

# Pharmacist Scope of Practice Review Final Report

Prepared by KPMG

—  
July 2023



# Acknowledgement of Country

**KPMG acknowledges Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia. We pay our respects to Elders past, present, and future as the Traditional Custodians of the land, water and skies of where we work.**

At KPMG, our future is one where all Australians are united by a shared, honest, and complete understanding of our past, present, and future. We are committed to making this future a reality. Our story celebrates and acknowledges that the cultures, histories, rights, and voices of Aboriginal and Torres Strait Islander People are heard, understood, respected, and celebrated.

Australia's First Peoples continue to hold distinctive cultural, spiritual, physical and economical relationships with their land, water and skies. We take our obligations to the land and environments in which we operate seriously.

Guided by our purpose to 'Inspire Confidence. Empower Change', we are committed to placing truth-telling, self-determination and cultural safety at the centre of our approach. Driven by our commitment to achieving this, KPMG has implemented mandatory cultural awareness training for all staff as well as our Indigenous Peoples Policy. This sincere and sustained commitment has led to our 2021-2025 Reconciliation Action Plan being acknowledged by Reconciliation Australia as 'Elevate' – our third RAP to receive this highest level of recognition. We continually push ourselves to be more courageous in our actions particularly in advocating for the Uluru Statement from the Heart.

We look forward to making our contribution towards a new future for Aboriginal and Torres Strait Islander peoples so that they can chart a strong future for themselves, their families and communities. We believe we can achieve much more together than we can apart.





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## Inherent Limitations

This report has been prepared as outlined with the Department of Health in the Scope Section of the engagement letter dated 19 December 2022. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

The information in this report is based on a qualitative study and the reported results reflect a perception of stakeholders consulted but only to the extent of the sample surveyed, being a nominated representative sample of stakeholders. Any broader projection is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the Department of Health or nominated stakeholders consulted as part of the process.

No reliance should be placed by the Department on additional oral remarks provided during the presentation, unless these are confirmed in writing by KPMG.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within this presentation.

KPMG is under no obligation in any circumstance to update this presentation, in either oral or written form, for events occurring after the report has been issued in final form.



**01**

# **Executive Summary**



# Executive Summary

**The Tasmanian Government has committed to working with pharmacy and medical representative groups to improve Tasmanians' access to safe and effective care. This review identifies potential opportunities to extend the scope of practice for pharmacists in Tasmania.**

## Context

Pharmacists play a significant role in the Australian healthcare system and are often one of the first points of contact for people seeking healthcare and advice. The COVID-19 pandemic further demonstrated the essential role of pharmacists in the delivery of care in our communities. The Tasmanian health system requires innovative solutions to meet the increased demand for healthcare driven by high rates of chronic health conditions, an ageing population, workforce shortage and challenges in access in regional and remote areas.

Currently, there are significant barriers and challenges to extending the scope of practice for pharmacists in Tasmania, such as regulatory and legislative constraints, limited funding, training and accreditation, workforce shortages and lack of clear funding models. These barriers are consistent with other states and jurisdictions, where improving access to care has been a significant driver behind the implementation of pharmacist scope of practice pilots.

It has been acknowledged through a number of Government reviews that the Tasmanian healthcare system requires better utilisation of healthcare professionals, more collaborative models of care, as well as innovation and improved use of technology to reduce fragmentation.

Through extending the scope of practice of pharmacists in Tasmania, there is an opportunity to maximise pharmacists' ability to utilise their skills and knowledge to support the Tasmanian health system and improve access to primary healthcare.

## The Review

In 2021, the Tasmanian Government committed to undertake a scope of practice review for pharmacists in Tasmania and to consider what other services and support pharmacists could safely provide for the community. In December of 2022, it was announced that KPMG was appointed to conduct this independent review. The review is focused around the following six key domains:

- Medication supply and dispensing
- Prescribing (including medication continuance and prescription renewal, therapeutic substitution and therapeutic adaptation)
- Medication administration
- Review medications
- Disease management
- The ordering and interpreting of laboratory tests

This review explores the scope of practice in alignment with The National Competency Standards Framework for Pharmacists in Australia 2016, 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.' The elements of scope of practice are therefore:

- Competence
- Authority
- Accountability

Over the course of seven months, a literature and jurisdictional scan was undertaken, 22 stakeholder consultations were conducted, a current-state report and gap analysis on best practice and current findings was developed and an extensive review of potential extension options was undertaken. Additionally, a Reference Group, consisting of representatives from key pharmacy and medical groups, consumers, educational institutions and regulators was established and consulted throughout the process. These activities informed the advice and recommendations outlined in this report. The inputs provided by stakeholders to this review were considered accurate and complete and have not been further validated.

# Current State Findings

The following broad themes present an overview of the current-state key findings which focussed on the **current scope of practice** of pharmacists in Tasmania.

A detailed, evidence-based assessment of the current scope of practice for Pharmacists in Tasmania was undertaken to develop an understanding of the current state. This included:

**13** Focused interviews with key organisations

**205** Documents reviewed as part of the literature scan

## The Tasmanian Landscape

In Tasmania, pharmacists are employed in a broad range of locations and organisations to supervise, advise and provide safe, rational, and cost-effective access to medicines for patients, as well as broader medicines safety and quality use of medicines activities.

**892**

Pharmacists in Tasmania, predominantly female.

**162**

Registered Pharmacy Premises.

**149**

Rate of pharmacists per 100 000 head of population in Tasmania.

Figure 1: Overview of broad and sub-themes from current state

## Broad Themes

Through a combination of interviews with key stakeholders, supported by a literature and environmental scan, the following key themes were identified;



### Tasmanian Health Landscape

Barriers to access to healthcare in Tasmania are significant, require **better utilisation of healthcare professionals, more collaborative models of care, innovation and technology** to reduce fragmentation.



### Literature and Jurisdiction Review

Notwithstanding recent policy developments in Tasmania, there is a **growing trend nationally and globally to broaden pharmacist SoP**, providing a **strong basis for investigating options** in Tasmania.



### Consultations / Considerations

Acknowledging **significant workforce and access challenges**, there was wide support for patient-centred, multidisciplinary models of care to safely improve patient care and access.

## Sub-Themes

- Tasmanian population health challenges are significant.
- Workforce challenges were cited as being one of the top issues for all health professionals.
- Understanding of the current breadth of services pharmacists can deliver is low among all stakeholders.
- Current approach to healthcare service delivery is fragmented.
- Policy / pilots are extending nationally and quite advanced globally.
- Current SoP in TAS broadly consistent with other states/territories

## In Summary...

Medication supply and dispensing and medicines review are core competencies of the profession and are often the main roles attributed to pharmacists by health consumers.

Services provided by Tasmanian pharmacists are consistent with other states and territories across the six domains of this review, with some differences.

Notwithstanding consistencies within the scope of practice, some states and territories are exploring areas where scope could be extended to provide a greater level of service.

# Current State Findings

The following findings were identified in determining the current-state, with further detail outlined within the current-state section of this report.

## Tasmanian Landscape

Barriers to access to healthcare in Tasmania are significant, require **better utilisation of healthcare professionals, more collaborative models of care, innovation and improved technology** to reduce fragmentation.

- **Tasmania's population health characteristics**, incidence of chronic health conditions, disability, population ageing and rates of regional dispersion are placing **increasing demands on the health system**, requiring **innovative solutions**.
- Tasmanians have fewer routine GP consultations and after hours urgent consultations and are **attending emergency departments more frequently than in other states**. Access, timeliness and convenience remain key challenges.
- In comparison to the Australian average, there is a **lower supply of allied health professionals in Tasmania**, with a proportionally higher distribution in the South, presenting **more acute workforce challenges in regional and remote areas**.<sup>73</sup>
- **Policy initiatives** such as the Single Employer Model for GP Registrars and the GP After Hours Support Initiative are **attempting to address some of these challenges**.

## Literature and Jurisdiction Scan

There is a growing trend nationally and globally to **broaden pharmacist SoP**, providing a **strong basis for investigating options for expansion of SoP in Tasmania**, notwithstanding recent policy developments in Tasmania,

- Tasmanian pharmacist **SoP is broadly consistent with other states/territories**, there are however some inconsistencies, across the six domains of this review. Feedback from pharmacy stakeholders indicates they do not believe they are currently able to utilise all their knowledge and skill.
- **Australia has seen a recent emergence of pharmacist SoP pilots/policy changes**, largely confined to aspects of continued dispensing, therapeutic adaptation, medication administration and prescribing in defined healthcare settings.
- **Internationally, wider changes have ensued mainly in the UK and Canada** including supported/autonomous prescribing, therapeutic substitution/adaptation, medication administration (incl. non-vaccine injectables), medication continuance and ordering/interpreting lab tests.
- Notwithstanding recent policy changes in Tasmania relating to administering vaccines and continued dispensing provisions, there are **strong grounds to further investigate broadening pharmacist SoP to improve patient access to care**.

## Consultations / Considerations

There was **wide support for patient-centred, multidisciplinary models of care** (including an openness to consider extending scope of practice in some areas) to **safely improve patient care and access**, while acknowledging **significant workforce and access challenges**.

- **Acknowledgement of the significant and well documented workforce challenges** for pharmacists and General Practitioners and clear consensus on the **need for better utilisation of all health professionals**.
- **Wide support for patient-centred, collaborative, multidisciplinary models of care** and communication and interest in existing 'case-studies' of such practice.
- An **openness to explore/consider risks and benefits of expansion of SoP balancing patient care and access outcomes with safety** (commensurate risk management and clinical governance).
- Interest in data on the **capacity of pharmacists to broaden SoP**, options for "shifting" SoP versus scope expansion (e.g. pharmacy technician roles in public hospitals), with nuanced approach across healthcare settings.
- **COVID-19 innovations and changes have been beneficial**, with digital technology and data improvements being critical to improving patient care and access.



**There is a definite need for better access and utilisation of all health professionals, including pharmacists.**







- Pharmacist Scope of Practice Review Interview (Reference Group Member)




# Options Analysis Findings

Through the review's activities, an in-depth understanding of national and international developments and best practices pertaining to the pharmacist's scope of practice was gained. A series of options for exploring the expansion of pharmacists' scope of practice in Tasmania have been developed through collaborative discussions with healthcare experts. These options have been developed to leverage the field advancements and ensure alignment with emerging best practices.

Figure 2: Summary of proposed options


1. Medication Supply and Dispensing	2. Medication Administration	3. Review Medications	4. Prescribing	5. Disease management	6. Ordering and Interpreting of Lab Tests
					
No Change	No Change	No Change	No Change	No Change	No Change
1.1 Medication continuance/ continued dispensing	2.1 Increased awareness of medication administration services	3.1 Enhanced medication review	4.1 Expansion of partnered pharmacists <u>medication charting</u>	5.1 Collaborative model for chronic conditions	6.1 Increased awareness of pharmacist ability to order laboratory tests
1.2 Enhanced therapeutic adaptation			4.2 Collaborative multidisciplinary prescribing within an embedded team	5.2 Expanded acute and common illness management	
1.3 Enhanced therapeutic substitution			4.3 Collaborative multidisciplinary prescribing within a virtual team (hub and spoke model):	5.3 Screening for preventative health	
			4.4 Prescribing and/or supply for acute and common illness		
			4.5 Prescribing and/or supply for chronic conditions		

**Key Findings from the options analysis**



- There was a shared understanding from health professionals and consumers that "no change" is not a viable option. Focus should be placed on collaborative, patient-centred disease management and prescribing models in order to improve consumers' access to high quality care.
- Communication and collaboration are essential for the successful implementation of the presented options. Specifically for geographically dispersed care teams, the expansion of options identified can be made possible by overcoming current communication barriers.
- To optimise the benefits of expansion options, suitable funding models must be explored and addressed. Funding is crucial for encouraging health professionals to provide services and ensuring that patients have equitable access to care.
- Expanding options necessitates a comprehensive risk framework. Different options carry varying levels of risk, and a framework addressing liability, accountability, and decision-making hierarchies is necessary for optimal patient care among healthcare professionals.

**Common Benefits identified**



- ▶ Improved patient access
- ▶ Improved patient convenience
- ▶ Improved continuity of care
- ▶ Improved job satisfaction
- ▶ Improved access to medication
- ▶ Timely intervention and treatment
- ▶ Efficient healthcare resource utilisation
- ▶ Improved medication management

# Summary of Recommendations

The recommendations presented in this report have been informed by consultation with healthcare professionals, industry experts, and consumer representatives. A consensus was established that no change is not a valid option, with acknowledgement that the current model is not producing the outcomes that the community is seeking. The following recommendations seek to foster a healthcare environment that will address the challenges of patient access by utilising pharmacist expertise and collaborating with other healthcare professionals to deliver quality, patient-centred care in Tasmania.

## Implementation Enablers:

For any of the recommendations to be successfully implemented, the following enablers must be addressed:

- 1. Implementation working group:** Building on the trust and shared understanding built from the Reference Group, an implementation working group should be established to develop artefacts such as a risk assessment, identify change impacts, and provide feedback.
- 2. Workforce planning:** With a busy pharmacy workforce, workforce planning activities must be undertaken to identify the impacts on resources required for extension to the current scope of practice, including the impacts to the aligned workforce i.e. pharmacy technicians.
- 3. Funding consideration:** Many options presented require consideration to funding changes to ensure appropriate funding models support extension of scope activities. This includes gaining an understanding of the mechanism/potential mechanism for funding medicine provision and the professional activities, as well as engaging with the Federal government as required to ensure adequacy of funding.
- 4. Implementation evaluation and monitoring:** Ensuring implementation, evaluation and monitoring is established to inform future direction.
- 5. State-level policy and legislative changes:** Many options presented require state-level policy and legislative changes.

## Recommendations Overview:

The following recommendations are grouped by category and horizon. These recommendations encompass the findings derived from consultation with healthcare professionals, industry experts, patient representatives and the literature and environmental scan, including discussions on feasibility and acceptability. A phased approach is recommended to implement changes to the scope of practice of pharmacists in Tasmania. This consists of three horizons, based on potential benefits and complexity of implementation. Horizon 1 contains options that require little to no legislative changes and activities that fall under pharmacists' current scope of practice authority. These changes can be implemented with low implementation barriers, while Horizon 2 has increased implementation barriers and Horizon 3 presents options with that will require significant implementation changes. However, while these recommendations are grouped by horizons, some barriers and risks may require further consideration to implement the proposed option. When considering the proposed recommendations, it should be noted that;

- a detailed analysis of the implementation activities required for the recommendations must be conducted.
- a detailed risk analysis for implementation, including KPMG resources and funding required for implementation must be conducted.
- the Department should review and consider learnings and outcomes from other jurisdictional pilots and consider application, where appropriate, of these learnings in the Tasmanian context.
- appropriate clinical governance (including risk considerations) must be established, noting that some barriers and risks may ultimately impede implementation.
- the inputs that have been provided by stakeholders are considered accurate and complete, they may require additional validation.

For further detail, please refer to the ['Recommendations'](#) section of this report.

# Summary of Recommendations

Figure 3: Summary of recommendations

Category	Recommendation	Horizon
Governance	Establish an implementation working group	1
Implementation	Guide any scope expansion with ongoing implementation monitoring and evaluation	1
	Establish a collaborative approach to determining necessary training and accreditation changes in extending pharmacists' scope of practice	1
	Conduct workforce planning activities to guide scope expansion	1
Scope of practice	Increase awareness of available pharmacy services	1
	Consider expanding Partnered Pharmacist Medication Charting in hospitals	1
	Consider expanding Partnered Pharmacist Medication Charting in other care settings	2
	Consider expanding the scope of practice of pharmacists in the area of disease management	2
	Explore models of care that facilitate collaboration between pharmacists and other health professionals	2
	Explore a collaborative hub-and-spoke model in Horizon 2 for rural and regional communities	2
	Explore models of care that utilise pharmacists in structured prescribing and protocol prescribing	2
	Work towards models of care that utilise pharmacists autonomous prescribing within nationally consistent defined parameters	3

**02**

# **Background**

# Purpose of this Review

The purpose of this review is to undertake a detailed, evidence-based assessment of the current scope of practice for Pharmacists in Tasmania. This includes an analysis of the existing scope of practice, to understand the differences in authority and accountability of professional activities both nationally and internationally, as well as identification of potential options for expansion and the associated positive and negative impacts this may have on the healthcare system and consumers.

## Background

In recent years, there has been an ongoing debate surrounding the role of pharmacists in the Australian healthcare system and the potential for extending their scope of practice. Pharmacist and Pharmacy Representative Groups (PPRGs) believe that pharmacists are currently underutilised and that extending their scope of practice could significantly improve the equity and access of the health system, while maintaining high standards of care.<sup>1</sup> The expansion of the scope of practice being proposed by PPRGs encompasses a range of activities, including disease management and diagnosis, prescribing, administration of medicines, continued dispensing of prescriptions and the ordering and interpretation of laboratory testing. Conversely, some medical stakeholder groups have raised concerns with extending pharmacist's scope of practice in a community pharmacy setting.<sup>2, 3</sup>

The COVID-19 pandemic has further highlighted the role that pharmacists play in delivering care to communities, as well as their ability to innovate and find solutions in the healthcare system. With the long term move to COVID-19 vaccine administration being in the community, approximately 40% of vaccines are now given by pharmacists. Providing and publicly funding pharmacist vaccination increased access to vaccine administration for consumers.<sup>4</sup>

Currently, state and territory medicines and poisons legislations in Australia differs and is considered one of the key barriers to the full contribution of pharmacists, alongside a sustainable funding model and workforce shortages.

## Scope of this Review

This review is focused on the potential changes in the practices of pharmacists in Tasmania, that fall under the responsibility of the Tasmanian Government. The review will consider the domains of competency identified by Pharmacy Representative Groups (PPRGs) in providing patient care, including medication supply and dispensing, prescribing, and medication administration. In particular, the review will examine the potential for pharmacists to prescribe medications, including medication continuance and prescription renewal, therapeutic substitution, and adaptation.

The following matters are out of scope for this review:

- Independent administration of vaccines, whilst governed by Tasmanian law already involves ongoing assessment and specific engagement with stakeholders. Authorised pharmacist immunisers may independently administer vaccines approved by the Director of Public Health and as such is considered out of scope for this review.
- Potential funding models to support these activities that are currently funded by the Australian Government for other health professions.

Pharmacists are often the first point of contact for individuals seeking healthcare and advice in community and play a crucial role embedding their unique expertise of medicines and advice within teams of other care professionals, it is crucial that their scope of practice is evaluated and properly understood whilst ensuring patient safety.

This document references The Poisons Standard (SUSMP)<sup>5</sup>, which is a record of decisions on the classification of medicines and chemicals into schedules, as outlined below:

- Schedule 2 includes substances that are available over-the-counter at pharmacies but are only sold in a pharmacy.
- Schedule 3 includes Pharmacists only medicines, these medicines are substantially safe but require pharmacist's advice, management and monitoring. Some states have subsets of Schedule 3 with additional restrictions.
- Schedule 4 includes prescription medicines that are available only with a prescription from a healthcare professional. These medicines are subject to strict controls and regulations to ensure their safe use.
- Schedule 5 includes substances that are dangerous of nature commonly used for domestic purposes and must be appropriately packed and stored with adequate warning labels.
- Schedule 6 includes poisons that are used primarily for agricultural or veterinary purposes and are subject to strict regulations for their sale and use.
- Schedule 7 includes substances that are considered to be dangerous poisons and have a high potential for harm. These substances are subject to strict regulations and can only be sold or used by trained professionals.
- Schedule 8 includes controlled drugs that have a high potential for abuse and dependence, such as opioids and benzodiazepines. These medicines are subject to strict regulations and can only be prescribed and dispensed by authorized healthcare professionals.



# Key Focus Areas

This review will focus on the following key six focus areas, these focus areas were referenced throughout the literature scan, current state assessment and options analysis.

Figure 4: Summary of key focus areas of this review



## Medication supply and dispensing

The process of medication supply and dispensing includes the review and supply of a medication via dispensing a prescription and the preparation, packaging, labelling, record keeping and transfer of the prescribed medicine. It may also include over the counter and non-scheduled medicines supply.



## Prescribing

Prescribing involves issuing a prescription to be dispensed for supply. It is an iterative process involving the steps of information gathering, clinical decision-making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.



## Medication administration

The direct application of a medication, by injection, inhalation, ingestion or other means, to the body of an individual.



## Review medications

The review of a patient's medicines to assure proper prescribing of medicines, including dosing regimens and dosage forms.

Clinical pharmacist services, in pharmacy medicines reviews, home medicine reviews, residential medication review and review at point of dispensing are all types of medication management reviews.



## Disease management

Includes a wide range of activities and areas of focus including

- Management of common conditions e.g. minor acute illness
- Medication management of chronic conditions, generally in collaboration with other health professionals

As well as preventative and screening services.



## The ordering and interpreting of laboratory tests

Ordering and interpreting of laboratory tests to assist with the review of treatment and whether pharmacists care interventions would be appropriate for the patient's clinical need.

# Pharmacists in Australia

In Australia, there are over 35,000 registered pharmacists, with a trend of 9.6% increase in registered pharmacists in the 5 years to 2019/20.<sup>6</sup> As of 2022, there were 6,100+ hospital pharmacists in Australia, with 250+ hospital pharmacist interns and approximately 1,000 hospital pharmacy technicians working across public and private hospitals.<sup>7</sup> There are 5,875 community pharmacies in Australia, with over 462.6 million individual patient visits annually as of December 2022.<sup>8</sup>

Pharmacy in Australia exists within a complex regulatory environment, with the Australian Pharmacy Council (APC) overseeing the accreditation of pharmacist training and the Australian Health Practitioner Regulation Agency (AHPRA) providing registration upon completion of the appropriate training and examinations. The Pharmacy Board of Australia regulates the pharmacist profession to protect the public, while there are a number of state and territory specific regulations such as:

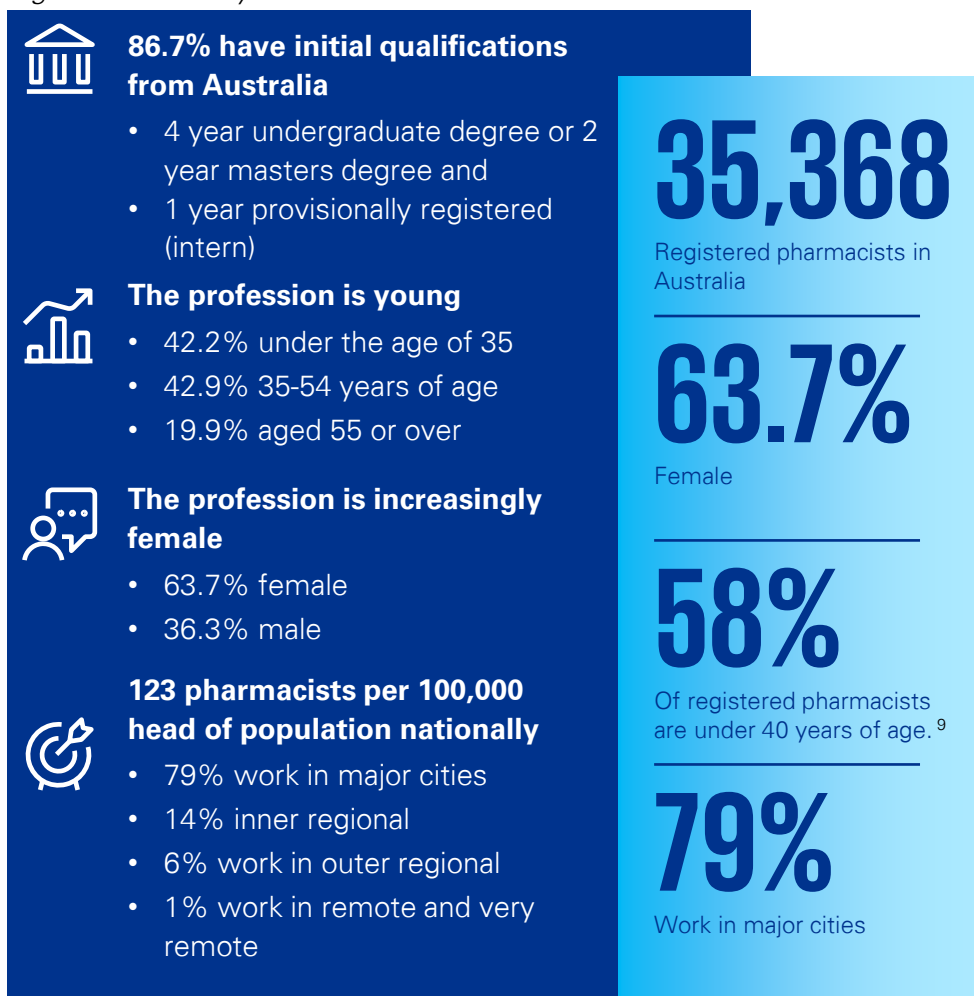
- State and territory pharmacy premises authorities that regulate pharmacy premises; and.
- Drugs and poisons units of state and territory health departments that control drugs and poisons legislation in a jurisdiction.

As well as meeting state and territory legislation, pharmacists must also meet regulatory requirements of the Therapeutic Goods Administration.<sup>9</sup>

There are a number of Professional Pharmacy Organisations and associations that influence the pharmacy profession including:

- Pharmaceutical Defence Limited.
- Pharmaceutical Society of Australia.
- Pharmacy Board of Australia.
- Pharmacy Guild of Australia.
- Professional Pharmacists Australia.
- Society of Hospital Pharmacists of Australia.

Figure 5: Pharmacy statistics in Australia



## Funding of Pharmacy in Australia

The main sources of funding are the following (please note, exploration of funding models are outside the scope of this review):

- Pharmaceutical Benefits Scheme (PBS) which helps to achieve Australia's National medicines policy, to increase access and improved use of medications<sup>10</sup>
- The Community Pharmacy Agreement is a five-year agreement (currently in its seventh cycle) between the Commonwealth and the Guild (with the PSA added as a signatory in 2020) relates to the dispensing of subsidised PBS medicines, community pharmacy medication management programs and services<sup>11</sup>
- State Government funding (for specific initiatives)
- Private Health Insurance
- Self-funded
- Other additional incentives to support access to medicines, such as Closing the Gap (CTG) PBS co-payments for eligible indigenous peoples who are at risk of chronic disease.

If a medicine is not listed as part of the 800+ medications covered by the PBS schedule, the consumer is required to pay the full price as a private prescription. Pharmacists cannot currently access Medicare Benefits Scheme (MBS) funding for the provision of patient care. The ordering of lab tests, which falls within the scope of pharmacists, is also unfunded; therefore, it is rarely performed in practice due to the patient cost involved.

**03**

# **Tasmanian Health Landscape**

# Tasmania's Health Landscape

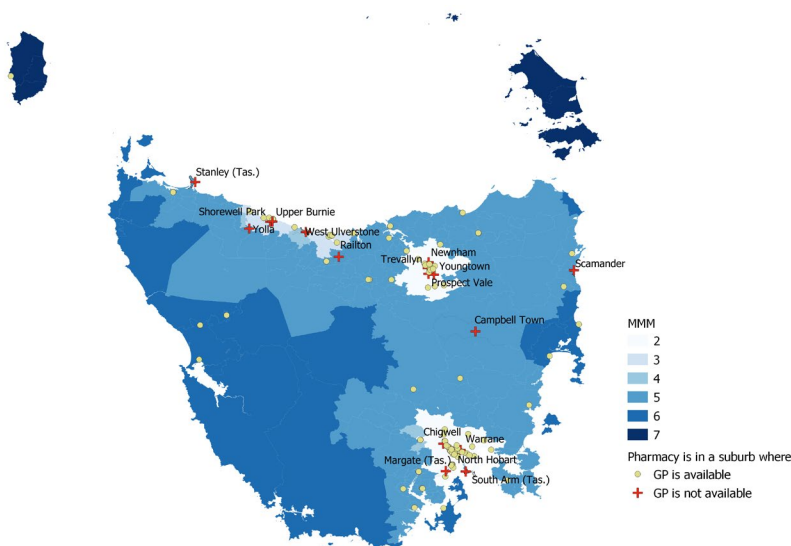
Tasmania has a population of approximately 558,000 and has one of the most rural and remotely dispersed populations of any state or territory, with two-thirds of the population living outside the capital city of Greater Hobart.<sup>83</sup>

The responsibilities for the delivery of care within Tasmania are largely split into three areas; the Tasmanian Government, the Australian Government and the Private sector. The Tasmanian Government is responsible for care delivered through the Tasmanian Health Service and the Australian Government is responsible for primary healthcare services through GPs and other private providers, as well as the Medicare Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS).<sup>6</sup>

Tasmania has a single primary health network – Primary Health Tasmania. Additionally, there has been significant funding into digital health transformation announced as part of the 2022-23 budget.<sup>14</sup> The Tasmanian Government has recently introduced programs such as the Tasmanian Trial, which hopes to attract more medical practitioners to regional and rural areas.

**All pharmacies in Tasmania have a level of rurality being classified as Modified Monash Model (MMM) level 2 and above.**

Figure 6: Health system snapshot



The Modified Monash Model (MMM) 2019 has been updated to align with the latest available census data (2016).

The model was developed to better target health workforce programs to attract health professionals to more remote and smaller communities. The MMM classifies metropolitan, regional, rural and remote areas according to geographical remoteness, as defined by the Australian Bureau of Statistics (ABS), and town size.

Health programs began transitioning to the new MMM 2019 from 1 January 2020.

The MMM is used to determine eligibility for a range of health workforce programs, such as rural Bulk Billing Incentives, Workforce Incentive Program, Bonded Medical Program.

# Tasmania's Health Landscape

The Australian Government funds a number of programs to provide incentives to encourage medical practitioners to move to, and remain working in, regional, rural and remote Australia. Eligibility is generally based on the Modified Monash Model classification system.

Examples of such programs include:

- **Rural bulk billing incentive** - incentives progressively increase for medical practitioners and patients in rural and remote communities.
- **Approved medical deputising services (AMDS)** program – allows a restricted non-vocationally registered workforce to provide after hours services to the community when working for an AMDS. Participants are granted access to specific after hour's items in the Medical Benefits Scheme (MBS).
- **Health workforce scholarship program** – Provides postgraduate/continuous professional development scholarships targeted to GPs, Nursing and Allied Health Professionals.
- **Medical outreach indigenous chronic disease program** – incentives are payable to health professionals providing chronic disease outreach services for Aboriginal and Torres Strait Islander people in MM 1-7 locations.
- **More medical practitioners for rural Australia program** – supports non-vocationally recognised medical practitioners to gain general practice experience in rural and remote communities prior to joining a college fellowship pathway. The program also supports junior medical practitioners and locums providing services in rural and remote communities.

## Our healthcare future

### Rapid access to specialists in the Community – North and North West

Development and implementation of a service that provides GPs and other primary care health professionals with rapid access to staff specialists in the North and North West to provide care to people with chronic and complex healthcare needs, particularly during early acute exacerbations of chronic conditions

**Build a strong health professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmanians.**

Figure 7: Recent policy announcements in Tasmania



### Recent policy announcements in Tasmania in relation to health workforce include:

- **After Hours Support Initiative** to strengthen community-based services which will see GPs and pharmacies deliver more urgent care during evenings and weekends.
- **New Employment Model for GPs in training**, aimed at boosting the number of medical practitioners in rural and remote areas.
- **Patient Travel Assistance Scheme** provides financial assistance to eligible Tasmanian residents required to travel to access specialist clinical services, including those living in rural and regional areas who need to travel to hospitals in metropolitan areas and Tasmanians who need to travel interstate for public specialist care.
- **More vaccines available through your local pharmacy** – allows Tasmanian pharmacists immunisers to administer selected vaccines not currently covered under the National Immunisation Program.
- **Allied Health Scholarship** is a new \$1.25 million scholarship program which is targeting students in a range of allied health professions who are completing their final year of study in 2023 to either stay in the State after graduating or relocate and work in Tasmania.

## Healthy Tasmania Five-Year Strategic Plan 2022-2026

**Healthy Tasmania is the Government's plan for preventative health in Tasmania.**

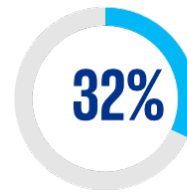
The plan brings together communities, services and all levels of government to work in partnership for improved health and wellbeing.



# Tasmania's Health Landscape

## Demographic Snapshot

The disparity of the population living in rural and remote areas creates barriers for access of multidisciplinary care, leading to higher rates of disability and poorer mental health outcomes. This is often a result of the maldistribution of the health workforce, and the lack of health professionals.<sup>15</sup> This is especially challenging given the demographic characteristics in comparison to Tasmanians living in urban areas. Tasmanians living in rural and remote areas are found to have lower socioeconomic circumstances, higher rates of smoking, obesity, poor nutrition and chronic disease.



**32%**  
of the population is outside the 4 major townships

**Tasmania has a higher proportion of rural or remote population with 21 of 29 LGAs classified as rural or remote**

Tasmania experiences unique demographic and socio-economic challenges that impact the health landscape. This includes having the fastest ageing population in Australia, and a higher rate of chronic conditions compared with other states and jurisdictions (ABS, 2018). Additionally, Tasmania has a higher proportion of households receiving welfare benefits and has challenges with educational attainment, literacy and health literacy.<sup>6</sup>



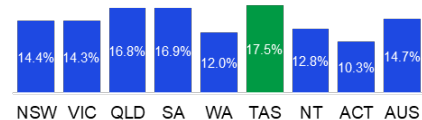
**1 in 5**  
Tasmanians are aged 65+

**Tasmania has a disproportionately ageing population**

Compared to Australia, Tasmania had higher rates of many chronic conditions, in particular: Arthritis (20.3% compared with 15.0%), Asthma (12.9% compared with 11.2%), Cancer (3.0% compared with 1.8%) etc. (ABS, 2018)

**17.5% of Tasmanians rate their health as 'fair or poor'**

The highest of any state or territory.

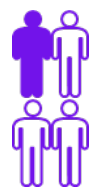


**Aboriginal people have shorter life expectancy than the general population.**

Tasmanian Aboriginal people account for 5.5% of Tasmania's population, higher than the national average of 3.3%, and second only to the Northern Territory.

Over 25% of Tasmanians have a disability, which is a significantly higher proportion than the national average of 17.7%.

Rates of disability grow with increasing age, so much of the burden of disability is concentrated in older age groups.



**1 in 4**  
Tasmanians have a disability

In 2017-18, 49.8% of all Potentially Preventable Hospitalisations (PPHs) were related to chronic conditions.<sup>6</sup>



**In Tasmania, many deaths occur prematurely and could potentially be avoided through improvement in lifestyle risk factors and better multidisciplinary management of chronic conditions.**

# Tasmania's Health Landscape

## Tasmanians perspectives on primary care


General practice is the point where most people enter the health system.

Access to primary health care services helps reduce hospital visits, improves population health, and improves health outcomes.

 **Tasmanians saw their GP an average of 7 times in 2019.**

People tend to choose to go to an emergency department rather than a primary health service for many reasons including lack of local availability, timeliness and convenience, perceptions of clinical expertise, not having a regular GP, and other reasons.


It will be difficult to divert patients away from emergency departments to other care settings whilst there are cost barriers and limited after hours access to primary care.

 **People attend emergency departments for needs that could be met in primary care. However Tasmanians experience limited after hours access to GP.**


Tasmania is experiencing ongoing workforce recruitment and retention challenges in primary care. Rural areas have difficulty recruiting health professionals to work locally, resulting in the need for people to travel to these services.

 **Perceptions of difficulties recruiting GPs and allied health professionals to work locally**

Tasmania has high rates of socioeconomic disadvantage when compared with the Australian population, therefore costs associated with GP and other allied health services can discourage people to seek these services when required. Housing stress, cost of living, access to public transport are also key contributors.

 **Tasmania has the highest reported percentage of all 31 Primary Health Networks of adults reporting they did not see or delayed seeing a GP due to cost**

Tasmania has the second-lowest bulk billing rate in the nation for GP services. Many Tasmanians cannot afford the out-of-pocket expenses of a medical visit.

 **Medicare data shows that Tasmanians have 5.6% fewer routine GP consultations and 19% fewer after hours urgent consultations each year than national levels.**

# Pharmacists in Tasmania

As of December 2022, there are 162 registered Pharmacies and over 890 registered pharmacist located across the state, serving major regional centres as well as rural and remote communities.

Pharmacists in Tasmania are employed across a wide range of settings including:

- Community Pharmacy, where pharmacists are employed by owners of pharmacies who are required to be registered pharmacists.
- Hospital pharmacy where pharmacist are employed by State and Private Hospitals to undertake a range of duties including dispensing and clinical roles interacting with other health care staff.
- 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.

Figure 8: Pharmacy statistics in Tasmania

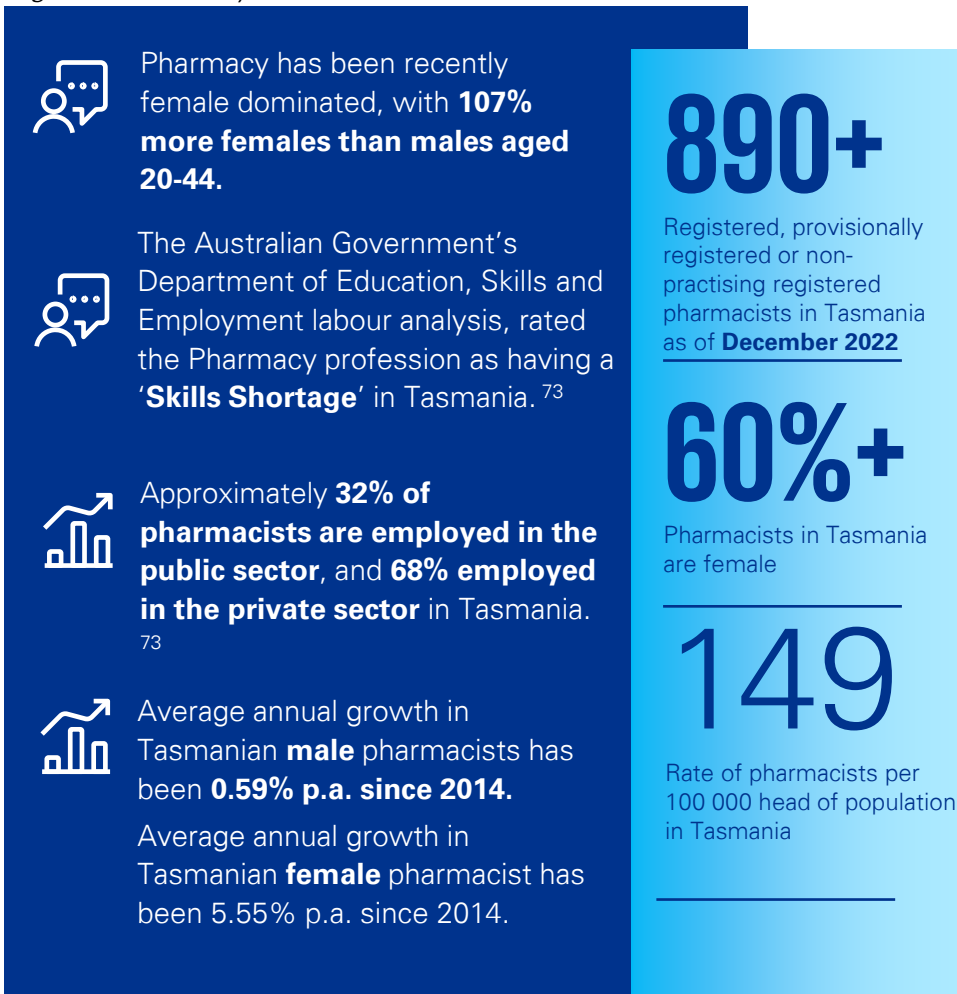
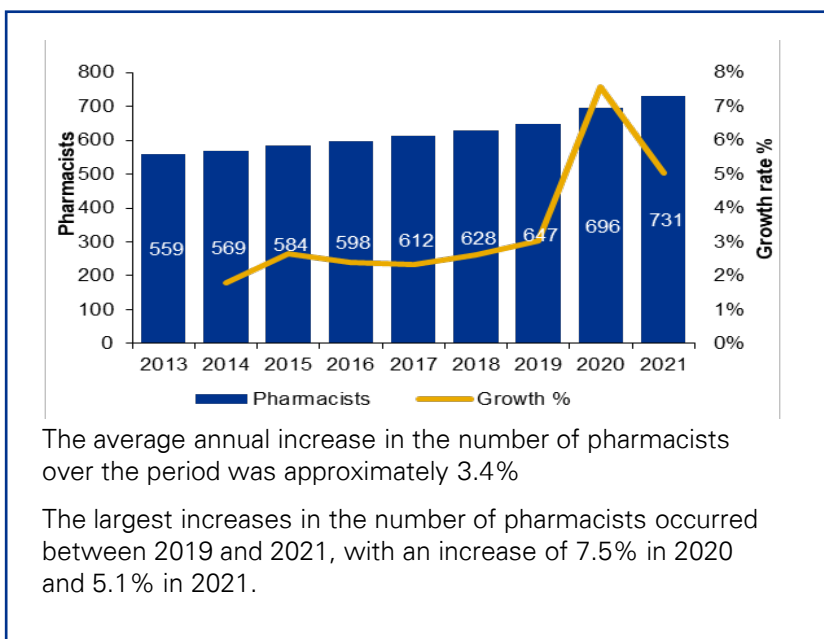


Figure 9: Average annual increase Pharmacist in Tasmania 2013 to 2021



## Access to primary care is especially difficult in rural areas of Tasmania.

According to Pharmacy Guild of Australia health economists<sup>84</sup>, Pharmacies are available in 15 suburbs/towns in Tasmania where GPs are not available. These suburbs/towns are Stanley, Yolla, Upper Burnie, Shorewell Park, West Ulverstone, Railton, Trevallyn, Newham, Youngtown, Prospect Vale, Campbell Town, Chigwell, Warrane, North Hobart, South Arm and Margate. Notably, some suburbs have GP access in close proximity (e.g. North Hobart, Margate) while others require significant travel (e.g. Campbell Town). Notably, there are also suburbs/towns where there is GP access but no community pharmacy, such as Flinders Island.

**04**

# **Pharmacist Scope of Practice Overview**

# Scope of Practice in Tasmania

The scope of practice is defined in alignment with The National Competency Standards Framework, 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.**’<sup>16</sup> Pharmacists must adhere to a number of standards, frameworks and principles to provide safe and effective services to the public. An overview of these requirements that provide guidance on the standards, ethics, and best practices that pharmacists within Australia must follow is outlined below.<sup>17</sup>

## Legislative Requirements

- **Health Practitioner Regulation National Law Act 2009:** This act established the national registration and accreditation scheme for health professionals, including pharmacists, in Australia. It sets out the registration requirements and standards of practice for pharmacists.
- **Code of Conduct for Pharmacists in Australia:** This code sets out the ethical and professional standards that pharmacists are expected to meet in their practice, including obligations to patients and the broader community.
- **Standards for Community Pharmacy Practice in Australia:** This document outlines the standards that community pharmacies are expected to meet in providing services to the public, including the provision of clinical pharmacy services.
- **The Health Practitioner Regulation National Law (Tasmania) Act 2010:** This Act provides for the registration and accreditation of health practitioners in Tasmania and sets out the powers and duties of the Australian Health Practitioner Regulation Agency (AHPRA) and the relevant National Boards, including the Pharmacy Board of Australia.
- **The Tasmanian Poisons Act 1971 and Poisons Regulations 2018:** This legislation provides for the possession, supply, and use of medicines and poisons.
- **The Therapeutic Goods Act 1989:** Sets out the legal requirements for the import, export, manufacture and supply of therapeutic goods in Australia.
- **The National Health Act 1953:** is responsible for the creation of the Pharmaceutical Benefits Scheme (PBS). It also covers the administration and funding of medical services, including the Medicare Benefits Schedule, Australia's publicly funded healthcare system.

## Overarching Guidance and Regulation

- The Pharmacy Board of Australia registration standards, codes, guidelines and policies.
- The Australian Health Practitioner Regulation Agency (AHPRA) which supports the Pharmacy Board in setting standards and policies that all Pharmacists must meet to ensure public safety.
- Code of Ethics for Pharmacists and Code of Conduct for Pharmacists.
- National Competency Standards Framework for Pharmacists in Australia.
- Professional Practice Standards.
- Practice Guidelines.

Supported by the

- National Safety and Quality Health Service Standards.
- Clinical Governance Principles for Pharmacy Services.

The competency standards form the basis of what is considered acceptable standard of contemporary professional practice in Australia, giving pharmacists the accountability to prescribe, dispense, administer and review medicines. The individual state and territory legislation, however, provides the authority for pharmacists to prescribe, dispense, administer and review medicines.<sup>16</sup> This legislation differs between states and jurisdictions and is often referenced as being a barrier for Pharmacists to perform at their full scope of practice.



# Exploring the scope of Practice in Tasmania

## Medication Supply and Dispensing



Medication supply and dispensing is a core competency of a pharmacist and is often the main role attributed to pharmacists by health consumers. Pharmacists supervise, advise and provide safe, rational, and cost-effective medicines for patients.

The process of medication supply and dispensing includes the review and supply of a medication and the preparation, packaging, labelling, record keeping and transfer of the medicine. It also includes counselling of a patient, their agent or another person who is responsible for the administration of the medicine to that patient. Medication counselling includes the provision of appropriately tailored information and education to enable safe and efficacious medicines management. Pharmacists independently supply Schedule 2 and 3 medicines and dispense Schedule 4 medicines from a prescription.<sup>18</sup>

Key tasks	Definition
Medicine supply	Pharmacists supply and dispense medications in accordance with the Quality Use of Medicines principles in the National Strategy for Quality Use of Medicine <sup>19</sup> , and the Tasmanian Poisons Act 1971 and the Poisons Regulations 2018.
Preparing and compounding of medicines as required	Preparing, mixing, assembling, altering, packaging, and labelling a medicine, medicine-delivery device, or device according to a medical practitioner's prescription or initiative based on the medical practitioner/patient/pharmacist/compounder relationship in professional practise. <sup>20</sup>
Medication continuance	The provision of a standard supply of continuous therapy medicine to a patient by a pharmacist, under specific circumstances (emergency supply and continued dispensing, in the absence of a current ongoing prescription). <sup>20</sup>
Staged supply	Clinically-indicated, structured pharmacist service involving the supply of medicine to a patient in periodic instalments as requested by the prescriber or carer. <sup>21</sup>

### Summary of key medication supply and dispensing insights

- The scope of practice is generally consistent with other states and jurisdictions of Australia regarding the core activities including supply, medicine storage, preparing and compounding, as well as providing counselling and information for safe and quality medicine management.
- Australian pharmacists are authorised to provide medicines that are available without a prescription. In this context, pharmacists are required to understand the consumer need, formulate a diagnosis for a limited number of conditions and decide on the most appropriate medicine/s.
- Through S2 and S3 medicines pharmacists provide timely access to medicines, generally for acute self-limiting conditions. Through down-scheduling the number of available treatments has increased in recent years including access to triptans, melatonin, adapalene and mometasone.
- The current funding model in Australia incentivises pharmacists to allocate their resources to the supply of pharmaceuticals rather than expanded services.
- Community pharmacists in Australia have similar legislative authorities to those in the UK, most Canadian provinces, Ireland, and New Zealand. Some countries have more "medication continuance" options for patients with and without valid prescriptions.
- Tasmanian pharmacists are able to supply certain restricted substances (S4 medicines) to a patient through continued dispensing without a prescription in specified circumstances. From the 6<sup>th</sup> March 2023 the number of medicines eligible for continued dispensing has increased.<sup>22</sup>
- In 2022, the Tasmanian Government invested in implementing the Bedside Medication Management approach, in which ward-based pharmacy technicians will be in-place to improve timeliness of medication treatment, reduce medication waste and decrease non-nursing and midwifery tasks. This was an expansion in scope of practice for pharmacy technicians to improve patient safety and achieve efficiency in Tasmania's healthcare system.<sup>23</sup>

# Jurisdictional scan – Supply and Dispensing

Key tasks	TAS	NSW	NT	QLD	SA	ACT	VIC	WA
Medication continuance	●	●	●	●	●	●	●	●
Generic and Biosimilar substitution	●	●	●	●	●	●	●	●
Preparing and compounding of medicines	●	●	●	●	●	●	●	●
Staged Supply	●	●	●	●	●	●	●	●

● Current Practice

Key insights from a jurisdictional scan of scope of practice related to medication dispensing and supply, include:

## TAS

- As of March 6th, 2023, changes to the continued dispensing arrangements occurred in Tasmania. Tasmanian pharmacists can provide a single supply (usually one months worth) of medication for hundreds of prescription only medications if a patient's prescription runs out, a GP is unavailable and other criteria are satisfied. The list of medications eligible for continued dispensing has been expanded and includes medications for the management of chronic diseases such as diabetes and heart disease, the oral contraceptive pill, asthma puffers, and statins. Tasmania is the first state to expand the number of medicines available to consumers, through continued dispensing with only 150 eligible medicines available via the PBS continued dispensing program.<sup>22</sup>

## QLD

- The North Queensland Community Pharmacy (NQCP) Scope of Practice Pilot focuses on key areas of service delivery, including expanded options for continued dispensing and therapeutic adaptation.<sup>25</sup>

## NSW, SA, WA

- The Take Home Naloxone Pilot was implemented in NSW, SA, and WA (2019-2022). Without a PBS prescription, participating community pharmacists provided full subsidised naloxone under the pilot program. The program recorded 27,955 instances of naloxone administration during the Pilot's first 18 months, compared to 3,579 administrations during the PBS's previous two years. Over the course of the Pilot at least 1,649 overdose reversals were accomplished.<sup>26</sup>

### In Focus:



### Global insights

- Medication continuance outside of emergency arrangements is used in United Kingdom (UK) and prescription renewal is also enabled across many Canadian provinces, where medical practitioners can authorise pharmacists to continue dispensing for an agreed period of time.<sup>1</sup>
- In some parts of the world, medicines for migraine, erectile dysfunction and contraception are available under the equivalent of Schedule 3 of the Poisons Standard. See page 25 for international examples of down-scheduled medicines internationally.

# Examples of medicines available from a pharmacist without a prescription in other countries



Source: Australian Pharmacist, February 2021. Reproduced with permission from The Pharmaceutical Society of Australia.

# Exploring the Scope of Practice in Tasmania

## Prescribing



Prescribing is an iterative process involving the steps of information gathering, clinical decision-making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.<sup>27,28</sup>

The Health Professional Prescribing Pathway (HPPP) has established a nationally consistent approach to the prescribing of medicines by health professionals other than medical practitioners who are registered with the National Registration and Accreditation Scheme. Health professionals may prescribe medications under different models of prescribing that aim to cater to the diverse needs of patients.

Key tasks	Definition
Therapeutic substitution	Pharmacists substitutes a prescribed medication with a different but equivalent medication. This is done to achieve the same therapeutic effect at lower patient and healthcare system costs.
Therapeutic adaptation	The process of altering an existing prescribed medication to change/adapt drug dosage, formulation or regimen, based on determination of clinical need.
Prescribing under supervision	Prescribing occurs when a prescriber acts within their scope of practice while being supervised by another authorised health professional. The supervised prescriber has been trained to prescribe and has limited authority to do so, as determined by legislation, National Board requirements, and policies of the jurisdiction, employer or health service.
Structured prescribing arrangements	A prescriber with limited authority to prescribe medicines under legislation, National Board requirements, and jurisdiction or health service policies prescribes medicines in accordance with a guideline, protocol or standing order.
Autonomous prescribing	Prescribers engage in prescribing within their scope of practice without the approval or supervision of another health professional. The prescriber has received education and authorisation to prescribe autonomously in a specific area of clinical practice.
De-prescribing	The process of withdrawing an inappropriate medication under the supervision of a healthcare professional, with the aim of managing polypharmacy and enhancing patient outcomes.

### Summary of key prescribing insights

- In Australia, dentists, nurse practitioners, optometrists, paramedics, appropriately endorsed midwives, podiatrists, and podiatric surgeons have prescribing rights.<sup>1</sup>
- Pharmacists are already competent in many of the tasks associated with prescribing given their role in supplying or 'prescribing' non prescription medicines.<sup>81</sup>
- The 2019 Pharmacy Board of Australia (PBA) position statement on pharmacist prescribing, stated that it is the Board's view that for pharmacists to prescribe under a supervised prescribing and/or structured prescribing arrangements, pharmacists do not require any additional formal post graduate study.<sup>82</sup>
- The Australian Pharmacy Council is currently undertaking the development of the accreditation standards for pharmacist prescriber training programs to support the development of pharmacist prescribing models and education programs if pharmacists are given the authority to prescribe autonomously.
- A study of pharmacy clients across Australia identified most respondents trusted pharmacists adopting an expanded role in prescribing, with majority supporting this after a diagnosis had been made by the medical practitioner.<sup>29</sup>
- Review of international experience highlights that in some contexts, Australian pharmacists have less prescribing authority than international counterparts such as USA, UK, Canada and NZ for prescribing of S4 and S8 medicines.<sup>30-35</sup>
- In the hospital setting, pharmacists contribute to the prescribing process by undertaking detailed medication histories, charting or prescribing in collaboration with medical practitioners, contributing to the prescribing decision and to the monitoring of therapy by providing medicines-specific expertise at each stage.
- A number of collaborative models have been seen in this environment including Partnered Pharmacist Medication Charting (PPMC), discharge prescribing assistance and protocol medicines initiation.



# Jurisdictional scan – Prescribing

Key tasks	TAS	NSW	NT	QLD	SA	ACT	VIC	WA
Therapeutic substitution	●	●	●	●	●	●	●	●
Therapeutic adaptation				●				
Prescribing under supervision				●				
Structured prescribing arrangements		●		●			●	
Autonomous prescribing				●			●	
De-prescribing				●				

● Current Practice    ● Piloting    ● Policy/election commitment

Some state and territories are exploring areas where scope could be expanded to provide a greater level of access to consumers and to better utilise skills of healthcare professionals, mainly under structured prescribing arrangements. Key insights from a jurisdictional scan of scope of practice related to prescribing, include:

## NSW

- NSW Health will commence a clinical trial in April 2023 which will see appropriately trained pharmacists provide treatment for uncomplicated urinary tract infections for women aged from 18 to 65 years. (ACT has recently announced involvement in this trial).<sup>31</sup>
- From July 2023, this trial will be expanded to include the resupply of low-risk oral contraceptive medication prescribed to women aged from 18 to 35 years.

## QLD

- In Queensland, following the Urinary Tract Infection Pharmacy Pilot – Queensland (UTIPP-Q), pharmacists can treat non-complex UTIs via a **structured prescribing pathway**.<sup>25</sup>
- The North Queensland community pharmacy scope of practice pilot will include
  - Structured prescribing** as part of a chronic disease management program (Cardiovascular disease risk reduction, COPD and Asthma programs)
  - Autonomous prescribing** – for specified acute common conditions and health and wellbeing services.<sup>25</sup>

## VIC

- The Victorian Government has announced a 12-month pilot of pharmacists prescribing repeat prescriptions for oral contraception, medication for uncomplicated UTIs, travel medication and minor skin conditions.
- Alfred Hospital has implemented a **Partnered Pharmacist Medication Charting** model which is now implemented in over 20 sites.<sup>32</sup>

## SA

- South Australia has announced a bi-partisan parliamentary committee to explore how pharmacists could provide medication for UTIs without a medical practitioner's prescription. *Submission have now closed and at time of writing no further information is known.*

## NT

- In November 2022, the Northern Territory passed the Medicines, Poisons and Therapeutic Goods Legislation Amendment Bill 2023. This allows suitably trained and qualified health workers, such as pharmacists to **supply essential medicines by clinically approved protocols**.

## In Focus:

### North Queensland Pilot

The North Queensland Pharmacy Pilot (NQ Pilot) is due to commence in late 2023, with an expression of interest process for pharmacists and pharmacies to participate being underway at the time of writing.

The NQ pilot aims to increase access to high quality, integrated and cost-effective primary health care services for North Queensland communities.

The NQ Pilot represents a significant shift in the pharmacists' scope of practice across:

- Structured prescribing**
- Autonomous prescribing**; and
- Medicines management**, including vaccination, medicines administration, therapeutic adaptation, substitution and continued dispensing.

Pharmacists involved in the trial will need to demonstrate successful completion of required education and training.

### Partnered Pharmacist Medication Charting (PPMC)

In the hospital setting, PPMC has been implemented in both Tasmania and Victoria, with evaluation of the model demonstrating a reduction in charted medication error and acceptance of the model by pharmacists and medical practitioners.



# Global Insights – Prescribing

Internationally, the implementation of pharmacist prescribing includes both supported and independent models.

- Supported models define the parameters of prescribing, which may include medicines, consumers (or groups) and health conditions for which prescribing may occur. The models may also define, in an agreement, the health professionals/s included in the prescribing process and the nature of their contribution and responsibility as part of the prescribing agreement (APC 2023)
- Independent models are more closely aligned with 'autonomous prescribing' and generally involve communication or collaboration with other healthcare professionals.

Key insights from a jurisdictional scan of scope of practice related to prescribing, include:

## UK

- The UK has implemented both **supplementary** and **independent** models of **prescribing** to improve patient access, utilise pharmacists' skills, and reduce the burden on general practitioners. It is important to note that pharmacists must only prescribe within their level of competency, as outlined by guidelines published by the Royal Pharmaceutical Society of Great Britain. The supplementary prescribing model is still recommended for new prescribers and those working within a healthcare team, particularly for patients with chronic conditions.<sup>33-35</sup>

## Canada

- In the past decade, Canada has expanded the prescribing roles of pharmacists. Depending on the province, pharmacists in Canada are granted varying levels of prescribing authority, but the majority of provinces have enacted legislation permitting some form of prescribing. The models enable pharmacists to renew and modify prescriptions, prescribe in emergency situations, initiate or manage drug therapy, and renew and modify prescriptions. There are variations in the prescribing authority granted to pharmacists, as well as varying prerequisites for pharmacists to obtain prescribing rights.<sup>36-37</sup>

## NZ

- In New Zealand, any registered health professional, including pharmacists, can engage in dependent forms of prescribing such as protocols and 'standing orders'. The agenda for expanded pharmacist prescribing has recently advanced.<sup>38</sup>

## Other

- In the US, pharmacists in most states are permitted to prescribe according to collaborative practice agreements, with Collaborative Drug Therapy Management being the most advanced model adopted. This model allows the medical practitioner to diagnose, while the pharmacist selects, initiates, monitors, modifies, and discontinues therapy as needed.<sup>38-39</sup>

### In Focus:

#### United Kingdom – Independent Prescribers

Legislative changes in the UK in 2006 made it possible for 'accredited' pharmacists to prescribe, and they are able to operate independently to undertake a medicines optimisation function, such as those found in nursing homes.

Pharmacist independent prescribers (PIPs), are able to identify pharmaceutical needs and initiate, modify, or monitor medications without additional authorisation.

Holland et.al 2023 conducted a study to evaluate the effectiveness and safety of pharmacist's independent prescribers in care homes.

The "burden" (Drug Burden Index) of anticholinergic and sedative medications taken by care facility residents decreased by nearly one-fifth compared to conventional care, indicating that effective de-prescribing occurred.<sup>40</sup>

# Exploring the Scope of Practice in Tasmania

## Medication Administration



Medication administration is defined as the direct application of a prescribed medication, by injection, inhalation, ingestion or other means, to the body of an individual by an individual who is legally authorised to do so.<sup>41</sup> Pharmacists support patients in the administration of medicines through appropriate counselling, advice, initiation, and demonstration of routes of administration e.g., inhalation and injection. Pharmacists have long been involved in the dosing/administration of opioid replacement therapies (ORT) and daily staged supply of medicines and in more recent years have commenced provision of medicines administration by injection including vaccination services.

Key tasks	Definition
Administering medicine by injection.	The act of giving a medicine to a person by injection, which may include some activity to prepare the medicine to be administered.
Medicines Administration Service	A service conducted by a pharmacist that includes the administration of prescription and non-prescription medicines, and provision of related patient care and management.

### Summary of key medication administration insights

- Pharmacists support patients in the administration of their medicines through the form of appropriate counselling and advice, or provision of devices that assist with effective use, such as spacers for asthma. This may also be coupled with assisted administration on initiation (e.g. inhalers, injectable medicines) or ongoing for some patients.
- Many pharmacists are involved in the provision of ORT services and other administration services.
- Pharmacists are increasingly practicing the administration of medicines by injection. With adequate training, pharmacists are competent to perform a series of roles that contribute to improving and administering vaccination.
- Pharmacist administration of medicines by injection is subject to State and Territory legislation in Australia.
- In Tasmania pharmacists can administer scheduled medicines by injection if they have the required skills, meet professional requirements and can establish therapeutic need. It has been announced that pharmacists will be able to administer a larger range of vaccines, including common travel vaccines and prevention of shingles.
- In Tasmania, a pharmacist can administer S4 or S8 non-vaccine medicines by injection in accordance with a prescription or on instruction by authorised prescribers.<sup>42</sup>
- In 2020 due to concerns of influenza circulating in conjunction with COVID-19, pharmacists administered significant numbers of influenza vaccinations in Tasmania to those aged between 10-64 years. As part of the COVID response, community pharmacists began administering COVID-19 vaccinations, which increased access for Australians.<sup>4</sup>
- As part of the Queensland Community Pharmacy Scope of Practice Pilot, services in the pilot include medication management, including a wider range of vaccinations (and authorised age groups), medication administration, therapeutic adaptation and substitution and continued dispensing. This includes requiring pharmacists who participate to complete education and training, including a certification for vaccination and medicine administration by injectables.<sup>25</sup>

# Jurisdictional scan – Medication Administration

Key tasks	TAS	NSW	NT	QLD	SA	ACT	VIC	WA
Administration of injectable medicines (vaccine)*	●	●	●	●	●	●	●	●
Administration of injectable medicines (non-vaccine):								
• <i>Over-the-counter (Non-Scheduled)</i> <sup>42</sup>	●	●	●	●	●	●	●	●
• <i>Over-the-counter (S2/S3)</i> <sup>42</sup>	●	●	●	●		●	●	
• <i>Prescription Only Medicine (Schedule 4)</i> <sup>42</sup>	●	●		●		●	●	
• <i>Controlled Drug (Schedule 8)</i> <sup>42</sup>	●	●		●		●	●	
				(LAIB)				
Administration of medicines (non-injectables, inhaled medications)	●	●	●	●	●	●	●	●

● Current Practice    ● Piloting    ● Policy/election commitment

\*Vaccine scope is different within each jurisdiction, with Tasmania launching new Immunisation Guidelines in March 2023.

Key insights from a jurisdictional scan of scope of practice related to medication administration, include:

## UK

- In the UK, changes in legislation were made to the supply of medicines in the 2000s, creating the Patient Group Direction (PGD) which allowed any pharmacist to supply a prescription only medicine without the need of a prescription, to any patient that came within the inclusion list of allowable conditions. This was initially intended for the provision of influenza vaccination, however it evolved to include other vaccination-based services such as travel medicine.<sup>44-45</sup>

## Canada

- Many provinces in Canada have allowed pharmacists to administer vaccinations, with some restrictions based on province. In addition, all but one province, have authorised pharmacists to administer non-vaccine injectables to patients (noting there are variations in regulations, training requirements and patient age restrictions across provinces).<sup>46</sup>

## NZ

- The NZ Scope Pharmacist Scope of Practice referenced in the Pharmacy Council of New Zealand competence standards for the profession indicates that medicines administration including injectable medicines is within SoP.

## Ireland

- With specialised training, pharmacists in Ireland have been able to deliver seasonal influenza vaccinations since 2011, pneumococcal polysaccharide and herpes zoster vaccines since 2015, and COVID-19 vaccinations since 2021.

## Other

- 40 states in the USA have authorised pharmacists to administer non-vaccine injectables and 28 states providing broad authority to administer specified injectable medications.
- US studies that assessed patient satisfaction and uptake of pharmacist recommendations of travel medicine found that 85% of patients accepted the advice, and 94% of patients had a positive experience.<sup>36</sup>

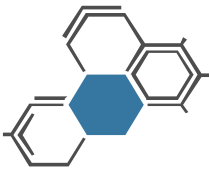
### In Focus:

#### UK study

A two-month study was conducted at an inpatient ward at St George’s University Hospitals NHS Foundation Trust, to introduce full-time medicines administration pharmacist (MAP) who could administer medicines to inpatients, alongside nurses. The MAP improved patient safety through medicines management and optimisation, and supported medicines optimisation, discharge planning and education and training. This resulted in fewer missed doses and timelier doses, as well as releasing almost 94 hours of nursing time by expediting discharge planning and releasing nursing time for patient care.<sup>43</sup>

# Exploring the scope of Practice in Tasmania

## Medication Review



Medication review is considered an inherent role of pharmacists, involving the evaluation of a patient's medications to ensure that they are being used safely and effectively, and that any potential drug interactions or adverse effects are identified and addressed.

The review of a patient's medicines to assure proper prescribing of medicines, including dosing regimens and dosage forms. In pharmacy medicines reviews, home medicine reviews, residential medications at point of dispensing are all types of medication management reviews.

Key tasks	Definition
Medication Management Review	During a comprehensive medication management review, pharmacists work with the patient to reconcile their medication regimen and undertake a systematic assessment to identify potential areas for improvement, informed by quality use of medicines. The pharmacist provides information and advice to the patient and their healthcare providers.
Patient follow-up and referral for further care when required (written and verbal)	A follow-up consultation with the patient following the initial review to assess the outcomes of the recommendations from the medication management review
Medical adherence counselling	Counselling Patients on compliance with prescribed medicine regimen

Summary of key medication review insights	
<ul style="list-style-type: none"> <li>In Tasmania, Pharmacists provide a number of structured, funded medication review services including Medscheck, Home Medicines Review (HMR) and Residential Medication Management Review (RMMR).<sup>1</sup></li> <li>In Australian clinical pharmacy settings medication reconciliation is an essential process which requires obtaining and verifying a patient's current medication list, matching it to what they should be prescribed, and resolving any discrepancies with the prescriber.<sup>47</sup></li> <li>Currently, funded HMRs and RMMRs require a referral from a medical practitioner.</li> </ul>	<ul style="list-style-type: none"> <li>Research conducted by Spinks and colleagues highlighted the importance of expanding the provision of medication review in rural and remote areas. They found that the current level of medication review services in these areas may be insufficient due to challenges related to the healthcare workforce and unmet healthcare needs of the population residing in these areas..<sup>48</sup></li> <li>Changes to the HMR program rules have increased barriers to accessing HMRs, including timeliness and availability of available workforce.<sup>43-49</sup></li> </ul>

# Jurisdictional scan – Medication Review

Key tasks	TAS	NSW	NT	QLD	SA	ACT	VIC	WA
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)	●	●	●	●	●	●	●	●
Medical adherence counselling	●	●	●	●	●	●	●	●
Medication management review	●	●	●	●	●	●	●	●

● Current Practice   ● Piloting   ● Policy/election commitment

Key insights from a jurisdictional scan of scope of practice related to medication dispensing and supply, include:

## UK

- In the UK, The Medications Use Review (MUR) service attempts to increase patient awareness, medication adherence, and medication use through periodic reviews or when an adherence-focused intervention is required.<sup>51</sup>
- The pharmacist will conduct a MUR to determine the patient's actual medication use, comprehension, and experience, to identify and resolve poor or ineffective use, to identify side effects and drug interactions that may affect adherence, to improve the clinical and cost-effectiveness of prescribed medications, and to reduce medication waste.<sup>51</sup>

## Canada

- The MedsCheck program in Ontario, Canada goal is to support optimal patient health outcomes by promoting healthier patient outcomes, improving patient knowledge and comprehension of medication therapy, maximising the efficacy and safety of drug therapy, and reducing inappropriate drug usage and drug waste. The professional consultation between the pharmacist and patient are included in the MedsCheck program to maximise patient adherence to prescribed therapy.<sup>52</sup>

## US

- Medication Therapy Management (MTM) is a set of services provided to patients in the United States. These services are provided by pharmacists who review all prescriptions written by prescribers caring for the patient. The goal is to identify and address medication issues, such as incorrect use, duplication, and unused medications, as well as the necessity for medication(s) for an untreated or badly managed condition. In addition, MTM encompasses comprehensive medication-related education, consultation, and advice provided to patients, family, and/or carers to ensure proper medication use, as well as collaboration with the patient, medical practitioner, and other healthcare providers to develop and attain optimal medication therapy goals.<sup>53</sup>

### In Focus: Challenges with current HMR Model (Swain, Barclay, 2015)

- The current HMR model has been found to be complex and have many steps, leading to a barrier in the initiation of HMRs. Additionally, the HMR referral form is confusing, and GPs often misunderstand the eligibility criteria for the program, resulting in some eligible patients not being referred for HMRs. Aboriginal and Torres Strait Islander people were found to be the most likely of all Australians to miss out on HMRs, and the current HMR model was not appropriate for them. The article also notes that recent changes to the HMR program rules have increased barriers to accessing HMRs, which has disproportionately affected the sickest people, the elderly, rural people, and Aboriginal people.<sup>50</sup>

# Exploring the scope of Practice in Tasmania

## Disease Management



With almost half of Australians experiencing a chronic health condition often requiring regular medicine use, there is likely benefit to the community of greater access for patients to professional pharmacy services and a recognition of the valuable role played by pharmacists as key members of the multi-disciplinary healthcare team.

Managing medicines remains a substantial challenge. As community expectations of health and medical treatments grow, the mismanagement of medicine contributes to life-shortening outcomes for vulnerable populations, demonstrated by the 230,000 medication-related hospital admissions each year.

Pharmacists fulfil numerous roles across disease management, as effective drug therapy is one of the keys to managing most diseases.

Key tasks	Definition
Participation in preventative health services	Pharmacists provide patients within the community with information and advice to promote healthy lifestyle choices and reduce the risk of disease (e.g., weight loss, smoking cessation, increased exercise). As well as accessing programs for early detection of diseases.
Screening for some acute and chronic conditions	Pharmacists perform screening using screening tools (questionnaire or device) and provide education and referral for patients at risk where appropriate. This is generally opportunistic.
Management of common and high-frequency conditions	Pharmacists manage low-risk common conditions, including minor acute and well-controlled chronic diseases, where the pharmacist has the education, competency and recency of practice in managing such conditions.
Medication management of chronic conditions in collaboration with a general practitioner and/or primary care provider.	Pharmacist intervention to ensure there is patient compliance with drug regimen to achieve their planned, therapeutic outcome.
Participation in travel medicine services	Pharmacists participate in a specialised area of primary care that emphasises pre-travel preventative care with a comprehensive assessment for each individual traveller.

Summary of key disease management insights	
<ul style="list-style-type: none"> <li>Pharmacists are routinely involved in the management of low-risk common conditions, including minor acute and well-controlled chronic conditions, which is supported in the National Competency Standards for Pharmacists in Australia.<sup>16</sup></li> <li>In the hospital setting, pharmacists are often included as a part of the team in outpatient clinics e.g. pain clinics, heart failure and respiratory clinics.</li> <li>Government supported programs in Tasmania that have increased the demand for pharmacists unique expertise, such as the COVID at home program which has provided care for more than 16,000 Tasmanians, and the Voluntary Assisted Dying Pharmacy Service, which provides specialised pharmaceutical advice in relation to VAD substances and medications.<sup>56</sup></li> </ul>	<ul style="list-style-type: none"> <li>A number of studies have highlighted where pharmacists provided assessment or screening with subsequent management, patients showed improvements with asthma control or in COPD management outcomes.<sup>54</sup></li> <li>A trial of pharmacy-based testing for Chlamydia trachomatis was conducted in North Queensland, using postal specimen kits. Over a nine-month period, the trial concluded that the pharmacy program demonstrated the feasibility of distributing chlamydia tests and using the health infrastructure to follow-up results and manage.<sup>55</sup> The WA ECOMPACT study further supported this role.</li> <li>Currently disease management services in community pharmacist are generally patient funded, which limits wide spread availability and uptake of these services.</li> </ul>



# Jurisdictional scan – Disease Management

Key tasks	TAS	NSW	NT	QLD	SA	ACT	VIC	WA
Participation in preventative health services	●	●	●	●	●	●	●	●
Screening for some acute and chronic conditions	●	●	●	●	●	●	●	●
Management of common and high-frequency conditions	●	●	●	●	●	●	●	●
Medication management of chronic conditions in collaboration with a general practitioner and/or primary care provider.	●	●	●	●	●	●	●	●
Travel medicine		●	●	●				

● Current Practice    ● Piloting    ● Policy/election commitment

Key insights from a jurisdictional scan of scope of practice related to disease management, include:

## Canada

- In Canada, community pharmacies manage common ambulatory conditions, such as urinary tract infections, eczema and back pain.<sup>1</sup>
- The nation-wide implementation of smoking cessation, pharmacists' provision of pneumococcal vaccination and advanced medication review for heart disease is estimated to reduce healthcare costs by \$2.5 billion and \$25.7 billion over 20 years.<sup>57</sup>

## New Zealand

- In New Zealand, the Community Pharmacy Anticoagulant Management Service (CPAMS) provides anticoagulant management for patients on warfarin, reducing bleeding complications and incident of stroke. This resulted in improved anticoagulant control among participants and improved INR testing adherence.<sup>58</sup>

## UK

- Pharmacists undertake an enhanced role in managing minor ailments in the community setting with pharmacists enabled to treat a range of readily identifiable ailments with medicines. This also includes management common minor conditions, such as urinary tract infections, eczema and back pain.<sup>1</sup>
- The UK estimating to reduce healthcare costs by £6739 per month, as a result of pharmacists providing minor ailments services.<sup>1</sup>

## US

- In the USA, pharmacists can enter into a collaborative agreement with their healthcare providers to provide an integrated care approach to their chronic illness.

## In focus: UK

A research on the establishment of an ear, nose, and throat and eye consultation service for UK patients who would otherwise need primary or emergency care.

After pharmacists were trained to examine and treat these conditions, 85% of patients did not need further treatment from a GP or other health professional, and 97% of patients agreed that pharmacies were appropriate to provide the expanded service due to their convenience, opening hours, and ability to not make an appointment.<sup>59</sup>

Hall, Cork, White et al 2019)

# Exploring the scope of Practice in Tasmania

## The ordering and interpreting of laboratory tests



Initiating or reviewing appropriate clinical monitoring tests to assist with the review of the patient medication management plan or strategy is a core role in pharmacists practice. This includes request for a particular investigation, analysis of the collected specimen, interpretation of results and appropriate reporting.

In Tasmania, pharmacists are able to provide point-of-care testing and diagnostic testing, within the scope of practice of pharmacists, for many acute and chronic health conditions, including blood glucose testing, INR testing, cholesterol testing, blood pressure testing, pulmonary function testing, anaemia testing and genetic testing. There are no regulatory barriers for Tasmanian pharmacists to order laboratory tests, although this is rarely undertaken in practice, with cost to patient being a significant barrier.

Key tasks	Definition
Order and interpret laboratory tests (appropriate to pharmacist care)	The authority to access and interpret patient laboratory data that have been ordered by another healthcare provider the authority to directly order laboratory tests for a patient.
Point-of-care testing	Testing that is performed near or at the site of a patient with the result leading to possible change in the care of the patient.
Diagnostic testing (such as pulmonary function testing, blood pressure testing)	Diagnostic testing and screening services for health conditions and to aid in the evaluation of a medication management strategy or plan, these tests including pulmonary function testing, blood pressure testing, sleep apnoea screening and COPD screening.

### Summary of key insights on the ordering and interpreting of laboratory tests

- Although there are no regulatory barriers for Tasmanian pharmacists to order laboratory tests, this is rarely undertaken outside of the hospital setting, largely due to the cost to patient and lack of awareness of the authority to do so. Hospital pharmacists may occasionally order laboratory testing under specific circumstances.
- According to the 2016 National Competency Standards Framework for Pharmacists in Australia, in order to monitor and evaluate medication management, a pharmacist must conduct a clinical review and apply the results to improve health outcomes.<sup>1</sup>
- Point-of-care testing, including glycated haemoglobin (Hb A1c) and urine albumin–creatinine ratio testing for diabetes management, has been used as part of the national Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS) Program in over 100 indigenous medical services across Australia.<sup>61</sup>
- In Australia, especially in rural and remote areas where access to laboratory testing may be limited, point-of-care testing may be used to improve clinical outcomes in acute and chronic situations, such as glycaemic control, blood lipid monitoring, assessing renal function, and warfarin (INR) monitoring.<sup>60</sup>
- The My Health Record system provides online access to a person's essential health information, including medications, allergies, medical conditions, and pathology results. Community pharmacists who are registered with My Health Record system can therefore review available pathology results pertinent to the pharmacotherapy of their patients. Despite having this access, anecdotal evidence suggests that community pharmacists and other health practitioners do not appear to make extensive use of it.<sup>61-63</sup>
- A pilot project in South Australia, in which a small number of community pharmacies performed COVID testing, provided additional evidence of community pharmacies ordering laboratory tests.<sup>63</sup>

# Jurisdictional scan – Ordering and interpreting of laboratory tests

Key tasks	TAS	NSW	NT	QLD	SA	ACT	VIC	WA
Order and interpret laboratory tests (appropriate to pharmacist care)*	●	●	●	●	●	●	●	●
Point-of-care testing	●	●	●	●	●	●	●	●
Diagnostic testing (such as pulmonary function testing, blood pressure testing)	●	●	●	●	●	●	●	●

● Current Practice    
 ● Piloting    
 ● Policy/election commitment    
 \*no legislative barriers, although not routinely undertaken outside of the hospital setting due to lack of funding and practical considerations.

Key insights from a jurisdictional scan of scope of practice related to medication dispensing and supply, include:

## Canada

- In Canada, pharmacists in certain provinces have access to all laboratory data via a province-wide system known as Netcare.<sup>65-67</sup>
- Canada, Alberta and Quebec permit pharmacists to order any relevant laboratory tests, regardless of their prescribing status, in accordance with their respective guidelines, protocols, and standards<sup>69</sup>. In addition, the Alberta and Saskatchewan guidelines state that pharmacists can only order laboratory tests for patients if they have an established professional relationship with the patient.<sup>73</sup>

## US

- With the exception of Alabama, Delaware, New Hampshire, New York, and Texas, primary care pharmacists in the United States can order laboratory tests as part of a collaborative practise agreement with a medical practitioner.<sup>72-74</sup>

## New Zealand

- Pharmacists have the authority to order and interpret laboratory tests within a collaborative health team environment.<sup>75</sup>

## UK

- Pharmacists who are independent prescribers have access to laboratory results, whereas supplementary prescribers only have access if it is specified in their agreement with the medical practitioner.<sup>76</sup>
- If a pharmacist is either an independent or supplementary prescriber, they can order laboratory tests. However, the scope of practice of supplementary prescribing pharmacists is determined by an independent prescriber (e.g., a medical practitioner or dentist) and defined by a patient-specific clinical management plan agreed upon in consultation with the patient.<sup>76</sup>

### In Focus: Case study

- According to a survey conducted by Leung et al., 23% of Canadian community pharmacists have access to laboratory test results via a laboratory information system (LIS), and this access has resulted in increased productivity and improved patient care quality with 57% reporting an increase in productivity as a result and 87% reporting improved or significantly improved patient care.<sup>69</sup>

**05**

# **Consultation Insights**

# Consultation Insights

This section provides a summary of the key themes captured during consultation meetings with key stakeholders including representatives from 13 organisations and Department of Health Tasmania and through Reference Group Meetings 1 and 2.

The consultations and meetings were undertaken to capture insights into the current scope of pharmacists practice, barriers and enablers, models of care provided by pharmacists, workforce implications, training and management of conflicts of interest.

We spoke to 33 stakeholders across 13 meetings and a summary of the key themes and insights have been documented in the following pages.

**“Access to primary health care is our biggest concern.”**

“There is an ‘access crisis’ – it has been widely reported, and the GP pipeline for training suggests its more like a cliff. If there is nothing done in terms of access, we will have a catastrophe.”

“Consumer safety, quality of service, access to services, timeliness and convenience should be at the forefront of all discussions.”

“There is a definite need for better access and utilisation of all health professionals, including pharmacists.”

*“Even with the current scope – communication and collaboration is very difficult between different private business (GPs, pharmacies, THS) – **this would be absolutely essential to improve**”*

“Better communication channels would improve patient care.”



“Patients are expecting more from their pharmacists and their pharmacist wants and expects to do more.”

“Continued dispensing for chronic medical conditions when GP access is limited is a no-brainer.... should be automatic.”

**“Consumers are desperate for access to services. Not having access to care is a safety issue.”**

# Consultation findings summary

The table below provides a high-level summary of the key themes identified during consultation.

Workforce Challenges 	
<b>Finding 1</b>	Workforce recruitment and retention challenges are consistent across all health professions
<b>Finding 2</b>	Populations in rural Tasmania are experiencing greater workforce challenges
<b>Finding 3</b>	Workforce demographics are changing
Health sector access challenges 	
<b>Finding 4</b>	Increasing demand for health services
<b>Finding 5</b>	Availability of health professionals
<b>Finding 6</b>	Cost barriers to seeking care
<b>Finding 7</b>	Presentations at emergency departments
Delivery of Health Care Services 	
<b>Finding 8</b>	Improving collaboration and communication
<b>Finding 9</b>	Legislation out of step with consumer expectations
Pharmacy in Tasmania 	
<b>Finding 10</b>	Lack of understanding and awareness of pharmacy services
<b>Finding 11</b>	COVID-19 changes
<b>Finding 12</b>	Barriers to expand scope of practice



# Key consultation findings – Workforce challenges

## Health sector Workforce Challenges



### Finding 1:

Workforce recruitment and retention challenges are consistent across all health professions

Feedback through consultations indicated that workforce challenge is the number one issue for all health professions, in all settings across Tasmania.

Stakeholders noted that the lack of opportunity of meaningful cognitive work for pharmacists in Tasmania is having a negative impact on the retention of workforce.

Workforce challenges are greater outside main city centres, in rural areas of Tasmania. For Example, in the hospital setting Northwest Tasmania is experiencing up to 50% vacancies for pharmacy positions and up to 60% for medical positions.

Rural locations are not seen as desirable as urban locations for living and working, especially for the younger workforce.

Through our discussions, we heard that the number of pharmacy graduates coming through the University of Tasmania has decreased and the ability to recruit graduates from other States and Territories is impacted by lower remuneration in Tasmania.

Stakeholders reported the difficulties experienced to retain all health professionals, where professionals are choosing to move interstate, or to other parts of the sector where they are remunerated better.

The number of GPs in Tasmania has increased to 105 FTE per 100,000 Tasmanians according to *Primary Health Tasmania Health Needs Assessment 2022-23 to 2023-24 (November 2021)*, however this still remains below the national average of 113 FTE.

The lack of skilled migration over the past 3 years due to COVID-19 is also a contributing factor when considering workforce challenges and the recruitment of skilled professionals.

### Finding 2:

Populations in rural Tasmania are experiencing greater workforce challenges

All pharmacies within Tasmania have a level of rurality being classified as Modified Monash Model level 2 and above, and data indicates that poorer health outcomes are experienced by those living in rural and regional Tasmania (as opposed to urban areas) <sup>1</sup>.

It was generally agreed among stakeholders, that recruiting health professionals to rural areas of Tasmania has become more difficult. The current costs of living (particularly the increased housing costs) and lower levels of remuneration compared to other Australian states and territories can no longer be used as a motivator to attract health professionals to rural Tasmania. This is very evident with GPs and allied health professionals where stakeholders have noted a drop in access to primary healthcare with reported wait times up to 6 weeks. With specialist care being much longer or not available in Tasmania.

Consumers reported regular interaction with locum practitioners and expressed high levels of concern about loss of access to existing services due to risk of general practice closure.

### Finding 3:

Demographics of the workforce is changing

Through consultation and review of relevant data, we noted that the demographic of the health workforce in Tasmania is changing:

- Since 2014, pharmacy in Tasmania has had a greater number of females join the profession with the average growth of female pharmacists being 5.55% compared to 0.59% of males<sup>1</sup>.
- Part time roles are becoming more common with younger professionals blending other life aspects with their careers.
- With a higher number of part time and younger pharmacists coming through the Tasmanian workforce there has been a reduction in access to mentoring and senior support roles and on the job coaching for those that require it.
- Tasmania has an aging GP workforce, especially in rural settings. GPs are retiring and young professionals are not taking over the practices.

# Key consultation findings



## Health sector access challenges

### Finding 4:

Increasing demand for health services

Tasmania has an ageing population and greater levels of chronic illnesses compared to other states and territories (as identified in the ABS 2021 statistics and *Primary Health Tasmania Health Needs Assessment 2022-23 to 2023-24 (November 2021, respectively)*). It is also recognised that Tasmanians living in rural and regional areas (as opposed to urban areas) experience poorer health outcomes.<sup>1</sup>

Additionally, health data tells us that 17.5% of Tasmanians rate their health as 'fair to poor'<sup>1</sup>. Stakeholders also agreed that Tasmania's ageing population and increasing chronic disease burden is placing the Tasmanian health system under pressure with a growing demand for services across all sectors.

With the increasing demand for GP services, greater complexity of patient needs results in longer consults. Without increased supportive nursing and allied health funding changes, are seeing small rural practices becoming financially unviable.

### Finding 5:

Availability of health professionals

Workforce challenges are leading to access challenges and increasing wait times for consumers. Through our consultations, we heard that wait times can be up to 6 weeks to see a General Practitioner and even longer to access specialist care or allied health professionals.

In rural locations there is a daily challenge for GPs to attend to urgent or semi-urgent appointments, as most appointments are filled well in advance.

Stakeholders have told us that access to primary health care is their biggest concern, noting that not only are GP wait times escalating, there is also very limited access to after hours general practice, even less so in rural settings.

Stakeholders also emphasised how vital pharmacy services are when there is limited or no GP access in a community.

### Finding 6:

Cost barriers in seeking care

Through consultation and supported by relevant data, we understand that cost implications are preventing Tasmanians to seek medical care and medication when needed.

- Tasmania has the highest reported percentage of all 31 Primary Health Networks of adults reporting they did not see or delayed seeing a GP due to cost.<sup>72</sup>
- Tasmania has the second-lowest bulk billing rate in the nation for GP services and is consistently below the national average. Many Tasmanians cannot afford the out-of-pocket expense of a medical visit.<sup>72</sup>

Consumer feedback tells us that Tasmanians don't want to travel and expect to be able to access healthcare services close to home. Increasing costs are also impacting consumers willingness to travel. Tasmanians are geographically dispersed and often do not have access to healthcare professionals in their immediate locality.

Additionally, we understand from stakeholders that patients are not filling or delaying accessing prescriptions medications due to cost. Cost is becoming a barrier to overall healthcare.

### Finding 7:

Presentations at emergency departments

We understand from stakeholders, some patients are choosing to attend an emergency department rather than a primary health service due to cost, as there are no costs associated with an emergency department visit in Tasmanian public hospitals. Additionally, a lack of availability or timely access a GP, limited after hours healthcare access, convenience, perceptions of clinical expertise, or not having a regular GP can also influence this decision.

Ultimately this has a flow on effect where patients who would normally be more appropriately assessed in primary care are presenting at EDs increasing demand for these services.<sup>20</sup> It has been well documented and reported that Tasmanian EDs are under pressure due to increasing demand which is contributing to delayed access to emergency care, ambulance ramping and prolonged waiting periods along with increasing administration workloads.<sup>78</sup>

Consumers reported that they have been referred to emergency departments when contacting Health Direct, primarily due to a lack of other after hours services.

# Key consultation findings

## Delivery of Healthcare Services



### Finding 8:

Improving collaboration and communication

Stakeholders strongly agreed that the current approach to healthcare and the way it is delivered is fragmented and does not reflect a 'team approach' and may no longer be meeting the needs and expectations of patients.

During our consultations, a number of areas were identified where there are opportunities for improvement to enable delivery of a more collaborative and modern approach to healthcare services including:

- Increasing the use of integrated technology solutions and systems to support greater communication and collaboration between GPs, pharmacist and other health professionals.
- Current workforce shortages has increased the reliance on locums and short term placements of health practitioners which can impact on continuity of care, for example a GP or pharmacist in a rural location may be a constant where both are not. In such examples, we need to consider how communication between GPs and pharmacists can be facilitated to ensure the patients continuity of care is not compromised.
- How the delivery of services across different sectors (including both public and private hospitals) can be integrated to ensure GPs, pharmacists and other health professionals can work as a team with a common understanding of a patients needs and how best to support the patient navigate the health system which can often be overwhelming for them.
- The MyHealth Record is currently incomplete and inconsistent and is not a reliable source of truth nor is it utilised well. If there was greater uptake and usage of the MyHealth Record, it would support greater integration between health service providers.
- Stakeholders agreed that medication reviews were a helpful and useful pharmacist role, however programs rules have limited the referral and uptake of this service.
- PPMC has been a successful collaborative model within the hospital setting, however could be further expanded to increase the pharmacist role and consideration of implementation in other settings such as general practice and aged care.

### Finding 9:

Legislation out of step with consumer expectations

It has been noted that consumer expectations have shifted, with increased technology and access to information, they have higher expectations as to how healthcare should be delivered. However, the legislative framework has not changed to keep up with these expectations. As a result, practitioners are implementing time consuming workarounds to meet patient expectations whilst continuing to meet legislative requirements, such as the pharmacist having to call the GP for minor changes to the prescription (e.g. medication is out of stock). This is creating greater levels of administration and reducing the time available to provide patient care.

# Key consultation findings

## Pharmacy in Tasmania



<p><b>Finding 10:</b> Lack of understanding and awareness of pharmacy services</p>	<p>Stakeholders believe there is a low understanding and awareness of the breadth of services pharmacists can currently deliver in Tasmania, noting that more people attend pharmacies than any other health service, however the scope of services that can be provided may not be offered or is underutilised.</p> <p>Stakeholders believe there is an opportunity to increase awareness of the current scope and additional services that pharmacists are currently permitted to do, for example medication review, vaccination, medicines administration by injection or monitoring services. By increasing awareness of the services which pharmacists can offer, it may aid to free up GP time and reduce the costs associated with GP appointments for patients and provide better health outcomes for Tasmanians.</p>
<p><b>Finding 11:</b> COVID-19 system changes</p>	<p>There was strong agreement among stakeholders that most of the initiatives implemented as a result of COVID-19 were positive system changes for example, continued dispensing expansion, telehealth, COVID at home models, eScripts and access to vaccinations.</p>
<p><b>Finding 12:</b> Barriers to expanded scope of practice</p>	<p>When discussing the barriers that may exist to increasing the current scope of practice for pharmacists in Tasmania, stakeholders raised the following key themes:</p> <ul style="list-style-type: none"> <li>• With the current scope, communication and collaboration between GPs, pharmacies and other health services is already very difficult and this would need to be improved to enable the support of a wider scope of practice.</li> <li>• The current level of workforce may not be able to meet the demand of an expanded scope of practice, or be appropriately trained to deliver the scope. A better understanding of the skills and training to deliver similar services in other jurisdictions would be beneficial.</li> <li>• From a medicines safety perspective, having different offerings across jurisdictions within Australia adds complexity in delivery and messaging to consumers. It would be more beneficial to have a national based approach, however, currently the practice of pharmacist and medicines and poisons acts and regulation which is state-based would prevent this.</li> <li>• There is a perception that the current pharmacist legislative scope in Tasmania does not match the training, skill set and experience scope of pharmacists.</li> <li>• Medical groups raised that there could be unforeseen risks of moving shorter, simpler consultations away from general practice, increasing the complexity of consults and ultimately the cost of service delivery which would be passed on to the patient.</li> <li>• Funding and remuneration was cited as a barrier toward expanded scope, specifically around the additional workload required and adequate remuneration for delivery of these services. Funding was also raised as a reason pharmacists in community may not be doing more complex medication management and consultation that they are already able and trained to do so.</li> <li>• It was strongly reinforced that consumer safety must be at the forefront of any decision in respect to the scope of practice for pharmacists in Tasmania. Consumers raised that a lack of access to care is also a safety issue.</li> </ul>
<p><b>Finding 14:</b> Future opportunities and benefits</p>	<p>When discussing any potential expansion to the current scope of practice for pharmacists in Tasmania, stakeholders noted the following opportunities and/or benefits:</p> <ul style="list-style-type: none"> <li>• The opportunity to expand on team based care with greater inclusion of pharmacists in all settings. Pharmacists should be working side by side with medical practitioners, in outpatient clinics, in aged care and in general practice.</li> <li>• Most groups were supportive of collaborative chronic disease management – working as a team with an agreed care plan approach, with differing perspectives on how this can be achieved.</li> <li>• Potential to reduce ‘low quality’ interactions between health professionals, for example minor script changes such as change in strength, dose, drug substitution, which would support more efficient processes and improve services for patients.</li> <li>• There is agreement from medical practitioners and pharmacists that PPMC has been a successful program and should be expanded.</li> <li>• That existing structures often feel like a barrier to innovation and implementation of progressive models of care.</li> <li>• Some stakeholders noted that there is an opportunity to leverage data, outcomes and lessons learned from pilots run in other jurisdictions to enable evidence-based decisions without having to repeat these here in Tasmania, while others argued that the pilots have not undergone sufficient independent evaluation to utilise outcomes.</li> </ul>

**06**

# **Options Analysis**

# Options Analysis Approach and Overview

This section outlines the expansion options that were explored as part of this review. A key input into this analysis was an Options Analysis Workshop that was held on May 10 2023 with attendees including Reference Group Members and Health Consumer representatives. The purpose of the workshop was to explore options for the scope of practice of pharmacists, covering various approaches from 'no change' to potential options for the expansion of scope based on the six key domains. The following potential options were analysed;

Figure 1: Summary of proposed options

1. Medication Supply and Dispensing	2. Medication Administration	3. Review Medications	4. Prescribing	5. Disease management	6. Ordering and Interpreting of Lab Tests
No Change	No Change	No Change	No Change	No Change	No Change
1.1 Medication continuance/ continued dispensing	2.1 Increased awareness of medication administration services	3.1 Enhanced medication review	4.1 Expansion of partnered pharmacists medication charting	5.1 Collaborative model for chronic conditions	6.1 Increased awareness of pharmacist ability to order laboratory tests
1.2 Enhanced therapeutic adaptation			4.2 Collaborative multidisciplinary prescribing within an embedded team	5.2 Expanded acute and common illness management	
1.3 Enhanced therapeutic substitution			4.3 Collaborative multidisciplinary prescribing within a virtual team (hub and spoke model):	5.3 Screening for preventative health	
			4.4 Prescribing and/or supply for acute and common illness		
			4.5 Prescribing and/or supply for chronic conditions		

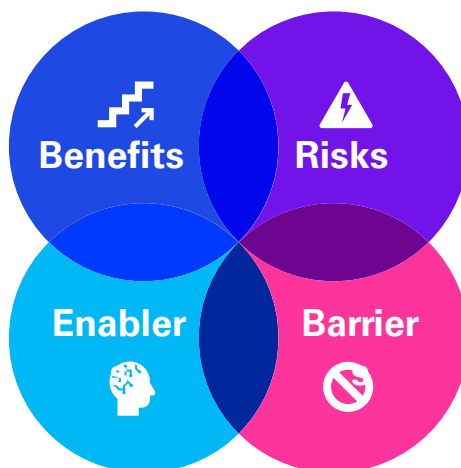
The outputs of the options analysis workshop highlighted that 'no change' was not seen as an acceptable option by health professionals and consumers and has therefore not been explored in detail in the following section of the report. Additionally, there was consensus amongst the group on collaborative patient focused models of disease management and prescribing, with consumer feedback highlighting that no options should be disregarded at this stage, with a focus on what will have impact for consumers including access and quality care. Finally, there was acknowledgement that there is a continuum of contexts and conditions under which pharmacist prescribing is viewed as beneficial and carries limited risk, and other contexts and conditions that involve additional risks and barriers. The following elements were explored in detail;

## Benefits

Taking into account the Tasmanian population, patients, and demand/access to healthcare, the benefits of each option, if expanded/implemented, were considered and evaluated.

## Enablers

Key enablers such as asynchronous communication methods, efficient utilisation of technology, funding and updates to current legislation were identified as key enablers for the options proposed.



## Risks/Limitations

Risks and limitations of communication and technological paths, patient safety and both patient and healthcare professional buy-in to each option were considered and evaluated.

## Barriers

Key barriers such as legislative, workforce capability and capacity, communication efficiencies and fragmentation of care were identified as key barriers for the options proposed.



# Key Findings

Through an analysis of the potential options, the following key findings were identified.

## Benefits are limited by siloed expansion of options



Disease management is the common thread among expansion of potential options.

The majority of the options explored in this review are tasks and activities connected to overarching acute and chronic disease management and present inter-dependencies in terms of implementation and expansion of scope. The benefits for expansion, such as disease management of chronic disease will be dependent on the level of expansion of related options, such as prescribing, supply, medicines administration, and monitoring and interpreting of laboratory tests. Benefit is likely derived from the connection of the tasks and activities to address the needs of an individual consumer.

## Robust communication and collaboration are critical



Communication and collaboration are both enablers and barriers for each potential option.

Communication and collaboration were consistent themes throughout the review, both are regarded as current barriers, that if leveraged effectively could become enablers for expansion of the options presented in this report, and overall improved healthcare outcomes for Tasmanians. Robust communication tools and channels will be an essential enabler for expansion of the options listed in this report, with additional consideration required when considering 'hub and spoke' collaborative models, where members of the care team may be distributed across the state.

## Funding is a consistent barrier for Consumers and Health Professionals



Without an appropriate funding model, there may be limited benefits for expansion of potential options.

Although funding is not in scope of this review, throughout consultation the need for appropriate funding models was a common theme when considering expansion options. Funding was also cited as one of the main barriers for under-utilisation of services that pharmacists are authorised to do currently, such as ordering and interpreting of laboratory tests. An adequate funding model for many of the potential options will be required to maximise the benefits for consumers regarding access, as well encouraging health professionals to offer the service.

## A Risk Framework is needed for the expansion of options



Within each option, varying levels of risk exist associated with implementation that must be identified and addressed.

There are varied levels of risk associated with expansion options. For example, therapeutic adaptation was considered low-risk, while therapeutic substitution may be considered high risk in some situations. Therefore, there is a need for a risk framework that can identify the varied degrees of risk presented within the option. This framework would serve to clarify matters of liability, accountability, and ultimately determine the hierarchy of decision-making among healthcare professionals, particularly in situations where contrasting perspectives emerge. The risk framework would need to be a dynamic, ongoing artefact of implementation to navigate potential conflicts and ensure optimal patient care.

# Exploring Potential Options

## 1.1 Medication continuance/continued dispensing

This option includes expanding the supply of certain restricted substances (S4 medicines) to a patient through continued dispensing without a prescription in specified circumstances. As of 6<sup>th</sup> of March 2023, Regulation 48 of the Poisons Regulation 2018 was amended to allow for continued dispensing of certain S4 medicines in Tasmania, under specific criteria. This option includes reviewing the existing arrangements and criteria, to expand medication continuance/continued dispensing.

### Benefits

- **Improved access to medications:** Patients have timely access to necessary medications without the need for an immediate prescription where a script for a critical illness might be expiring, this ensures continuity of treatment.
- **Convenience for patients:** Medication continuance eliminates the immediate need for patients to visit a prescriber for a new prescription, saving time and effort, particularly for ongoing or chronic medication needs.
- **Enhanced medication adherence:** Uninterrupted access to medications through continued dispensing supports medication adherence, reducing the risk of treatment gaps or disruptions.
- **Better management of chronic conditions:** Continuance allows for the continuous supply of medications for chronic conditions, promoting better disease management and improved patient outcomes.
- **Increased access for rural and remote areas:** Medication continuance is particularly beneficial in emergency situations or for patients in rural/remote areas, considering 32% of Tasmania's population is outside the 4 major townships.
- **Reduced healthcare burden:** By enabling pharmacists to provide medications without a prescription, the burden on primary healthcare providers, such as general practitioners, is reduced, allowing them to focus on more critical patient needs.

### Risks

- **Patient safety concerns:** Continued dispensing without a prescription may pose risks if proper patient assessment and monitoring are not conducted, potentially leading to medication errors or adverse reactions.
- **Misuse and abuse potential:** Without regular prescription oversight, there is a risk of medication misuse or abuse, especially for controlled substances or medications with potential for addiction.

### Limitations

- **Inadequate follow-up care:** Continued Dispensing may delay or hinder necessary follow-up healthcare visits, potentially compromising comprehensive patient care and monitoring.
- **Legal and regulatory considerations:** Adherence to updated regulations and guidelines is crucial to ensure compliance, liability, and accountability when providing medications through Medication Continuance.
- **Limited medication range:** Medication Continuance may not cover all medications, particularly those requiring careful monitoring, complex dosing adjustments, or specialised administration techniques.
- **Communication challenges:** Effective communication between pharmacists, prescribers, and patients is essential to ensure proper medication management and coordination of care, which may be challenging without direct involvement of a prescriber.

### Barriers

- **Information sharing and coordination:** Effective communication and information sharing between pharmacists, prescribers, and other healthcare providers are essential but may face barriers due to privacy concerns or lack of interoperable systems.
- **Clinical risk and governance:** Clarifying liability and accountability for medication supply without a prescription is crucial but may present barriers due to legal and regulatory complexities.
- **Funding considerations:** Currently only certain medicines are available through continued dispensing on the PBS e.g. BP and statins, where antidepressants are not covered.

### Enablers

- **Prescriber-pharmacist collaboration:** Collaborative relationships between prescribers and pharmacists facilitate the adoption of Medication Continuance by promoting trust, effective communication, and shared decision-making.
- **Technological advancements:** Utilising electronic systems and interoperable platforms streamlines information sharing, enhances coordination, and supports the secure transfer of patient data.

# Exploring Potential Options

## 1.2 Enhanced therapeutic adaptation

Enhanced therapeutic adaptation includes altering a prescription to change or adapt formulations to allow for an equivalent dose/therapeutic equivalent (e.g. provision of amoxicillin 250mg 40 tabs when amoxicillin 500mg 20 tabs is not available or sustained release to immediate release if medication requires crushing).

The current legislation (The Poisons Regulations 2018) regarding the requirements for prescriptions and for dispensing prescriptions, can be interpreted to broadly allow for certain types of equivalent substitution already, there is opportunity to make this more explicit through legislative amendment.

### Benefits

- **Improved patient access:** Patients can receive medications in adapted formulations when their prescribed ones are unavailable, ensuring uninterrupted treatment.
- **Tailoring dosage:** Allows for precise adjustment of dosage and formulation to meet individual patient needs, improving medication effectiveness and patient adherence.
- **Patient-centred care:** Enhanced therapeutic adaptation enables pharmacists to provide patient-centred care by customising medications to accommodate patient preferences and specific needs.
- **Flexibility in treatment options:** Adapting formulations expands the available treatment options, allowing pharmacists to optimise therapy and find suitable alternatives when standard formulations are unavailable (e.g. due to medication shortages).
- **Reduction of administration for prescribers:** Enabling pharmacists to change/adapt formulation due to medication shortage or adaptation that is an equivalent dose/therapeutic equivalent will reduce the time taken for pharmacists to confirm with the prescriber and adjust the prescription, which may require back-and-forth communication and administration efforts for the prescriber who is already time-poor.

### Risks

- **Patient acceptance and understanding:** Patients may have difficulty accepting or understanding adapted formulations, leading to confusion or non-adherence.
- **Fragmentation of care:** Inadequate communication may lead to misunderstandings and compromised patient safety. Effective communication between prescribers and pharmacists is crucial to ensure appropriate adaptation and continuity of care.

### Limitations

- **Funding Consideration:** A limitation may be that this alteration could render a prescription non-PBS, under current arrangements, and as such require a patient to pay out-of-pocket for such change.

### Barriers

- **Legal and regulatory constraints:** The Tasmanian Poisons Legislation\* detail the requirements for prescriptions (regulations 45 and 20) and for dispensing prescriptions (regulations 27 and 51) and are not specific about the authority for pharmacists to perform therapeutic adaptation.
- **Prescriber acceptance and collaboration:** Some prescribers may be hesitant to delegate adaptation authority to pharmacists, posing challenges in achieving consistent acceptance and collaboration.
- **Patient awareness and acceptance:** Patients may be unfamiliar with adapted formulations or have concerns about changes in medication appearance or administration, requiring education and acceptance-building efforts.

### Enablers

- **Supportive legal and regulatory framework:** The current wording of the Poisons Regulations 2018 detail the requirements for prescriptions (regulations 45 and 20) can be interpreted to broadly allow for certain types of equivalent substitution already. There is opportunity to make this more explicit through legislative amendment.\*
- **Collaboration and communication:** Strong collaboration between pharmacists and prescribers, along with effective communication channels, enables seamless therapeutic adaptation and enhances patient care.
- **Patient education and engagement:** Educating patients about therapeutic adaptation, its benefits, and involving them in the decision-making process fosters acceptance and cooperation.

\* Poisons legislation in Tasmania is the Poisons Act 1971 and subordinate Poisons Regulations 2018 and a number of Poisons Orders which are currently in force. Given the age and complexity of this legislation, the details of any potential legislative amendment would require advice from the Department's Legal Services in combination with Tasmania's Office of Parliamentary Counsel during planning.

# Exploring Potential Options

## 1.3 Enhanced therapeutic substitution

This option explores enhanced therapeutic substitution within the same pharmacological class and/or the same therapeutic class with dose equivalence (e.g. Rosuvastatin 20mg daily to Atorvastatin 40mg daily for management of dyslipidaemia), this may occur during supply shortages.

### Benefits

- **Improved patient access:** Patients can receive an alternative medication when their prescribed medication are unavailable due to supply shortages, ensuring uninterrupted treatment and better health outcomes.
- **Efficient shortage management:** Pharmacists can substitute medications within the same class, removing the requirements for patients to return to the prescriber and effectively managing supply shortages.
- **Cost-effectiveness:** Therapeutic substitution can reduce costs for patients, healthcare systems, and insurers by providing more affordable alternatives during shortages.
- **Increased patient safety:** Pharmacists' expertise in assessing medication regimens ensures appropriate alternatives, minimising risks of adverse effects and errors.
- **Collaborative healthcare:** Therapeutic substitution promotes teamwork between pharmacists and prescribers, improving coordination and patient outcomes.
- **Flexibility in practice:** Pharmacists can apply their clinical judgment, medication knowledge and decision-making skills, adapting to individual patient needs and fostering professional growth and job satisfaction.

### Risks

- **Medication-related adverse events:** While pharmacists assess for appropriate alternatives, there remains a risk of adverse reactions when switching medications within the same class.
- **Complex patient conditions:** Patients with complex medical conditions may require individualised treatment plans that cannot be easily substituted within the same class.
- **Prescriber-pharmacist communication:** Effective communication between prescribers and pharmacists is crucial to ensure proper substitution and continuity of care. Inadequate communication may lead to misunderstandings or inadequate information transfer, potentially compromising patient safety.
- **Commercial outcomes over patient outcomes:** the actual or perceived conflicts of pharmacists potentially viewed as favouring commercial outcomes over patient outcomes.
- **Clinical risk and governance:** This requires clear legal and regulatory frameworks to address liability, accountability, and documentation.

### Limitations

- **Prescriber acceptance:** Some prescribers may be hesitant to accept therapeutic substitutions made by pharmacists, leading to challenges in achieving consistent acceptance and collaboration across healthcare providers.
- **Lack of clinical information:** Pharmacists may have limited access to comprehensive clinical information about the patient's medical history or current condition, which could impact their ability to make informed therapeutic substitutions.
- **Training and competency requirements:** This option necessitates appropriate minimal training and competency assessments for pharmacists to ensure they possess the necessary knowledge regarding equivalent doses and skills to make safe and effective therapeutic substitutions.

### Barriers

- **Legal and regulatory restrictions:** The Tasmanian Poisons Legislation limits pharmacists' authority for therapeutic substitution.\*
- **Resistance from prescribers:** Some prescribers may be hesitant to delegate therapeutic substitution authority to pharmacists due to concerns about patient safety or professional autonomy.
- **Lack of standardised guidelines:** Absence of clear guidelines creates uncertainty and inconsistency in practice.
- **Information sharing limitations:** Incomplete sharing of patient records hinders effective substitution and poses safety risks.
- **Financial limitation:** Potential financial barrier if supply of medication is non-PBS funded.

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# Exploring Potential Options

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This option explores enhanced therapeutic substitution within the same pharmacological class and/or the same therapeutic class with dose equivalence (e.g. Rosuvastatin 20mg daily to Atorvastatin 40mg daily for management of dyslipidaemia), this may occur during supply shortages.

### Enablers

- **Supportive legal and regulatory framework:** Changes are required to the current Tasmanian Poisons Legislation to engage Pharmacists in therapeutic substitution and defined responsibilities.\*
- **Collaboration and communication:** Strong collaboration between pharmacists and prescribers, along with effective communication channels, enhances patient care within therapeutic substitution.
- **Standardised guidelines and protocols:** Clear and evidence-based guidelines to provide a framework for pharmacists to make informed and consistent therapeutic substitutions.
- **Comprehensive information sharing:** Access to complete patient health records and medication histories supports safe and accurate therapeutic substitutions.

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# Exploring Potential Options

## 2.1 Increased awareness of medication administration services

Within pharmacists current scope of practice, there is a broad array of legislatively enabled tasks associated with administering of medicines that pharmacists can perform but currently may not undertake these due to a lack of awareness by the profession, other healthcare providers and the community. There is some degree of existing practice around medicine administration (methadone, asthma inhalers, vaccination and medicines administration by injection etc.) however there are benefits associated with increasing access to and awareness of this service. This option proposes increasing awareness by practitioners and health consumers that this is an available service (e.g. 6 monthly administration of denosumab injection). Examples of public campaigns that have been seen in other jurisdictions that support the public to understand how or when to access their pharmacist may be a useful basis for consideration.

### Benefits

- **Improved access to medication administration:** Patients can conveniently receive medication administration services directly from pharmacists, reducing the need for additional healthcare appointments or visits.
- **Enhanced patient convenience and adherence:** Offering medication administration services at pharmacies promotes convenience for patients, increasing the likelihood of medication adherence and proper administration.
- **Increased medication safety:** Pharmacists are trained in medication administration and can provide expertise in ensuring proper dosage, administration techniques, and monitoring, thereby enhancing medication safety.
- **Collaboration with healthcare providers:** Increased awareness of pharmacy medication administration services fosters collaboration with other healthcare providers, promoting coordinated patient care and improved health outcomes.
- **Utilisation of existing legislation:** Leveraging existing legislation allows pharmacists to expand their scope of practice while operating within established regulatory frameworks, ensuring patient safety and legal compliance.
- **Expanded healthcare options:** Offering medication administration services at pharmacies broadens the range of healthcare services available to patients, promoting holistic and accessible care.

### Risks

- **Patient acceptance and trust:** Patients may have concerns or lack awareness regarding the role of pharmacists in medication administration. Building patient acceptance and trust in this expanded role is crucial for successful implementation and utilisation of these services.

### Limitations

- **Liability and accountability concerns:** The expanded scope of medication administration may raise concerns regarding liability and accountability, as it involves direct involvement in the administration of medications, potentially leading to legal and ethical implications.

### Barriers

- **Infrastructure and resource limitations:** Inadequate infrastructure, including physical space, equipment and staffing may impede the availability of medication administration services in pharmacies.
- **Funding:** Inadequate funding and reimbursement for these services will reduce demand and incentives to offer these services.
- **Lack of standardised training and education programs:** Insufficient availability of standardised training and education programs specifically focused on medication administration for pharmacists may hinder their preparedness and confidence in assuming this expanded role.
- **Fragmented communication and coordination among healthcare providers:** Incomplete or ineffective communication and coordination between pharmacists, prescribers, and other healthcare providers may hinder the seamless integration of medication administration services and collaborative patient care.

### Enablers

- **Adequate infrastructure and resources to support safe and effective medication administration:** Having appropriate physical infrastructure, such as private consultation rooms or designated areas for medication administration, along with necessary equipment and resources, ensures the safe and efficient delivery of medication administration services.
- **Effective communication and coordination among healthcare providers:** Establishing seamless communication channels and fostering effective coordination between pharmacists, prescribers, and other healthcare providers ensures proper patient care, including accurate medication administration, monitoring, and follow-up.



# Exploring Potential Options

## 3.1 Enhanced medication review

This option explores an enhanced medication review with autonomous or collaborative dosage modification, therapeutic substitution and de-prescribing capability. This may include post-discharge medication review, such as after a hospital admission or other transition of care, with increased communication to the patient's primary care medical practitioner and regular pharmacist. Additionally, this option incorporates enhanced referral pathways, including patient self-referral.

### Benefits

- **Improved medication management:** Medication review can help optimise therapy, improve medication adherence and reduce the risk of medication-related adverse events, such as adverse drug reactions, drug interactions, decreased readmission, improved patient monitoring and inappropriate prescribing.
- **Reduced medication burden:** De-prescribing and therapeutic substitution can help reduce the burden of medication use, improve medication adherence, and prevent unnecessary side effects.
- **Enhanced communication:** Post-discharge medication review and enhanced referral pathways can improve communication between healthcare providers, patients, and pharmacists, ensuring a smooth transition of care and improved patient reassurance and outcomes.
- **Decreased costs:** Therapeutic substitution can help reduce medication costs, making therapy more accessible and affordable for patients.

### Risks

- **Medication-related adverse events:** Medication review with de-prescribing and therapeutic substitution may result in medication-related adverse events, such as withdrawal symptoms, rebound effects, or new side effects from the substituted medication.
- **Communication gaps:** Despite the enhanced communication between healthcare providers, patients, and pharmacists, there is a risk of miscommunication, leading to errors or misunderstandings in medication management.
- **Increased workload:** Medication review and post-discharge medication review may increase the workload for healthcare providers and pharmacists, especially if there are high volumes of patients needing these services.
- **Fragmentation of care:** Independent siloes of care and information poses risks.

### Limitations

*There were no immediate limitations raised for this option.*

### Barriers

- **Legislative and regulatory barriers:** Current Tasmanian Poisons Legislation limits pharmacists' authority to prescribe/de-prescribe and allow therapeutic substitution, hindering the implementation of the option.
- **Resistance from healthcare providers:** Some medical practitioners may be resistant to sharing medication-related responsibilities with pharmacists, hindering collaboration.
- **Funding:** Limited funding and reimbursement, including for enhanced referral pathways, may hinder the sustainability of the option, noting funding program rules may not currently facilitate this expansion.
- **Patient education:** Lack of patient education and awareness about the benefits of medication review and substitution can hinder patient acceptance and utilisation of these services.
- **Workforce capacity:** Limited workforce capacity and training can hinder the ability of pharmacists to effectively perform medication review and therapeutic substitution.
- **Location:** requires undertaking in home environment, telehealth and other locations not permitted under existing program rules under current commonwealth funding arrangement.

### Enablers

- **Supportive legislative and regulatory environment:** Changes to the current Tasmanian Poisons Legislation are required, also recognising the role of pharmacists in medication review and therapeutic substitution can enable the successful implementation of the proposed option.\*
- **Funding:** Consideration of funding mechanisms (noting the current commonwealth funding arrangement) to enable access and address barriers such as location, restrictions on practitioners including caps on number of reviews performed and other changes.
- **Collaborative approach:** A collaborative approach involving pharmacists, healthcare providers, patients, and policymakers can facilitate the successful implementation of the proposed option.

# Exploring Potential Options

## 3.1 Enhanced medication review Cont.

### Enablers

- **Workforce capacity and training:** To enable pharmacists to effectively perform medication review and therapeutic substitution, it is necessary to increase workforce capacity and provide additional training, as well as to update accreditation processes, use case study submissions and ongoing reflective pieces.
- **Patient-centred care:** Patient-centred approach involving patient education and medication counselling can enhance patient understanding and increased acceptance and utilisation of these services.
- **Robust communication pathway:** Ensuring clear communication pathways are leveraged for all medical professionals involved in the patients care.

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# Exploring Potential Options

## 4.1 Expansion of the partnered pharmacist medication charting model (PPMC)

Noting the demonstrated evidence around enhanced patient safety related to PPMC, an option is an expanded role for pharmacists in the PPMC model to 'prescribe' both new and pre-admission medications for patients. This model can be applied to additional specialities, such as emergency medicine, intensive care and oncology and would reduce administrative and legislative burdens, such as medical practitioners' signatures following verbal agreement. It would also include discharge prescription preparation activities and consideration of how this model can be utilised in additional contexts (e.g. residential care facilities and other collaborative models of care.)

### Benefits

- **Enhanced patient safety:** Pharmacists can accurately record new and pre-admission medications, reducing the risk of medication errors and improving patient safety during transitions of care.
- **Improved efficiency:** Pharmacists' involvement in medication charting streamlines the process and reduces administrative burdens, allowing healthcare teams to focus on providing quality care to patients.
- **Collaboration and coordination:** Pharmacists working alongside other healthcare professionals in specialties such as emergency medicine, intensive care, and oncology promote better collaboration and coordination of medication management, leading to improved patient outcomes.
- **Timely discharge prescription preparation:** Pharmacists' involvement in charting medications facilitates timely preparation of discharge prescriptions, allowing for a smoother transitions for patients from the hospital to the community setting.
- **Extended application to other healthcare contexts:** Expanding the model to other contexts, such as residential care facilities for the elderly, allows for comprehensive medication management across different care settings, benefiting vulnerable populations.

### Risks

- **Increased workload and time constraints on pharmacists:** Taking on additional responsibilities of medication charting may result in increased workload and time constraints for pharmacists. This can potentially impact the quality and efficiency of their work, especially in busy healthcare settings.
- **Unclear pharmacist responsibilities and accountability:** Expanding the role of pharmacists in medication charting raises legal and liability considerations. Clear delineation of responsibilities and accountability, as well as legal frameworks that support pharmacist involvement, are necessary to mitigate potential legal risks.

### Limitations

- **Variability in pharmacists' training and expertise across specialties:** Pharmacists may have varying levels of training and expertise across different specialties. Ensuring consistent competency and expertise in medication charting across all specialties is important to maintain the quality and accuracy of documentation.
- **Resistance from healthcare professionals:** Some healthcare professionals may resist delegating medication charting responsibilities to pharmacists. Resistance due to concerns about overlapping roles, trust, or a lack of understanding of the benefits and capabilities of pharmacists in this role.
- **Organisational and workflow challenges:** Implementing pharmacist-led medication charting requires changes to organisational workflows and processes in additional specialties. Integration of pharmacist charting systems with existing electronic medical records, establishing collaborative workflows, and ensuring effective communication among healthcare teams can be challenging and will require significant coordination.

### Barriers

- **Resource constraints:** Adequate resources, including staffing, training, and technology, are essential for successful implementation.
- **Limited availability of pharmacists in certain healthcare settings:** Availability of pharmacists may vary across different healthcare settings, especially in rural or remote areas. Limited access to pharmacists can hinder the widespread implementation of pharmacist-led medication charting.

# Exploring Potential Options

## 4.1 Expansion of the partnered pharmacist medication charting model (PPMC) Cont.

### Barriers

- **Administrative and regulatory barriers:** Administrative barriers such as requiring medical practitioners signature following verbal agreement in PPMC in hospital settings. Change in the Tasmanian Poisons Legislation is also required to remove regulatory barriers to enable successful pharmacist-led medication charting.

### Enablers

- **Clear responsibilities and supportive legislation:** Clear guidelines and protocols that remove the administrative burden that exists in PPMC in hospital settings and supportive regulations are required. This includes a change to the Tasmanian Poisons Legislation.\*
- **Collaborative healthcare team approach:** Fostering a collaborative approach among healthcare professionals, including medical practitioners, nurses, and pharmacists, can facilitate the acceptance and integration of pharmacist-led medication charting. Encouraging open communication and recognising the unique expertise that pharmacists bring to medication management can enhance collaboration.
- **Comprehensive education and training:** Providing pharmacists with comprehensive education and training programs in Department of Health (DoH) services. This would align with training currently provided by the DoH specific to medication charting equips them with the necessary knowledge and skills to carry out this expanded role effectively. Ongoing professional development and continuous training ensure that pharmacists stay updated with the latest practices and regulations. Training and credentialing in other settings would need to be considered further e.g. RACFs.
- **Technological infrastructure and interoperability:** Implementing robust technological infrastructure, including electronic medical records and medication charting systems, supports the seamless integration and sharing of information between healthcare providers. Interoperability between systems enables efficient and accurate medication charting.

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# Exploring Potential Options

## 4.2 Collaborative multidisciplinary prescribing within an embedded team

This option explores collaborative multidisciplinary prescribing within an embedded team across a range of settings, such as hospital, aged care, and general practice. This model proposes a partnership in which the medical practitioner makes the diagnosis and the pharmacist prescribes medication (including dose titration) in accordance with an agreed upon clinical management plan. The prescribing of medicines is likely to take the form of prescribing via a supervised prescribing model or structured prescribing arrangement e.g. via a guideline or protocol. As the skill, training opportunities and experience of practitioners further develops it would be reasonable for some practitioners in some situations to move to additional prescribing types, such as autonomous prescribing, under the HPPP model. This option proposes prescribing by pharmacists; (HPPP supervised or structured prescribing), allowing monitoring, altering, titrating or changing chronic condition medications within an agreed plan. Pharmacists in the team are involved in team care planning and prescribing/de-prescribing when required, with effective communication channels available.

### Benefits

- **Enhanced patient care and outcomes:** The collaborative involvement of pharmacists in prescribing, monitoring, and adjusting medications can lead to improved patient care and outcomes from combined expertise of healthcare professionals.
- **Improved medication management:** Pharmacist-prescribed medications, including dose titration and de-prescribing, can optimise medication regimens and minimise the risk of adverse drug events. Pharmacists' specialised knowledge in pharmacotherapy enables them to make informed decisions regarding appropriate medication selection and adjustments.
- **Increased access to healthcare services:** Integrating pharmacists as prescribers within multidisciplinary teams can expand patients' access to healthcare services. Pharmacists can provide timely medication assessments and adjustments, reducing the burden on other healthcare providers and improving the overall efficiency of care delivery.
- **Efficient utilisation of pharmacist capability:** Collaborative prescribing allows for effective utilisation of healthcare resources by leveraging the unique skills of pharmacists. This optimises the allocation of responsibilities within the healthcare team, enabling medical practitioners and other practitioners to focus on their core competencies.
- **Improved medication adherence and patient education:** Pharmacists play a crucial role in patient education, counselling, and promoting medication adherence. Their involvement in prescribing allows for direct communication and education about medication regimens, potential side effects, and proper usage, leading to better patient understanding and engagement in their treatment.

### Risks

- **Patient safety concerns:** Risk of medication errors or adverse drug events when multiple healthcare professionals are involved in prescribing and managing medications. Clear communication, standardised protocols, and robust medication reconciliation processes are essential to mitigate this risk.
- **Clinical risk and Governance:** Sharing prescribing responsibilities among healthcare professionals raises questions about liability, accountability and hierarchy of decisions. Clear guidelines and protocols, as well as proper documentation, must be established to ensure accountability and minimise legal risks associated with prescribing decisions.

### Limitations

*There are no immediate limitations identified for this option*

### Barriers

- **Regulatory and legal barriers:** Variations in regulatory frameworks and legislation, the Tasmanian poisons legislation and scope of practice limitations create barriers to implementing Pharmacist prescribing in collaborative multidisciplinary within an embedded team setting.\*
- **Resistance from healthcare professionals:** Resistance or scepticism from other healthcare professionals can pose a significant barrier to the integration of pharmacist prescribing.
- **Limited awareness and understanding:** Limited awareness and understanding of the expanded role of pharmacists in prescribing can hinder the acceptance and adoption of this practice. Educating healthcare professionals, patients, and the public about the benefits, safety, and evidence supporting pharmacist prescribing is essential to overcome this barrier.
- **Resource constraints:** Adequate resources, including staffing, training, and infrastructure support, are necessary for successful implementation of pharmacist prescribing. Limited resources, such as funding or staffing shortages, can pose significant barriers to integrating pharmacists into multidisciplinary teams.

# Exploring Potential Options

## 4.2 Collaborative multidisciplinary prescribing within an embedded team Cont.

### Barriers

- **Workforce capacity:** The availability of pharmacists may be limited in certain healthcare settings or regions. Adequate pharmacist staffing is necessary to effectively support collaborative prescribing practices, additionally there may be impacts on the typical 'supply' role of pharmacists, which may create vacancies in dispensary settings.
- **Fragmented communication and coordination challenges:** Effective communication and coordination among healthcare team members are vital for collaborative prescribing. Barriers such as lack of standardised processes, fragmented communication channels, or inadequate information sharing systems can impede seamless collaboration and hinder pharmacist prescribing.
- **Closing the education and training gaps:** Comprehensive education and training programs are necessary to equip pharmacists with the knowledge and skills required for prescribing.
- **Inadequate funding model:** there are currently barriers to delivery related to funding. There is no MBS item for professional activity such as pharmacists' consultation nor PBS or other subsidy for provision of medicines prescribed by pharmacists.

### Enablers

- **Clear regulatory frameworks and scope of practice:** A change in the current Tasmanian Poisons Legislation\* is required to allow pharmacists to engage in prescribing activities.
- **Education and training programs:** A key enabler is the provision of relevant education and training for pharmacists. Whilst structured prescribing arrangements and supervised prescribing would benefit from continued professional development, a move to autonomous prescribing over time would require a more formal education model, such as a similar model of training to that of nurse practitioners in prescribing practices i.e. a post graduate program. Continued on the job training with prescribers in an ACF setting, structured and standardised educational curriculum aligned with the NPS prescribing competencies framework, continuing professional development opportunities, and mentorship programs contribute to equipping pharmacists with the necessary knowledge and skills.

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# Exploring Potential Options

## 4.3 Collaborative multidisciplinary prescribing within a virtual team (hub and spoke model)

This option includes collaborative multidisciplinary prescribing within a virtual team using a hub and spoke model. Similar to 4.2, this involves a partnership in which the medical practitioner makes the diagnosis and the pharmacist prescribes medication (including dose titration) in accordance with a agreed upon clinical management plan. The prescribing of medicines is likely to take the form of prescribing via a supervised prescribing model or structured prescribing arrangement e.g. via a guideline or protocol. As the skill, training opportunities and experience of practitioners further develops it would be reasonable for some practitioners in some situations to move to additional prescribing types, such as autonomous prescribing, under the HPPP model. This option proposes prescribing by pharmacists; (HPP supervised or structured prescribing) allowing monitoring, altering, titrating or changing chronic condition medications within an agreed plan. Pharmacists in the team are involved in team care planning and prescribing/de-prescribing when required, with effective communication channels available. The key difference in this option is the location and use of digital technology (synchronous and asynchronous) to enable multidisciplinary collaboration. Due to the placement of pharmacists in many rural and regional communities, virtual collaborative models of prescribing may assist in providing increased access to medicines and clinical care that do not meet the treatment capacity required by health consumers under current arrangements.

### Benefits

- **Improved access to healthcare:** By utilising a virtual team model, pharmacists can provide increased access to medication management services, particularly in rural and regional communities where healthcare resources may be limited. This improves the availability of medications and enhances patient care in areas with limited access to healthcare professionals.
- **Enhanced medication management:** Collaborative multidisciplinary prescribing allows for more comprehensive and proactive medication management. Pharmacists can actively monitor, alter, titrate, or change chronic condition medications in accordance with an agreed upon plan, ensuring optimal treatment outcomes and improved patient safety.
- **Streamlined and efficient care delivery:** With the virtual hub and spoke model, healthcare providers can collaborate remotely, allowing for efficient sharing of patient information, treatment plans, and clinical management decisions. This streamlines the care delivery process, reduces delays, and improves overall coordination among team members.
- **Effective utilisation of expertise:** By involving pharmacists in virtual multidisciplinary team care planning, there is an opportunity to harness their unique expertise in medication management and prevent medication errors, and improve patient outcomes.

### Risks

- **Technical challenges:** Virtual platforms and technology used for remote collaboration may encounter technical issues such as connectivity problems, software glitches, or cybersecurity vulnerabilities.
- **Communication barriers:** Virtual communication may lack the nuances and non-verbal cues or breakdowns in communication among team members. Effective communication becomes even more critical in a virtual team model, this option may include synchronous, but more likely asynchronous communication methods.

### Limitations

- **Limited access to patient information:** In a virtual team model, healthcare providers may face challenges accessing complete and up-to-date patient information. Lack of real-time access to medical records, test results, or other relevant data can impede accurate prescribing decisions and comprehensive patient care.
- **Inadequate coordination and follow-up:** In a virtual team model, ensuring effective coordination among team members and proper follow-up on patient care plans can be more challenging compared to in-person interactions. This can potentially lead to gaps in care, delays in treatment adjustments, or inadequate monitoring of patient progress.

### Barriers

- **Technological infrastructure:** Insufficient or outdated technological infrastructure, including internet connectivity, hardware, software, and virtual communication platforms, can present barriers to effective implementation for both professionals and patients.
- **Resistance to change:** Healthcare professionals and organisations may exhibit resistance to change and be hesitant to adopt new models of collaborative prescribing within virtual platforms, due to a preference for traditional face-to-face interactions.

# Exploring Potential Options

## 4.3 Collaborative multidisciplinary prescribing within a virtual team (hub and spoke model) Cont.

### Barriers

- **Legal and regulatory barriers:** Existing legal and regulatory framework such as Tasmanian Poisons Legislation\* does not fully support or align with the implementation of collaborative prescribing within a virtual team. Limitations on the scope of practice for pharmacists, or unclear guidelines on virtual healthcare delivery poses barriers.
- **Privacy and security concerns:** Virtual team prescribing involves the exchange and sharing of sensitive patient information through digital platforms. Concerns related to patient privacy, data security, and compliance with confidentiality regulations can impede the adoption of virtual team models and require robust safeguards to protect patient information.
- **Funding:** There is currently no funding for pharmacist consultations in a primary healthcare setting and no PBS funding for medicines supplied from a pharmacist's issued prescription.

### Enablers

- **Regulatory support changes:** A change in the Tasmanian Poisons Legislation is required.\* Regulatory support is required to recognise the role of pharmacists in prescribing and promote collaborative care models to facilitate the implementation of virtual team prescribing.
- **Professional education and training:** Comprehensive education and training programs for healthcare professionals, including medical practitioners and pharmacists, on virtual care delivery, collaborative prescribing, and effective communication in a virtual setting can improve their skills and readiness to participate in virtual team models.
- **Closing the education and training gaps:** Comprehensive education and training programs are necessary to equip pharmacists with the knowledge and skills required for prescribing.
- **Patient acceptance and engagement:** Patient acceptance and willingness to engage in virtual consultations and collaborative prescribing are crucial enablers. Patient education about the benefits and convenience of virtual care, along with clear communication about the roles and responsibilities of different healthcare professionals.
- **Utilisation of technology:** Utilising technology, including secure communication/messaging tools, electronic health records (MHR), and remote monitoring devices, provide the necessary infrastructure to support virtual team prescribing.

\* Poisons legislation in Tasmania is the Poisons Act 1971 and subordinate Poisons Regulations 2018 and a number of Poisons Orders which are currently in force. Given the age and complexity of this legislation, the details of any potential legislative amendment would require advice from the Department's Legal Services in combination with Tasmania's Office of Parliamentary Counsel during planning.

# Exploring Potential Options

## 4.4 Prescribing and/or supply for acute and common illness

This option explores pharmacist prescribing and/or supply for acute and common illness where pharmacists diagnose and manage common, self-limiting, or uncomplicated conditions, in an agreed schedule of conditions (e.g. Shingles). If implemented, prescribing and/or supply for acute and common illness must be aligned to an agreed protocol or standard (e.g. Therapeutic Guidelines), with consideration of appropriate training and upskilling. It would include referral to medical practitioner where appropriate, while also including use of appropriate pathology and monitoring and communication with other care providers. This option would be aligned to prescribing via a structured prescribing arrangement (HPPP) noting the alignment with a protocol or guideline.

### Benefits

- **Improved access to healthcare:** prescribing and/or supply by pharmacists can help address the issue of limited access to healthcare services, especially in remote areas. It allows patients to receive timely assessment, diagnosis, and treatment for common and uncomplicated conditions without the need for a medical practitioner's appointment.
- **Efficient healthcare utilisation:** By expanding the scope of practice for pharmacists, there is an opportunity to optimise healthcare resources. pharmacists can manage common illnesses independently, freeing up medical practitioners' time to focus on more complex cases and reducing the burden on the healthcare system.
- **Timely treatment and convenience for patients:** prescribing and/or supply enables pharmacists to promptly diagnose and initiate appropriate treatment for acute and common illnesses. Patients can receive timely care from their community pharmacist, avoiding unnecessary delays in accessing medications and advice.
- **Enhanced patient education and counselling:** Pharmacists are well-positioned to provide patient education and counselling on the appropriate use of medications, potential side effects, and self-management strategies for select common illnesses. Prescribing and/or supply allows pharmacists to take a more active role in patient care.

### Risks

- **Misdiagnosis and treatment errors:** There is a risk of misdiagnosis or errors in treatment when pharmacists diagnose and manage conditions. The potential for misinterpreting symptoms, overlooking underlying conditions, or prescribing inappropriate medications may pose a risk to patient safety.
- **Lack of comprehensive medical history:** Pharmacists may not have access to a patient's complete medical history, including past diagnoses, medications, and allergies. This limited information may increase the risk of adverse drug reactions or drug interactions if prescribing and/or supply is conducted without a comprehensive understanding of the patient's health status.
- **Potential for overuse or misuse of medications:** Prescribing and/or supply by pharmacists may increase the potential for overuse or misuse of medications and include the risk of conflict of interest. Without adequate monitoring and oversight, there is a risk of inappropriate prescribing or excessive reliance on medications for conditions that could be managed through non-pharmacological means.

### Limitations

- **Complexity of conditions:** Prescribing and/or supply is suitable for common, self-limiting, or uncomplicated conditions. However, more complex or serious conditions may require the expertise of medical practitioners for accurate diagnosis, management and referral to appropriate specialists.
- **Variability in pharmacist training and experience:** The success of prescribing and/or supply relies on extensive pharmacists' training, upskilling, experience, and ability to accurately diagnose and manage conditions. Variability in the level of training and experience among pharmacists may pose a limitation in consistently delivering high quality care across all settings.
- **Legal and regulatory considerations:** Implementing prescribing and/or supply by pharmacists requires clear legal and regulatory frameworks to define the scope of practice, accountability, and liability. Developing and enforcing appropriate regulations and guidelines is necessary to mitigate risks and ensure patient safety.

### Barriers

- **Legal and regulatory barriers:** The existing legislation and regulatory frameworks such as the Tasmanian Poisons Legislation\* does not allow for prescribing and/or supply by pharmacists.

# Exploring Potential Options

## 4.4 Prescribing and/or supply for acute and common illness Cont.

### Barriers

- **Resistance from medical practitioners:** The expansion of pharmacist prescribing roles outside of multidisciplinary collaborative settings may be met with resistance from some medical practitioners as experienced with pilots in other jurisdictions. Building mutual trust, fostering collaborative relationships, and promoting interprofessional education and communication can help address this barrier.
- **Limited awareness and acceptance:** There may be a lack of awareness and understanding among healthcare professionals, patients, and the public regarding the capabilities and potential benefits of pharmacist prescribing and/or supplying. Education and communication efforts are needed to increase awareness and promote acceptance of this expanded role.
- **Training and education gaps:** Providing pharmacists with the necessary training and education to develop the skills and knowledge required for prescribing and/or supply can be a barrier.
- **Reimbursement and financial considerations:** The financial aspects, such as reimbursement models and funding mechanisms, may present barriers to the implementation of prescribing and/or supply. Developing appropriate reimbursement frameworks that recognise the value and contributions of pharmacists' this option may require additional resources, including infrastructure, technology, and support staff.

### Enablers

- **Clear policy and regulatory frameworks:** A change in Tasmanian Poisons Legislation\* is required, as is the development of clear regulations and guidelines outlining the scope of practice, training requirements, and responsibility for pharmacist prescribing and/or supply. An example is utilising the UK model of patient group directions, which uses a legal framework that allows prescribing specific medicines to pre-defined groups of patients.
- **Clinical decision making framework:** To support structured prescribing via alignment with a protocol or guideline, the development of or alignment with existing clear clinical protocols that support evidence based care are required. This includes clear roles, responsibilities and accountabilities.
- **Training and education programs:** Offering coextensive and standardised training programs for pharmacists interested in prescribing and/or supply is essential. Providing continuing education opportunities and ongoing professional development ensures that pharmacists have the necessary knowledge, skills, and competencies to safely and effectively prescribe medications for acute and common illnesses.
- **Medicines available for use:** Extension of medicines available for use in this option will need to be considered, as well as the mechanism to enable this availability. Under the Commonwealth scheduling legislation there is a mechanism for this to occur, Appendix M in the SUSMP. Appendix M is intended to facilitate the down scheduling of medicines where, for example, there is community need for access to a medicine that has previously only been accessible with a prescription, with specific controls in place.

\* Poisons legislation in Tasmania is the Poisons Act 1971 and subordinate Poisons Regulations 2018 and a number of Poisons Orders which are currently in force. Given the age and complexity of this legislation, the details of any potential legislative amendment would require advice from the Department's Legal Services in combination with Tasmania's Office of Parliamentary Counsel during planning.

# Exploring Potential Options

## 4.5 Prescribing and/or supply for chronic conditions

This option explores pharmacist prescribing and/or supply for chronic conditions where pharmacists diagnose and manage chronic conditions, in an agreed schedule of conditions. In alignment with 4.4, if implemented, prescribing and/or supply for chronic conditions must be aligned to an agreed protocol or standard (e.g. Therapeutic Guidelines), with consideration of appropriate training and upskilling. It would include referral to medical practitioner where appropriate, while also including use of appropriate pathology and monitoring and communication with other care providers.

The prescribing of medicines under this option is likely to take the form of prescribing via a structured prescribing arrangement e.g. via a guideline or protocol. As the skill, training opportunities and experience of practitioners further develops it would be reasonable for some practitioners in some situations to move to additional prescribing types, such as autonomous prescribing, under the HPPP model.

### Benefits

- **Improved access to healthcare:** Pharmacist prescribing and/or supply for chronic conditions enhances access to healthcare services, particularly for patients in rural areas or those facing barriers to accessing primary care. Pharmacists can provide timely and convenient management for chronic conditions, improving patient outcomes and reducing healthcare disparities.
- **Enhanced medication management:** Pharmacist prescribing enables comprehensive medication management for chronic conditions. Pharmacists, with their expertise in medications, can optimise therapy, monitor medication effectiveness, address medication-related issues, and ensure appropriate medication adherence. This can lead to better disease control, reduced complications, and improved quality of life for patients.
- **Efficient healthcare resource utilisation:** By leveraging pharmacists' expertise in chronic condition management, healthcare resources can be optimised. Pharmacist prescribing can help alleviate the burden on primary care providers, allowing them to focus on complex cases and specialised care. This promotes efficient resource allocation and reduces healthcare system strain.
- **Continuity of care and medication safety:** Pharmacist prescribing improves continuity of care for patients with chronic conditions. They can monitor medication regimens, identify and address medication interactions or adverse effects, and adjust therapies as needed. This promotes medication safety, reduces medication errors, and enhances patient outcomes.

### Risks

- **Patient safety risks:** prescribing and/or supply by pharmacists carries inherent risks, including the potential for medication errors, adverse drug reactions, and inadequate monitoring, which exist with all prescribing. Therefore pharmacists must undergo comprehensive training and have access to accurate patient information and clinical decision support tools to mitigate these risks.
- **Diagnostic limitations:** Pharmacists diagnosing and managing chronic conditions may face challenges in accurately identifying complex or atypical cases. Limited access to diagnostic tools and resources compared to other healthcare professionals may impact the accuracy of diagnosis and subsequent management decisions.

### Limitations

- **Collaboration and referral requirements:** This option relies on effective collaboration and referral pathways with other healthcare professionals, particularly medical practitioners.
- **Training and resource limitations:** Implementing this option for chronic conditions requires extensive training and upskilling of pharmacists such as adequate training programs, resources, and ongoing professional development opportunities.
- **Clinical risk/governance:** The expansion of pharmacist prescribing raises medicolegal considerations related to liability, accountability, and documentation. Clear protocols, guidelines, and documentation standards must be established to address these concerns and ensure patient safety and legal compliance.

### Barriers

- **Regulatory barriers:** The implementation of prescribing and/or supply by pharmacists face regulatory barriers, including the Tasmanian Poisons Legislation\* and regulations that currently restrict the scope of practice for pharmacists.
- **Professional acceptance and resistance:** Resistance or lack of acceptance from other healthcare professionals, such as medical practitioners and nurses, poses a barrier to implementing pharmacist prescribing and/or supply for chronic conditions.

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# Exploring Potential Options

## 4.5 Prescribing and/or supply for chronic conditions

### Barriers

- **Resource limitations:** Implementing prescribing and/or supply requires adequate resources, including training programs, workforce capacity, clinical decision support tools, and access to patient information systems. Limited availability of these resources can hinder the effective implementation of pharmacist prescribing and/or supplying.
- **Education and training gaps:** Pharmacists likely require additional education and training to develop the necessary clinical skills and competencies for prescribing and/or supplying for chronic conditions. Noting that in Tasmania there are a number of individual practitioners who have been prescribers in international contexts.
- **Reimbursement and financial considerations:** The financial aspects, such as reimbursement models and funding mechanisms, may present barriers to the implementation of prescribing and/or supply. Developing appropriate reimbursement frameworks that recognise the value and contributions of pharmacists' this option may require additional resources, including infrastructure, technology, and support staff.

### Enablers

- **Supportive Regulatory and legislative framework:** A change in the Tasmanian Poisons Legislation\* is required that recognises and enables the expanded role of pharmacists in prescribing and/or supplying.
- **Comprehensive education and training:** Providing extensive education, training and upskilling programs that equip pharmacists with the necessary clinical knowledge, diagnostic skills, and prescribing competencies is essential. Developing standardised curriculum, continuing education opportunities, and mentorship programs that enhance the capabilities of pharmacists in managing chronic conditions.
- **Information technology and digital tools:** Integration of information technology systems, electronic health records, and digital decision support tools that support pharmacist prescribing for chronic conditions. Access to accurate and up-to-date patient information, clinical guidelines, and decision support tools will be crucial to enhance the safety and effectiveness of pharmacist-led prescribing.
- **Interprofessional collaboration and communication:** Fostering effective communication, collaboration, and coordination among healthcare professionals, including pharmacists, medical practitioners, nurses, and other relevant stakeholders, is critical. Clear channels for communication, standardised referral processes, and shared care plans can facilitate seamless collaboration and enhance patient care outcomes.

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# Exploring Potential Options

## 5.1 Collaborative model of disease management for chronic conditions

This option explores a collaborative model for chronic conditions where patients are at the centre of collaborative model with medical, pharmacist and allied health providers involved. This can be in an embedded (in the same location) or virtual care team setting. This would involve the pharmacist prescribing/altering medication according to an agreed upon clinical management plan, including patient education, de-prescribing, dose titration, initiation of medication during exacerbation with on referral, monitoring and review (e.g. COPD management plan with capacity for pharmacists to commence treatment for acute exacerbation within an agreed plan for the patient with subsequent follow-up). Within this scope, includes point-of-care and laboratory tests for disease and medication management as well as involvement of the pharmacist in multidisciplinary team care planning.

### Benefits

- **Patient-centred care:** Placing the patient at the centre of the collaborative model ensures that their needs and preferences are addressed comprehensively. The involvement of medical, pharmacist, and allied health providers promotes holistic care and a coordinated approach to managing chronic conditions, leading to improved patient outcomes.
- **Enhanced medication management:** With pharmacists actively participating in the collaborative model, there is a focus on optimising medication therapy. Pharmacists can prescribe, alter, and monitor medications based on agreed upon clinical management plans, leading to improved medication adherence, appropriate de-prescribing, dose titration, and timely initiation of medications during exacerbations.
- **Improved disease management:** The collaborative model enables effective disease management through regular monitoring, point-of-care tests, and laboratory tests. This allows for timely assessment of disease progression, medication effectiveness, and identification of any necessary adjustments to the management plan, resulting in better control of chronic conditions such as COPD.
- **Efficient use of healthcare resources:** The collaborative model optimises the utilisation of healthcare resources by distributing responsibilities among the medical, pharmacist, and allied health providers. This can lead to improved efficiency in healthcare delivery, reduced burden on primary care medical practitioners, and better utilisation of expertise of each healthcare professional.

### Risks

- **Increased workload for pharmacists:** Implementing a collaborative model for chronic conditions requires pharmacists to take on additional responsibilities, potentially leading to increased workload and stress. This can impact their overall job satisfaction and wellbeing.
- **Difficulty in coordinating care:** Coordinating care among multiple providers, including medical professionals, pharmacists, and allied health providers, can be challenging. Miscommunication or lack of coordination may lead to confusion and potential errors in patient treatment.
- **Dependence on technology:** A collaborative model often relies on technology for communication and coordination. Technical issues or system failures can disrupt the flow of information and hinder effective teamwork.
- **Potential conflicts or disagreements:** Different team members may have varying opinions on the best course of treatment for a patient, leading to disagreements or conflicts that can impact the quality of care provided.

### Limitations

- **Limited access to technology or resources:** Particularly in rural or remote regions, have limited access to advanced technology or resources required for effective implementation of a virtual care team or point-of-care testing. This can hinder the full realisation of the collaborative model.
- **Resistance from medical providers or patients:** There may be resistance or reluctance from medical providers or patients to accept pharmacists as integral members of the care team with an expanded scope of practice.

### Barriers

- **Regulatory barriers:** Existing regulations and the current Tasmanian Poisons Legislation\* are barriers to the current scope of practice for pharmacists, preventing them from fully participating in collaborative models for chronic conditions.
- **Lack of interprofessional collaboration:** Establishing effective collaboration among different healthcare professionals, including pharmacists, medical practitioners, and allied health providers, barriers such as professional hierarchies and communication gaps.
- **Limited availability of pharmacists:** Availability of pharmacists, especially in rural areas. Lack of sufficient pharmacist presence can limit the effectiveness of the collaborative model.

# Exploring Potential Options

## 5.1 Collaborative model of disease management for chronic condition

### Barriers

- **Limited resources and infrastructure:** Adequate resources, including staffing, funding, and technological infrastructure, are necessary for implementing a collaborative model for chronic conditions.

### Enablers

- **Clear policy and regulations:** A change in the Tasmanian Poisons Legislation\* is required that enables the expanded role of pharmacists in collaborative models for chronic conditions. This includes defining the scope of practice and prescribing authority.
- **Appropriate funding models:** ensuring there are appropriate funding models to support activities within collaborative model of disease management will be essential, including implementing appropriate reimbursement mechanisms.
- **Education and training:** Ensuring pharmacists have the necessary education, in a model similar to nurse practitioners, and ongoing professional development opportunities.
- **Technology and infrastructure:** Being a collaborative approach, adequate technological infrastructure, including electronic health records and communication systems, is essential for seamless collaboration and information exchange among healthcare professionals.

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# Exploring Potential Options

## 5.2 Expanded acute and common illness management

This option explores expanding the scope of acute and common illness management, where pharmacists can diagnose and manage common, self-limiting, or uncomplicated conditions, in an agreed schedule of conditions, for an agreed population that they otherwise would be unable to do so within the current scope of practice (e.g. Shingles). This includes referral to medical practitioner where appropriate and necessary. Within this expanded role, pharmacists can access relevant S4 medicines (in addition to S2 and S3), and utilise point-of-care and laboratory testing when required. An essential element is communication to the patient's regular primary care provider, where possible.

### Benefits

- **Improved access to care:** By allowing pharmacists to diagnose and manage common, self-limiting, or uncomplicated conditions, it improve access to timely and convenient healthcare services. Patients receive necessary treatment and advice without having to wait for a medical practitioner's appointment.
- **Efficient use of healthcare resources:** Pharmacists' involvement in managing acute and common illnesses can help alleviate the burden on primary care providers, such as general practitioners. This frees up their time to focus on more complex cases, leading to more efficient use of healthcare resources.
- **Timely intervention and treatment:** With the ability to diagnose and manage conditions promptly, pharmacists can initiate appropriate treatment in a timely manner. This can help prevent the progression of illnesses, reduce complications, and promote better health outcomes for patients.
- **Patient convenience and accessibility:** Patients can conveniently seek care and advice from pharmacists, who are often easily accessible in community settings. This allows for prompt assessment and treatment without the need for a separate medical practitioner's appointment, making healthcare more convenient for patients.

### Risks

- **Misdiagnosis and inadequate treatment:** Some groups raised that there may be a potential risk of misdiagnosis or inadequate treatment with expanded acute and common illnesses diagnosis, specifically if this is outside prior training and existing knowledge and skills. It therefore important that training is specific to the agreed schedule of conditions.
- **Medication errors:** With expanded access to S4 medicines, there is an increased risk of medication errors, including prescribing the wrong medication, incorrect dosages, or drug interactions. Pharmacists must exercise caution and adhere to protocols to minimise these risks.
- **Limited scope for complex cases:** This option may have limitations in managing complex cases or conditions that require specialised medical expertise. Pharmacists may need to refer such cases to medical practitioners or other healthcare professionals, which could result in delays or disruptions in patient care.

### Limitations

- **Resource limitations:** Adequate resources, including point-of-care testing facilities, laboratory access, and necessary equipment, are essential for accurate diagnosis and management. Limited availability or access to these resources could restrict the feasibility and effectiveness of this option in certain settings.
- **Professional training and competence:** Pharmacists require additional training and upskilling to confidently and effectively diagnose and manage acute and common illnesses.

### Barriers

- **Resistance from healthcare professionals:** resistance or scepticism from other healthcare professionals, particularly medical practitioners, who may perceive this expansion of pharmacists' role as encroaching on their domain.
- **Regulatory and legal barriers:** Expanding the scope of practice for pharmacists requires navigating regulatory frameworks. Existing Tasmania Poisons Regulations\* poses barriers.

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# Exploring Potential Options

## 5.2 Expanded acute and common illness management

### Barriers

- **Funding considerations:** The availability of adequate reimbursement mechanisms for pharmacist-provided services is crucial for sustainability.
- **Workflow integration:** Integrating this expanded role of pharmacists into existing healthcare workflows and systems may present logistical challenges. Coordinating patient referrals, information sharing, and collaboration among multiple healthcare professionals require seamless integration into the healthcare ecosystem.

### Enablers

- **Supportive policy and regulatory environment:** A change in the Tasmanian Poisons Legislation\* is required to enable the expanded role of pharmacists in diagnosing and managing acute and common illnesses. Additionally, clear guidelines, protocols, and legislative frameworks are required.
- **Education and training programs:** Developing additional education and training programs for pharmacists to enhance their knowledge, skills, and competencies in diagnosing and managing acute and common illnesses is essential. Continued professional development opportunities and access to resources ensures pharmacists are equipped to deliver high quality care.
- **Funding support:** Establishing appropriate reimbursement mechanisms and financial support for pharmacist-provided services is necessary for sustainability. Ensuring adequate funding models, reimbursement structures, and incentives can incentivize healthcare organizations to integrate and support the expanded scope of practice.
- **Robust communication pathway:** capacity to undertake the changes and communication pathways this option is proposing.

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# Exploring Potential Options

## 5.3 Screening for preventative health

Screening for preventative health explores the provision of preventive health screening services by a pharmacist. This includes utilising relevant screening tools including point-of-care and laboratory testing to support preventative healthcare (e.g. sexual health (chlamydia screening, provision of PREP)).

### Benefits

- **Increased access to screenings:** By involving pharmacists in preventive health screenings, individuals have increased access to important health assessments and screenings in a convenient and timely manner.
- **Early detection and prevention:** Screening for various health conditions can lead to early detection, allowing for timely intervention and prevention of more serious health issues.
- **Patient education and counselling:** Pharmacists are well-positioned to provide patient education and counselling on preventive measures, lifestyle modifications, and the importance of regular screenings.
- **Holistic healthcare approach:** Involving pharmacists in preventative health screenings promotes a holistic approach to healthcare. By working collaboratively with other healthcare providers, pharmacists can contribute to a comprehensive care plan that addresses both acute and preventive aspects of a patient's health.
- **Efficient use of healthcare resources:** Leveraging the expertise of pharmacists for preventive health screenings optimises the utilisation of healthcare resources. By identifying and addressing health risks early on, it can potentially reduce the burden on other healthcare services and contribute to cost savings in the long run.

### Risks

- **Misinterpretation and misdiagnosis:** Risk of misinterpreting screening results or misdiagnosing certain health conditions. Pharmacists may not have the same level of training and expertise as specialised healthcare providers, which could lead to inaccurate assessments or recommendations.
- **Limited scope of practice:** Pharmacists' training and expertise primarily focus on medication management and dispensing. Expanding their role to include preventive health screenings may require additional training and resources to ensure they have the necessary skills and knowledge to perform screenings accurately.

### Limitations

- **Scope of screenings:** The scope of screenings that pharmacists can perform may be limited compared to other healthcare professionals. There may be certain screenings or assessments that require specialised equipment, procedures, or expertise outside the scope of practice for pharmacists.
- **Referral requirements:** Depending on the healthcare system and regulations, pharmacists may be required to refer patients to other healthcare providers for certain conditions or abnormalities identified during screenings, which could result in delays or additional steps for patients.

### Barriers

- **Infrastructure and resources:** Adequate infrastructure, including appropriate screening tools, equipment, and data management systems, is necessary to support preventive health screenings in pharmacy settings. Ensuring access to these resources, especially in smaller or rural areas, can be a barrier to implementation.
- **Training and professional development:** Pharmacists will need specialised training and ongoing professional development to perform preventive health screenings effectively. Developing comprehensive training programs, incorporating standardised protocols and guidelines, and providing opportunities for skill enhancement.

### Enablers

- **Interprofessional collaboration:** Establishing collaborative relationships and effective communication channels among pharmacists, medical practitioners, nurses, and other healthcare professionals is essential.
- **Training and education:** Providing additional training programs and continuing education opportunities for pharmacists in preventive health screenings is crucial, depending on what conditions are being prescribed. This can include specific training modules, workshops, and professional development courses focused on screening protocols, interpretation of test results, counselling techniques, and evidence-based interventions.

# Exploring Potential Options

## 5.3 Screening for preventative health

### Enablers

- **Infrastructure and resources:** Ensuring access to necessary infrastructure and resources is essential for implementing preventive health screenings in pharmacy settings. This includes equipping pharmacies with appropriate screening tools, point-of-care testing devices, data management systems, and connectivity to facilitate communication and information sharing.



# Exploring Potential Options

## 6.1 Increased awareness of pharmacist ability to order laboratory tests

In Tasmania there is no legislative barrier to pharmacists ordering laboratory tests, although this is rarely undertaken in practice due to the cost to patient and awareness that this is within current scope of practice within the profession. This option proposes increasing awareness with practitioners and health consumers that this is service is possible. Consideration would need to be given to understanding the roles, responsibilities and accountabilities as well as the logistics of expanding this service.

<p><b>Benefits</b></p>	<ul style="list-style-type: none"> <li>• <b>Improved patient access:</b> Increased awareness of pharmacist-initiated lab tests allows patients to conveniently be referred for necessary diagnostic tests without having to visit their general practitioner. This can save time and reduce barriers to obtaining important health information.</li> <li>• <b>Timely monitoring and treatment:</b> By ordering tests, pharmacists can contribute to timely, monitoring and treatment of various health conditions, as well as adjustment of medication to optimise treatment response or addresses adverse effects . Early detection through lab tests can lead to prompt intervention, better management, and improved patient outcomes.</li> <li>• <b>Enhanced patient engagement:</b> Making patients aware of the availability of ordering tests with their pharmacist can encourage them to take a proactive role in managing their health. It encourages patient engagement and fosters health literacy.</li> <li>• <b>Convenience and accessibility:</b> Provide convenience and accessibility, especially for patients who may face challenges accessing other healthcare facilities. Pharmacists are often easily accessible in the community, making referrals more convenient and readily available.</li> </ul>
<p><b>Risks</b></p>	<ul style="list-style-type: none"> <li>• <b>Risk of liability:</b> Medical groups raised the risk of liability with regards to if a laboratory test is ordered by another practitioner, including a pharmacist, who is then responsible for following up significant or abnormal results.</li> </ul>
<p><b>Limitations</b></p>	<ul style="list-style-type: none"> <li>• <b>Cost considerations:</b> The cost of lab tests can be a limitation for patients, especially if they are not covered by government or if patients have limited financial resources. Affordability of tests may impact patient access and utilisation, noting there is no current funding or reimbursement for pharmacist ordered laboratory tests.</li> </ul>
<p><b>Barriers</b></p>	<ul style="list-style-type: none"> <li>• <b>Financial considerations:</b> The cost associated can be a significant barrier. Identifying sustainable funding models and reimbursement mechanisms is crucial to support these services.</li> <li>• <b>Infrastructure and technology requirements:</b> Implementing lab testing services in pharmacies may require appropriate infrastructure, such Systems for referral.</li> <li>• <b>Professional training and education:</b> Pharmacists may require additional training and education to acquire the necessary skills and knowledge for ordering and interpreting lab tests.</li> </ul>
<p><b>Enablers</b></p>	<ul style="list-style-type: none"> <li>• <b>Funding and reimbursement models:</b> Establishing adequate funding mechanisms and reimbursement models for pharmacists ordering lab tests.</li> <li>• <b>Technological infrastructure:</b> Access to appropriate technology infrastructure, such as electronic ordering systems and secure result reporting platforms.</li> <li>• <b>Continuing professional development:</b> Providing comprehensive training programs and continuing education opportunities for pharmacists ordering lab tests can enhance their competency and confidence in delivering these services.</li> <li>• <b>Public and practitioner awareness:</b> Increasing awareness among healthcare practitioners and the public about the availability of lab testing services in pharmacies can promote its utilisation.</li> <li>• <b>Clinical Governance:</b> Clear clinical roles, responsibilities and accountability would need to be established, with pharmacists on referring to the relevant medical practitioner for any out of scope activity.</li> </ul>

**07**

# **Recommendations**

# Recommendations Overview

## Overview of Recommendations:

The following section presents the recommendations for considering extending the scope of practice of pharmacists in Tasmania, along with suggestions for the Department on the options and practical steps to implement these changes. These recommendations take a phased approach to how the Department can support and facilitate an extended scope of practice for pharmacists in Tasmania.

The recommendations have been formulated from the findings derived from the current-state assessment, literature and environmental scan and the options analysis. The feasibility and acceptability of the recommendations were informed by the assessment of benefits, risks, limitations, enablers and barriers of potential options and discussions and inputs from healthcare professionals, industry experts and consumer representatives. These recommendations will need further review by the Department for their full implications, including as it relates to ensuring risks are adequately considered and managed, prior to implementation.

A consensus was established through consultation that no change is not a valid option, with acknowledgement that the current model is not producing the outcomes that the community is seeking. The following recommendations seek to foster a healthcare environment that will address the challenges of patient access by utilising pharmacist expertise and collaborating with other healthcare professionals to deliver quality, patient-centred care in Tasmania.

As the review progressed, it became apparent that many of the options related to enhancing pharmacists' capacity to provide services that address the management of acute and chronic conditions in Tasmania. Therefore, it is recommended that the Department consider expanding pharmacists' scope of practice to include activities that will enhance the capacity to provide health consumers with quality and timely intervention and care. This will facilitate advantages such as enhancing patient access to healthcare and providing prompt care.

As part of this review, a number of professional activities and tasks have been identified that may be able to be implemented without extensive policy, legislative, and funding barriers. These include expanding activities that fall within the current scope of practice for pharmacists in Tasmania, that may be able to be addressed immediately. On the other end of the spectrum, there are other expansion options that face significant barriers, requiring substantial change management. Accordingly, potential expansion options have been presented in three broad horizons, as an indicative measure of ease or difficulty in implementation and associated time-frames, as outlined in the following pages.

## Implementation Enablers:

For any of the recommendations to be successfully implemented, the following enablers must be addressed. These enablers should be considered for any changes that are made as a result of this review. This will ensure strong governance is established and a risk-based approach is adopted for implementation.

1

### Implementation working group:

Building on the trust and shared understanding built from the Reference Group, an implementation working group should be established to develop artefacts such as a risk assessment, identify change impacts, and provide feedback.

2

### Workforce planning:

With a busy pharmacist workforce, workforce planning activities must be undertaken to identify the impacts on resources required for extension to the current scope of practice, and the potential for shift of scope to aligned workforce e.g. pharmacy technicians.

3

### Funding consideration:

Many options presented require consideration to funding changes to ensure appropriate funding models support extension of scope activities.

4

### Implementation evaluation and monitoring:

Ensuring implementation, evaluation and monitoring is established to inform future direction.

5

### State-level policy and legislative changes:

Many options presented require state-level policy and legislative changes.

# Implementation Enablers

Figure 11: Implementation enablers

<p><b>Implementation Working Group</b></p> 	<p><b>1. Establish an Implementation Working Group</b></p> <p>Noting the relationships formed, positive sentiment, trust and shared understanding developed through Reference Group established for this review, it is recommended that this group is transitioned to an implementation working group to ensure continued stakeholder commitment, consultation and clinical oversight. This working group should continue to include consumer representation. Examples of the responsibilities of this group could be;</p> <ul style="list-style-type: none"> <li>• Providing input and feedback to the implementation plan</li> <li>• Identifying change impacts</li> <li>• Contribution to the development of implementation artefacts (e.g. risk assessment framework)</li> </ul>
<p><b>Workforce Planning</b></p> 	<p><b>2. Conduct workforce planning activities</b></p> <p>To ensure the sustainability and viability of proposed options for extending pharmacists' scope, workforce planning activities should be undertaken from a culture, capacity and technology perspective. Using a 'workforce shaping' approach to assess current capacity, future demand and potential labour-mix needs will be essential. This also considers the flow-on effects to other aligned or adjacent pharmacy workforce, such as pharmacy technicians and the use of digital technologies to meet potential capacity gaps.</p>
<p><b>State-level policy and legislative changes</b></p> 	<p><b>3. Identify and implement state-level policy and legislative changes</b></p> <p>As outlined in the options analysis section of this report, many of the potential options will require policy and legislative changes. In all expansion activities, the Department should perform an analysis of the change required, identify impacts of the change and take actions to authorise change. The current poisons legislation in Tasmania is the Poisons Act 1971 and subordinate Poisons Regulation 2018 and a number of Poisons Orders. Any changes to this legislation requires advice from the Department's Legal Services and Tasmania's Office of Parliamentary Counsel.</p>
<p><b>Changes to funding</b></p> 	<p><b>4. Consider changes to funding</b></p> <p>It is acknowledged that changes to funding fall outside the scope of this review; however, without these changes, many of the options recommended in this report may not be sustainable for health professionals and consumers. This includes gaining an understanding of the mechanism/potential mechanism for funding medicine provision and the professional activities, as well as engaging with the Federal government as required to ensure adequacy of funding. It should be noted that patient self-funding (e.g. for activities such as acute and minor conditions) is possible however is likely to be inaccessible for some consumers.</p>
<p><b>Implementation evaluation and monitoring</b></p> 	<p><b>5. Establish mechanisms to evaluate and/or monitor implementation changes to scope of practice</b></p> <p>Ensuring the mechanisms are put in place to facilitate implementation monitoring for evaluation. Including measures such as PROMS, PREMS and impact on workforce will ensure an informed approach is taken to extend pharmacists scope of practice. The evaluation of any change that is implemented should inform future changes to scope of practice in Tasmania.</p>

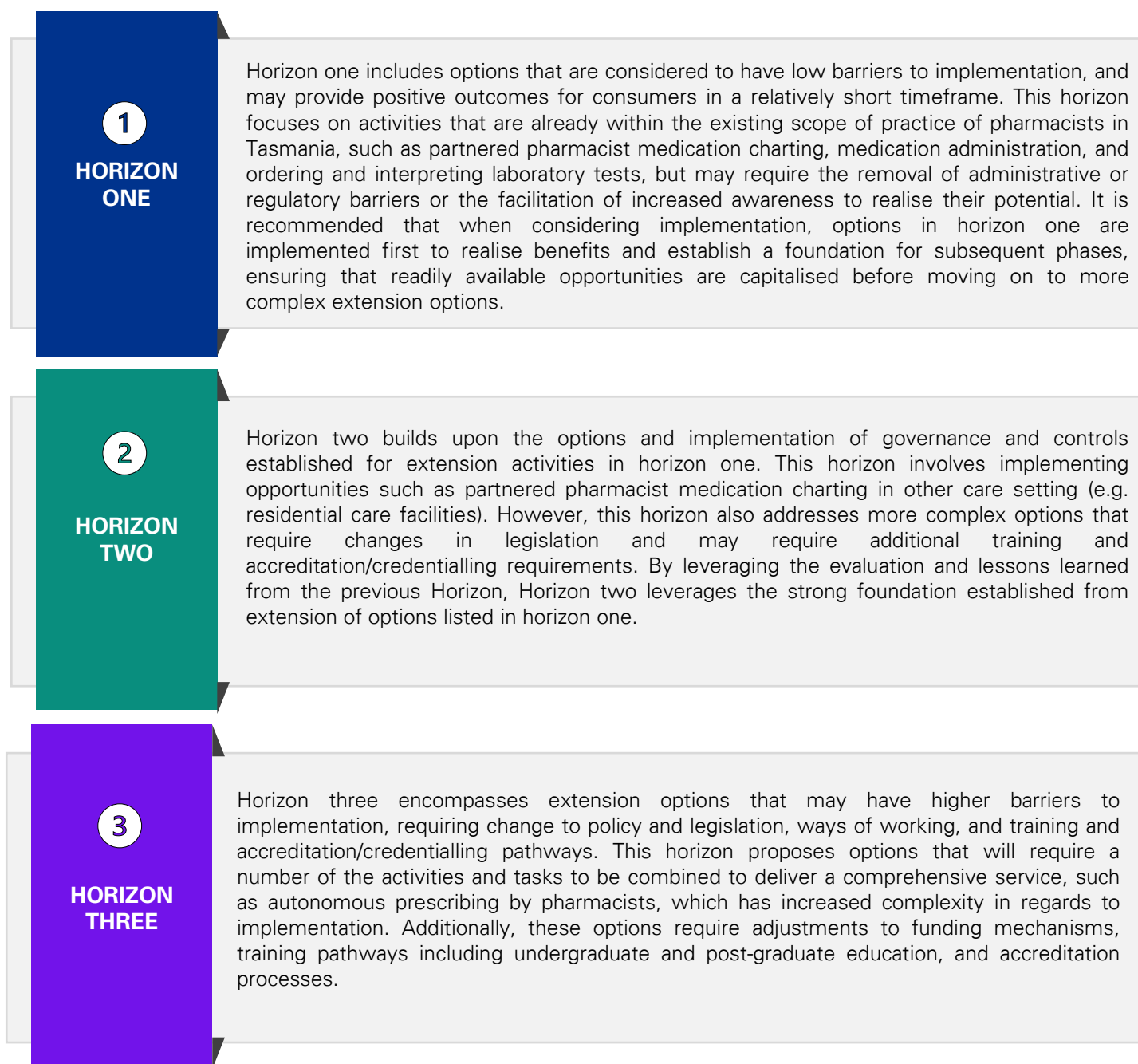
# Approach to Implementation

## Recommended Approach:

A phased approach is recommended to implement changes to the scope of practice of pharmacists in Tasmania. This consists of three horizons, denoted as H1, H2, and H3. The proposed options for expansion are divided into three horizons, based on potential benefits and complexity of implementation. Each horizon builds upon the changes introduced and outcomes from the previous stage, allowing for a strategic and evidence-based expansion.

## Horizon overview:

Figure 12: Overview of horizons



# Recommendations

The following table lists the recommendations by category and horizon. These recommendations encompass the findings derived from consultation with healthcare professionals, industry experts, patient representatives and the literature and environmental scan, including discussions on feasibility and acceptability. When considering the proposed recommendations, it should be noted that;

- a detailed analysis of the implementation activities required for the recommendations must be conducted.
- a detailed risk analysis for implementation, including resources and funding required for implementation must be conducted.
- the Department should review and consider learnings and outcomes from other jurisdictional pilots and consider application, where appropriate, of these learnings in the Tasmanian context.
- appropriate clinical governance (including risk considerations) must be established, noting that some barriers and risks may ultimately impede implementation.
- the inputs that have been provided by stakeholders are considered accurate and complete, however they may require additional validation.

## Recommendations:

Figure 13: List of recommendations for expansion

Category	Ref.	Recommendation	Description	Horizon
<b>Governance</b>	<b>1</b>	<b>Establish an implementation working group</b>	Continue the momentum gained through this review through setup of an Implementation Working Group, which may consist of members of the Reference Group within this review. This group may serve in an advisory capacity to guide a safe, successful and collaborative advancements to patient care in Tasmania.	1
<b>Implementation</b>	<b>2</b>	<b>Guide any scope expansion with ongoing implementation monitoring and evaluation</b>	Establish a robust framework for ongoing implementation monitoring and evaluation of any scope of practice expansion implemented for pharmacists. This will facilitate the generation of evidence-based outcomes that will inform future decision-making and ensure the effectiveness of changes implemented.	1
	<b>3</b>	<b>Establish a collaborative approach to determining necessary training and accreditation changes in extending pharmacists' scope of practice</b>	Collaboration with the University of Tasmania and other relevant bodies to determine necessary changes in training and accreditation for the proposed options to extend pharmacists' scope of practice. Their expertise in pharmacy education and accreditation will ensure alignment with industry standards and patient safety.	1
	<b>4</b>	<b>Conduct workforce planning activities to guide scope expansion</b>	Perform workforce planning activities to identify and respond to the impact of extension activities, model future demand and required labour-mix needs. This should consider the workforce implications for pharmacy technicians and other health professionals that will be impacted by change of scope.	1



# Recommendations Overview (cont.)

Category	Ref.	Recommendation	Description	Horizon
Scope of practice	5	<b>Increase awareness of available pharmacy services</b>	The Department has advised that that ordering and interpreting of laboratory results and medication administration services e.g. medicines administration by injection with appropriate training and credentialing, are within the current scope of practice for pharmacists in Tasmania, with no regulatory or legislative barriers in place. It is recommended that the Department conduct communication activities targeted at health professionals and consumers to increase awareness and potential utilisation of these services (e.g., campaigns).	1
	6	<b>Consider expanding Partnered Pharmacist Medication Charting in hospitals</b>	Certain administrative requirements, such as the need for a medical practitioner's signature following verbal agreement, create an administrative burden. Building upon the demonstrated evidence of success in enhancing patient safety through partnered pharmacist medication charting in hospital settings, the Department should consider expanding this model to include pharmacists prescribing of both new and pre-admission medications in additional extended specialities, such as emergency medicine, intensive care, and oncology.	1
	7	<b>Consider expanding Partnered Pharmacist Medication Charting in other care settings</b>	The application of partnered pharmacist medication charting may be appropriate in, and could be extended to additional care settings, such as residential care facilities. This would require further review, with attention to required protocols and safeguards.	2
	8	<b>Consider expanding the scope of practice of pharmacists in the area of disease management</b>	<p>Many of the activities relate to pharmacists' ability to effectively manage acute and chronic disease. These activities span across domains such as prescribing, medicine supply, medicine administration, medicines review, monitoring, and interpreting laboratory tests. It is recommended that extending pharmacists' scope of practice to provide efficient disease management in the following areas;</p> <ul style="list-style-type: none"> <li>• Expanding medication review</li> <li>• Expanded acute and common illness management</li> <li>• Screening for preventative health</li> <li>• Exploring collaborative models for management of chronic disease</li> </ul> <p>However, benefits derived from expansion of these activities will be limited by the enablement of other recommendations, such as prescribing or expanded supply (as outlined in the following recommendations).</p>	2

# Recommendations Overview (cont.)

Category	Ref.	Recommendation	Description	Horizon
Scope of practice	9	<b>Explore models of care that facilitates collaboration between pharmacists and other health professionals</b>	There is an opportunity to utilise pharmacists' medicine expertise to reduce fragmentation between health professionals and improve patient access and care by expanding collaborative models of care. This includes prescribing within an embedded team across hospital, aged care and general practice settings (or other identified multidisciplinary environments) and collaborative models for chronic conditions where a patient is at the centre of care with medical, pharmacist and allied health providers involved. There are some examples of these models in place in Australia and parts of Tasmania, and expansion of these models to allow additional professional activities and tasks should be considered.	2
	10	<b>Explore a collaborative hub-and-spoke model in Horizon 2 for rural and regional communities</b>	Given the access challenges faced by rural and remote populations in Tasmania, it is recommended that the Department consider implementing collaborative multidisciplinary prescribing within a virtual team (hub and spoke) model in Horizon 2. There is an opportunity for the Tasmanian government to work with its federal counterparts to consider a pilot of PBS/MBS funded activity in this context.	2
	11	<b>Explore models of care that utilise pharmacists in structured prescribing and protocol prescribing</b>	Prescribing via a structured prescribing pathway or under supervision (as defined by the Health Workforce Australia HPPP) are currently within the pharmacist scope of practice, as identified by the Pharmacy Board of Australia (PBA), without additional need for credentialling. Extending scope to include prescribing under these arrangements should be considered. The implementation working group may consider settings and the availability of training as an enabler. Relevant legislative or regulatory authorisation would need to be implemented to enable this activity.	2

# Recommendations Overview (cont.)

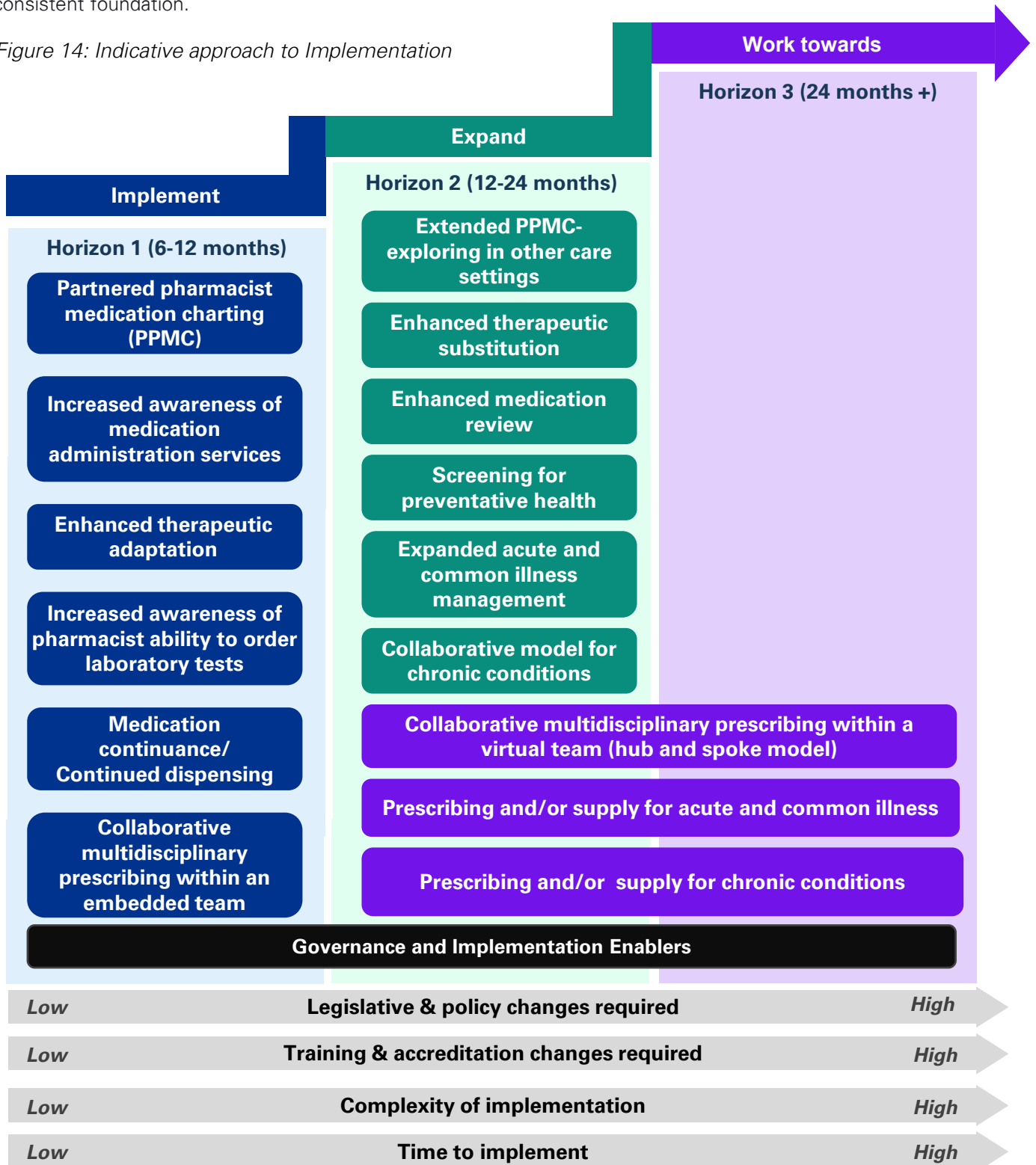
Category	Ref.	Recommendation	Description	Horizon
Scope of practice	12	<b>Work towards models of care that utilise pharmacists autonomous prescribing within nationally consistent defined parameters</b>	<p>Further extending the scope to include autonomous prescribing (as defined by the HWA HPPP) may then be considered. This change is likely to require pharmacists to undertake an approved program of study to extend their skills, with the ongoing work of the Australian Pharmaceutical Council (APC) to identify additional education and training needs. The progression of this recommendation should align with the development of <i>Accreditation Standards for pharmacist prescriber education program</i>, and subsequent education program development.</p> <p>N.B. There a number of internationally trained pharmacist prescribers currently reside in Tasmania.</p>	3

# Phased Approach to Implementation

The figure below illustrates an indicative phased approach to implementation, mapping the proposed options across the three horizons. Horizon 1 contains options that require little to no legislative changes and activities that fall under pharmacists' current scope of practice authority. These changes can be implemented with low implementation barriers, while Horizon 2 has increased implementation barriers and Horizon 3 presents options with that will require significant implementation changes. However, while these recommendations are grouped by horizons, some barriers and risks may ultimately impede implementation.

The figure 14 below emphasises that across all horizons, the governance and implementation enablers serve as a consistent foundation.

Figure 14: Indicative approach to Implementation



# Preparing for an Effective Implementation

There are a number of factors that will be crucial for ensuring the proposed changes are sustainable and viable for health professionals and consumers. Ensuring the following themes are adopted throughout implementation will improve the likelihood that the identified benefits are realised.

Figure 15: Summary of considerations for implementation



## Effective collaboration and communication

Collaboration between health professionals, regulators, and stakeholders is essential to support any extension to pharmacists' scope of practice. Ensuring there are adequate channels for communication and collaboration during and post implementation will reduce the potential for fragmentation of care and enable patient-centred care. This includes traditional and digital channels.



## Clinical Governance

Ensure adequate clinical governance for extension activities. This may include enhancing existing safety templates, guidelines (e.g. PSA practice standards), recording and review to ensure these are relevant for shared care where required. Additionally, having clear roles, responsibilities and accountabilities for the introduction of extension activities, specifically in collaborative models of care will be crucial for successful adoption of these models.



## Alignment with Federal changes

With the changing landscape of pharmacist scope of practice across Australia, it is essential that the Department leverages learnings from other states and territories and maintains alignment where possible. This includes leveraging international evidence where appropriate. Additionally, this includes changes to funding.



## Training and Professional Development

Developing training programs and continuous professional development opportunities will be an enabler to equip pharmacists with the confidence, knowledge and skills required for extended roles. These programs should align with practice and clinical standards/guidelines and where moving in new professional skills should align with the APC guidelines for pharmacy education e.g. Vaccination training programs, CPD and pharmacist prescriber education programs (once finalised)



## Managing conflict of interest

Implementing informed consent and transparent practices should be considered to manage potential conflict of interests. This includes transparent discussions about consultation fees, the costs associated with tests, investigations, and medications that may be required and alternative options for obtaining the service at a subsidised price to ensure consumers are fully aware of the clinical and financial aspects of any extended services being provided.



## Robust Change Management

Robust change management will be essential for expanding any of the listed options as part of this review. Many of the changes will impact a wide range of health professionals and stakeholders, and by having robust change mechanisms in place, this will support the adoption of the proposed changes and reduce the disruption to the healthcare system.

# Conclusion

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The current healthcare landscape in Tasmania and the potential benefits realised from the extension of scope of practice for pharmacists discussed in this paper demonstrate that no change is not in the best interest of health consumers and the broader health sector. There are opportunities for the extension of pharmacist scope of practice that can improve access to care for Tasmanians and provide a workforce with the skills and knowledge, or the ability to obtain these skills, to address to the growing demand for healthcare.

This review identified that many of the proposed options are interconnected, and considering the extension of pharmacists scope of practice holistically, using a phased approach, will maximise benefits compared to considering options from a siloed perspective. The recommendations proposed in this report have been informed by an extensive consultation period, incorporating input from healthcare professionals, industry experts, and consumer representatives. Ensuring consultation is maintained throughout implementation of any extension of scope of practice will be crucial.

There are a number of options that can be implemented immediately, with no or low implementation barriers, such as expanding partnered pharmacist medication charting and increasing awareness of already available pharmacy services (medication administration, ordering, and interpreting laboratory results).

With the appropriate risk and clinical governance frameworks and evaluation process in place, extending pharmacists scope of practice in Tasmania may provide the ability to enhance access to care for patients, improve healthcare outcomes, and foster effective communication among healthcare professionals.





# 08

# Appendices

- Glossary
- Reference list

# Appendix 1 | Glossary

<b>Accountability</b>	Responsibility of a health professional, such as a pharmacist, to uphold professional standards of practice
<b>Acute conditions</b>	Conditions which usually have a sudden onset
<b>Administer a medicine</b>	To give patient a single treatment of the dose of a medicine by the prescribed route e.g. injection of a vaccine
<b>AHPRA</b>	Australian Health Practitioner Regulation Agency
<b>APC</b>	Australian Pharmacy Council
<b>Authority</b>	Legislative authority to undertake practice components
<b>Chronic conditions</b>	Conditions which are long-lasting and/or ongoing
<b>Competency Standards</b>	See National Competency Standards
<b>Continued Dispensing/Medication Continuance</b>	Prescription renewal and supply for extended period – emergency situations, chronic conditions – across the categorised scheduling
<b>Controlled drugs</b>	S8 substances
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CPD</b>	Continuing Professional Development
<b>CVR</b>	Combined Hormonal Vaginal Ring
<b>Dispense</b>	To supply a medication on prescription
<b>Drug Schedules in Australia</b>	<p>Schedule 2 (S2): Pharmacy Medicine – Substances, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person</p> <p>Schedule 3 (S3): Pharmacist Only Medicine – Substances, the safe use of which requires professional advice but which should be available to the public from a pharmacist without a prescription.</p> <p>Schedule 4 (S4): Prescription Only Medicine – Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription.</p> <p>Schedule 8 (S8): Controlled Drug – Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.</p>
<b>Drug therapy protocol</b>	A certified document published by the Department stating circumstances in which, and conditions under which, a person who may act under the protocol may use a stated controlled or restricted drug or poison for stated purposes (Queensland)
<b>Drug Schedules in other countries</b>	The Drug Schedules for the comparator OECD countries do not directly match the scheduling in Australia, however there are broad similarities in medications provided ‘over-the-counter’ by pharmacists, on prescription only and classified as controlled (or narcotic) drugs.
<b>Emergency Supply</b>	Limited supply of restricted drug (S4 medication), to a patient who does not have a script, but who has an urgent need for that medication (See continued dispensing)

# Glossary (cont.)

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

# Glossary (cont.)

Pharmacist	A person who holds general registration under the Health Practitioner Regulation National Law (Tasmania) in the pharmacy profession
Prescribe	Make a written direction (other than a purchase order or written instruction) authorising a dispenser to dispense a stated controlled or restricted medicine or poison
Prescriber	A person who is endorsed by regulation to prescribe a controlled or restricted medicine or poison
Prescribing (HWA HPPP)	<p><b>Prescribing via a structured prescribing arrangement</b></p> <p>Where a prescriber with a limited authorisation to prescribe medicines by legislation, requirements of the National Board and policies of the jurisdiction or health service prescribes medicines under a guideline, protocol or standing order. A structured prescribing arrangement should be documented sufficiently to describe the responsibilities of the prescriber(s) involved and the communication that occurs between team members and the person taking medicine.</p> <p><b>Prescribing under supervision</b></p> <p>Where a prescriber undertakes prescribing within their scope of practice under the supervision of another authorised health professional. The supervised prescriber has been educated to prescribe and has a limited authorisation to prescribe medicines that is determined by legislation, requirements of the National Board and policies of the jurisdiction, employer or health service. The prescriber and supervisor recognise their role in their health care team and ensure appropriate communication occurs between team members and the person taking medicine.</p> <p><b>Autonomous prescribing</b></p> <p>Prescribing occurs where a prescriber undertakes prescribing within their scope of practice without the approval or supervision of another health professional. The prescriber has been educated and authorised to autonomously prescribe in a specific area of clinical practice. Although the prescriber may prescribe autonomously, they recognise the role of all members of the healthcare team and ensure appropriate communication occurs between team members and the person taking medicine.</p>
Prescriptions	A prescriber's direction (other than a purchase order or written instruction) to dispense a stated controlled or restricted medicine or poison to a particular person in a stated dosage, formulation and quantity.
QCPP	Quality Care Pharmacy Program – quality assurance program for community pharmacies
QPIP	Queensland Pharmacist Immunisation Pilot
QUM	Quality Use of Medicines
Registered nurse	A person registered under the Health Practitioner Regulation National Law to practise in the nursing profession
Registered pharmacist	A person under the Health Practitioner Regulation National Law to practise in the pharmacy profession
Repeat prescription	A prescription on which there is a direction to repeat the supply of a stated controlled or restricted drug or a stated poison a stated number of times
Restricted drugs	Schedule 4 substances
Schedule 2 (S2)	This includes substances that are available over-the-counter at pharmacies but are only sold in a pharmacy.

# Glossary (cont.)

<b>Schedule 3 (S3)</b>	Includes Pharmacists only medicines, these medicines are substantially safe but require pharmacist's advice, management and monitoring. Some states have subsets of Schedule 3 with additional restrictions
<b>Schedule 4 (S4)</b>	Includes prescription medicines that are available only with a prescription from a healthcare professional. These medicines are subject to strict controls and regulations to ensure their safe use.
<b>Schedule 5 (S5)</b>	Includes substances that are dangerous of nature commonly used for domestic purposes and must be appropriately packed and stored with adequate warning labels.
<b>Schedule 6 (S6)</b>	Includes poisons that are used primarily for agricultural or veterinary purposes and are subject to strict regulations for their sale and use.
<b>Schedule 7 (S7)</b>	Includes substances that are considered to be dangerous poisons and have a high potential for harm. These substances are subject to strict regulations and can only be sold or used by trained professionals.
<b>Schedule 8 (S8)</b>	Includes controlled drugs that have a high potential for abuse and dependence, such as opioids and benzodiazepines. These medicines are subject to strict regulations and can only be prescribed and dispensed by authorized healthcare professionals.
<b>Schedule 9 (S9)</b>	Includes substances that are prohibited from sale or use in Australia, such as cannabis and heroin. These substances are considered to have no therapeutic value and are illegal to possess, use, or sell.
<b>Scope of pharmacy practice (SoP)</b>	Those professional activities that a pharmacist is educated, competent and authorised to perform, and for which they are accountable
<b>Supply</b>	To give a patient one or more doses of a medicine as treatment for a diagnosed condition
<b>TGA</b>	Therapeutic Goods Administration
<b>Therapeutic Substitution</b>	Equivalent medication to ensure continuity of care (for example, during drug shortages) across the categorised scheduling
<b>Therapeutic Adaptation</b>	Change or adaptation of drug dosage, formulation, regimen (based on determination of clinical need) across the categorised scheduling
<b>Travel medicine</b>	Medicines and/or vaccines required to prevent or manage health problems for international travellers
<b>UTI</b>	Urinary tract infection
<b>Vaccine</b>	A biological preparation that provides active acquired immunity to an infectious disease.
<b>Vaccine preventable conditions</b>	A restricted drug that is identified as a vaccine in the current Poisons Standard Diseases that can be prevented by vaccine, such as influenza, measles, whooping cough

# Appendix 2 | Reference List

1. Australia, The Pharmacy Guild of. 2022. "Scope of Practice of Community Pharmacists." Scope-of-Practice-of-Community-Pharmacists.pdf (guild.org.au)
2. National Aboriginal Community Controlled Health Organisation (NACCHO). (2023). Expanded scope proposed for pharmacists 'out of scope', February 2023. Available at: <https://www.naccho.org.au/pharmacy-led-pushes-for-extended-independent-scope-of-practice-threaten-to-erode-the-quality-of-primary-health-care-provided-to-aboriginal-and-torres-strait-islander-people/>
3. Tsirtsakis, A. (2022). RACGP resigns from pharmacy trial steering committee, February 2022. Available at: <https://www1.racgp.org.au/newsgp/professional/racgp-resigns-from-pharmacy-trial-steering-commit>
4. The Department of Health and Aged Care, 2022, COVID-19 vaccination – vaccination data. Available at: <https://www.health.gov.au/resources/collections/covid-19-vaccination-vaccination-data#march-2023>
5. Australian Government. Department of Health and Aged Care. "The Poisons Standard 2023". Therapeutic Goods (Poisons Standard—February 2023) Instrument 2023 (legislation.gov.au)
6. Immediate actions and consultation paper - department of health (2020). Department of Health, Tasmanian Government . Available at: [https://www.health.tas.gov.au/sites/default/files/2021-12/Our\\_Healthcare\\_Future\\_Immediate\\_actions\\_and\\_consultations\\_paper\\_DoHTasmania2021.pdf](https://www.health.tas.gov.au/sites/default/files/2021-12/Our_Healthcare_Future_Immediate_actions_and_consultations_paper_DoHTasmania2021.pdf).
7. Hospital pharmacy workforce at a glance - the society of hospital ... (2022). The Society of Hospital Pharmacists of Australia. Available at: [https://shpa.org.au/publicassets/d812bfe4-1eab-ec11-9100-00505696223b/hospital\\_pharmacy\\_at\\_a\\_glance\\_2022.pdf?d12134f3-c4af-ec11-9100-00505696223b](https://shpa.org.au/publicassets/d812bfe4-1eab-ec11-9100-00505696223b/hospital_pharmacy_at_a_glance_2022.pdf?d12134f3-c4af-ec11-9100-00505696223b).
8. Vital facts on community pharmacy - other-gr.com (2022). The Pharmacy Guild of Australia. Available at: [https://www.other-gr.com/\\_data/assets/pdf\\_file/0017/115127/Vital-Facts-Sept2022.pdf](https://www.other-gr.com/_data/assets/pdf_file/0017/115127/Vital-Facts-Sept2022.pdf).
9. About the Australian Therapeutic Goods Legislation (2022) Department of Health and Aged Care. Australian Government. Available at: <https://www.tga.gov.au/about-australian-therapeutic-goods-legislation>.
10. Moles RJ, Stehlik P. Pharmacy Practice in Australia. Can J Hosp Pharm. 2015 Sep-Oct;68(5):418-26. doi: 10.4212/cjhp.v68i5.1492. PMID: 26478590; PMCID: PMC4605468.
11. Seventh Community Pharmacy Agreement (7CPA) - PBS (2022) Seventh Community Pharmacy Agreement (7CPA). The Pharmaceutical Benefits Scheme. Available at: <https://www.pbs.gov.au/info/general/seventh-community-pharmacy-agreement>.
12. Covid-19 regulatory changes - pharmaceutical society of Australia (2023) Summary of COVID-19 regulatory changes. Pharmaceutical Society of Australia. Available at: <https://www.psa.org.au/coronavirus/regulatory-changes/>
13. Budget Papers 2022 (2022). Tasmania Government Treasury. Available at: <https://www.treasury.tas.gov.au/BudgetPapersHTML/Budget2022/BP2/2022-23-BP2-5-Department-of-Health.htm#:~:text=Digital%20Health%20Transformation%20funding%20of,within%20the%20Department%27s%20existing%20resources>.
14. Hays C, Sparrow M et al, Pharmacists' (2020). "Full Scope of Practice": Knowledge, Attitudes and Practices of Rural and Remote Australian Pharmacists. Journal of Multidisciplinary Healthcare 2020;13 1781–1789
15. Pharmaceutical Society of Australia, (2017). Professional Practice Standards Version 5 2017. Deakin West: PSA;2017. Available at: [fileField\(psa.org.au\)](fileField(psa.org.au)).
16. Commonwealth of Australia Department of Health, (2002). The National Strategy for Quality Use of Medicines. Canberra: Commonwealth of Australia; 2002.
17. Pharmaceutical Society of Australia, (2016). "National Competency Standards Framework for Pharmacists in Australia."
18. Tasmanian Government. (2023). Poisons Regulations 2018, March 2023. Available at: <https://www.legislation.tas.gov.au/view/html/inforce/current/sr-2018-079>
19. Therapeutic Goods Administration, (2017). "Compounded medicines and good manufacturing practice".
20. Pharmaceutical Society of Australia, (2020). Guidelines for pharmacists providing staged supply services, file Field (psa.org.au), November 2017 (updated 2020)
21. Pharmaceutical Services Branch, (2023). "Continued Dispensing Arrangements Tasmanian legislative requirements for Pharmacists"
22. Rockliff, J. (2022). Making our health care system more efficient with a new Bedside Medication Management approach. Tasmanian Government, Premier of Tasmania. Available at: Making our health care system more efficient with a new Bedside Medication Management approach - Premier of Tasmania
23. Department of Health Tasmania, (2020). "Our Healthcare Future | Immediate Actions and Consultation Paper". December 2020. Available at: [Our\\_Healthcare\\_Future\\_Immediate\\_actions\\_and\\_consultations\\_paper\\_DoHTasmania2021.pdf](Our_Healthcare_Future_Immediate_actions_and_consultations_paper_DoHTasmania2021.pdf)



# Reference List (cont.)

24. Chindamo, P, (2021). "Medication Continuance." The Pharmacy Guild of Australia, 2021.
25. Queensland Health, (2022). "North Queensland Pharmacy Pilot: Pre-Pilot Information Sheet for Pharmacists". Available at: [https://www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0028/1207990/NQPP-Pharmacist-Info.pdf](https://www.health.qld.gov.au/__data/assets/pdf_file/0028/1207990/NQPP-Pharmacist-Info.pdf).
26. Pharmacy Programs Administrator. Naloxone Pilot [Webpage]. Online: Pharmacy Programs Administrator; 2018 [Available from: <https://www.ppaonline.com.au/naloxone-pilot>].
27. O'Malley., (2021). Unlocking access: Down scheduling changes in 2021. Australian Pharmacist. Available at: [Unlocking access: Down scheduling changes in 2021 - Australian Pharmacist](#)
28. NPS MedicineWise. Prescribing Competencies Framework [Internet]. Sydney (AU): NPS MedicineWise; 2021 [cited 2023 February 23]. Available from: [https://www.nps.org.au/assets/NPS/pdf/NPS-MedicineWise\\_Prescribing\\_Competerencies\\_Framework.pdf](https://www.nps.org.au/assets/NPS/pdf/NPS-MedicineWise_Prescribing_Competerencies_Framework.pdf).
29. Hoti K, Hughes J, Sunderland B, (2011). Pharmacy client's attitudes on expanded pharmacist prescribing and the role of agency theory on involved stakeholders. *Int J Pharm Pract.* 2011;19:512
30. Health Workforce Australia, (2013). Health Professionals Prescribing Pathway (HPPP) Project - Final Report. Adelaide (AU): HWA; 2013.
31. NSW Health, (2023). "Statewide pilot for appropriately trained community pharmacists to prescribe medications".
32. Partnered pharmacist medication charting (PPMC) scaling project | Safer Care Victoria
33. Cope, L. C., Abuzour, A. S., & Tully, M. P. (2016). Nonmedical prescribing: where are we now?. *Therapeutic advances in drug safety*, 7(4), 165–172. Available at: <https://doi.org/10.1177/2042098616646726>
34. Department of Health. Improving patients' access to medicines: a guide to implementing nurse and pharmacist independent prescribing within the NHS in England. London: Department of Health; 2006
35. Cooper RJ, Anderson C, Avery T, Bissell P, Guillaume L, Hutchinson A, James V, Lymn J, McIntosh A, Murphy E, Ratcliffe J, Read S, Ward P. Nurse and pharmacist supplementary prescribing in the UK—A thematic review of the literature. *Health Policy* 2008. 85:277–292.
36. Pharmacist Prescribing task Force. Prescribing by pharmacists -information paper (2009) Canadian Society of Hospital Pharmacists. 2010;63:267–274.
37. Yuksel N, Eberhart G, Bungard TJ. Prescribing by pharmacists in Alberta. *Am J Health Syst Pharm.* 2008;65:2126–32
38. Emmerton L, Marriott J, Bessell T, Nissen L, Dean L. Pharmacists and Prescribing Rights: Review of International Developments. *J Pharm Pharmaceut Sci.* 2005;8:217–25.
39. Zellmer W. Collaborative drug therapy management. *Am J Health Syst Pharm.* 1995;52:1732.
40. Holland R, et al. (2023). Evaluation of effectiveness and safety of pharmacist independent prescribers in care homes: cluster randomised controlled trial. *BMJ.* 2023 Feb 14;380:e071883. doi: 10.1136/bmj-2022-071883. Erratum in: *BMJ.* 2023 Feb 23;380:p446. PMID: 36787910; PMCID: PMC9926330.
41. Washington State Department of Social and Health Services. [Chapter 10, Medication Management. Available at: Chapter 10 RSC 4 Toolkit fundamentals \(wa.gov\)](#)
42. Pharmaceutical Society of Australia. (2022). Summary of legal authority for pharmacist administration of medicines by injection. Available at: <https://www.psa.org.au/wp-content/uploads/2022/09/5734-Summary-of-Legal-Authority-for-Pharmacist-Administration-of-Medicines-by-Injection.pdf>
43. Rizvi & Harrison. (2021). " The impact of a medicines administration pharmacist on patient safety and medicines management: a service evaluation". *The Pharmaceutical Journal*.
44. Evans, D. (2019). "Review of training and education standards applied to pharmacy based travel medicine services in the UK." *Travel medicine and infectious disease*, 101497. 28 Sep. 2019, doi:10.1016/j.tmaid.2019.101497
45. Evans, D. (2018). "Impact of Pharmacy Based Travel Medicine with the Evolution of Pharmacy Practice in the UK." *Pharmacy (Basel, Switzerland)* vol. 6,3 64. 9 Jul. 2018, doi:10.3390/pharmacy6030064
46. Houlse, S. Bascom, C. S. Rosenthal, M. M (2018) Clinical outcomes and satisfaction with a pharmacist managed travel clinic in Alberta, Canada. *Travel medicine and infectious disease*, 23, 21-26.
47. The Society of Hospital Pharmacists of Australia, (2012). "Medication Reconciliation: Medicine in focus Background Material".
48. Spinks J, Birch S, Wheeler AJ, Nissen L, Freeman C, Thai T, et al. (2020). Provision of home medicines reviews in Australia: linking population need with service provision and available pharmacist workforce. *Australian Health Review.* 2020;44(6):973-82.

# Reference List (cont.)

49. Swain, L., Barclay, L. (2015) Medication reviews are useful, but the model needs to be changed: Perspectives of Aboriginal Health Service health professionals on Home Medicines Reviews. BMC Health Serv Res 15, 366 (2015). Available at: <https://doi.org/10.1186/s12913-015-1029-3>
50. Swain, L, and Barclay L. (2015) "Exploration of Aboriginal and Torres Strait Islander perspectives of Home Medicines Review." Rural and remote health vol. 15 (2015): 3009.
51. Ministry of Health and Long Term Care. (2016). "Professional Pharmacy Services Guidebook 3.0 - MedsCheck, Pharmaceutical Opinion and Pharmacy Smoking Cessation Program".
52. Pharmaceutical Services Negotiating Committee. (2013). "Medicines Use Review and Prescription Intervention service". Available at: [https://psnc.org.uk/wp-content/uploads/2013/06/MUR-service-spec-Aug-2013-changes\\_FINAL.pdf](https://psnc.org.uk/wp-content/uploads/2013/06/MUR-service-spec-Aug-2013-changes_FINAL.pdf)
53. American College for Clinical Pharmacy. (2008). "What is Medication Therapy Management (MTM)?" Leadership for Medication Management. What is Medication Therapy Management (MTM) (accp.com)
54. Fathima, Mariam et al. (2013). "The role of community pharmacists in screening and subsequent management of chronic respiratory diseases: a systematic review." Pharmacy practice vol. 11,4 (2013): 228-45. doi:10.4321/s1886-36552013000400008
55. Debattista, J., Hayes, M., Marshall, P., Pouchkareff, N., Gordon, R. and Priddle, A. (2017), A trial of pharmacy-based testing for Chlamydia trachomatis using postal specimen kits. J Pharm Pract Res, 47: 41-46. Available at: <https://doi.org/10.1002/jppr.1221>
56. Department of Health. (2022). Pharmacy Service for Voluntary Assisted Dying. Tasmanian Department of Health. Available at: [Pharmacy Service for Voluntary Assisted Dying | Tasmanian Department of Health.](#)
57. Thao Thai et al. (2022) "Beyond dispensing: Better integration of pharmacists within the Australian primary healthcare system, SSM" - Qualitative Research in Health, Volume 2, 2022, 100109, ISSN 2667-3215. Available at: <https://doi.org/10.1016/j.ssmqr.2022.100109>. (<https://www.sciencedirect.com/science/article/pii/S2667321522000713>)
58. Harper, P. (2015) 'The Clinical Importance of extending the Community Pharmacy Anticoagulation Management Service' March 2015, (Folder (psnz.org.nz))
59. Hall, G., Cork, T., White, S. et al. (2019) Evaluation of a new patient consultation initiative in community pharmacy for ear, nose and throat and eye conditions. BMC Health Serv Res 19, 285 (2019). Available at: <https://doi.org/10.1186/s12913-019-4125-y>
60. Shephard M. (2010). Point-of-Care Testing comes of age in Australia. Australian Prescriber. 2010;33:6-9.
61. Shephard MD. (2006) Cultural and clinical effectiveness of the 'QAAMS' point-of-care testing model for diabetes management in Australian aboriginal medical services. Clin Biochem Rev. 2006;27(3):161-70.
62. Pharmaceutical Society of Australia. (2019). My Health Record: Guidelines for Pharmacists. In: Australian Digital Health Agency, editor.
63. Australian Digital Health Agency. (2023). My Health Record Statistics. Available at: [Statistics | Australian Digital Health Agency](#)
64. Office of the Chief Pharmacist. (2020). COVID-19 Testing in Pharmacies Pilot Project. Adelaide: SA Health.
65. Nova Scotia College of Pharmacists. (2015). Standards of practice: testing. Halifax: Nova Scotia College of Pharmacists.
66. Alberta College of Pharmacists. (2011). Guidelines for pharmacists ordering laboratory tests and using laboratory data. Edmonton: Alberta College of Pharmacists.
67. MacLeod-Glover N. (2011). An explanatory policy analysis of legislative change permitting pharmacists in Alberta, Canada, to prescribe. Int J Pharm Pract 2011;19(1):70-8.
68. MacLeod-Glover N. (2011). An explanatory policy analysis of legislative change permitting pharmacists in Alberta, Canada, to prescribe. Int J Pharm Pract 2011;19(1):70-8
69. Leung, Valerie et al. (2016). "Canadian community pharmacists' use of digital health technologies in practice." Canadian pharmacists journal : CPJ = Revue des pharmaciens du Canada : RPC vol. 149,1 (2016): 38-45. doi:10.1177/1715163515618679
70. Mansell K, Edmunds K, Guirguis L. (2017). Pharmacists' scope of practice: supports for Canadians with diabetes. Can J Diabetes 2017;41(6):558-6.
71. Saskatchewan College of Pharmacy Professionals. (2015). Policies, standards and guidelines for pharmacists in accessing, ordering, performing using or interpreting medical laboratory tests. Regina, Saskatchewan: Saskatchewan College of Pharmacy Professionals.
72. Hammond RW, Schwartz AH, Campbell MJ, et al. (2023). Collaborative drug therapy management by pharmacists—2003. Pharmacotherapy 2003;23(9):1210-25.
73. McBane SE, Dopp AL, Abe A, et al. (2015). Collaborative drug therapy management and comprehensive medication management—2015. Pharmacotherapy 2015;35(4):e39-50.

# Reference List (cont.)

74. Holle LM, Harris CS, Chan A, et al. (2023). Pharmacists' roles in oncology pharmacy services: results of a global survey. *J Oncol Pharm Pract* 2017;23(3):185–9.
75. Pharmaceutical Society of New Zealand Incorporated. (2014). *New Zealand National Pharmacist Services Framework*. Wellington: Pharmaceutical Society of New Zealand Incorporated. Available at: [PSNZ Pharmacist Services Framework](#)
76. Pharmaceutical Society of Northern Ireland. (2013). *Standards and guidance for pharmacist prescribers*. Belfast, Northern Ireland: Pharmaceutical Society of Northern Ireland. Available at: [Standards-and-Guidance-for-Pharmacist-Prescribing-April-2013.pdf \(psni.org.uk\)](#).
77. Primary Health Tasmania. (2021). *Health Needs Assessment 2022-23 to 2024-25, November 2021*. Available at: [Health in Tasmania \(primaryhealthtas.com.au\)](#).
78. Department of Health. (2019). *Health Workforce 2040 Allied Health*, Available at: [https://www.health.tas.gov.au/sites/default/files/2021-12/Health\\_workforce2040\\_allied\\_health\\_DoHTasmania2019.pdf](https://www.health.tas.gov.au/sites/default/files/2021-12/Health_workforce2040_allied_health_DoHTasmania2019.pdf)
79. Pharmaceutical Society of Australia. (2022). *Summary of legal authority for pharmacist administration of medicines by injection*. Available at: <https://www.psa.org.au/wp-content/uploads/2022/09/5734-Summary-of-Legal-Authority-for-Pharmacist-Administration-of-Medicines-by-Injection.pdf>
80. Tasmanian Government, Department of Health. (2022). *Submission: Emergency Department Expansion, Royal Hobart Hospital. Submission to the Parliamentary standing committee on public works, February 2022*. Available at: <https://www.parliament.tas.gov.au/ctee/Joint/PWC/Health/Submissions/Department%20of%20Health%20RHH%20Emergency%20Department%20Expansion%20submission.pdf>
81. Australian Pharmacy Council Ltd. (2023) *Accreditation Standards for Pharmacist Prescriber Education Programs Literature Review & Environmental Scan, February 2023*. Available at: [Public consultation - Accreditation Standards for pharmacist prescriber education programs | Australian Pharmacy Council](#)
82. Pharmacy Board of Australia (2019). *Pharmacist prescribing - Position statement, October 2019*. available at [Pharmacy Board of Australia - Pharmacist prescribing - Position statement - 15 October 2019](#)
83. Health Consumers Tasmania (2021). *Inquiry into Rural Health Services in Tasmania*. Available at: [HCT-submission-to-Rural-Health-Inquiry-Mar-2021-1-1.pdf \(healthconsumerstas.org.au\)](#)
84. Pharmacy Guild of Australia, health economists.



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This report has been prepared as outlined with the Department of Health in the Scope Section of the engagement letter dated 19 December 2022. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

The information in this report is based on a qualitative study and the reported results reflect a perception of stakeholders consulted but only to the extent of the sample surveyed, being a nominated representative sample of stakeholders. Any broader projection is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the Department of Health or nominated stakeholders consulted as part of the process.

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KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within this presentation.

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