Pharmacist Prescribing:
The Pharmacy Guild’s Perspective

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Government Relations and Policy

• Pharmacist prescribing- Guild view
• The Pharmacy Guild’s Roadmap document
• The Pharmacist Prescribing Continuum
• Activities underway- Medication Continuance
The Guild Perspective

Pharmacist Prescribing:

- Is logical - taps into under-utilised skills/expertise of pharmacists

- Is consistent with government reform agenda to make best use of health professionals

- Is best implemented in stages - ie - "gradualism"

- Is contingent on quality training and protocols

- Must retain fundamental separation of prescribing and dispensing
The Roadmap
The Strategic Direction for Community Pharmacy

MAY 2010

Sponsored by
Pfizer

The Pharmacy Guild of Australia
Roadmap for the Future: The Pharmacy Guild’s Strategic Vision for Community Pharmacy

A ‘living document’ providing practical templates for provision of community pharmacy services

www.guild.org.au/roadmap

- It enables university curriculums, where possible, to incorporate relevant programs
- It invites collaborative efforts when priorities overlap with other groups
- Includes several templates relevant to pharmacist prescribing
<table>
<thead>
<tr>
<th>Pharmacy Program/ Service</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Program Description</strong></td>
<td></td>
</tr>
<tr>
<td>a) Background</td>
<td>General background comments relevant to service</td>
</tr>
<tr>
<td>b) Brief description</td>
<td>Describe main elements</td>
</tr>
</tbody>
</table>
| c) Alignment with Government Policy | • Alignment with health reform- agenda?  
• Public Health Priority? |
| d) Expected Outcomes for Gvt and Community Pharmacy | • Public health Savings, efficiencies?  
• Viability, expansion of Community Pharmacy? |
| e) Consumer Benefits | Examples:  
• Less medicine misadventure  
• Greater health literacy |
| f) Who performs the service | Pharmacist/pharmacy assistants/other health professional |
| g) Collaboration with other healthcare professionals | Details |
## Roadmap Template

<table>
<thead>
<tr>
<th>2. Implementation and Enablers</th>
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</thead>
<tbody>
<tr>
<td>a) Stakeholder Consultation</td>
<td>Which bodies to be consulted?</td>
</tr>
</tbody>
</table>
| b) IT Requirements             | Pharmacy specific software required?  
|                                | Existing IT platforms? |
| c) Infrastructure/Staffing     | • Private consultation area required?  
|                                | • Program within current scope of practice? |
| d) Training                    | • What further training required? |
| e) Supporting Standards/procedures etc | • QCPP?  
|                                | • Professionals Guidelines/Standards? |
| f) Legislation/Regulation Implications | • What changes required  
|                                | (State and Commonwealth leg.) |
### 3. Funding

<table>
<thead>
<tr>
<th>Funding options</th>
<th>1. Government (State or Cth)</th>
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<tbody>
<tr>
<td></td>
<td>2. Private health insurer</td>
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<tr>
<td></td>
<td>3. Industry Partners</td>
</tr>
<tr>
<td></td>
<td>4. User-pays (Private Program)</td>
</tr>
<tr>
<td></td>
<td>5. Other</td>
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</tbody>
</table>

### 4. Timelines

<table>
<thead>
<tr>
<th>Timelines</th>
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</thead>
<tbody>
<tr>
<td>□ Established community pharmacy practice</td>
</tr>
<tr>
<td>□ Immediate to short-term implementation</td>
</tr>
<tr>
<td>(&lt; 30 June 2015)</td>
</tr>
<tr>
<td>□ Medium-term implementation</td>
</tr>
<tr>
<td>(1 July 2016 to 30 June 2020)</td>
</tr>
<tr>
<td>□ Longer-term implementation</td>
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<tr>
<td>(&gt; 1 July 2020)</td>
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</tbody>
</table>
# Pharmacist Prescribing Continuum

## Short Term

**1. Pharmacist Only Medicines (current S3)**
- Existing
- Enhanced by Minor Ailment Scheme

**2. Pharmacist Only Medicine Notifiable (proposed S3N)**
- IT enabled protocols individualised for each medicine
- Mandatory recording via Project Stop technology
- Goert agencies have access to data for monitoring purposes

**3. Medication Continuance – Prescription Reference (proposed)**
- Reference to specific previously supplied prescription
- Allows for uninterrupted chronic therapy supply
- No change to original prescriber instructions
- Based on QCPP protocols

**4. Medication Continuance – Prescription Reference/Dose Adjustment (proposed)**
- Allows for uninterrupted chronic therapy supply
- Allows dose/strength regime adjustment (select medicines only)
- Based on QCPP protocols (may be different criteria for rural/Regional areas)

## Long Term

**5. Pharmacist Prescribing – Protocol Driven (proposed)**
- Within bounds of set therapeutic guidelines
- Likely hospital setting
- Must follow set protocols (likely to be specific disease states)
- Based on QCPP protocols (may be different criteria for rural/Regional areas)

**6. Pharmacist Prescribing – Therapeutic Independence (proposed)**
- With reference to therapeutic guidelines
- Allow some degree of independence from set protocols
- Generally restricted to one disease/state condition
- May be restricted on rural/Regional basis

**7. Pharmacist Prescribing – Setting Dependent (proposed)**
- Independent prescribing within institutional setting (e.g., hospital ward)
- Institution/Regional based protocols (e.g., Indigenous community)

**8. Pharmacist Prescribing – Independent (proposed)**
- Broad prescribing rights
- Requires diagnostic skills and access to diagnostic technologies

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The Pharmacy Guild of Australia
Current Activities

Medication Continuance:

- Funding under 5CPA
- An extension of emergency supply
- Medicines included: OCP and statins
- Implemented nationally