therapy protocol	A certified document published by the Department stating circumstances in which, and conditions under which, a person who may act under the protocol may use a stated controlled or restricted drug or poison for stated purposes (Queensland)
Emergency Supply	Limited supply of restricted drug (S4 medication), to a patient who does not have a script, but who has an urgent need for that medication (See continued dispensing)
ENT infections	Ear nose and throat infections
FIP	International Pharmaceutical Federation (Federation Internationale Pharmaceutique)
Generic/Biosimilar Substitution	Substitution by pharmacist of a bioequivalent medicine for the prescribed medicine, where the patient has provided consent

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HPPP	Health Professionals Prescribing Pathway (published Health Workforce Australia in 2013)
IHC	Injectable Hormonal Contraception
Immunisation program	An immunisation program carried out by the department, local government or Hospital and Health Service; a certified program
Laboratory tests	A procedure in which a sample of blood, urine, other bodily fluid or tissues, is examined to get information about a person's health. E.g. INR test to monitor blood thinning medicines/ anticoagulants
MBS	Medical Benefits Scheme
Medication adherence	Patient compliance with prescribed drug regimen
Medication adherence counselling/management	Pharmacist intervention to ensure there is patient compliance with drug regimen
Medication continuance	See Continued dispensing
Medication Management Review	Review of a patient's drug regimen by a pharmacist to ensure that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken and able to be taken by the patient as intended
Minor Ailments	Conditions such as dental conditions, urinary tract infections and ear, nose and throat (ENT) infections
National Competency Standards Framework for Pharmacists in Australia 2016	A framework describing the knowledge, skills and attributes that are central to pharmacists performing effectively to an acceptable standard in contemporary professional practice in Australia
NIP	National Immunisation Program
Non-vaccine Injectable medications	Medicines, other than vaccines, that are administered by injection. E.g. Denosumab (Prolia) to treat osteoporosis
NPS	National Prescribing Service
Nurse	A registered nurse or enrolled nurse
Nurse practitioner	A registered nurse whose registration is endorsed under the Heath Practitioner Regulation National Law as being qualified to practise as a nurse practitioner
OCP	Oral Contraceptive Pill
ORT	Opioid Replacement Therapy
OTC	Over the counter medicines, such as Schedule 2 and Schedule 3 medicines, sold in pharmacies without a prescription
PBA	Pharmacy Board of Australia
PBS	Pharmaceutical Benefits Scheme
PCF	Prescribing Competency Framework: NPS Medicine Wise Competencies required to prescribe medicines 2012
Point of care testing	A form of testing in which the analysis is performed outside of a laboratory setting e.g. Blood Glucose (BG) levels via a *glucometer* (testing device)
Prescribe	Make a written direction (other than a purchase order or written instruction) authorising a dispenser to dispense a stated controlled or restricted medicine or poison
Prescriber	A person who is endorsed by regulation to prescribe a controlled or restricted medicine or poison
Prescribing	• Autonomous Prescribing - the prescriber acts with independent accountability, without the supervision of another heath professional (but still in collaboration with other health professionals)

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	• Collaborative prescribing – the prescriber is supervised by, or acts collaboratively with, another authorised heath professional • Structural Prescribing - the prescriber has limited authorisation to prescribe medicines under a guideline, protocol or standing order
Prescription	A prescriber's direction (other than a purchase order or written instruction) to dispense a stated controlled or restricted medicine or poison, and includes a duplicate of a prescription attached to a repeat authorisation, under the National Heath Act, issued by a dispenser
QCPP	Quality Care Pharmacy Program – quality assurance program for community pharmacies
QPIP	Queensland Pharmacist Immunisation Pilot
QUM	Quality Use of Medicines
Registered nurse	A person registered under the Health Practitioner Regulation National Law to practise in the nursing profession
Registered pharmacist	A person under the Health Practitioner Regulation National Law to practise in the pharmacy profession
Repeat prescription	A prescription on which there is a direction to repeat the supply of a stated controlled or restricted drug or a stated poison a stated number of times
Restricted drugs	Schedule 4 substances
Scope of pharmacy practice	Those professional activities that a pharmacist is educated, competent and authorised to perform, and for which they are accountable
Supply	To give a patient one or more doses of a medicine as treatment for a diagnosed condition
TGA	Therapeutic Goods Administration
Therapeutic Substitution	Equivalent medication to ensure continuity of care (for example, during drug shortages) across the categorised scheduling
Therapeutic Adaptation	Change or adaptation of dug dosage, formulation, regimen (based on determination of clinical need) across the categorised scheduling
Travel medicine	Medicines and/or vaccines required to prevent or manage health problems for international travellers
UTI	Urinary tract infection
Vaccine	A biological preparation that provides active acquired immunity to an infectious disease. A restricted drug that is identified as a vaccine in the current Poisons Standard
Vaccine preventable conditions	Diseases that can be prevented by vaccine, such as influenza, measles, whooping cough

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The Pharmacy Guild of Australia

INTERNATIONAL COMPARISON TABLE OF FULL SCOPE OF PRACTICE

Community Pharmacist

March 2021

Background

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

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

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

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

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

International comparison table of Full Scope of Practice – Community Pharmacist

Table Key: Enabled by legislative authority	
✓	Enabled
*	Partially Enabled
✗	Not enabled

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DOH RTI 3249

Table 1: Pharmacist Scope of Practice – Australia and OECD comparators

<table>
<tr><th rowspan="2">Domain of Competency</th><th rowspan="2">Task</th><th colspan="6">Enabled by legislative authority</th></tr>
<tr><th>AUS</th><th>CAN (AB)[1]</th><th>UK[2,3]</th><th>IRE[4]</th><th>USA[5]</th><th>NZ[6]</th></tr>
<tr><td rowspan="12">Medication Supply and Dispensing</td><td>Assuring integrity of medicine supply through the application of Quality Use of Medicine (QUM) principles</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Generic and Biosimilar substitution where patient has provided consent</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Assuring the proper storage of medicines, including cold chain management</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Preparing and compounding of medicines as required</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Ensuring continued supply of previously prescribed chronic therapy medications</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td colspan="7">Supplying medicines as required, safely and accurately, across the categorised scheduling</td></tr>
<tr><td>• Over-the-counter (Not Scheduled)</td><td>✓</td><td rowspan="4">✓</td><td rowspan="4">✓</td><td rowspan="4">✓</td><td rowspan="4">✓</td><td rowspan="4">✓</td></tr>
<tr><td>• Pharmacy Medicine (Schedule 2)</td><td>✓</td></tr>
<tr><td>• Pharmacist Only Medicine (Schedule 3)</td><td>✓</td></tr>
<tr><td>• Prescription Only Medicine (Schedule 4)</td><td>✓</td></tr>
<tr><td>• Controlled Drug (Schedule 8)</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Providing appropriately tailored counselling, information and education to enable safe and efficacious medicines management</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td></td><td>Complex supply arrangements (e.g. clozapine)</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
</table>

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

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DOH DISCLOSURE LOG

Table 1: Pharmacist Scope of Practice – Australia and OECD comparators

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

[7] Very limited circumstances, under Health (Drugs and Poisons) Regulation *Drug Therapy Protocol – Communicable Diseases Program* (during a declared public health emergency), requires a *Serious Shortage Substitution Notice (SSSN)* issued by the Therapeutic Goods Administration (TGA).
[8] Limited Circumstances: Limited to *National Health (Continued Dispensing Emergency Measures) Determination 2020* (while in effect); Prior to 31 March 2020, limited to lipid-modifying agents and oral hormonal contraceptives in National Health (Continued Dispensing) Determination 2012; and specific State and Territory legislation.

RTI Release
DOH DISCLOSURE LOG

Table 1: Pharmacist Scope of Practice – Australia and OECD comparators

<table>
<tr><th rowspan="2">Domain of Competency</th><th rowspan="2">Task</th><th colspan="6">Enabled by legislative authority</th></tr>
<tr><th>AUS</th><th>CAN (AB)[1]</th><th>UK[2,3]</th><th>IRE[4]</th><th>USA[5]</th><th>NZ[6]</th></tr>
<tr><td></td><td>• Pharmacist Only Medicine (Schedule 3)</td><td>✓</td><td></td><td></td><td></td><td></td><td>✓</td></tr>
<tr><td rowspan="22">Prescribing</td><td>• Prescription Only Medicine (Schedule 4)</td><td>✗</td><td>✓</td><td>✓</td><td>*</td><td>*</td><td>✗</td></tr>
<tr><td>• Controlled Drug (Schedule 8)</td><td>✗</td><td>✗</td><td>✓</td><td>✗</td><td>✗</td><td>✗</td></tr>
<tr><td colspan="7">Structured prescribing (protocol-driven prescribing)</td></tr>
<tr><td>• Over-the-counter (Not Scheduled)</td><td>✓</td><td rowspan="4">✓</td><td rowspan="4">✓</td><td rowspan="3">✓</td><td rowspan="3">✓</td><td>✓</td></tr>
<tr><td>• Pharmacy Medicine (Schedule 2)</td><td>✓</td><td>✓</td></tr>
<tr><td>• Pharmacist Only Medicine (Schedule 3)</td><td>✓</td><td>✓</td></tr>
<tr><td>• Prescription Only Medicine (Schedule 4)</td><td>* [9]</td><td>✗</td><td>*</td><td>*</td></tr>
<tr><td>• Controlled Drug (Schedule 8)</td><td>✗</td><td>✗</td><td>✓</td><td>✗</td><td>✗</td><td>✗</td></tr>
<tr><td colspan="7">Autonomous prescribing – initiate new prescription or drug therapy</td></tr>
<tr><td>• Over-the-counter (Not Scheduled)</td><td>✓</td><td rowspan="4">✓</td><td rowspan="4">✓</td><td rowspan="3">✓</td><td rowspan="3">✓</td><td>✓</td></tr>
<tr><td>• Pharmacy Medicine (Schedule 2)</td><td>✓</td><td>✓</td></tr>
<tr><td>• Pharmacist Only Medicine (Schedule 3)</td><td>✓</td><td>✓</td></tr>
<tr><td>• Prescription Only Medicine (Schedule 4)</td><td>✗</td><td>✗</td><td>✗</td><td>✗</td></tr>
<tr><td>• Controlled Drug (Schedule 8)</td><td>✗</td><td>✗</td><td>✓</td><td>✗</td><td>✗</td><td>✗</td></tr>
<tr><td colspan="7">Deprescribing medicines across the categorised scheduling</td></tr>
<tr><td>• Over-the-counter (Not Scheduled)</td><td>✓</td><td rowspan="4">✓</td><td rowspan="4">✓</td><td rowspan="3">✓</td><td rowspan="3">✓</td><td>✓</td></tr>
<tr><td>• Pharmacy Medicine (Schedule 2)</td><td>✓</td><td>✓</td></tr>
<tr><td>• Pharmacist Only Medicine (Schedule 3)</td><td>✓</td><td>✓</td></tr>
<tr><td>• Prescription Only Medicine (Schedule 4)</td><td>✗</td><td>✗</td><td>✗</td><td>✗</td></tr>
<tr><td>• Controlled Drug (Schedule 8)</td><td>✗</td><td>✗</td><td>✓</td><td>✗</td><td>✗</td><td>✗</td></tr>
<tr><td colspan="7">Assessing common conditions and providing appropriate management approaches (including pharmacological, non-pharmacological and referral) across the categorised scheduling</td></tr>
<tr><td>• Over-the-counter (Not Scheduled)</td><td>✓</td><td></td><td></td><td></td><td></td><td>✓</td></tr>
</table>

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

DOH DISCLOSURE LOG

DOH RTI 3249

Table 1: Pharmacist Scope of Practice – Australia and OECD comparators

Domain of Competency	Task	Enabled by legislative authority					
		AUS	CAN (AB)[1]	UK[2,3]	IRE[4]	USA[5]	NZ[6]
	• Pharmacy Medicine (Schedule 2)	✓			✓	✓	✓
	• Pharmacist Only Medicine (Schedule 3)	✓	✓	✓			✓
Prescribing	• Prescription Only Medicine (Schedule 4)	✱[10]			✗	✱	✗
	• Controlled Drug (Schedule 8)	✗	✗	✓	✗	✗	✗
Review Medications	Monitor for response to treatment, including setting patient expectations for treatment efficacy and screening for potential sub or non-therapeutic outcomes	✓	✓	✓	✓	✓	✓
	Patient follow up and referral for further care when required (written and verbal)	✓	✓	✓	✓	✓	✓
	Medication adherence counselling	✓	✓	✓	✓	✓	✓
	Medication management review - assuring the proper prescribing of medications so that dose regimes and dosage forms are appropriate	✓	✓	✓	✓	✓	✓
Disease Management	Screening using questionnaire or device, educating and referring patients at risk where appropriate to relevant health professional	✓	✓	✓	✓	✓	✓
	Management of common conditions (wound and pain management, migraines, dental conditions, urinary tract infections, ear, nose and throat (ENT) infections) by recommending treatment (pharmacological and non-pharmacological), education, lifestyle interventions and advice	✓	✓	✓	✓	✓	✓
	Targeted health promotion campaigns, including general health checks	✓	✓	✓	✓	✓	✓
	Prevention programs – smoking cessation, obesity programs	✓	✓	✓	✓	✓	✓
	Delivering harm minimisation and public health initiatives (e.g. Needle and Syringe Programs)	✓	✓	✓	✓	✓	✓
	Prevention strategies for chronic disease – smoking cessation, obesity programs	✓	✓	✓	✓	✓	✓
	Chronic Disease (such as diabetes, asthma, chronic obstructive pulmonary disease (COPD) - Ongoing monitoring, education, lifestyle interventions and advice)	✓	✓	✓	✓	✓	✓

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

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Table 1: Pharmacist Scope of Practice – Australia and OECD comparators

Domain of Competency	Task	*Enabled by legislative authority*					
		AUS	CAN (AB)[1]	UK[2,3]	IRE[4]	USA[5]	NZ[6]
	Chronic conditions where there is medicine adjustment needed e.g. INR testing	✓	✓	✓	✓	✓	✓
Disease Management	Acute care - common conditions (wound and pain management (such as migraines), dental conditions, urinary tract infections, ear, nose and throat (ENT) infections), resulting from chronic conditions by recommending treatment (pharmacological and non-pharmacological), education, lifestyle interventions and advice	✓	✓	✓	✓	✓	✓
Medicine Administration	Travel medicine	* [11]	✓	✓	✓	✓	✗
	Administration of injectable medicines (vaccine)						
	• Over-the-counter (Not Scheduled)	n/a					n/a
	• Pharmacy Medicine (Schedule 2)	n/a					n/a
	• Pharmacist Only Medicine (Schedule 3)	n/a	✓	✓	✓	✓	n/a
	• Prescription Only Medicine (Schedule 4)	* [12]					*
	• Controlled Drug (Schedule 8)	n/a					n/a
	Administration of medicines (non-vaccine injectables, inhaled medications)						
	• Over-the-counter (Not Scheduled) e.g. Vit B12	✗					✓
	• Pharmacy Medicine (Schedule 2)	✗					✓
	• Pharmacist Only Medicine (Schedule 3)	* [13]	✓	✓	✓	*	*
	• Prescription Only Medicine (Schedule 4) e.g. denosumab	✗					✗
	• Controlled Drug (Schedule 8) e.g. buprenorphine	✗	✓	✓	✗	✗	✗
Laboratory Tests	Order and interpret laboratory tests (appropriate to pharmacist care)	* [14]	✓	✓	✗	✗	✗
	Point of care testing	✓	✓	✓	✓	✓	✓

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

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Table 1: Pharmacist Scope of Practice – Australia and OECD comparators

Domain of Competency	Task	Enabled by legislative authority					
		AUS	CAN (AB)[1]	UK[2,3]	IRE[4]	USA[5]	NZ[6]
	Diagnostic testing (such as pulmonary function testing, blood pressure testing)	✓	✓	✓	✓	✓	✓

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The Pharmacy Guild of Australia

FREQUENTLY ASKED QUESTIONS

North Queensland Community Pharmacist Full Scope of Practice Trial

Q: What is the full scope of practice for a community pharmacist?

A: The definition of scope of practice through the National Competency Standards Framework for Pharmacists in Australia 2016 is that it is *a time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform, and for which they are accountable.*[1]

There are six domains in the full scope of pharmacy practice, for which pharmacists are trained, and these are as follows:

- Medication supply and dispensing
- Prescribing of medications
- Review of medications
- Disease management
- Medicine administration such as administering injections and vaccinations
- Ordering and interpreting laboratory tests

Community pharmacists, with appropriate legislative enablement, can work to their full scope of practice and provide medication services across *all* patient presentations (acute conditions, chronic conditions and preventative health matters), rather than being limited in their scope of practice to management of discreet conditions only.

The full scope of pharmacy practice is defined in Appendix I, *Scope of Practice of Community Pharmacists in Australia Paper* which has been endorsed by The Pharmacy Guild of Australia (Guild).

Appendix II, *International Comparison Table – Full Scope of Practice* shows a comparison between Australia (Queensland) and OECD comparator countries, to demonstrate areas where Queensland is behind in legislative enablement of contemporary pharmacy practice models overseas.

Q: What is the *North Queensland Community Pharmacist Full Scope of Practice Trial*?

A: The Pharmacy Guild of Australia Queensland branch received a pre-election commitment from the Palaszczuck Labor government to design and implement a trial of pharmacists practising to their full scope in North Queensland.

DOH DISCLOSURE LOG

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

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The Pharmacy Guild of Australia

Q: Why do we need a full scope of practice trial for community pharmacists?

Community pharmacy is an essential and trusted part of Australia's primary healthcare system. Each year there are 458 million patient visits[2] (approximately 8.8 million per week) to community pharmacies making pharmacists the most visited healthcare professional in Australia. The community pharmacy network, which represents over 5,800 community pharmacies and a workforce of approximately 80,000 pharmacists and pharmacy assistants, is one of Australia's most accessible health networks, dispersed right across urban, regional and remote areas.

In Queensland, there are over 1,200 community pharmacies across the state, delivering highly accessible professional health services, medicines and medication advice.

Restrictive state legislation in Queensland is the only real barrier to mobilising the 6,449 strong pharmacist workforce[3] to deliver increased primary healthcare services to the community and empower pharmacists to reduce preventable hospitalisations.

Q: Will community pharmacists prescribe, dispense and administer *Prescription Only Medicines (Schedule 4)* when participating in the trial?

A: Yes. Pharmacists are already legislatively enabled to dispense Prescription Only Medicines. The trial will provide legislative enablement for pharmacists to prescribe and administer (when required) these medicines as well.

Q: Will community pharmacists prescribe, dispense and administer *Controlled Drugs (Schedule 8)* when participating in the trial?

A: Yes. Community pharmacists are already legislatively enabled to dispense Controlled Drugs. The trial will provide legislative enablement for pharmacists to prescribe and administer (when required) these medicines as well.

Q: Will community pharmacists be able to order laboratory tests (pathology) as part of the trial?

A: Yes, ordering and interpreting laboratory tests (when required) is part of the full scope of pharmacy practice.

Q: Will the trial of pharmacists practising to full scope be limited to certain, selected conditions or ailments?

A: No. The full scope of practice for a community pharmacist is not limited to discreet conditions or minor ailments, pharmacists in the trial will be legislatively enabled to practice to their full scope for all patient presentations (acute conditions, chronic conditions and preventative health matters).

Q: Will community pharmacists participating in the trial need to undertake any additional training to participate?

A: As outlined in the *Appendix I, Scope of Practice of Community Pharmacists in Australia Paper*, a pharmacist's tertiary qualifications (and completion of their internship) demonstrate that they have the proven competence; that is, the required knowledge, skills and attributes to practise to the full scope of pharmacy practice, which is to prescribe, dispense, administer and review medicines and, as a health professional, is accountable for upholding the standards of the profession.

However, as part of the *North Queensland Community Pharmacist Full Scope of Practice Trial*, it is the

[2] PBS Date of Supply, Guild Digest, http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0
[3] Pharmacy Board of Australia Registrant data – June 2020 https://www.pharmacyboard.gov.au/About/Statistics.aspx

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Pharmacist compares Australia (Queensland) with other OECD countries, to demonstrate areas where Queensland is less advanced in legislative enablement of contemporary pharmacy practice.

It is the expectation that the trial of pharmacists practising to full scope will reduce preventable hospitalisations, by enabling service delivery across a broad spectrum of patient presentations (acute conditions, chronic conditions and preventative health matters), rather than *limiting* pharmacists' scope of practice to management of certain discreet conditions.

The trial would be designed to include elements already covered by a pharmacist's education and competency, namely:

- Pharmacists undertaking autonomous prescribing of restricted (Schedule 4) and controlled (Schedule 8) drugs
- Pharmacists delivering medication continuance (prescription renewals), therapeutic adaptation (drug and dosage adjustments) and therapeutic substitution for Schedule 4 and Schedule 8 medications
- Pharmacists administering all vaccine and non-vaccine medications
- Pharmacists ordering interpreting laboratory tests (pathology)

The trial would not be:

- Limited to selected discreet medical conditions or patient presentations
- Limited to selected restricted or controlled drugs
- Limited to collaborative or structured prescribing arrangements
- Limited to minor ailments or ambulatory conditions

To assist the Queensland Government in the timely design and implementation of the trial of pharmacists practising to full scope in North Queensland, the Guild has developed a short Appendix III, *Frequently Asked Questions* to provide clarity on the key areas of legislative enablement required to allow for the effective commencement of this trial.

We look forward to discussing this matter with you further. For more information on this matter please feel free to contact me on s.73 or our Branch Director – Gerard Benedet on s.73 – gerard.benedet@s.73

Warm Regards

Professor Trent Twomey
Queensland Branch President

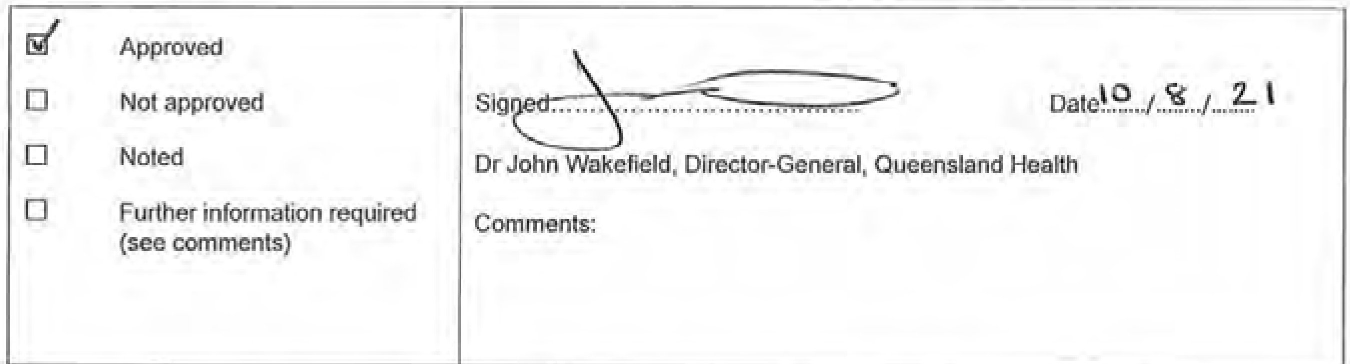
Appendix I – Queensland Community Pharmacist: Scope of Practice Paper
Appendix II – International Comparison Table: Full Scope of Practice – Community Pharmacist
Appendix II – Frequently Asked Questions

RTI Release

DOH DISCLOSURE LOG

DOH RTI 3249

SUBJECT: North Queensland Community Pharmacy Scope of Practice Pilot –Steering Reference Group



☑ Approved
☐ Not approved
☐ Noted
☐ Further information required (see comments)

Signed.................................... Date 10 / 8 / 21

Dr John Wakefield, Director-General, Queensland Health

Comments:

ACTION REQUIRED BY 13 August 2021, to meet project timeframes for the first deliverable of the Government Election Commitment (GECs.73) to establish a Steering Reference Group for the North Queensland Community Pharmacy Scope of Practice Pilot.

RECOMMENDATION

It is recommended the Director-General:

- **Sign** the attached letters of appointment for the establishment of a Steering Reference Group (Reference Group) for the North Queensland Community Pharmacy Scope of Practice Pilot (Pilot) (Attachment 1).
- **Note** the Terms of Reference (Attachment 2) and Conditions of Appointment (Attachment 3) for the Reference Group.
- **Note** the sensitives associated with the Sch 3(8)(1) , Sch 3(8)(1) related to the election commitment (Attachment 4).
- **Note** the attached Sch 3(8)(1) (Attachment 5).

ISSUES

1. Queensland Health is implementing an election commitment to 'work with the Pharmaceutical Society of Australia and other stakeholders to design and implement a trial of pharmacists practising to their full scope in North Queensland' (GECs.73). The estimated delivery date for this commitment is December 2023.
2. The first deliverable for this project is the establishment of a Reference Group for the Pilot. The purpose of this group is Sch 3(8)(1)
3. Membership of the Reference Group will include Sch 3(8)(1)
4. The focus of the Reference Group will be Sch 3(8)(1)
5. Sch 3(8)(1) (Attachment 4), Sch 3(8)(1) Sch 3(8)(1)
6. Queensland Health has undertaken preliminary work with representatives from the Guild to refine the scope of the Pilot. A literature review has been undertaken Sch 3(8)(1) Sch 3(8)(1) (Attachment 5). Sch 3(8)(1)

DOH DISCLOSURE LOG

BACKGROUND

7. The Pharmacy Guild of Australia is a membership-based organisation for the owners of community pharmacy. It represents and promotes the value of community pharmacy in the Australian healthcare system. Professor Trent Twomey (previous Queensland Branch President) has now commenced as the National President of the Pharmacy Guild of Australia. Mr Christopher Owen is the current acting Queensland Branch President. Professor Twomey remains involved in the development of the Pilot.

8. The Guild is a key member of the consortium led by the Queensland University of Technology for the *Urinary Tract Infection Pilot – Queensland* (UTIPQ) and has supported the development, implementation, and evaluation of the UTIPQ. The model of care for the pilot enables community pharmacists to provide empirical treatment for the management of urinary tract infections using a hierarchical decision-making protocol to select the most appropriate treatment for women from a choice of three antibiotics. Since the UTIPQ commenced in June 2020, more than 800 pharmacies have registered and 1,800 pharmacists have completed the training, demonstrating a high level of support for the pilot. Over 4,500 women have accessed the service, receiving immediate advice, treatment and/or onward referral.
9. Internationally, the pharmacy profession has undergone significant changes over recent decades with community pharmacists becoming involved in the provision of collaborative patient care. In addition to dispensing medications and providing medicine-related information to patients and health care providers, pharmacists with relevant training also provide medication reviews, vaccination services and services for ambulatory conditions:
   9.1. In Canada, pharmacists are able to prescribe medicines, either independently or collaboratively, and order laboratory testing, depending on their province or territory.
   9.2. In the United States, pharmacists are involved in collaborative drug therapy management and disease state management, which may involve prescriptive and/or laboratory testing authorities, depending on state and agreement.
   9.3. In the United Kingdom, pharmacists have prescriptive and laboratory testing authorities through supplementary or independent models.
   9.4. Pharmacist prescribers in New Zealand work in a collaborative health team environment. They are able to prescribe for a patient in their care to initiate or modify therapy and can also provide a wide range of assessment and treatment interventions, including ordering and interpreting investigations.
   9.5. The role of community pharmacists in Australia is broad and collaborative. Additional activities include the provision of vaccination services. Pharmacists in Australia are not authorised to independently prescribe or order laboratory tests.
10. The community pharmacy sector plays an important role in the provision of timely and accessible care, particularly in regional and rural areas, where access to general practitioners may be limited.

RESULTS OF CONSULTATION

11. Advice was sought from Legal Branch and indemnity advice from Insurances Services. Legal Branch s.73

RESOURCE/FINANCIAL IMPLICATIONS

12. There are no resource or financial implications associated with this brief.

SENSITIVITIES/RISKS

13. The Pilot is likely to draw media attention. A number of medical professional associations, including the Australian Medical Association Queensland and the Royal Australian College of General Practitioners, have publicly expressed concern regarding a change to pharmacist scope of practice and the current UTIPQ.
14. s.47(3)(b)

ATTACHMENTS

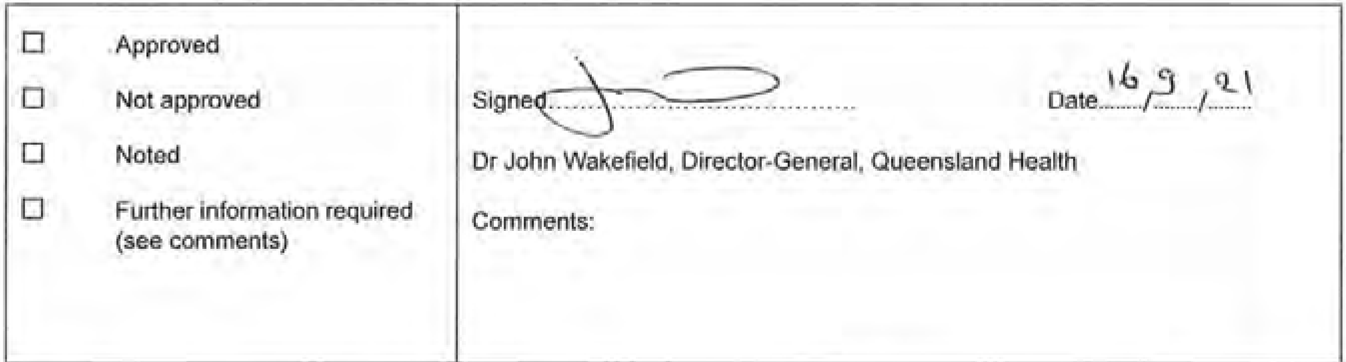
15. Attachment 1. Letters of Appointment
    Attachment 2. Terms of Reference
    Attachment 3. Conditions of Appointment
    Attachment 4. Sch 3(8)(1)
    Attachment 5. Sch 3(8)(1)

Author	Cleared by	Content verified by (DDG/CE)
Name: Belinda Gavaghan Position: Director, Allied Health Unit: Allied Health Professions' Office of Queensland Tel No: s.73 - Irrelevant information Date Drafted: 22/07/2021	Name: Liza-Jane McBride Position: Chief Allied Health Officer Branch: Allied Health Professions' Office of Queensland Tel No: s.73 - Irrelevant information Date Cleared: 26/07/2021	Name: Jan Phillips (for) Shelley Nowlan Position: A/DDG Division: Clinical Excellence Queensland Tel No: s.73 - Irrelevant information Date Verified: 03/08/2021

DOH DISCLOSURE LOG

DOH RTI 3249

SUBJECT: North Queensland Community Pharmacy Scope of Practice Pilot – Steering Reference Group



☐ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed.................................... Date 16/9/21 Dr John Wakefield, Director-General, Queensland Health Comments:

ACTION REQUIRED BY 17 September 2021, to meet project timeframes for the Government Election Commitment (GECs.73) to work with the Pharmaceutical Society of Australia and other stakeholders to design and implement a trial of pharmacists practising to their full scope in North Queensland.

RECOMMENDATION

It is recommended the Director-General:

- **Note** the North Queensland Community Pharmacy Scope of Practice Pilot (Pilot) background paper (Attachment 1).
- **Approve** the attached meeting communique for distribution to members of the Steering Reference Group for the Pilot (Attachment 2).
- **Approve** the attached media statement for release (Attachment 3).
- **Note** the minutes from the first meeting of the Steering Reference Group for the Pilot (Attachment 4).

ISSUES

1. Queensland Health is implementing an election commitment to 'work with the Pharmaceutical Society of Australia and other stakeholders to design and implement a trial of pharmacists practicing to their full scope in North Queensland'. The estimated delivery date for this commitment is December 2023.
2. The first deliverable for this project is the establishment of a Steering Reference Group for the Pilot. The purpose of this group is to Sch 3(8)(1) .
3. Membership of the Steering Reference Group includes Sch 3(8)(1) All members have signed a letter detailing conditions of appointment, including a deed of confidentiality.
4. On 2 September 2021, the first meeting of the Steering Reference Group was held, and included: Sch 3(8)(1)
5. Sch 3(8)(1)
6.
7.
8.

Release

DOH DISCLOSURE LOG

BACKGROUND

9. Sch 3(8)(1)

10. Queensland Health has undertaken preliminary work with representatives from the Guild to refine the scope of the Pilot. A literature review has been undertaken Sch 3(8)(1)

11. The community pharmacy sector plays an important role in the provision of timely and accessible care, particularly in regional and rural areas, where access to general practitioners may be limited.

RESULTS OF CONSULTATION

12. No consultation was required for this brief. However, s.73
s.73

RESOURCE/FINANCIAL IMPLICATIONS

13. There are no resource or financial implications associated with this brief.

SENSITIVITIES/RISKS

14. The Pilot is likely to draw media attention. A number of medical professional associations, including the Australian Medical Association Queensland and the Royal Australian College of General Practitioners, have publicly expressed concern regarding a change to pharmacist scope of practice. Media attention from the Guild is also possible, in response to statements made by the medical professional associations and to support a change to pharmacist scope of practice.

15. s.47(3)(b)

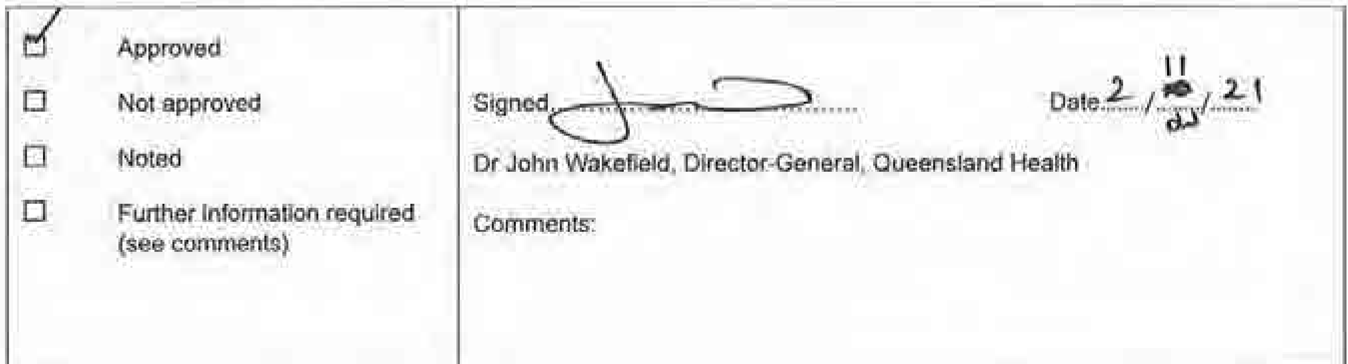
ATTACHMENTS

16. Attachment 1. Sch 3(8)(1)
Attachment 2. Meeting communique
Attachment 3. Media statement
Attachment 4. Reference Group meeting minutes

Author	Cleared by (Dir/Snr Dir)	Content verified by (DDG/CE)
Name: Katelyn Clarke Position: Principal Workforce Officer Unit: Allied Health Professions' Office of Queensland Tel No: s.73 - Irrelevant information Date Drafted: 03/09/2021	Name: Liza-Jane McBride Position: Chief Allied Health Officer Branch: Allied Health Professions' Office of Queensland Tel No: s.73 - Irrelevant information Date Cleared: 06/09/2021	Name: Nick Steele Position: A/Deputy Director General Division: Clinical Excellence Queensland Tel No: s.73 - Irrelevant information Date Verified: 07/09/2021

RTI R
DOH DISCLOSURE LOG

SUBJECT: North Queensland Community Pharmacy Scope of Practice Pilot – Steering Reference Group Meeting Two – 5 October 2021



☑ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed................ Date 2/11/21 Dr John Wakefield, Director-General, Queensland Health Comments:

ACTION REQUIRED BY 26 October 2021, to meet project timelines.

RECOMMENDATION

It is recommended the Director-General:

- **Approve** the attached meeting communique for distribution to members of the Steering Reference Group for the North Queensland Community Pharmacy Scope of Practice Pilot (Attachment 1).
- **Approve** the attached media statement for the project for release (Attachment 2).
- **Note** the minutes from the second meeting of the Steering Reference Group for the North Queensland Community Pharmacy Scope of Practice Pilot (Attachment 3).

ISSUES

1. The Queensland Government has a current election comment to *work with the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and other stakeholders to design and implement a trial of pharmacists practicing to their full scope in North Queensland* (the Pilot).
2. A Steering Reference Group has been established to Sch 3(8)(1)
Sch 3(8)(1)
3. The first Steering Reference Group meeting was held on Thursday, 2 September 2021. Sch 3(8)(1)
Sch 3(8)(1)
4. The second Steering Reference Group meeting was held on Tuesday, 5 October 2021. Sch 3(8)(1)
Sch 3(8)(1)
5. The group also discussed Sch 3(8)(1)
Sch 3(8)(1)
6. A meeting communique has been drafted and will be provided to members for distribution within their organisation and/or to member organisations (Attachment 1).
7. A media statement has also been prepared and provides a summary of the project and progress to date (Attachment 2).
8. More detailed meeting minutes will be distributed Steering Reference Group members, in line with the terms of the deed of confidentiality (Attachment 3).

DOH DISCLOSURE LOG

BACKGROUND

9. The aim of the Pilot is to increase access to high-quality, integrated, and cost-effective primary health care services for communities in North Queensland. The timeframes for the Pilot are s.73 s.73

10. Sch 3(8)(1)

11. The Department of Health has worked with the Pharmacy Guild to refine the scope of the Pilot. To date, a literature review has been undertaken Sch 3(8)(1) Sch 3(8)(1)

12. A Ministerial Brief for Noting on the scope of the Pilot is currently being prepared and will be progressed concurrently. This Brief will include s.47(3)(b) as well as a summary of training requirements and identified risks to the implementation of the Pilot. This includes participation by community pharmacies and pharmacists, the time required to s.73 and timeframes for s.73 s.73

RESULTS OF CONSULTATION

13. Legal advice has been sought from Legal Branch s.73 s.73 s.73

RESOURCE/FINANCIAL IMPLICATIONS

14. There are no resource or financial issues associated with this brief

SENSITIVITIES/RISKS

15. The Pilot is likely to draw significant media attention. The Australian Medical Association and Royal Australian College of General Practitioners have repeatedly publicly expressed concern regarding a change to pharmacist scope of practice. Media attention from the Guild is also possible, in response to statements made by the medical professional associations and to support a change to pharmacist scope of practice.

ATTACHMENTS

16. Attachment 1. Meeting communique – 5 October 2021
    Attachment 2. Media statement
    Attachment 3. Meeting minutes – 5 October 2021

Author	**Cleared by (Dir/Snr Dir)**	**Content verified by (DDG/CE)**
Name: Katelyn Clarke Position: Principal Workforce Officer Unit: Allied Health Professions' Office of Queensland Tel No: s.73 - Irrelevant information Date Drafted: 6/10/2021	Name: Liza-Jane McBride Position: Chief Allied Health Officer Branch: Allied Health Professions' Office of Queensland Tel No: s.73 - Irrelevant information Date Cleared: 7/10/2021 **Note clearance contact is also key contact for brief queries**	Name: Adj Prof Shelley Nowlan Position: A/ Deputy Director General Division: Clinical Excellence Queensland Tel No: s.73 - Irrelevant information Date Verified: 21/10/2021 Received in CAPS 22/10/2021

RTI Release

DOH DISCLOSURE LOG

SUBJECT: North Queensland Community Pharmacy Scope of Practice Pilot – s.47(3)(b) for implementation of a Government Election Commitment (GEC s.73)

☐ Approved ☐ Not approved ☑ Noted ☐ Further information required (see comments)	Signed........................ Date 7/11/21 Hon Yvette D'Ath MP, Minister for Health and Ambulance Services, Leader of the House Comments:

ACTION REQUIRED BY 22 October 2021, to meet project timeframes.

RECOMMENDATION

It is recommended the Minister:

- **Note** the Sch 3(8)(1) for the North Queensland Community Pharmacy Scope of Practice Pilot (Attachment 1).
- **Note** the collated feedback from stakeholders on the Sch 3(8)(1) for the Pilot (Attachment 2).
- **Note** the s.47(3)(b) for the Pilot (Attachment 3).

ISSUES The Queensland Government has a current election comment to *work with the Pharmacy Guild of Australia and other stakeholders to design and implement a trial of pharmacists working to full scope in North Queensland* (GEC s.73

2. The aim of the North Queensland Community Pharmacy Scope of Practice Pilot (the Pilot) is to increase access to high-quality, integrated, and cost-effective primary health care services for communities in North Queensland. The Pilot is due to commence in s.73 and finish in s.73

3. Sch 3(8)(1)

4. The Department of Health undertook preliminary work with key stakeholders, including representatives from the Guild to develop the scope for the Pilot. A literature review has been undertaken Sch 3(8)(1) Sch 3(8)(1) for the Pilot (Attachment 1).

5. A Steering Reference Group (SRG) has been established to Sch 3(8)(1) Sch 3(8)(1)

6. s.47(3)(b) (Attachment 3) s.47(3)(b) s.47(3)(b)

s.47(3)(b)

DOH DISCLOSURE LOG

7.

8. s.47(3)(b) will require participating pharmacists to undertake additional training, above the level of continuing professional development. Autonomous prescribing will require training that is equivalent to a graduate certificate, as has previously been endorsed by the Queensland Chief Health Officer. A two-module prescribing course that includes 120 hours of supervised prescribing practice with an approved prescriber (which may be undertaken concurrently with the prescribing theoretical module) has previously been offered by the Queensland University of Technology.

9. Services s.47(3)(b) are not currently authorised under the Medicines and Poisons (Medicines) Regulation. The most likely legislative approval mechanism to enable pharmacists to provide the additional Pilot services is an Extended Practice Authority (EPA) although further consultation with the Healthcare Legislation Improvement Unit, Chief Medical Officer and Healthcare Regulation Branch will be required to confirm this once the scope of the Pilot is determined.

BACKGROUND

10. Internationally, the pharmacy profession has undergone significant changes over recent decades with community pharmacists becoming involved in the provision of collaborative patient care and prescribing activities. Pharmacists who undertake additional training can prescribe either autonomously or in a collaborative/supervised prescribing arrangement in the United Kingdom, New Zealand, and some provinces in Canada.

11. The role of community pharmacists in Australia is broad and collaborative, however pharmacists in Australia are not authorised to autonomously prescribe or order laboratory tests.

12. A number of innovative pharmacy pilots have been undertaken in Queensland:

12.1. The Queensland Pharmacist Immunisation Pilot was implemented in 2014 and included pharmacist-initiated administration of influenza vaccination during the flu season. The service has since been implemented in other jurisdictions and expanded to enable pharmacists to administer a wider range of vaccinations.

12.2. Four autonomous pharmacist prescribing trials have been undertaken in Queensland Hospital and Health Services between 2014 and 2020. Within these trials, pharmacists were authorised to prescribe (and deprescribe) in a specified setting related to their practice. Service settings included emergency departments, peri-operative care and geriatric inpatients.

12.3. The Urinary Tract Infection Pilot – Queensland (UTIPP-Q) commenced in 2020, as part of the Government Response to the Parliamentary inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland. The model of care for the pilot enables a community pharmacist to provide empirical treatment in accordance with the Therapeutic Guidelines using a hierarchal decision-making protocol to select the most appropriate treatment for the woman from a choice of three antibiotics. Since the trial commenced, almost 6,000 women have accessed the service and received immediate assessment, management and/or onward referral if required. The pilot is due to finish in December 2021.

12.4. In 2020, an amendment was made to the Drugs and Poisons Regulation 1996 (HDPR) Amendment Regulation to enable a pharmacist to supply, without a prescription, an oral hormonal contraceptive to women who are currently being treated, in circumstances reflecting the Continued Dispensing arrangements for PBS listed oral hormonal contraceptives. That is, if therapy is stable; there has been a prior clinical review by a prescriber; it is safe and appropriate to do so; and where the occasion of supply per patient without a prescription is limited to once per year.

12.5. In 2020, the Department of Health prepared a submission to amend the Poisons Standard to down-schedule three oral hormonal contraceptives from Schedule 4 (Prescription-only) to Schedule 3 (Pharmacist only) with an Appendix M listing. The three oral hormonal contraceptives were chosen based on effectiveness, tolerance, safety and affordability. The application is currently under consideration by the Advisory Committee on Medicines Scheduling.

RESULTS OF CONSULTATION

13. Preliminary and informal consultation has been undertaken with key internal and external stakeholders as part of Sch 3(8)(1)

14. The Healthcare Legislation Improvement Unit, Chief Medical Officer and Healthcare Regulation Branch has been consulted and provided preliminary feedback on legislative approval processes for the Pilot.

15. Members of the SRG have provided feedback on Sch 3(8)(1)

Sch 3(8)(1)

RTI Release

DOH DISCLOSURE LOG

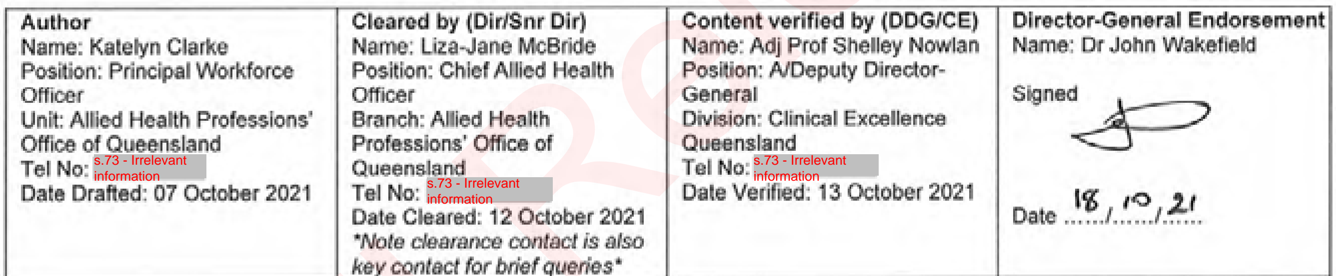
RESOURCE/FINANCIAL IMPLICATIONS

16. There are no resource or financial implications associated with this brief.

SENSITIVITIES/RISKS

17. The Pilot is likely to draw media attention. A number of medical professional associations, including the Australian Medical Association Queensland (AMAQ) and the Royal Australian College of General Practitioners (RACGP), have previously publicly expressed concern regarding a change to pharmacist scope of practice, including prescribing and the current UTIPP-Q pilot. The AMAQ, RACGP and Australian College of Rural and Remote Medicine are all represented on the SRG.

18. s.47(3)(b) for the Pilot represent an expansion of the services currently provided by community pharmacists. There is a risk that pharmacists will be reluctant to join the Pilot due to workforce shortages, education and training requirements, and difficulty providing the Pilot services in addition to current pharmacy services.

19. 

s.73

ATTACHMENTS

20. Attachment 1. North Queensland Community Pharmacy Scope of Practice Pilot – Sch 3(8)(1)
Attachment 2. Steering Reference Group – Combined Feedback
Attachment 3. North Queensland Community Pharmacy Scope of Practice Pilot – s.47(3)(b)

Author	Cleared by (Dir/Snr Dir)	Content verified by (DDG/CE)	Director-General Endorsement
Name: Katelyn Clarke Position: Principal Workforce Officer Unit: Allied Health Professions' Office of Queensland Tel No: s.73 - Irrelevant information Date Drafted: 07 October 2021	Name: Liza-Jane McBride Position: Chief Allied Health Officer Branch: Allied Health Professions' Office of Queensland Tel No: s.73 - Irrelevant information Date Cleared: 12 October 2021 **Note clearance contact is also key contact for brief queries**	Name: Adj Prof Shelley Nowlan Position: A/Deputy Director-General Division: Clinical Excellence Queensland Tel No: s.73 - Irrelevant information Date Verified: 13 October 2021	Name: Dr John Wakefield Signed Date 18/10/21

RTI Release

DOH DISCLOSURE LOG

SUBJECT: Meeting with the Pharmacy Guild of Australia (Queensland Branch) regarding the North Queensland Pharmacy Scope of Practice Pilot in North Queensland (GECs.73)

☐	Approved	
☐	Not approved	Signed…………………………………… Date……../……../……..
☐	Noted	Dr John Wakefield, Director-General, Queensland Health
☐	Further information required (see comments)	Comments:

ACTION REQUIRED BY - The meeting is scheduled for 15 November 2021 at 2:30pm

RECOMMENDATION

It is recommended the Director-General:

- **Note** the following information in preparation for an upcoming meeting with representatives from the Pharmacy Guild of Australia (Queensland Branch).

ISSUES

1. The Director-General is meeting with representatives from the Pharmacy Guild of Australia - Queensland Branch (the Guild) to discuss the North Queensland Pharmacy Scope of Practice Pilot (the Pilot) Government Election Commitment. In attendance will be Queensland Branch President Chris Owen Queensland Branch Director Gerard Benedet. The Department of Health representative for the meeting will be Chief Allied Health Officer Liza-Jane McBride.
2. The Queensland Government made an election commitment to *work with the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and other stakeholders to design and implement a trial of pharmacists practicing to their full scope in North Queensland* (GECs.73).
3. The aim of the Pilot is to increase access to high-quality, integrated, and cost-effective primary health care services for communities in North Queensland.
4. Sch 3(8)(1)
5. The Department of Health has undertaken preliminary work with key stakeholders, including representatives from the Guild to develop the scope for the Pilot. s.47(3)(b) s.47(3)(b) (Attachment 1) s.47(3)(b)

   s.47(3)(b)
6. The Guild have expressed concern that the Department is yet to confirm the scope of the Pilot. They have noted that the delay is impacting planning for the training and the Pilot timeframes. The November SRG meeting was cancelled pending outcome of policy approval for the scope of the Pilot
7. A Ministerial Brief for Approval has been progressed s.47(3)(b)

   s.47(3)(b)
8. s.47(3)(b)

   8.1. Autonomous prescribing requires training that is equivalent to a graduate certificate, as has previously been endorsed by the Queensland Chief Health Officer. A two-module prescribing course that includes 120 hours of supervised prescribing practice with an approved prescriber (which may be undertaken concurrently with the prescribing theoretical module) has previously been offered by the Queensland University of Technology.

DOH DISCLOSURE LOG

9. Services s.47(3)(b) are not currently authorised under the Medicines and Poisons (Medicines) Regulation. The most likely legislative approval mechanism to enable pharmacists to provide the additional Pilot services is an Extended Practice Authority, although further consultation with the Healthcare Legislation Improvement Unit, Chief Medical Officer and Healthcare Regulation Branch will be required to determine the preferred legislative approval mechanism once the scope of the Pilot has been determined.
10. It is proposed that the services included in the Pilot will be provided under a user-pays model and all medication prescribed and supplied will be non-PBS and charged as a private script. Each service will be subject to a pharmacy consultation fee with price dependent on the length of the consultation ranging from $15 for a short consultation to $55 for a long consultation.

BACKGROUND The Pharmacy Guild of Australia is a membership-based organisation for the owners of community pharmacies. It represents and promotes the value of community pharmacy in the Australian healthcare system.

12. The Guild is a key member of the consortium led by the Queensland University of Technology for the *Urinary Tract Infection Pilot - Queensland* and has supported the development, implementation and evaluation of the pilot.
    12.1. The model of care for the pilot enables community pharmacists to provide empirical treatment for the management of urinary tract infections using a hierarchical decision-making protocol to select the most appropriate treatment for women from a choice of three antibiotics (protocol prescribing).
13. Internationally, the pharmacy profession has undergone significant changes over recent decades with community pharmacists becoming involved in the provision of collaborative patient care and prescribing activities in a range of comparable countries including the United Kingdom, Canada and New Zealand.
14. Pharmacists in Australia are not currently authorised to prescribe.

RESULTS OF CONSULTATION

15. Preliminary and informal consultation has been undertaken with key internal and external stakeholders as part of background and scoping and development of s.47(3)(b) for the Pilot.
16. The Healthcare Legislation Improvement Unit, Chief Medical Officer and Healthcare Regulation Branch have been consulted and provided preliminary feedback on legislative approval processes for the Pilot.
17. Sch 3(8)(1) . s.47(3)(b) s.47(3)(b)
18. Sch 3(8)(1) s.47(3)(b) . s.47(3)(b)

RESOURCE/FINANCIAL IMPLICATIONS

19. There are no resource or financial issues associated with this brief.

SENSITIVITIES/RISKS

20. The Pilot is likely to draw significant media attention. A number of medical professional associations, including the AMAQ and RACGP, have previously publicly expressed concern regarding a change to pharmacist scope of practice, including prescribing and the current UTIPP-Q pilot.
21. Media attention from the Guild is also possible, in response to statements made by the medical professional associations and to support a change to pharmacist scope of practice.
22. s.73 .

DOH DISCLOSURE LOG

ATTACHMENTS

23. Attachment 1. s.47(3)(b)

Author	**Cleared by (Dir/Snr Dir)**	**Content verified by (DDG/CE)**
Name: Katelyn Clarke Position: Senior Policy Officer Unit: Allied Health Professions Office of Queensland Tel No: s.73 - Irrelevant information Date Drafted: 5 November 2021	Name: Liza-Jane McBride Position: Chief Allied Health OfficerBranch: Allied Health Professions Office of Queensland Tel No: s.73 - Irrelevant information Date Cleared: 11 November 2021 *Note clearance contact is also key contact for brief queries*	Name: Adjunct Professor Shelly Nowlan Position: Deputy Director-General Division: Clinical Excellence Queensland Tel No: s.73 - Irrelevant information Date Verified: 11 November 2021

RTI Release

DOH DISCLOSURE LOG

SUBJECT: North Queensland Community Pharmacy Scope of Practice Pilot – s.47(3)(b)
(GECs.73**)**

☐ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed………………………………… Date……./……../…….. Hon Yvette D'Ath MP, Minister for Health and Ambulance Services, Leader of the House Comments:

ACTION REQUIRED BY
Wednesday 17 November 2021, to meet project timeframes.

RECOMMENDATION
It is recommended the Minister:

- **Approve** s.47(3)(b) (Attachment 1).
- **Note** s.73 s.73

ISSUES The Queensland Government has a current election comment to *work with the Pharmacy Guild of Australia and other stakeholders to design and implement a trial of pharmacists working to full scope in North Queensland* (GECs.73).

2. The aim of the North Queensland Community Pharmacy Scope of Practice Pilot (the Pilot) is to increase access to high-quality, integrated, and cost-effective primary health care services for North Queensland communities.
3. Sch 3(8)(1)
4. The Department of Health has undertaken preliminary work with key stakeholders, including representatives from the Guild to develop the scope for the Pilot. A literature review has been undertaken Sch 3(8)(1) Sch 3(8)(1) (previously supplied, CAPS2144).
5. A Steering Reference Group (SRG) has been established to Sch 3(8)(1) Sch 3(8)(1)
6. s.47(3)(b) .
7. s.47(3)(b)

DOH DISCLOSURE LOG

8. s.47(3)(b) will require participating pharmacists to undertake additional training, above the level of continuing professional development.
    a. Autonomous prescribing requires training that is equivalent to a graduate certificate, as has previously been endorsed by the Queensland Chief Health Officer. A two-module prescribing course that includes 120 hours of supervised prescribing practice with an approved prescriber (which may be undertaken concurrently with the prescribing theoretical module) has previously been offered by the Queensland University of Technology.
9. Services included s.47(3)(b) are not currently authorised under the Medicines and Poisons (Medicines) Regulation. The most likely legislative approval mechanism to enable pharmacists to provide the additional Pilot services is an Extended Practice Authority (EPA), although further consultation with the Healthcare Legislation Improvement Unit, Chief Medical Officer and Healthcare Regulation Branch will be required to determine the preferred legislative approval mechanism once the scope of the Pilot is finalised.
10. It is proposed that the services included in the pilot will be provided under a user-pays model and all medication prescribed and supplied will be non-PBS and charged as a private script. Each service will be subject to a pharmacy consultation fee with price dependent on the length of the consultation ranging from $15 for a short consultation to $55 for a long consultation.

BACKGROUND

11 Internationally, the pharmacy profession has undergone significant changes over recent decades with community pharmacists becoming involved in the provision of collaborative patient care and prescribing activities in a range of comparable countries including the United Kingdom, Canada and New Zealand.
12. The role of community pharmacists in Australia is broad and collaborative, however pharmacists in Australia are not authorised to prescribe or order laboratory tests.
13. A number of innovative pharmacy pilots have been undertaken in Queensland:
    a. The Queensland Pharmacist Immunisation Pilot was implemented in 2014 and included pharmacist-initiated administration of influenza vaccination during the flu season. The service has since been expanded to enable administration of a wider range of vaccinations.
    b. Four autonomous pharmacist prescribing trials have been undertaken in Queensland Hospital and Health Services between 2014 and 2020. Within these trials, pharmacists were authorised to prescribe (and deprescribe) in a specified setting related to their practice. Service settings included emergency departments, peri-operative care and geriatric inpatients.
    c. The Urinary Tract Infection Pilot – Queensland (UTIPP-Q) commenced in 2020, as part of the Government Response to the Parliamentary inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland. The model of care for the pilot enables a community pharmacist to provide empirical treatment in accordance with the Therapeutic Guidelines using a hierarchal decision-making protocol to select the most appropriate treatment for the woman from a choice of three antibiotics (protocol prescribing). Since the trial commenced, over 6,000 women have accessed the service and received immediate assessment, management and/or onward referral if required. The Director General has approved a six-month extension of the Urinary Tract Infection Pharmacy Pilot – Queensland (UTIPP-Q) to 30 June 2022, to enable continuity of service delivery while a final evaluation is completed and legislative and policy approval is sought to embed the model of care as part of usual practice.

RESULTS OF CONSULTATION

14. The Healthcare Legislation Improvement Unit, Chief Medical Officer and Healthcare Regulation Branch have been consulted and provided preliminary feedback on legislative approval processes for the Pilot.
15. s.47(3)(b) .
    s.47(3)(b)
16. Sch 3(8)(1)
    Sch 3(8)(1)

DOH DISCLOSURE LOG

Sch 3(8)(1)

RESOURCE/FINANCIAL IMPLICATIONS

17. There are no resource or financial implications associated with this brief.

SENSITIVITIES/RISKS

18. The Pilot is likely to draw significant media attention. A number of medical professional associations, including the AMAQ and RACGP, have previously publicly expressed concern regarding a change to pharmacist scope of practice, including prescribing and the current UTIPP-Q pilot. The AMAQ, RACGP and ACCRM are all represented on the SRG.
19. The services included s.47(3)(b) represents an expanded role for community pharmacists in the provision of primary health care. There is a risk that pharmacists will be reluctant to join the Pilot due to workforce shortages, education and training requirements, and difficulty providing the Pilot services in addition to current pharmacy services.
20. s.73

ATTACHMENTS

21. Attachment 1. North Queensland Community Pharmacy Scope of Practice Pilot – s.47(3)(b)

Author	Cleared by (Dir/Snr Dir)	Content verified by (DDG/CE)	Director-General Endorsement
Name: Katelyn Clarke Position: Principal Workforce Officer Unit: Allied Health Professions' Office of Queensland Tel No: s.73 - Irrelevant information Date Drafted: 09/11/2021	Name: Liza-Jane McBride Position: Chief Allied Health Officer Branch: Allied Health Professions' Office of Queensland Tel No: s.73 - Irrelevant information Date Cleared: **Note clearance contact is also key contact for brief queries**	Name: Shelley Nowlan Position: A/Deputy Director-General Division: Clinical Excellence Queensland Tel No: s.73 - Irrelevant information Date Verified: Insert text	Name: Dr John Wakefield Signed Date ……/……/……

DRAFT

DOH DISCLOSURE LOG

SUBJECT: North Queensland Pharmacy Scope of Practice Pilot – Steering Reference Group Meeting Three – 10 January 2022

☐ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed……………………………… Date……/……/…… Dr John Wakefield, Director-General, Queensland Health Comments:

ACTION REQUIRED BY
Friday 4 February 2022, to meet project timelines.

RECOMMENDATION
It is recommended the Director-General:

- **Note** the Sch 3(8)(1) document, that was distributed to members of the North Queensland Pharmacy Scope of Practice Pilot Steering Reference Group (SRG) and discussed at the SRG meeting on 10 January 2022 (Attachment 1).
- **Approve** the attached January 2022 meeting communique for distribution to members of the SRG (Attachment 2).
- **Approve** the attached media holding statement for release if required (Attachment 3).
- **Note** the minutes from the third meeting of the Steering Reference Group for the North Queensland Pharmacy Scope of Practice Pilot (Attachment 4).

ISSUES

1. The Queensland Government has a current election comment to *work with the Pharmacy Guild of Australia and other stakeholders to design and implement a trial of pharmacists practicing to their full scope in North Queensland* (the Pilot) (GECs.73).
2. The Department of Health has undertaken planning work with key stakeholders, including representatives from the Guild, to further develop and refine the scope of the Pilot. A literature review has been undertaken Sch 3(8)(1) (CAPS 2114) and Sch 3(8)(1) developed (CAPS2165).
3. Sch 3(8)(1)
4. Sch 3(8)(1) (Attachment 1) was developed and included:
   Sch 3(8)(1)
   .
5. A SRG meeting was held on Monday 10 January 2022 to discuss and gain feedback from members on the Sch 3(8)(1) Members in attendance included representatives from Sch 3(8)(1)
   Sch 3(8)(1)
6. Meeting participants discussed Sch 3(8)(1)
   Sch 3(8)(1)
7. Sch 3(8)(1) was also discussed, with considerations of Sch 3(8)(1)
8. Sch 3(8)(1)
   Sch 3(8)(1) were recognised and discussed.
9. A meeting communique has been drafted and will be provided to members for distribution within their organisation and/or to member organisations (Attachment 2).

RTI Release

DOH DISCLOSURE LOG

10. A media holding statement has been prepared and provides a summary of the project and progress to date if required (Attachment 3).
11. Detailed meeting minutes will be distributed to members, in line with the terms of the deed of confidentiality (Attachment 4).
12. A Ministerial Brief for Approval Sch 3(8)(1) is being prepared and will be progressed concurrently. The Brief will include Sch 3(8)(1) summary of CRG member feedback, Sch 3(8)(1)

BACKGROUND

13. The aim of the Pilot is to increase access to high-quality, integrated, and cost-effective primary health care services for communities in North Queensland.
14. The SRG has been established to Sch 3(8)(1) Sch 3(8)(1) . Membership of the group includes representatives from the Sch 3(8)(1)
15. The SRG have previously met on Thursday 2 September 2021 (Meeting 1) and Tuesday 5 October 2021 (Meeting 2) where they considered and provided feedback on the Sch 3(8)(1) and Sch 3(8)(1) respectively.

RESULTS OF CONSULTATION

16. No consultation was required for this brief.

RESOURCE/FINANCIAL IMPLICATIONS

17. There are no resource or financial issues associated with this brief.

SENSITIVITIES/RISKS

18. The Pilot is likely to draw significant media attention. The AMAQ and RACGP have repeatedly publicly expressed concern regarding a change to pharmacist scope of practice. Media attention from the Guild is also possible, in response to statements made by the medical professional associations and to support a change to pharmacist scope of practice.

ATTACHMENTS

19. Attachment 1. Sch 3(8)(1)
20. Attachment 2. Meeting communique – 10 January 2022
21. Attachment 3. Media statement – January 2022
22. Attachment 4. SRG Meeting minutes – 10 January 2022

Author	**Cleared by (Dir/Snr Dir)**	**Content verified by (DDG/CE)**	**Content verified by (DDG/CE)**
Name: Katelyn Clarke Position: Advanced Workforce Officer Unit: Allied Health Professions' Office of Queensland Tel No: s.73 Date Drafted: 18/1/2022	Name: Liza-Jane McBride Position: Chief Allied Health Officer Branch: Allied Health Professions' Office of Queensland Tel No: s.73 Date Cleared: 18/1/2022 **Note clearance contact is also key contact for brief queries**	Name: Shelley Nowlan Position: A/ Deputy Director General Division: Clinical Excellence Queensland Tel No: s.73 Date Verified: Insert text	Name: Shaun Drummond Position: Chief Operating Officer Department of Health: Tel No: Insert text Date Verified: Insert text

RTI Release

DOH DISCLOSURE LOG

SUBJECT: North Queensland Community Pharmacy Scope of Practice Pilot – Approval of s.47(3)(b) **(GEC**

☐ Approved ☐ Not approved ☑ Noted ☐ Further information required (see comments)	Signed ... Yvette D'Ath ... Date 9/3/22 Hon Yvette D'Ath MP, Minister for Health and Ambulance Services, Leader of the House Comments: Further consultation is to occur s.47(3)(b) s.47(3)(b)

ACTION REQUIRED BY 25 February 2022 or as soon as practicable thereafter, to meet project timeframes for the North Queensland Community Pharmacy Scope of Practice Pilot (the Pilot).

RECOMMENDATION
It is recommended the Minister:

- Sch 3(8)(1)
- **Note** that the scope of the Pilot will require participating pharmacists to successfully complete the equivalent of a post graduate certificate level course in prescribing, as well as additional clinical training for the diagnosis and management of the conditions included in the Pilot.
- **Note** that the Department of Health delegate will need to be satisfied that the training and clinical governance arrangements for the Pilot scope ensure that public safety is maintained in order to grant the temporary legislative authorisation under the Medicines and Poisons (Medicines) Regulation (MPR) that will be required for pharmacists to undertake the activities included in the Pilot.
- **Note** the risks to the implementation of the Pilot, including strong opposition by key medical stakeholders, short timeframes for pharmacist recruitment, short timeframes for development and completion of education and training requirements and current pressures on the community pharmacy workforce due to the COVID-19 pandemic response.
- **Approve** s.47(3)(b)
  s.47(3)(b)
  s.47(3)(b) (Attachment 1).
- **Approve** s.73
  s.73

ISSUES The Queensland Government has a current election commitment to *work with the Pharmacy Guild of Australia (Queensland) and other stakeholders to design and implement a trial of pharmacists working to full scope in North Queensland* (GEC s.73). The aim of the Pilot is to increase access to high-quality, integrated, and cost-effective primary health care services for North Queensland communities.

2. The Department of Health (the Department) has undertaken significant scoping, planning, and consultation work with key stakeholders, including representatives from Sch 3(8)(1) Sch 3(8)(1) A literature review has been undertaken s.47(3)(b) developed (CAPS2144).
3. A Ministerial Brief for Approval was progressed in November 2021 (CAPS2165) to approve s.47(3)(b) s.47(3)(b)
4. The Minister met with representatives of the Guild and the Department on 13 December 2021 to discuss the scope of the Pilot.
   4.1. The Guild tabled a proposal for the Pilot to include, s.47(3)(b) s.47(3)(b) Sch 3(8)(1) Sch 3(8)(1)
   4.2. The Minister requested that the SRG be consulted on Sch 3(8)(1) Sch 3(8)(1) proposed by the Guild.

DOH DISCLOSURE LOG

5.

6.

Sch 3(8)(1)

7.

s.47(3)(b)

8.

s.47(3)(b)

8.1. Participation in the Pilot will be limited to identified community pharmacies that are accredited through the Quality Care Pharmacy Program including appropriate facilities to enable private consultation. In addition, pharmacies and pharmacists will need to meet strict eligibility criteria including requirements regarding training, privacy and record keeping, and appropriate professional indemnity.

9. The activities included in the Pilot are not currently authorised under the MPR and therefore, a temporary legislative approval will be required for the Pilot.

9.1. Options for a temporary legislative approval include a General Approval or an Extended Practice Authority (EPA). Further consultation with the Healthcare Legislation Improvement Unit will be required to determine the preferred/appropriate legislative approval mechanism/s once the scope of the Pilot has been finalised and approved.

9.2. The Department delegate will need to be satisfied that the activities of the Pilot can be safely undertaken, that there are appropriate levels of training and robust clinical oversight for the activities before granting the temporary approval/s.

9.2.1. In order to make an EPA, the delegate must also be satisfied there is a community need, that the health risks are managed, and that the entity employing a person under the EPA has sufficient governance capability to ensure patient safety.

DOH DISCLOSURE LOG

10. Pharmacists who participate in the Pilot will be required to undertake additional training. This will include:

10.1. Training for autonomous prescribing for non-medical practitioners that is equivalent to a post graduate certificate (including 120 hours of supervised practice), as has previously been endorsed by the Chief Health Officer and delivered by the Queensland University of Technology.

10.2. Additional clinical training covering clinical assessment, diagnosis and management of the s.47(3)(b) conditions included in the Pilot, estimated to be between 100-200 hours of training and practice proposed to be delivered by James Cook University.

10.3. The Department delegate will need to be satisfied that the training program will enable pharmacists to safely manage the conditions included in the Pilot in order to grant the temporary legislative approval.

11. The Pilot will be provided under a user-pays model and all medication prescribed and supplied will be non-PBS and charged as a private script. Each service will be subject to a pharmacy consultation fee with price dependent on the length of the consultation ranging from approximately $20 for a short consultation to $55 for a long consultation. The fee schedule will be set by the Department and it will be a condition of participation in the Pilot that pharmacies adhere to the Pilot fee schedule.
12. s.73
13. The Department will engage an independent external provider to undertake a service evaluation of the Pilot aligned to the Australian Institute of Health and Welfare domains of system performance (accessibility, continuity, effectiveness, efficiency and sustainability, responsiveness and safety). Consistent with previous pilots of this nature where the clinical evidence for the interventions is usual care being provided by an alternative health practitioner, it is not a clinical trial and therefore approval from a Human Research Ethics Committee will not be required.

BACKGROUND

14. Internationally, the pharmacy profession has undergone significant changes over recent decades with community pharmacists becoming involved in the provision of collaborative patient care and prescribing activities in a range of comparable countries including the United Kingdom, Canada and New Zealand.
15. The Australian Government Productivity Commission identified that using pharmacists, and other health professionals, to their full scope of practice is an efficient and effective way to improve access to healthcare delivery and lessen the impacts of workforce shortages and distribution problems, particularly in regional and rural communities.
16. The role of community pharmacists in Australia is broad and collaborative, however pharmacists in Australia are not authorised to autonomously prescribe schedule 4 medicines.
17. The Guild considers that full scope of practice for pharmacists in Australia includes autonomous prescribing within a self-identified scope of practice.
18. A number of innovative pharmacy pilots have been undertaken in Queensland, including the Queensland Pharmacist Immunisation Pilot, four autonomous pharmacist prescribing trials in Hospital and Health Services, and the current Urinary Tract Infection Pilot – Queensland.
19. Sch 3(8)(1)
20. The SRG has been established Sch 3(8)(1)

Sch 3(8)(1)

RESULTS OF CONSULTATION

21. The Healthcare Legislation Improvement Unit (HLIU), Chief Medical Officer and Healthcare Regulation Branch (CMOHRB) in Prevention Division has been consulted and provided preliminary feedback on the scope of the Pilot, likely training requirements to satisfy the delegate and the legislative approval processes required for the Pilot. HLIU has advised that once the scope of the Pilot has been approved, further detailed information will be required to support the making of an EPA and/or for the delegate to be satisfied to grant a General Approval.
22. Sch 3(8)(1)
23.

DOH DISCLOSURE LOG

s.47(3)(b), Sch 3(8)(1)

24. Professionals Australia, the union representing community pharmacists, are not a member of the SRG but have contacted the Department seeking to be consulted on the Pilot. The Chief Allied Health Officer met with union officials on 9 February 2022 and will continue to work with Professionals Australia to facilitate their involvement in the implementation of the Pilot.

RESOURCE/FINANCIAL IMPLICATIONS

25. There are no resource or financial implications associated with this brief.

SENSITIVITIES/RISKS

26. Peak medical bodies do not support the Pilot and have raised significant concerns publicly about patient safety and harm, fragmentation of roles and accountabilities, conflict of interests and the pursuit of profit.
    26.1. The AMAQ has released a media statement opposing the Pilot on several grounds, including that the Pilot will undermine the role of general practice, presents a risk to patient safety and involves serious conflicts of interest. The AMA has also written to the Chair of the Therapeutic Goods Administration (TGA) calling for him to intervene to cease the Pilot. The role of the TGA is to determine the schedule for the specific medicines, decisions on who can prescribe these medicines are determined by the respective states' poison legislation.
    26.2. The RACGP has warned general practitioners to be wary of medicolegal risks if they are involved in the management of patients participating in the Pilot.
    26.3. It is likely that medical organisations and individuals will also write to the Director-General, the Minister and Members of Parliament urging for the Pilot to be ceased, as happened during the implementation of the Urinary Tract Infection Pilot (UTIPP-Q) in 2019.
27. Following recent media coverage of the Pilot, Sch 3(8)(1) have all withdrawn participation in the SRG.
28. The Guild spoke extensively about the Pilot at their attendance at the *Health and Environment Committee (the Committee) – Public Hearing Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system* Public Hearing on 11 February 2022. They reiterated their position on the benefits and appropriateness of expanding the scope of practice for pharmacists including diagnosis and prescribing for chronic diseases. Statements and questions from members of the Committee were generally supportive of the Pilot.
    28.1. s.47(3)(b)
    28.2.
29. s.47(3)(b)

DOH DISCLOSURE LOG

29.3. s.47(3)(b)

30. The Pilot has and will continue to draw significant media attention, with both medical and pharmacy stakeholder groups and individuals commenting publicly on the Pilot. On 27 January 2022, *Australian Doctor* magazine published an article that included information on the consultation scope of the Pilot, leaked from confidential papers distributed to the SRG. Further publication of leaked confidential documents occurred on 9 and 11 February 2022, including the names and organisations represented on the SRG.
31. There is a risk that pharmacists will be reluctant to join the Pilot due to workforce shortages, education and training requirements, and difficulty providing the Pilot services in addition to current pharmacy services especially as a result of increased workload associated with the COVID-19 vaccination program.
32. Timeframes for the development and implementation of the Pilot are short. There is a risk that development of the education and training may be delayed, additional time may be required to obtain the required legislative approvals, and recruitment and onboarding of pharmacists may be slow.
33. s.73

ATTACHMENTS

1. Attachment 1. s.47(3)(b) for approval
2. Attachment 2. Sch 3(8)(1) – for SRG consultation

Author	Cleared by (Dir/Snr Dir)	Content verified by (DDG/CE)	Chief Operating Officer Endorsement	Director-General Endorsement
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DOH DISCLOSURE LOG

Deputy Director-General

HEADING

Incoming request

Request for high level dot points from AHPOQ on contentious/ hot issues for upcoming Min/DG meeting.

Response from branch

North Queensland Community Pharmacy Scope of Practice Pilot

Issues:

- There has been significant media coverage and opposition from medical professional associations to the North Queensland Community Pharmacy Scope of Practice Pilot. The scope of the Pilot has not yet been determined, however a confidential Sch 3(8)(1) document that was provided to the Steering Reference Group (SRG) for the Pilot was leaked to the media and its contents have been discussed in the public domain.
  - The leaked Sch 3(8)(1) document included Sch 3(8)(1) Sch 3(8)(1)
- s.47(3)(b) has been noted by the Minister for Health and Ambulance Services, with further consultation to occur s.47(3)(b).
  - Further work is being undertaken to explore collaborative and structured pharmacy prescribing models for people with diagnosed chronic conditions, with consideration of evidence from research in comparable countries, including the Canadian providence of Alberta.
- The Department of Health delegate will need to be satisfied that the activities of the Pilot can be safely undertaken, and that there are appropriate levels of training and robust clinical governance in place.
- s.47(3)(b)
- A temporary legislative approval will be required. Further consultation with the Department of Health delegate will be undertaken to determine the preferred/appropriate legislative approval mechanism/s once the scope of the Pilot has been finalised and approved.

DOH DISCLOSURE LOG

Background:

- The Queensland Government has a current election commitment to *work with the Pharmacy Guild of Australia and other stakeholders to design and implement a trial of pharmacists practicing to their full scope in North Queensland*. The aim of the Pilot is to increase access to high-quality, integrated, and cost-effective primary health care services for communities in North Queensland.

Queensland Government

- The Department of Health has undertaken a detailed literature review and s.47(3)(b)

- A Steering Reference Group was established to Sch 3(8)(1) have withdrawn from the SRG.
    - Membership of the SRG will be reviewed and the group reformed once the scope of the Pilot has been determined.

Urinary Tract Infection Pharmacy Pilot (UTIPP-Q)

Issues:

- There has been significant and ongoing media coverage and opposition from medical professional associations to the UTIPP-Q. Most recently, the Australian Medical Association has called for the results of the Pilot to be released (the Courier Mail, 22 February 2022) in reference to their opposition of the proposed North Queensland Community Pharmacy Scope of Practice Pilot (election commitment GECs.73).
    - Further media coverage is expected with medial professional associations and general practitioners citing patient complications and safety concerns related to the model of care for the pilot as well as reporting of adverse events.
    - Under the clinical protocol diagnosis is based on patient history and the presence of symptoms and clinical features indicative of an uncomplicated urinary tract infection. Antibiotic treatment may be commenced empirically for symptomatic cystitis if clinically warranted. If symptoms do not resolve within 48 hours patients are referred on to a medical practitioner. This referral advice is provided at the time of treatment and is not dependent on the follow up process.
- The UTIPP-Q commenced in June 2020. As at 7 March 2022, 817 community pharmacies and 1,999 community pharmacists have registered and undertaken the required training to participate in the pilot. Over 7,400 services have been provided to women who have received immediate review, management and/or referral for review by a medical practitioner if required.

- In December 2021, the Director-General approved an extension to the UTIPP-Q to 30 June 2022 to enable the continuation of the service while the evaluation is completed and legislative approvals are obtained to embed the model of care as part of usual practice.

- The Queensland University of Technology (QUT) submitted the final outcomes report to the Department of Health in late February 2022. Further clarification is being sought from QUT on a number of key data points in the outcome evaluation.

- A Request for Documents has been submitted to the Department of Health for documentation related to the initiation and evaluation of the Pilot. This request is being clarified by the Risk, Assurance and Information Management Branch.

Background:

DOH DISCLOSURE LOG

- On 16 October 2018, the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee tabled Report No. 12, 56th Parliament Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland (the Parliamentary Inquiry Report). In the Parliamentary Inquiry Report, the Committee recommended that the Department of Health develop options to provide low-risk emergency and repeat prescriptions through pharmacies subject to a risk-minimisation framework.

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- The Department of Health engaged a consortium led by the QUT to develop, implement and evaluate a statewide pilot of the management of UTIs by community pharmacists (the UTIPP-Q).
- The endorsed model of care for UTIPP-Q enables Queensland pharmacists, who have undertaken required education and training, to provide optimal, guideline-concordant treatment to women aged between 18 and 65 years of age, presenting with symptoms of an uncomplicated UTI who meet strict inclusion criteria and provide consent to participate in the Pilot.

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Prepared by:	Katelyn Clarke Advanced Workforce Officer Allied Health Professions' Office of Queensland s.73 18/3/2022
Submitted through:	Belinda Gavaghan Director Allied Health Professions' Office of Queensland s.73 18/3/2022
Cleared by:	Liza-Jane McBride Chief Allied Health Officer Allied Health Professions' Office of Queensland s.73 18/3/2022

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DOH DISCLOSURE LOG

Hot Issues Brief

North Queensland Community Pharmacy Scope of Practice Pilot
6 October 2021

Recommended Response:

- The Palaszczuk Government is committed to providing accessible and quality care to Queenslanders in North Queensland.
- By working with the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and other stakeholders, we are working towards increasing the scope of practice for pharmacists to provide healthcare to Queenslanders.

Issue:

- The second Steering Reference Group meeting was held on Tuesday 5 October 2021. At this meeting,
  Sch 3(8)(1)
- The group also discussed Sch 3(8)(1)
- Sch 3(8)(1)
- The Pilot is likely to draw media attention as several medical professional associations, including the Australia Medical Association Queensland (AMAQ) and the Royal Australia College of General Practitioners (RACGP), have publicly expressed concern regarding a change to pharmacist scope of practice, including media attention related to the Urinary Tract Infection Pilot – Queensland during 2020.
- Media attention from the Pharmacy Guild is also possible, in response to statements made by the medical professional associations and to support an expanded role for community pharmacists in the delivery of primary health care.

Background:

- The Queensland Government has a current election commitment to *work with the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and other stakeholders to design and implement a trial of pharmacists practicing to their full scope in North Queensland* (the Pilot).
- The aim of the Pilot is to increase access to high-quality, integrated, and cost-effective primary health care services for communities in North Queensland.
- The pilot is due to commence in s.73 and will run until s.73
- The first Steering Reference Group meeting was held on Thursday 2 September 2021. Sch 3(8)(1) Sch 3(8)(1) were provided to the group and discussed at the meeting. Members were asked to provide their feedback on Sch 3(8)(1)
- Sch 3(8)(1)
- To date, a literature review has been undertaken Sch 3(8)(1)

DOH DISCLOSURE LOG

Prepared by: Belinda Gavaghan Position: Director, AHPOQ Telephone: s.73 Date: Updated 6 October 2021	Approved by: Liza-Jane McBride Position: Chief Allied Health Officer Telephone: s.73 Date:	DLT Member / HSCE: Shelley Nowlan Position: A/Deputy Director General, Clinical Excellence Queensland Telephone: s.73 Date:

Queensland Government

- A Steering Reference Group has been established to Sch 3(8)(1) Sch 3(8)(1) The SRG membership includes representation from Sch 3(8)(1) Sch 3(8)(1)
- Internationally, the pharmacy profession has undergone significant changes over recent decades with community pharmacists becoming involved in the provision of collaborative patient care. In addition to dispensing medications and providing medicine-related information to patients and health care providers, pharmacists with relevant training also provide medication reviews, vaccination services and services for ambulatory conditions.

Actions to date:

- The Department of Health has undertaken preliminary work with representatives from the Guild to refine the scope of the Pilot.
- Sch 3(8)(1) has been provided by members of the SRG.

Confidential Information

- s.47(3)(b)

Contact person:

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DOH DISCLOSURE LOG