The Pharmacy Guild of Australia
TAS Branch

Submission to the Inquiry into Rural Health Services in Tasmania

Reporting on health outcomes and access to community health and hospital services for Tasmanians living in rural and remote Tasmania.

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The Pharmacy Guild of Australia, Tasmanian Branch (the Guild) welcomes the opportunity to provide a submission to the Inquiry into Rural Health Services in Tasmania, reporting on health outcomes and access to community health and hospital services for Tasmanians living in rural and remote Tasmania.

The Guild is a national employers' organisation with over 90 years of experience in representing and promoting the value of the role of community pharmacy in the Australian and Tasmanian health care systems. Community pharmacies are a vital part of the Tasmanian health system with the potential to make an even bigger contribution to the health of all Tasmanians.

In Tasmania there are approximately 160 pharmacies located across the state, serving major regional centres as well as rural and remote communities. In Australia, pharmacies must be owned by registered practicing pharmacists, who invest in staff, services, infrastructure, and medications to help people manage health conditions.

By virtue of Commonwealth Government policy to ensure timely subsidised medication supply under the Pharmaceutical Benefits Scheme (PBS) community pharmacies, as approved as agents of the PBS, ensure that there is equitable access to this cornerstone of Government Health Policy.

The Guild and its members across Tasmania recognise there are elements of health inequity and access to services for those who live in our rural and remote communities. Our members are regular witnesses to the healthcare needs of Tasmanians who live in rural and remote communities, specifically those who experience poorer health outcomes, including comparative health outcomes with those who live in areas closer to major regional centres.

Furthermore, the availability and delivery timeliness of health services outlined in the terms of reference document (TOR) impact Tasmanians living in rural and remote areas not solely in terms of their health outcomes but also their opportunities to participate as productive members of our communities.

Tasmanians experience poorer health outcomes than the Australian population as a whole and have the highest incidence of chronic disease and multi-morbidity in Australia.[1] Tasmania's death rates are higher than the Australian average in areas including cancer, heart disease, diabetes, stroke, respiratory diseases, and suicide[2]

Rural and Remote impacts on the health of Tasmanians

Tasmanians who live in rural and remote regions in the state are at a disadvantage in terms of enhanced health outcomes due to a number of issues. Socio-economic and demographic impacts due to education attainment, future earning and workforce participation, ageing of rural and remote populations and entrenched attitudes to welfare reliance has resulted in some of Australia's poorest health outcomes[3].

Primary Health Tasmania's rural health needs analysis 2019-2022 indicates health outcomes in most rural Local Government areas (LGAs) are more adverse in Hobart or Launceston[4].

Over one third of Tasmania's population live in outer regional locations - essentially regional towns[5]. Additionally, the whole of Tasmania is still behind when compared to other Australian states and territories.

[1] Primary Health Tasmania. Needs Assessment Report. 1 July 2019-30 June 2022 https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf.
[2] Primary Health Information Development Unit, Social Health Atlas of Australia: Local Government Areas; Compiled Based on Data from the 2010 to 2014 Death Unit Record Files supplied by the Australian Coordinating Registry 2010-2014
[3] Primary Health Tasmania. Needs Assessment Report 1 July 2019-30 June 2022 https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf. Viewed 6 March 2021
[4] Ibid
[5] Australian Bureau of Statistics https://www.abs.gov.au/ausstats/abs@.nsf/exnote/3218.0

As outlined by the Tasmanian Department of Health's report *The State of Public Health Tasmania 2018*[6] the following health impacts are amplified due to Tasmania's ageing population and the regional and rural settings where the majority of Tasmanians live:

- Being overweight and/or obese is increasing in the few sectors of the population where it is not already very high.
- The burden of chronic diseases such as heart and lung diseases and diabetes is high.
- Mental health problems affect many Tasmanians particularly young to middle-aged men and women.
- Suicide is the single greatest contributor to years of life lost due to premature death.

Primary Care including Pharmacy and the impact on Potentially Preventable Hospitalisations

In Tasmania primary care including community pharmacy plays a role in reducing the number of acute care presentations to hospitals[7]. A study undertaken in 2017 of older patients admitted to the State's two largest public hospitals - the Royal Hobart Hospital and the Launceston General Hospital - highlighted that 19% were due to an adverse drug reaction (ADR) and that in the study cohort more than 50% had had a previous ADR.

Community pharmacies are able to help mitigate the reliance on the hospital system with a coordinated approach to medication safety, especially when patients are discharged from the hospital system and return to their communities.[8]

Community pharmacy through a remunerated post-discharge medication reconciliation service would provide for better post discharge care and fewer returns to hospital due to medication compliance and adherence issues. Community pharmacy is by virtue already undertaking aspects of this, however there is no formal process coordination process between the hospital, pharmacy and GP. In many instances a patient is discharged with new scripts and heads to their local pharmacy, at this point it is critical that a post discharge medication reconciliation is undertaken to ensure that there is no accidental overdosing, contra-indications or issues with medication adherence once the patient returns home.

Pharmacists, as Australia's most accessible healthcare practitioners[9] are overlooked by health policy makers at both State and Federal levels. There is growing evidence that pharmacists' skills could be better utilised to not only enhance health outcomes but save state governments money and valuable resources in terms of expensive and often avoidable acute care presentations at public hospitals.

For example, pharmacists can assist in increasing vaccination rates which contribute to potentially preventable hospitalisations (PPH) in Tasmania. Vaccine preventable diseases contributed to almost 600 admissions to Tasmanian public Hospitals in 2015/16. Pharmacists in Tasmania are able to administer some vaccinations including influenza, however are unable to access and administer National Immunisation Program (NIP) stock which is provided to the State at no charge by the Commonwealth Government.

Pharmacists routinely see elderly people for prescription filling services, and it would make sense if pharmacists could administer influenza, pneumococcal and shingles vaccines provided under the NIP to this cohort during their regular pharmacy visits.

In addition to elderly people who qualify for immunisations under the NIP, pharmacists are able to easily identify those who, due to chronic health conditions, qualify under the NIP program. Pharmacists involved in dispensing prescriptions for conditions including asthma, diabetes and immune-compromised conditions can perform a much greater role in ensuring that this vulnerable cohort are protected against vaccine preventable diseases which can result in hospitalisations, loss of productivity and poorer health outcomes.

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[6] Public Health Services Department of Health The State of Public Health Tasmania 2018, https://www.health.tas.gov.au/__data/assets/pdf_file/0004/375025/The_State_of_Public_Health_Tasmania_2018_v10.pdf viewed 2 March 2021

[7] Tasmanian Government Department of Health. One State, One Health System, Better Outcomes: Delivering Safe and Sustainable Clinical Services - White Paper. [Online] June 2015. [Cited: 3 March 2021.] https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/374765/OHS-White-Paper-Final-Release-vf4-Press.pdf.

[8] Parameswaran Nair N, Chalmers L, Bereznicki BJ, Curtain C, Peterson GM, Connolly M, Bereznicki LR. Adverse Drug Reaction-Related Hospitalizations in Elderly Australians: A Prospective Cross-Sectional Study in Two Tasmanian Hospitals. Drug Saf. 2017 Jul;40(7):597-606. doi: 10.1007/s40264-017-0528-z. PMID: 28382494.

[9] Consumer Health Forum of Australia, 2017. Maximising pharmacists' roles boosts consumer health outcomes https://healthvoices.org.au/issues/november-2016/maximising-pharmacists-roles-boosts-consumer-health-outcomes/ viewed 8 March 2020

Another PPH in Tasmania is attributed to complications arising from urinary tract infections (UTIs), which when left untreated can progress to a severe infection requiring hospitalisation.

In Tasmania 2017-18 data demonstrates that there have been 1300 cases of PPH attributed to urinary tract infections, including pyelonephritis, resulting in some 4,694 hospital bed days with an average of 3.6 days. The average cost per night of a hospital stay in a public hospital is $4600[10].

Queensland commenced trialling the treatment of uncomplicated UTI's in a pharmacy environment in July 2020. Trained pharmacists can diagnose, prescribe and dispense antibiotic therapy in line with treatment protocols established under the trial. To date there have been over 3000 treatments provided in community pharmacies, many of which were located in regional and remote areas in Queensland.

The Guild believes that the valuable and trusted pharmacist resource and existing community pharmacy ecosystem can be leveraged to further contribute to healthcare access and improved health outcomes in rural and regional areas in Tasmania.

Remunerated Programs under the Community Pharmacy Agreement and Access in Rural and Remote Areas

Currently there are a range of Commonwealth funded professional services which exist under the Community Pharmacy Agreement[11] such as Home Medicines Review, MedsChecks and Diabetes MedsChecks. These services provide help and advice to patients, and prescribers, in order to, for example, improve the patients understanding of their medication(s), increase health literacy and augment compliance.

In addition, there are recently announced changes to the 'Closing The Gap' medication adherence and compliance program, available through community pharmacies. Aboriginal and Torres Strait Islander people will soon be able to receive a subsidised dose administration aid (DAA) from their preferred community pharmacy. A DAA is a convenient, weekly, medication administration pack which helps the patient to gain the most benefit from their prescribed medications through increased compliance.

Pharmacies providing services to Aboriginal and Torres Strait Islander people may also provide a range of health care services including other Commonwealth Government remunerated services such as Home Medication Reviews as well as MedsCheck/Diabetes MedsCheck services.

Through Medicare (MBS item 715), Aboriginal and Torres Strait Islander people can receive Indigenous-specific health checks from their doctor, as well as referrals for Indigenous-specific follow-up services. In 2017–18 across states and territories, the Northern Territory had the highest rate of Indigenous-specific health checks (with 38% of the Aboriginal and Torres Strait Islander population receiving an Indigenous health check), followed by Queensland (37%). Tasmania had the lowest rate (13%)[12].

As MBS utilisation rates are reduced in rural areas[13] Community Pharmacies should be considered for a range of professional services, which could be considered for funding at State level, in areas where ACCHO services or General Practitioners are not easily accessible. This may include health screening and referral, immunisations, chronic disease state management and health care programs such as smoking cessation.

Pharmacists' Role in Mental Health and Service Provision

Significant regional variation in mental health services exist in Tasmania and in line with trends being experienced by general practice in Tasmania[14], members of the Guild have highlighted increased presentations of people seeking help for mental health conditions in community pharmacy.

[10] Australian Institute of Health and Welfare 2020, Spending on hospitals; spending on admitted patients, https://www.aihw.gov.au/reportsdata/myhospitals/intersection/spending/apc
[11] https://www.ppaonline.com.au/programs
[12] Australian Institute of Health and Welfare 2019. Indigenous health checks and follow-ups. Cat. no. IHW 209. Canberra: AIHW. Viewed 10 March 2021, https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups
[13] The Mitchell Institute, Victoria University; Rural & remote Australians missing out on the Medicare dollar | Victoria University | Melbourne Australia (vu.edu.au) ; Accessed 11/03/2021.
[14] Primary Health Tasmania. Needs Assessment Report.1 July 2019-30 June 2022 https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf

It has been recognised that early intervention and preventive strategies can reduce people accessing emergency services as their only option.[15] Receiving early and timely access to support services, particularly with a shift from hospital focused care to community based support, is documented as a goal as part of long term mental health plans in Tasmania.[16]

Pharmacists are acutely aware of medication safety in relation to potential harms caused by prescription medication. Self-poisoning with prescription medication is a particular problem in Tasmania[17], with the state recording highest rates of prescription opioid and benzodiazepine overdose in Australia. The most common drug class used in drug poisoning suicides in Tasmania were sedatives and hypnotics (26.52% of cases), the majority of which were benzodiazepines (22% of cases).

In recent years many pharmacists in Tasmania have undertaken nationally recognised Mental Health First Aid for Pharmacist courses. We estimate that over 200 pharmacists in Tasmania have undertaken this course. During 2020 in collaboration with Primary Health Tasmania, the Pharmaceutical Society of Australia and the Black Dog institute, the Guild embarked on a pilot project "Advanced Suicide Prevention Training for Pharmacists".

A suite of tools has been developed including training webinars to coach pharmacists on how to recognise and respond to someone experiencing suicidality and referral resources to identify services where people can receive help. The Guild believe that appropriately trained community pharmacists should be formally recognised and remunerated as part of locally initiated early intervention strategies.

An important part of any suicide prevention program is reducing access to lethal means or "means restriction". This refers to making an effort to limit or eliminate the ability for a person at risk of suicide to access the means to carry out their suicide plan[18]. A research project being undertaken in conjunction with the pilot by the Curtin University has identified where means restriction in a pharmacological context could be initiated by pharmacists. Typically, prescription medications used in overdoses are opioids and benzodiazepams

Currently a program exists known as 'staged supply' where medication services can be requested when the prescriber determines that a patient may be at risk if they were to obtain a full PBS supply of the nominated medicine. Typically, a person who is on staged supply presents daily (sometimes multiple times depending on the dosage requirements) to the pharmacy for their medication.

The service is of particular value to patients with a mental illness, drug dependency, or who are unable to manage their medicines safely[19]. Staged supply is part of the remunerated Community Pharmacy Agreement programs and is governed by 'rules' under the program including a maximum number of people per month a pharmacy can claim for provision of this service. The service can only be offered to people who hold a current, valid, government-issued concession and have been referred for a staged supply service by their prescriber.

Community pharmacists are not made aware by prescribers why staged supply has been initiated nor are they able to initiate staged supply based on their knowledge and understanding of a person's condition.

The Guild believes that a state funded system could run in parallel to the current Commonwealth system where pharmacists could determine the benefit of initiating staged supply for a person as part of means restriction, working with the prescriber to manage potential suicide by overdose. The benefit of this proposal is attributable to the daily interaction the person has with the pharmacist - a community based qualified healthcare practitioner – who is able to closely monitor change in behaviour and provide feedback to the GP.

Minor Ailment Scheme

It is estimated that in Australia some 26 million GP consultations a year subsidised under Medicare, are for minor ailments.[20] Based on the fee for a standard GP consultation this amounts to almost $1 billion annually in Medicare costs.

[15] Tasmanian Government 2015. Rethink Mental Health, Better Mental Health and Wellbeing. A Long-Term Plan For Mental Health in Tasmania 2015-2025
[16] Ibid
[17] AIHW. (2020). *Suicide and intentional self-harm*. Australian Government Retrieved from https://www.aihw.gov.au/reports/australias-health/suicide-and-intentional-self-harm
[18] Yip PS, Caine E, Yousuf S, Chang SS, Wu KC, Chen YY. Means restriction for suicide prevention. *Lancet*. 2012;379(9834):2393-2399. doi:10.1016/S0140-6736(12)60521-2
[19] https://www.ppaonline.com.au/programs/medication-adherence-programs-2/staged-supply
[20] ASMI Minor Ailments Report Sep 2009

Increased recognition, awareness and enhancement of the valuable role community pharmacists perform in providing advice, treatment and triage for minor ailments would enable patients to access more immediate and less expensive treatments while freeing up GP time to treat complex conditions.

In a number of countries, such as the UK[21], [22] governments have enabled pharmacists to perform an enhanced role in managing minor ailments, through raising consumer awareness of the benefits of visiting community pharmacies for advice and treatment and creating a greater capacity to treat a range of readily identifiable ailments with medicines that had previously been limited to supply on prescription.[23] A 2013 systematic review which included 3,308 publications found[24]:

- A mean price per consultation (excluding cost of medicines) ranging from £1.44 to £15.90, compared to means of £36 for GPs and £111 for emergency department visits;
- Associated savings to the UKs National Health Service (NHS) of £112 million per year;
- No difference in health outcomes, measured by re-consultation and referral rates. Scotland also has a Minor Ailment Service that allows eligible individuals (mostly over 60s and people on income support) to register with and use a community pharmacy as the first port of call for the treatment of common illnesses.[25]

Payments are made on a capitation model that provides a minimum pharmacy payment of £608 per month (for 1 to 250 patients).[26] For pharmacies with more than 1,250 patients the monthly payment is £1,267 plus £0.67 per person beyond 1,250 patients. At the end of March 2015, 913,483 patients were registered for Scotland's Minor Ailment Service, across 1,253 participating pharmacies (an average of 729 patients per pharmacy).[27]

The role of community pharmacists in Tasmania could be extended to providing treatment for ailments such as uncomplicated eye, ear or urinary tract infections, skin conditions or pain management. This would be supported by the introduction of a recordable pharmacist-only medicine schedule, which could be integrated into the Tasmanian eReferral system and would require community pharmacists to refer to the patient's GP.

This service would direct patients with health conditions that can be managed by a pharmacist away from more costly health care options, representing not only a cost-saving, but greater access and convenience for patients, particularly in rural and remote areas.

The Pharmacy First minor ailments scheme which operates in Nottingham, has been accessed by more than 250,000 patients who would have otherwise added to the pressure on GP and acute care resources.[28]

Pharmacist Scope of Practice

Genuine health reform and significant cost savings can be delivered through the better utilisation of community pharmacists. International experience shows that there are both significant savings and improved health outcomes by following two key principles:

1. Removing regulatory restrictions which inhibit health practitioners from practising to the full extent of their capabilities;
2. Allowing patients to choose who provides their primary health care, particularly in the case of chronic disease management.

Community pharmacists provide a range of primary health care services beyond dispensing that are crucial to the health of Australians.

[21] National Health Service. Community Pharmacy Minor Ailments Schemes. 2004; United Kingdom
[22] Paudyal V et al, 2012. Health and cost-related outcomes of community pharmacy-based minor ailment schemes: a systematic review [Report]
[23] Pumtong S et al. A multi-method evaluation of the Pharmacy First Minor Ailments Scheme. International Journal of Clinical Pharmacy, 2011, 33(3): 573-81.
[24] Vibhu Paudyal et al, "Are pharmacy-based minor ailment schemes a substitute for other service providers? A systematic review", British Journal of General Practice, July 2013, pp.472-481
[25] http://www.communitypharmacy.scot.nhs.uk/core_services/mas.html
[26] 8 http://www.communitypharmacyscotland.org.uk/media/101469-99732-CPS-Financial-Framework-201516-FINAL.pdf
[27] http://www.isdscotland.org/Health-Topics/Prescribing-and-medicines/Community-Dispensing/Minor-Ailment-Service/
[28] Pumtong S, Boardman HF, and Andersen CW. A multi-method evaluation of the Pharmacy First Minor Ailments scheme. International journal of clinical pharmacy 06/2011; 33(3):573-8

These services help patients achieve positive health outcomes and cover, for example, advice to mothers regarding the use of medicines while breastfeeding; sexual health and contraception advice; assessing ailments such as minor wounds and sporting injuries and providing assistance to elderly and other people regarding the health system and their access to social welfare and other community services[29].

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[30].

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 including Canada, the UK, Ireland, the USA and New Zealand where there are examples of these practices being undertaken by pharmacists.[31]

Appendix one demonstrates the variances when comparing Australia to other OECD countries.

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*[32]*."*

The National Competency Standards Framework for Pharmacists in Australia 2016[33] define scope of practice as "*…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 on the following page, 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 is initially achieved through completion of an accredited program of study that is approved by the Pharmacy Board of Australia.

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[34]

[29] ACSQHC Literature Review: Medication Safety in Australia; Aug 2013; http://www.safetyandquality.gov.au/wpcontent/uploads/2014/02/Literature-Review-Medication-Safety-in-Australia-2013.pdf
[30] Grattan Institute submission No 21 to the Victorian Legislative Council, Letting pharmacists do more, June 2014
[31] Canadian Pharmacists Association, Pharmacists Scope of Practice in Canada 2020, https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/Scope%20of%20Practice%20in%20Canada_Jan2020.pdf
[32] International Pharmaceutical Federation (FIP) Vision 2020-2025, Pharmacists at the heart of our communities
[33] National Competency Standards Framework for Pharmacists in Australia 2016
[34] 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/

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[35].

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.

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

COVID-19 Initiated Healthcare Provisions Benefitting People in Rural and Remote Areas

During the early stages of the COVID-19 pandemic the Commonwealth recognised the need for people to be able to readily access healthcare including seeing a GP and accessing their medications. MBS covered GP telehealth consultations enabled thousands of Australians to receive care from their GP via the phone or video link. For people in rural and regional areas this change would serve as a long awaited positive step to timely access of health care via a GP.

Measures were also put in place to assist with medication provision including dispensing of prescriptions and medication continuance. There are important pieces of legislation which the Guild believes should be made permanent, given the ongoing positive impacts on healthcare access and mitigating avoidable hospitalisations due to medication non-adherence.

1. Continued Dispensing

As part of the pandemic response the Federal and State Governments provisioned emergency supply and continuous dispensing arrangements, including recognising these items as PBS medicines for patients. These arrangements at both State and Federal level are due to expire on **31st March 2021.**

The emergency measures allow community pharmacists, under strict conditions, to give patients up to one month's supply of their PBS medicine, once in a twelve-month period, without a prescription. Currently in Tasmania these provisions are supported by Tasmania's *Emergency Management Act 2006*. These provisions are an important step in ensuring that Tasmanians, when faced with situations defined as an 'emergency', can access their medications via community pharmacy.

In Tasmania between July 2020 and December 2020, close to 8000 medications were dispensed under this measure. The most common dispensed medications were for the treatment of cardiovascular disease, diabetes, reflux, and depressive or anxiety related disorders, important conditions to ensure ongoing supply and adherence to regular prescribed medications.

The Guild believes that this current arrangement should become permanent and that State legislation should support a permanent change. This provision has enormous benefits in terms of continuity of care, Medicare saving, and reduced out of pocket costs for patients who may not have access a bulk-billing doctor and potential unintended hospital visits. Pharmacists can access dispensary history, making an informed clinical decision on the validity of the request.

2. Prescription Renewal

In Australia, at least four million visits to GPs per year involve issuing another prescription for a medicine that a patient is already taking.[36]

[35] National Competency Standards Framework for Pharmacists in Australia 2016
[36]Access all areas: New solutions for GP shortages in rural Australia; Grattan Institute; September 2013 140
http://www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/

As part of a collaborative arrangement with the GP and patient, pharmacists could provide ongoing repeat prescriptions to people with stable long term conditions, such as diabetes and high blood pressure, and work with the GP to help patients manage these conditions.

The community pharmacy could work to an agreed management plan to monitor the patient's adherence and response to the prescribed medicine. Doctors in the UK and Canada[37] already authorise pharmacists to renew prescriptions for an agreed period, leading to more efficient use of pharmacist and GP time and expertise, and reduced costs to patients.

Prescription Renewal arrangements will benefit patients who will no longer have to make unnecessary GP appointments; whilst GPs' time will be freed to deal with more complex cases. This will be particularly important in rural areas where there is less access to GPs. According to the BEACH general practice survey, in 2013-14, 3.1% of GP patient encounters were recorded as 'managing a prescription', which was a higher rate than any of the previous nine years.[38]

Administration of non-vaccine Injectable Medications

A recognised impact of the coronavirus pandemic response has been the change in the way many people interact with their healthcare practitioners, including GPs and nurses. Our members have raised instances where patients who would normally attend their local general practice for the administration of essential injectable medicines have found this service difficult to access due to a switch to telehealth appointments and a reduction or suspension of face to face consultations.

As outlined earlier in this document Tasmanian pharmacists approved by the Tasmanian Department of Health already provide immunisations, namely influenza, MMR and dTpa. Pharmacists conduct these services in pharmacies which have been approved based on access to consultation rooms that meet defined standards.

There is a growing range of medications which are required to be administered by injection and some require careful cold chain management. People may have to travel to see a GP, particularly in rural and remote areas, then are prescribed an injectable medication, requiring them to return to the GP to have this administered (or in some cases are 'coached' to self-inject). The easiest solution to ensure patients have access to a trained professional to provide this service, is to enable those pharmacists who are already skilled in providing vaccinations to provide non vaccine injection services as part of medication administration.

As with all current vaccinations administered by pharmacists, specific training would be required based on the medication to be administered and any specific vaccination technique. Administration in a community pharmacy would also be more cost effective and less stressful for the patient and would not normally necessitate an appointment.

Examples of prescription medicines in the table below illustrates that there are a broad range of indications which require treatment with non-vaccine injectable medicines. The following table illustrates that it is not just a small proportion of the population affected; many people across many disease states, typically older and vulnerable people, are the recipients of many of these medications.

Table1: Examples of non-vaccine injectable medicines (this is not an exhaustive list)

Restricted Drug	Approved Route of Administration	Indication/Drug Class
Denosumab (Prolia)	Subcutaneous injection once every six months	Osteoporosis Increase bone mineral density
Vitamin B12 (Hydroxocobalamin (Neo-B12), Cyanocobalamin)	Intramuscular	Vitamin B12 deficiency
Risperidone (Risperdal)	Intramuscular every two weeks	Antipsychotic
Medroxyprogesterone (Depo-Provera)	Intramuscular every 12 weeks	Contraception Endometriosis
Adalimumab (Humira)	Subcutaneous injection every two weeks	Rheumatoid arthritis

[37] http://www.pharmacists.ca/pharmacy-in-canada/scope-of-practice-canada/
[38] 141 A decade of Australian general practice activity, 2004-05 to 2013-14 (Table 7.4) http://ses.library.usyd.edu.au/bitstream/2123/11883/4/9781743324240_ONLINE.pdf

Pharmacist Workforce in Tasmania

Tasmania's community pharmacy network operating in rural and remote areas is facing similar issues in terms of healthcare practitioner workforce recruitment and retention.

Attributed to the issues faced in rural and remote areas is increased feminisation of the healthcare workforce, changing societal needs in work life balance, access to services and support provided by family and friends.

In Tasmania there are some 719 registered pharmacists with 677 classified as having a general registration[39] employed across various settings:

- Community Pharmacy in Private Sector, where pharmacists are employed by owners of pharmacies who are required to be registered pharmacists
- Hospital Pharmacy, where pharmacists are employed by State and Private Hospitals to undertake a range of duties including dispensing and clinical roles interacting with other healthcare staff. As of December 2019, there are 174 pharmacist staff employed in public hospitals in the state, working fulltime and part-time hour's equivalent to 134.76 FTEs.[40]
- Regulatory and Public Service roles where pharmacists undertake roles where they are required to advise on health policy, research, regulation and administration.
- Industry, where pharmacists are employed in areas such as sales and marketing, educative or regulatory affairs.

Anecdotally the Guild notes the increasing number of pharmacists employed through the Tasmanian Hospital Service and Public Service. There are perceived benefits of being employed in the public sector inclusive of hospital settings, due to policies supporting part time and flexible working conditions, further education and professional development, higher base wages, annual wage increases based on tenure over performance and higher superannuation contributions.

The Public Service has the advantage of size and scale, making it hard for private enterprise to compete on wages and conditions. Furthermore many roles are based in city locations, with access to support networks via friends and family.

A recent report by a pharmacy industry recruitment agency indicates that wages in regional areas including Tasmania are higher than those paid in metropolitan areas. For a pharmacist employee the salary band in metropolitan Melbourne is between $75,000 and $83,000, versus the same position in regional areas inclusive of Hobart where the salary band was between $82,000 and $94,000.[41] Typically, pharmacies in regional and rural areas are lower in turnover and increased wage costs due to supply issues - a further concern for pharmacy owners.

The Guild has identified a disconnect between the Federal Government's migration policy for healthcare workers and the requirement for internships to be undertaken and the hurdles which exist before those healthcare workers can be fully deployed. The Guild believes that a pragmatic approach to the healthcare workforce in Tasmania, specifically of pharmacists and uses an established network of local community pharmacies to assist in workforce capacity and resettlement opportunities in Tasmania.

Our approach would see that the Tasmanian Government provides a wage subsidy for the purpose of employing overseas trained pharmacists who have gained their provisional Australian Health Practitioner Regulation Agency (Ahpra) registration and are required to undertake an internship to gain full registration.

Due to visa requirements for those looking to work in Australia and apply for residency, overseas trained pharmacists must work in regional areas; Tasmania being classified as regional. The issue that most face is that they struggle to find employment in their profession and without an internship they are unable to work towards pharmacist registration in Australia.

As the University of Tasmania produces pharmacy graduates, overseas trained interns are also competing for intern positions with local graduates who have built up relationships through clinical placements.

[39] Australian Health Practitioner Regulation Authority. https://www.pharmacyboard.gov.au/About/Statistics.aspx.
[40] Simpson, Tom. Number of Pharmacists employed in Tasmania Public Hospitals. Hobart, 3 December 2019. Email.
[41] Raven's Recruitment. "2019 Pharmacy Recruitment Report." n.d. https://www.ravensrecruitment.com.au/. Report

The Guild also recognises that there is a level of assumed knowledge that local graduates have, particularly in cultural aspects, understanding of the Australian healthcare system including the Pharmaceutical Benefits Scheme, federal and state legislative requirements, Medicare and specific pharmacy programs initiated across many community pharmacies.

A subsidy would encourage community pharmacies who wouldn't normally do so to consider taking an intern, or for a larger pharmacy to take on two interns. Taking on an intern encourages and exposes the intern to the role of a community pharmacist and helps to build relationships within the community, which can lead to a decision to stay within a community permanently.

Conclusion

Community pharmacy employing skilled pharmacists can play a much greater role in chronic disease state management, point of care testing, immunisation, and sub-acute care. These areas of healthcare service and delivery would result in savings to Government by keeping people out of acute care.

People in rural and remote areas should not be further disadvantaged by traditional ways of thinking about healthcare provision, how it is delivered and how it is funded. Community pharmacy provides an opportunity to explore public/private partnerships, able to deliver enhanced health outcomes efficiently and economically.

Increasing use of technology which has aided telehealth uptake and ePrescribing has resulted in safe, patient-centric provision of healthcare. The Guild believes that interim solutions to aid healthcare provision fast tracked during Covid-19 should be made permanent arrangements of our health care system.

Enabling pharmacists to practice at their full scope supported by university pharmacy courses reflective of such would see increased enrolments and interest. Tasmania has a unique position to lead the way in healthcare models which recognise our unique demographic and socio-economic challenges. Community pharmacy can be better utilised to provide solutions in tandem with healthcare reform, albeit supported through legislative mechanisms and funded at sustainable levels.

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]**
Medication Supply and Dispensing	Assuring integrity of medicine supply through the application of Quality Use of Medicine (QUM) principles	✓	✓	✓	✓	✓	✓
	Generic and Biosimilar substitution where patient has provided consent	✓	✓	✓	✓	✓	✓
	Assuring the proper storage of medicines, including cold chain management	✓	✓	✓	✓	✓	✓
	Preparing and compounding of medicines as required	✓	✓	✓	✓	✓	✓
	Ensuring continued supply of previously prescribed chronic therapy medications	✓	✓	✓	✓	✓	✓
	Supplying medicines as required, safely and accurately, 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)	✓	✓	✓	✓	✓	✓
	Providing appropriately tailored counselling, information and education to enable safe and efficacious medicines management	✓	✓	✓	✓	✓	✓
	Complex supply arrangements (e.g. clozapine)	✓	✓	✓	✓	✓	✓

Table Key: Enabled by legislative authority

✓ Enabled

✱ Partially Enabled

✗ Not enabled

[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

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)	✓	✓	✓	✓	✓	✓
	• Pharmacist Only Medicine (Schedule 3)	✓					✓

[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.

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	• Prescription Only Medicine (Schedule 4)	✗	✓	✓	*	*	✗
	• Controlled Drug (Schedule 8)	✗	✗	✓	✗	✗	✗
	Structured prescribing (protocol-driven prescribing)						
	• Over-the-counter (Not Scheduled)	✓					✓
	• Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	• Pharmacist Only Medicine (Schedule 3)	✓					✓
	• Prescription Only Medicine (Schedule 4)	* [9]			✗	*	*
	• Controlled Drug (Schedule 8)	✗	✗	✓	✗	✗	✗
	Autonomous prescribing – initiate new prescription or drug therapy						
	• Over-the-counter (Not Scheduled)	✓					✓
	• Pharmacy Medicine (Schedule 2)	✓	✓	✓	✓	✓	✓
	• Pharmacist Only Medicine (Schedule 3)	✓					✓
	• Prescription Only Medicine (Schedule 4)	✗			✗	✗	✗
	• Controlled Drug (Schedule 8)	✗	✗	✓	✗	✗	✗
	Deprescribing medicines 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)	✗	✗	✓	✗	✗	✗
	Assessing common conditions and providing appropriate management approaches (including pharmacological, non-pharmacological and referral) across the categorised scheduling						
	• Over-the-counter (Not Scheduled)	✓					✓
	• Pharmacy Medicine (Schedule 2)	✓			✓	✓	✓
	• Pharmacist Only Medicine (Schedule 3)	✓	✓	✓			✓

[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.*

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	• 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)	✓	✓	✓	✓	✓	✓
	Chronic conditions where there is medicine adjustment needed e.g. INR testing	✓	✓	✓	✓	✓	✓

[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*

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]**
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)	✗	✓	✓	✓	*	✓
	• Pharmacy Medicine (Schedule 2)	✗					✓
	• Pharmacist Only Medicine (Schedule 3) e.g. Vit B12	* [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	✓	✓	✓	✓	✓	✓
	Diagnostic testing (such as pulmonary function testing, blood pressure 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