

# North Queensland Community Pharmacy Scope of Practice Pilot

## Frequently Asked Questions

### What is the aim of the Pilot?

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

### Why a full scope of practice trial?

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.

The Queensland Government acknowledges that this is only one solution to address the challenge of workforce shortages and continues to work with the Commonwealth Government to advocate for improved access to holistic primary health care for Queensland communities.

### Why was North Queensland selected as the Pilot location?

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.

North Queensland is currently experiencing workforce shortages in the primary care sector. The Health and Environment Committee heard that at the time of the *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*, there were 97 vacancies for general practitioners in North Queensland.

### What extra services will be provided by community pharmacists?

The Pilot will enable participating community pharmacists to administer more types of vaccines and prescribe medicines for a range of common conditions including nausea and vomiting, reflux, rhinitis, and acute mild musculoskeletal pain.

The Pilot will also allow pharmacists to provide health and wellbeing services including hormonal contraception, oral health screening, weight management and support for consumers to quit smoking.

Pharmacists will also be able to prescribe medicines as part of structured chronic disease management programs for cardiovascular disease risk reduction, asthma, and chronic obstructive pulmonary disease.

## Which community pharmacies will be able to offer provide these services?

To be eligible to participate in the Pilot, community pharmacies must be located in North Queensland and have appropriate consulting space to ensure patient confidentiality and privacy.

## Are pharmacists qualified to provide the extra services?

Pharmacists are highly qualified health professionals and are registered with the Pharmacy Board of Australia. Most pharmacists in Australia have successfully completed a 4-year university degree, followed by a 1-year supervised internship and then pass final registration exams. Once registered with the Board, pharmacists must continue to undertake continuing professional development each year to maintain their knowledge and skills.

Pharmacists will also need to undertake additional training before they provide care as part of the Pilot, to ensure they are able to safely manage the conditions included. This will include completion of prescribing training (equivalent to a graduate certificate) and additional clinical training, which will be delivered by tertiary education providers. In addition, pharmacists will also need to complete accredited professional development for certification in vaccination and medicine administration by injectables.

## How much will it cost to see a pharmacist for a service in the Pilot?

Consumers will be required to pay for the consultation with the pharmacist and any tests, treatment or medications provided as part of the Pilot. The total cost of treatment will be different for each service, depending on the length of the consultation, the cost of the medicine and/or other treatment, and whether any blood tests are required.

Pharmacist consultations are not currently subsidised by Medicare and medications prescribed by a pharmacist in the Pilot will not be subsidised by the Pharmaceutical Benefits Scheme (PBS). Pharmacists will be required to discuss the cost of the service with consumer before the start of all consultations.

## How will North Queensland consumers benefit from the Pilot?

Consumers who live or work in North Queensland will have more choice about where and how they access health care. As well as continuing to see their usual health care providers, consumers will also have the option of a consultation with a participating pharmacist in a local community pharmacy, for conditions included in the Pilot. This means that many people will be able to access health care sooner and closer to home.

Participation in the Pilot is optional, and consumers will be asked to give their consent to receive care.

## How will potential conflicts of interest and risks (arising from pharmacists prescribing and dispensing medications) be managed?

Pharmacists already make treatment recommendations and provide patients with Schedule 2 and 3 (pharmacist only) medicines within the community pharmacy setting.

Pharmacists will be required to gain informed clinical and financial consent from consumers before they provide any Pilot services. This will include discussing consultation fees, as well as the costs of any blood tests, investigations and medicines that may be required. Pharmacists will also be required to advise consumers where they may be able to obtain the service, medicines or vaccinations for a subsidised price, such as through the National Immunisation Program or by consulting their general practitioner.

As with all health professionals, pharmacists have an obligation to follow the professional standards and guidelines set out by their professional board, the Pharmacy Board of Australia, and the guidelines of other professional bodies.

## Is the Pilot consistent with Closing the Gap initiatives and how will the specific needs of the North Queensland people, including First Nations people with complex health care needs and co-morbidities be managed?

The Queensland Government acknowledges the complexities of providing health care in North Queensland, including the challenges presented by vast geography and remoteness, and the specific needs of Aboriginal and Torres Strait Islander communities and individuals.

Community pharmacists in North Queensland understand the communities in which they live and work and provide person-centred primary health care.

Only community pharmacies accredited by Quality Care Pharmacy Program against the Quality Care Pharmacy Standard will be eligible to participate in the Pilot. To be accredited, pharmacies are assessed against five domains of quality, including consumer-centred care and cultural safety.

The shared Ahpra Code of Conduct, that applies to pharmacists, requires health practitioners to consider the specific needs of Aboriginal and Torres Strait Islander people and their health and cultural safety, as well as respectful and culturally safe practice for all.

Cultural safety and the consideration of the specific needs of Aboriginal and Torres Strait Islander people will be addressed in Pilot documents and will be included in the training for pharmacists participating in the Pilot.

## How will the Government evaluate the Pilot and capture any adverse outcomes?

The Department of Health will engage an independent external provider to undertake a comprehensive evaluation of the Pilot. The evaluation will be aligned to the Australian Institute of Health and Welfare dimensions of system performance: accessibility (including affordability), continuity of care, effectiveness, efficiency and sustainability, appropriateness and safety.

## Is there evidence to support the safety and efficacy of these pharmacy services?

While this Pilot would be a first for Australia, internationally, the pharmacy profession has undergone significant changes over recent decades with community pharmacists providing a wider range of patient care activities, including prescribing, in a range of comparable countries including the United Kingdom, Canada and New Zealand. In these countries, the models are embedded in usual practice.

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