

Medication services

CSCF v3.2

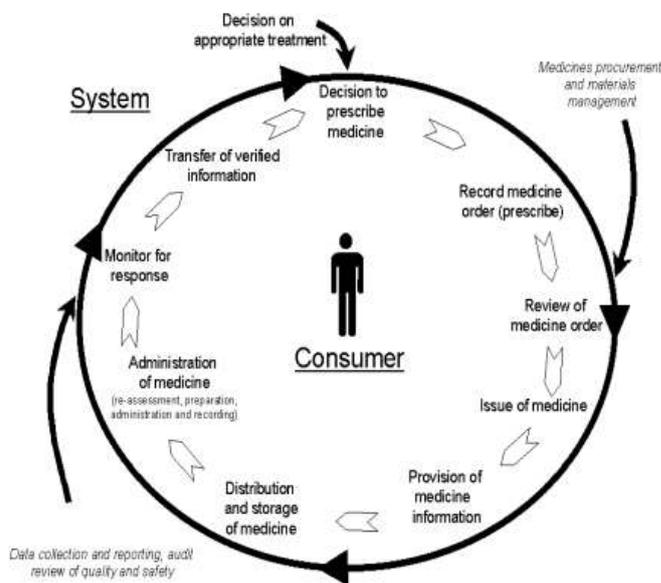
Module overview

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

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

Service providers must follow the Australian Pharmaceutical Advisory Council’s Guiding Principles to Achieve Continuity in Medication Management (July 2005)² which describes the medication management cycle and Medication Safety Standard detailed in the National Safety and Quality Health Service Standards.³ This cycle has 10 key components for direct patient care, and two aspects of a system to support direct patient care (Figure 1).

Figure 1: Medication management cycle showing patient-specific and central support activities⁴



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

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

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

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

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

Key principles in the provision of medication services are those expressed in the Australian Council on Healthcare Standards and reflected in the International Pharmaceutical Federation's Consensus Statement on Hospital Pharmacy.⁵ The Society of Hospital Pharmacists of Australia (SHPA) also outline a number of practice standards.

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

- ensuring patients have timely access to medications they need
- taking an accurate and comprehensive history of a patient's current medication regimen⁶
- reviewing and assessing that regimen against any prescribed regimen, medical conditions and admission plan, and acting on potential problems (medication reconciliation⁷ and medication review²)
- providing correct and timely information about medications to patients and their primary care providers.

The principles of the National Medicines Policy must guide provision of medication services.⁸ These services must also comply with relevant statutory regulations, and other policies and protocols regarding quality use of medicines.

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

- sufficient numbers of computers with reliable internet connections located where they can be used effectively in the delivery of medication services
- equipment to enable provision of medication services via telehealth, if the use of such a resource is part of a facility's service delivery strategy

- a wireless local area network, and requisite mobile devices and equipment (e.g. laptop, portable printer, label printer and portable tablet), particularly to enable rural and remote facilities to streamline their work processes and day-to-day workflow.

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

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

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

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

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

Service networks

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

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

Service requirements

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

- legislation requirements relating to extemporaneous and sterile (aseptic) dispensing and dispensing of antineoplastic drugs (i.e. service providers must comply with current regulatory requirements applying to their service level)
- services preparing, compounding, manufacturing and repackaging medications (e.g. into dose administration aids or unit-of-use packs) follow guidelines and requirements of the Code of Good Manufacturing Practice and relevant standards of the Pharmaceutical Society of Australia and Society of Hospital Pharmacists of Australia, and must comply with the Therapeutic Goods Administration's relevant Australian standards, including AS1386:1989 Clean Rooms and Clean Workstations
- access to appropriate facilities for cytotoxic reconstitution either on-site (if the health facility complies with AS4273, AS2567, AS2639 and AS/NZ ISO14644 and has appropriately trained staff) or access to an off-site provider (Therapeutic Goods Administration's Good Manufacturing Practice registered provider) for cancer-related medication services supporting clinical oncology and haematology services for supply of reconstituted cytotoxic products, and the service must comply with Workplace Health and Safety Queensland's Guide for Handling Cytotoxic Drugs and Related Waste
- use of guidelines and requirements of the Society of Hospital Pharmacists of Australia's relevant standards and Clinical Oncology Society of Australia's Guidelines for the Safe Prescribing, Dispensing and Administration of Cancer Chemotherapy
- current editions of reference materials recommended by the Pharmacy Board of Australia be made available at every dispensary
- occupational health and safety requirements, which services must consider in workplace design, equipment and procedures, particularly in relation to chemical management, manual handling and biological risks (e.g. sharps) while also complying with relevant legislation and standards
- provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.

Workforce requirements

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

- at all service levels staff must hold qualifications and any registration with professional bodies allowing them to provide these services under relevant statutory regulations
- staff must be qualified and assessed as competent to deliver required services
- staff must be qualified and assessed as competent in statutory requirements regarding the issue and storage of medicines
- processes must be in place to enable staff to establish and maintain their competencies or recency of practice in medication service provision; staff who dispense or supply medication must have competencies at least equal to those pharmacy support staff require—currently a Certificate III or competence in relevant modules within the certificate qualification

- sufficient staff and triage processes to provide timely services to patients based on medication risk and potential for harm, and adequate supervisory processes if pharmacy support staff have expanded roles
- emerging pharmacist roles relating to other parts of the medication management cycle should be evaluated and, where beneficial, incorporated into a documented clinical governance process for inclusion in the medication services framework
- where sites have access to robotics and automation to facilitate medication distribution and dispensing, staff using such technologies should be trained in optimal use of this equipment and software applications.

Medication Services

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	<ul style="list-style-type: none"> provides services to ambulatory populations with low medication risk. not limited to rural and remote areas, and may include services provided in other community health centres. 	<ul style="list-style-type: none"> provides limited ambulatory and inpatient clinical pharmacy service, and complies with relevant statutory regulations regarding provision and quality use of medications. able to provide medication service to adult and children with low medication risk. 	<ul style="list-style-type: none"> provides clinical pharmacy service on weekdays through onsite pharmacy or contracted service, and includes out-of-hours medication mechanism and access to pharmacist for emergency advice 24 hour/s. provides medication service to patients up to medium medication risk level. Predominantly provided to inpatients but may include limited hours of service to dispense medication to ambulatory patients. 	<ul style="list-style-type: none"> provides medication service to patients with medium to high medication risk (such patients likely to have complex and competing therapeutic needs, and multiple comorbidities that must be considered when optimising therapy). 	<ul style="list-style-type: none"> provides services to patients up to very high medication risk level. capacity to act as referral service for very high-risk patients except those who need statewide specialist clinical services, such as transplant, or most complex patients. provides on-site pharmacy with clinical pharmacy services. 	<ul style="list-style-type: none"> provides services for patients with highest level of medication risk. acts as referral service for all lower level services across the state, accepting referrals, including interstate, where applicable. clinical pharmacist dedicated to clinical unit is advanced-level practitioner (specialist and/or superspecialist) with expertise in clinical area. accessed as statewide, organisational or institutional

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
						resource, and may be recognised at state and national level as providing highest level of service.
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> medication services including: <ul style="list-style-type: none"> triaging to match minimum service requirements to patient medication risk, prioritise service delivery, allocate resources to patients with higher service needs, identify those patients with higher service 	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> medication services including: <ul style="list-style-type: none"> independent medication reviews to identify and evaluate potential risks, and treating clinician to take action, wherever necessary access to regular pharmacist medication review for long stay patients (not restricted to but 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> medication services include: <ul style="list-style-type: none"> independent medication review by pharmacist, including assessing medication therapy in line with current best available evidence identifying and investigating actual or potential drug related problems, including drug-patient, 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> medication services including: <ul style="list-style-type: none"> timely medication reconciliation for inpatients targeting points of entry into acute care system (eg. via emergency department) proactive input into multidisciplinary team, such as influencing therapeutic decision making in ward rounds or team 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> medication services include: <ul style="list-style-type: none"> extended-hours service with pharmacist accessible 24 hour/s teams of pharmacists or contracted pharmacists, including advanced-level pharmacy practitioners, employed full time or located on-site and 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> development of local medication management-related guidelines as part of its participation on local drugs and therapeutics committee with staff from Level 6 service participating in guideline development processes for statewide, organisational, institutional and/or national guidelines.

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	<p>need than facility can provide and activate relevant referral pathways</p> <ul style="list-style-type: none"> - recording medication history and confirming patient's current medication regimen as part of medication reconciliation process, which must reflect scope of practice of practitioner providing service and include triggers for referring patient to pharmacist or doctor if their needs are 	<p>including aged care patients eg. where facility has designated beds for nursing home-type care) when there are changes to medications or to expected outcomes</p> <ul style="list-style-type: none"> - transfer of verified medication information to healthcare provider/s continuing a patient's care on discharge (e.g. provision of discharge medication record to patient's nominated registered health practitioner/s). 	<p>drug-drug, drug-food or drug-disease problems</p> <ul style="list-style-type: none"> - determining and following course of action to resolve problems or minimise patient's medication risks - ensuring medication orders are legible and safe, including drug, form, route, dose and frequency - monitoring treatment efficacy and patient response to therapy, including biochemistry, microbiological 	<p>meetings to effect changes to patient care</p> <ul style="list-style-type: none"> - education for patients and their families about medication management (e.g. provision of cardiac rehabilitation training), as required, to support patient care programs of other clinical services the facility provides. • Quality Use of Medicines Program, which includes: <ul style="list-style-type: none"> - development of local medication policy - pharmacist participation in decisions made by facility's drugs and therapeutics 	<p>providing services under documented process medications and clinical services for inpatients, day patients and, where applicable, ambulatory patients in specialty clinics</p> <ul style="list-style-type: none"> - dedicated clinical service may be provided to specific clinical service areas, particularly emergency department, perioperative services, rapid assessment medical units and chronic 	<ul style="list-style-type: none"> • specialised or statewide medicines and drug information service, and/or poisons information service may be provided.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	<p>outside that scope of practice</p> <ul style="list-style-type: none"> – confirming and documenting adverse drug reaction / allergy – issuing medications, and maintaining supply or dispensing records – providing basic medicines information to patients verbally and in writing (including information on how to take medicines, common side effects, and storage at 	<ul style="list-style-type: none"> • medications for inpatients (supplied on basis of legal and safe written order) may be sourced from either regional hospital or by direct delivery via community pharmacy (where service agreements allow) or, alternatively, patients may use their own medications during admission where there are safe storage arrangements and processes in place for the use of these medications and their return to patients on discharge. • medications for ambulatory and inpatients on discharge supplied on individual 	<p>culture and sensitivities, and therapeutic drug monitoring, prioritising higher risk patients or patients taking higher risk drugs</p> <ul style="list-style-type: none"> – liaison with community health providers (e.g. registered medical practitioner [general practitioner] or community pharmacist) about medications, including transferring verified medication information (i.e. provision of discharge 	<p>committee, or equivalent, and where applicable, clinical networks</p> <ul style="list-style-type: none"> – ongoing drug utilisation evaluation program – medication safety strategies that should include training and mechanisms to ensure competency of staff from all disciplines involved in medication management. • after-hours, on-call service for medication supply and clinical services, including medicines information 24 hour/s. • access to more than one pharmacist 	<p>disease clinics (e.g. heart failure clinic).</p> <ul style="list-style-type: none"> • basic, non-sterile, extemporaneous compounding possibly with limited small-batch manufacturing for local hospital use, and sterile, individually compounded products (e.g. chemotherapy including parenteral, targeted and oral chemotherapy) if use of these products falls within scope of practice of pharmacist or trained support staff providing supporting medication services. 	

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	<p>home) within scope of practice of staff providing medication service, and staff access to pharmacist able to provide higher level services or specialist medicines information service if patients require more complex medicines information</p> <ul style="list-style-type: none"> – managing medication inventory (e.g. purchasing, ordering, and rotating and controlling stock) 	<p>prescription from either community pharmacy, registered health practitioner, hospital or higher level service with documented processes in place for provision of medications requiring compounding.</p> <ul style="list-style-type: none"> • documented multidisciplinary processes for overseeing and monitoring drug utilisation, medication service provision and medication safety (e.g. drugs and therapeutics committee or equivalent) with local monitoring, including reporting on key performance indicators developed in 	<p>medication record).</p> <ul style="list-style-type: none"> • service provided either by pharmacist employed on-site or under documented process with community pharmacy or third party provider. • pharmacist accessible during designated business hours with documented processes in place to access medications and clinical services outside these hours (after-hours service may be provided by higher level service under documented process). • access to relief / locum pharmacist services, as required. 	<p>employed or contracted on-site.</p> <ul style="list-style-type: none"> • services provided to inpatients and may be provided to ambulatory patients as part of specialty clinics (e.g. cardiac or preadmission clinics, community mental health clinics—where they may operate in facility) and may have limited dispensing for ambulatory patients (for private facilities, where permitted by licence for pharmacy for the service) • provision of medicines information to general or junior-level health professionals and senior / consultant-level medical staff, within scope of practice of pharmacist 	<ul style="list-style-type: none"> • capacity to respond to requests for medicines information related to direct patient care in timely manner, either through medicines / drug information service or service provided internally. • medicines / drug information service, where provided, that: <ul style="list-style-type: none"> – is provided by pharmacists trained in information retrieval and interpretation – has broad resource base – has dedicated work space – has defined processes for referral and 	

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	<ul style="list-style-type: none"> – safely purchasing, distributing and storing medications in facility in accordance with legislative and non-legislative requirements, and relevant state drug policies and formulary. • medications supplied on individual prescription from community pharmacy, primary health care clinic or higher level service. • documented processes in place for providing medications 	<p>collaboration with higher level service or central organisation, and having higher level service provide oversight and governance where these links exist.</p> <ul style="list-style-type: none"> • intermittent visits from sessional or part-time pharmacist, or visiting pharmacist from regional hospital (may be via outreach pharmacy or telepharmacy services) who oversees medication services, particularly to inpatients, which may involve documented process with community pharmacist. • access to more specialised 	<ul style="list-style-type: none"> • access to other multidisciplinary health professionals, as required. • provision of medicines information to general or junior-level health professionals within scope of practice of pharmacist accessing and interpreting medicines information and, should access to information resources beyond those available at facility be required or where more complex medicines information questions need answering, staff have access to pharmacist able to provide higher level service or specialist 	<p>accessing and interpreting medicines information, as well as staff access to pharmacist at higher level services or medicines information service if access to information resources beyond those available at facility required or where answers to more complex medicines information questions required.</p> <ul style="list-style-type: none"> • medication distributed and stored by facility and, as required, to any lower level service that is safe, meets legislative requirements and assures quality of medicinal products (e.g. maintains cold chain). 	<p>response, and quality assurance system</p> <ul style="list-style-type: none"> – supports operation of facility-level drugs and therapeutics committee and drug utilisation evaluation program by retrieving, critically appraising and summarising available best evidence, and by helping to develop local medication management-related guidelines. • where other clinical services sponsor or participate in clinical 	

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	<p>requiring compounding.</p> <ul style="list-style-type: none"> • service operates within defined drug policy and guideline framework—which covers, for example, practices, charges for medications supplied after hours, use of patients’ own medications, and drug usage or purchasing—developed by higher level service or central organisation (e.g. Medication Services Queensland or private provider). • where there is no pharmacist employed, on-site medication service oversight provided by pharmacist 	<p>pharmacist support from higher level facility or central organisation (e.g. medication administration advice or specialty medicines information services).</p> <ul style="list-style-type: none"> • established documented processes and referral mechanisms for access to pharmacist support, and outreach or telehealth service from higher level service or community pharmacist. • services may be provided predominantly by registered nurses or other health workers as 	<p>medicines information.</p> <ul style="list-style-type: none"> • access to basic, nonsterile extemporaneous compounding and sterile, individually compounded products, excluding cytotoxic / chemotherapy and medications requiring higher level of specialist support, and where use of these products is within pharmacist’s scope of practice (if compounding is performed, it is undertaken in line with principles of Code of Good Manufacturing Practice, but, ideally, where time constraints allow, products are sourced from provider with capacity to control 	<ul style="list-style-type: none"> • access to basic, non-sterile extemporaneous compounding and sterile, individually compounded products (excluding cytotoxic / chemotherapy and medications requiring higher level specialist support) if use of these products within scope of practice of pharmacist or trained support staff, providing: <ul style="list-style-type: none"> – appropriately maintained facilities and equipment available – staff undergo competency assessment in relevant practices – documented processes in 	<p>medication trials, service has ability to provide management and support for medication clinical trials in terms of medication provision, trial documentation, quality assurance and operational advice (this service may also be provided for trials sponsored by pharmaceutical companies).</p> <ul style="list-style-type: none"> • service may actively participate in multidisciplinary research activities to contribute to evidence base for optimal medication management in addition to clinical trial management services and may 	

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	<p>located elsewhere from higher level service (e.g. via telehealth) or through documented process with community pharmacist.</p> <ul style="list-style-type: none"> links to other relevant services to support patients taking medications (e.g. Aboriginal and Torres Strait Islander medical services or community nursing services). access in dispensary (either on-site or located off-site where services provided under service agreement) to computer hardware and software needed to meet statutory requirements for 	<p>authorised under legislation.</p>	<p>quality of extemporaneously prepared products).</p> <ul style="list-style-type: none"> timely access to clinical information, including medical records and pathology results. reliable access to dedicated desktop and/or laptop computer in ward / clinical area, or equivalent (e.g. electronic tablet), if wireless technology available. access to financial and/or administrative support, as required (e.g. for drug claims and billing, if required by service). appropriate facilities, if non-sterile compounding 	<p>place for providing medications requiring more compounding or preparation.</p> <ul style="list-style-type: none"> may provide support for clinical trial medication distribution as part of limited clinical trial management service where other clinical services sponsor or participate in clinical medication trials. 	<p>involve local project development and implementation or participation in practice improvement initiatives or research projects sponsored by central organisations (e.g. Medication Services Queensland, corporate or institution) or external collaborators such as universities.</p> <ul style="list-style-type: none"> where facility is training site for medical and nursing professions, service actively contributes to teaching programs sponsored by other clinical services and in collaboration with 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	<p>recording and dispensing medications and to support medication inventory management.</p> <ul style="list-style-type: none"> • access to communication technologies including: <ul style="list-style-type: none"> – telehealth facilities where identified as means of providing medication services and oversight – reliable internet connection with sufficient capacity to enable access to higher level medication information 		<p>undertaken by service.</p> <ul style="list-style-type: none"> • may have regional responsibilities across defined area, providing support and medication service oversight to lower level services through intermittent visits, via outreach pharmacy or telepharmacy services, or other means. • may be recipient of telepharmacy services if more complex patients require input from specialist pharmacist or higher level service. 		<p>higher education providers.</p> <ul style="list-style-type: none"> • timely access to print or online references recommended by Pharmacy Board of Australia, to published guidelines for medication management and to specialised medicines information resources reflecting nature and complexity of medicines information needs the service meets (e.g. access to medical library and bibliographic databases). 	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	<p>and support information systems.</p> <ul style="list-style-type: none"> • access to print and online reference material recommended by Pharmacy Board of Australia, and published guidelines for medication management and medication information services, including poisons information services. • access to suitable medication distribution or wholesaler network for supply of medications to maintain requisite medication inventory. • medications may be sourced from 					

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	<ul style="list-style-type: none"> regional hospital or by direct delivery from wholesaler. service maybe provided by pharmacist, nurse practitioner, authorised Aboriginal and Torres Strait Islander health worker or other health worker as authorised under regulation. 					
Workforce requirements	<p>As per module overview, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> may have access to registered medical practitioner for prescriptions. <p>Nursing</p> <ul style="list-style-type: none"> access to registered nurse, nurse practitioner or other qualified 	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> where Level 2 service provided by higher level of service <ul style="list-style-type: none"> medications may be supplied by higher level pharmacy pharmacists are involved in provision, 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> documented process in place with treating clinician for consultation if changes in patient's medication risk or presentation complexity beyond staff's scope of practice. <p>Allied health</p>	<p>As per Level 3, plus:</p> <p>Allied health</p> <ul style="list-style-type: none"> services provided by on-site pharmacists supported by technical and assistant staff. sufficient number of employed pharmacists to provide services to patients, including timely action as per 	<p>As per Level 4, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> access to registered medical specialists, as required. <p>Allied health</p> <ul style="list-style-type: none"> pharmacists and support staff qualified and assessed as competent in providing services 	<p>As per Level 5, plus:</p> <p>Allied health</p> <ul style="list-style-type: none"> provided by team of: <ul style="list-style-type: none"> pharmacists in training junior- or general-level pharmacists advanced-level

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	<p>nursing staff for facilities in rural and remote areas.</p> <p>Allied health</p> <ul style="list-style-type: none"> pharmacist involved in provision, supervision and monitoring of services offered by facility capable of providing Level 3 service or above. access to community pharmacist through documented processes. <p>Other</p> <ul style="list-style-type: none"> access to authorised Aboriginal and Torres Strait Islander health worker or other health worker (e.g. isolated practice paramedic) for 	<p>supervision or monitoring of services provided</p> <ul style="list-style-type: none"> pharmacy assistant staff may be required. some Level 2 services outpatient medication supplies may be outsourced to community pharmacies or treating clinician with right of dispensing under documented process. <p>Allied health</p> <ul style="list-style-type: none"> registered pharmacist to provide clinical services and oversee medication services. where service provided by community 	<ul style="list-style-type: none"> on-site and/or contracted pharmacist, supported by technical and assistant staff, to provide services, as required, during business hours with documented processes for access to medications and clinical services after hours (i.e. higher level service may provide after-hours service under documented process). pharmacists competent in statutory requirements regarding issuing and storing medications, drugs and poisons and, if required by service, non-sterile compounding. 	<p>risk-based triage process.</p> <ul style="list-style-type: none"> general or junior-level pharmacists mentored or clinically supervised by specialist or advanced-level practitioner where applicable. process in place to enable pharmacists to establish and maintain their competencies in providing clinical and related medication services, including, where relevant, access to pharmacy clinical mentorship to support interns, new graduates and pharmacists who are new to hospitals. where services provided by separate, private service provider, Level 4 service 	<p>as part of competency process, including validation for any aseptic compounding processes.</p> <ul style="list-style-type: none"> team of on-site pharmacists, including advanced level practitioners and pharmacists experienced in and aligned with clinical specialist services. sufficient number of employed pharmacists to provide services to patients, including timely action as per risk-based triage process, and to cover services provided to clinics and emergency department at peak times (if service provided), 	<p>pharmacists in training</p> <ul style="list-style-type: none"> advanced-level pharmacy practitioners with advanced knowledge and skills in specific Level 6 specialty area pharmacists aligned with clinical specialist services, and supported by technical and assistant staff including pharmacy technicians and assistants in training.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	facilities in rural and remote areas where required.	pharmacy or other third party provider, contracted provider is responsible for competency assessment and training of staff providing service under documented process.	<ul style="list-style-type: none"> access to specialist pharmacists. sole pharmacists with training and competency in less frequently used skills, such as basic extemporaneous compounding. <p>Other</p> <ul style="list-style-type: none"> pharmacy support staff accessible to ensure pharmacist best utilised to provide clinical service. 	<p>expectations are explicitly outlined in documented processes between facility and private service provider.</p> <p>Other</p> <ul style="list-style-type: none"> sufficient trained pharmacy support staff accessible to perform support tasks, such as assisting with dispensing and medication distribution. 	<p>including pharmacist leave cover and, if provided, outreach or remote pharmaceutical review services.</p> <ul style="list-style-type: none"> access to at least one pharmacist on-site trained in assessment of pharmacist competency and pharmacists providing clinical supervision trained in this activity. where pharmacists provide medication services beyond facility, management should ensure access to sufficient pharmacist and support staff resources to cover 	<ul style="list-style-type: none"> specialist and consultant pharmacists who form part of statewide network, and may be accessed as resource for statewide and, where relevant, interstate consultation if service is part of documented referral process (optional).

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
					expanded service while maintaining timely access to clinical and related services within facility (including availability of pharmacist/s for provision of remote pharmaceutical review (telepharmacy) or consultation from lower level services, if required).	
Specific risk considerations	Nil	Nil	<p>In addition to risk management outlined in the Fundamentals of the Framework, specific risk management requirements include:</p> <ul style="list-style-type: none"> where service provided under documented process with community pharmacy or other 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> quality assurance program for validating and monitoring aseptic compounding processes & where provided. 	Nil	

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
			private service provider, pharmacy or service provider demonstrates compliance with recognised quality standards.			

Legislation, regulations and legislative standards

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

These include but are not limited to:

- Australian Government. National Health (Pharmaceutical Benefits) Regulations 1960. www.comlaw.gov.au/series/F1996B02844
- Australian Standards including:
 - AS 1386-1989 (Clean rooms and clean workstations)
 - AS4273-1999/Amdt 1-2000 (Design, installation and use of pharmaceutical isolators)
 - AS2567-2000 (Laminar flow cytotoxic drug safety cabinets)
 - AS2639-1994 (Laminar flow cytotoxic drug safety cabinets—Installation and use)
 - AS/NZ ISO 14644.4:2002 (Clean rooms and associated controlled environments - Design, construction and start-up).
- Queensland Government. Queensland Health Drug Therapy Protocol: Aboriginal Indigenous Health Worker Isolated Practice Area, Sept 2013. www.health.qld.gov.au/ph/documents/ehu/dtp_indig_worker.pdf
- Queensland Government. Queensland Health Drug Therapy Protocol: Immunisation Program Nurse, Sept 2013. www.health.qld.gov.au/ph/documents/ehu/dtp-immunisation.pdf
- Queensland Government. Queensland Health Drug Therapy Protocol: Rural and Isolated Practice Area – Endorsed Nurses, Sept 2013. www.health.qld.gov.au/ph/documents/ehu/29969.pdf
- Queensland Government. Queensland Health Drug Therapy Protocol: Sexual Health Program Nurse (including Reproductive Health), Sept 2012. www.health.qld.gov.au/ph/documents/ehu/dtpshp-nurse.pdf
- Queensland Government. Queensland Workplace Health and Safety Strategy: Guide for Handling Cytotoxic Drugs and Related Waste. Department of Industrial Relations; 2005. [www.health.qld.gov.au/qhpolicy/docs/ptl/qh\[ptl-275-3.2.pdf](http://www.health.qld.gov.au/qhpolicy/docs/ptl/qh[ptl-275-3.2.pdf)
- The Standard for the Uniform Scheduling of Medicines and Poisons (SUSDP) published by the Commonwealth. www.tga.gov.au/industry/scheduling-poisons-standard.htm#Uwbj6FP6STA
- Workplace Health and Safety Regulation 2008, in particular, Part 16 Hazardous Substances, Division 3. Suppliers concerning Material Safety Data Sheets.

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

(not exhaustive & hyperlinks current at date of release of CSCF v3.2)

As per the Fundamentals of the Framework, plus:

- Australian Government. National Medicines Policy. Canberra: Department of Health and Ageing; 2000. www.health.gov.au/
- Australian Government. Department of Health and Ageing. Pharmaceutical Benefits Schedule. www.pbs.gov.au/pbs/home
- Australian Pharmaceutical Advisory Council (APAC) guiding principles and guidelines
- Clinical Oncological Society of Australia. Guidelines for the safe prescribing, dispensing and administration of cancer chemotherapy. COSA; 2008. www.cosa.org.au/publications/guidelines.aspx
- Code of Good Manufacturing Practice (current edition).
- Queensland Government. Supply of Medicines by Registered Nurses in Rural Hospitals and Health Facilities. 2012. (PUBLIC SECTOR ONLY) qheps.health.qld.gov.au/hssa/medicines/docs/guidelines/med-supply-nurse-pdf
- Queensland Government. List of Approved Medications (LAM) for Queensland Hospitals. www.health.qld.gov.au/qhcss/mapsu/sdl.asp
- Queensland Government. Primary Clinical Care Manual 8th Edition. www.health.qld.gov.au/pccm/default.asp
- Pharmaceutical Society of Australia (PSA) standards and guidelines.
- PIC/S Guide to Good Practices for the Preparation of Medicinal Products in Healthcare Establishments Pe010 2008.
- The Pharmacy Guild of Australia. The Quality Care Pharmacy Program Standards (for Community Pharmacies). www.qcpp.com
- The Pharmacy Board of Australia codes and guidelines. www.pharmacyboard.gov.au/Codes-Guidelines.aspx
- The Society of Hospital Pharmacists of Australia (SHPA) Practice Standards and Guidelines (current editions). <http://www.shpa.org.au/Practice-Standards>
- Various programs for the provision of training and competency assessment in medication services being delivered and in statutory requirements regarding the issue and storage of medicines.
- Various processes for ensuring:
 - oversight and monitoring of drug utilisation, medication service provision and medication safety including reporting on key performance indicators that are developed in collaboration with a higher level service or central organisation
 - all required Material Safety Data Sheets are available and current (e.g. access to software such as Chem. Alert: www.chemwatch.net or qheps.health.qld.gov.au/safety/hazards/chemalert2.htm)

- extemporaneous products sourced from external providers are compounded according to Code of Good Manufacturing Practice Principles
 - processes to access quality assurance programs for validating and monitoring aseptic compounding
 - where service support is provided via a documented process with a community pharmacist, the pharmacist and pharmacy demonstrate compliance with relevant quality standards.
- access to clinical governance to address medication safety and quality issues (e.g. reporting and action mechanism for adverse events and near misses).

Reference list

1. National Prescribing Centre (2001/2002). Medicines management services - why are they so important? MeReC Bulletin 12(6): 21–3.
2. Australian Pharmaceutical Advisory Council. Guiding Principles to Achieve Continuity in Medication Management. Guiding principle 5. APAC: 2005.
3. Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), National Safety and Quality Health Service Standards, ACSQHC, Sydney.
<http://www.safetyandquality.gov.au/our-work/medication-safety/>
4. Stowasser DA, Allinson YM, O’Leary K Understanding the Medicines Management Pathway. J Pharm Pract Res 2004; 34(4):293–6.
5. The Basel Statements on the future of hospital pharmacy. Am J Health-Syst Pharm. 2009, 66(Suppl 3):S61–6.
6. Australian Pharmaceutical Advisory Council. Guiding Principles to Achieve Continuity in Medication Management. Guiding principle 4. APAC: 2005.
7. McLeod SE, Lum E, Mitchell C. Value of Medication Reconciliation in Reducing Medication Errors on Admission to Hospital. J Pharm Pract Res 2008; 38(3):196–9.
8. Australian Government. National Medicines Policy. Canberra: Department of Health and Ageing; 2000. www.health.gov.au/
9. Beaney AM. (ed). On behalf of NHS Quality Control Committee. Quality Assurance of Aseptic Preparation Services, 4th Edition. London: Pharmaceutical Press; 2006.