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Via email: [pharmacistsin2023@psa.org.au](mailto:pharmacistsin2023@psa.org.au)



**Re: Pharmaceutical Society of Australia (PSA) 2023 Discussion Paper – Medicines Australia submission**

Medicines Australia represents the discovery-driven pharmaceutical industry in Australia. Our member companies invent, manufacture and supply innovative medicines and vaccines to the Australian community. Those medicines keep Australians out of hospitals, prevent disease and play a pivotal role in ensuring a productive and healthy community.

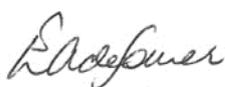
Medicines Australia believes that the Australian healthcare system has a need for enhanced systems and processes that support the quality use of medicines. Patients are at the centre of Australia's healthcare system and pharmacists play a critical role in the delivery of health and healthcare outcomes in Australia. Medication misadventure is a significant issue in Australia with an estimated 230,000 medication related hospital admissions occurring in Australia each year at a cost to the healthcare system of approximately \$1.2 billion.<sup>1</sup> Programs that further empower pharmacists to better utilise their expertise in promoting the quality use of medicines, would not only improve health outcomes, but may reduce the financial cost to the Australian healthcare system and allow for more efficient and effective use of resources. To help address the medication misadventure, pharmacists should be enabled to improve health outcomes through effective medicines management.

As a trusted and readily accessible source of health information, pharmacists are well placed to engage with and educate consumers about their health. This also provides a convenient way for patients to engage with their own health and can improve health outcomes via the early detection and management of chronic disease, which can then be followed up by another healthcare professional. Pharmacy led medication management programs can also enhance adherence allowing medicines to work to their full potential and improve patient health. In this regard, in collaboration with other healthcare professionals, pharmacists play an important role in health promotion, disease prevention and screening, and consumer education regarding the quality use of medicines.

Medicines Australia thanks the PSA for the opportunity to provide commentary regarding the Discussion Paper and for consideration of this submission. Please refer to Appendix 1 for responses to questions raised in the Discussion Paper. We look forward to further consultation and collaboration with the PSA and other stakeholders on this issue in the near future.

For further correspondence on this matter, please contact Betsy Anderson-Smith on [banderson-smith@medaus.com.au](mailto:banderson-smith@medaus.com.au) or Andrew Bowskill on [abowskill@medaus.com.au](mailto:abowskill@medaus.com.au).

Yours sincerely,



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**CEO, Medicines Australia**

## **Appendix 1**

***Question 1: Should any of these objectives be considered more important for patient care than others? Pharmacists practising to full scope of practice; Pharmacist development; Standards of practice.***

Medicines Australia believes there is opportunity for pharmacists to expand and fulfil their scope of practice within the definitions of the National and Professional Practice Standards and Regulations set by the Pharmacy Board of Australia and the PSA. Pharmacists are highly accessible healthcare professionals in the primary care environment. They are considered experts in medicines and it is possible to further develop their role in community pharmacy beyond dispensing. However, pharmacists would need to be supported with appropriate training and development, with agreed, nationally regulated professional standards of practice to be held accountable to. As such, all three objectives are needed to ensure the best possible care for Australians.

***Question 2: What immediate gaps need to be filled to realise these objectives?***

As previously mentioned, enabling pharmacists to utilise an expanded scope of practice requires development support that includes a quality framework for service delivery. For example, the emergence of biosimilar medicines dispensed from community pharmacies requires additional learning. For these specialised and complex medicines, it is imperative that pharmacists have the necessary training and understanding to ensure they can have informed discussions with consumers to facilitate optimal health outcomes.

With a collaborative, patient-centric model of care, and if pharmacists are provided with appropriate support and education through a quality framework for service delivery, the resulting improvement of quality use of medicines (QUM) and improved health outcomes could potentially save the healthcare system significant costs due to the avoidance of medication misadventure.

***Question 5: If medication management services were outcomes-focussed in their funding, what must be considered in designing an appropriate funding mechanism?***

The objective of medication management services should be to achieve optimal health outcomes for the greatest value from available funding. This requires patient adherence with medications which are used according to general practitioner (GP) or specialist medical advice and scientifically proven dosing and administration schedules, as counselled by pharmacists.

Monitoring patient health outcomes, linked to pharmacy medication management, QUM and adherence programs to establish the success of pharmacy interventions, would be integral to demonstrating the benefits and quantifying the savings generated by medication misadventure avoidance, delayed or reduced sequelae and/or reduced hospital admissions.

This could be further enhanced by electronic shared care records such as My Health Record which allows healthcare professionals to make fully informed treatment decisions and provides continuity of care for patients and the ability to monitor health outcomes in a more holistic way. Pharmacy engagement with existing patient education programs already developed and funded by industry can also enhance patient health and the quality use of medicines, as many chronic conditions require strict adherence with medication regimes.

***Question 7: How can pharmacists be more involved in Collaborative Care teams?***

The medicines industry can work cooperatively and in collaboration with health educators, health practitioners, health providers, and consumers to enhance health outcomes for Australians. QUM depends upon collaboration between all relevant stakeholders to ensure important information is exchanged. Medicines Australia supports the integration of pharmacists into a more consultation based, collaborative and patient centred model of care.

Due to the accessible nature of community pharmacy, pharmacists can also play an important role in chronic disease prevention and screening through integrated risk assessments and health checks. This should be combined with appropriate follow-up with the patients' GP to ensure early detection and intervention for patients identified as being at increased risk.

Shared care and communication between hospitals and the community can be facilitated by hospital pharmacists. In this regard, hospital pharmacists are an important resource in medication management and the provision of continuity of care when patients are discharged following an acute episode of care. Medication misadventure arising from transitions of care from hospital to community settings is a significant area for the pharmacist to have an expanded role.

***Question 15: What kinds of programs or remuneration mechanisms could recognise this valued role of the pharmacist and address the perception of "incentive to sell"?***

Medication management reviews by pharmacists in collaboration with other healthcare providers that lead to measurable improved health outcomes and quantifiable avoidance of clinical sequelae, or medication misadventure are an integral part of pharmacy practice and should be appropriately recognised. However, any suggested changes to remuneration of pharmacists within their existing or an expanded scope of practice should not hinder the Australian Government's ability to fund new innovative medicines as this would be counterproductive to ensuring the highest quality healthcare is available to all Australians.

***Question 16: How can pharmacist activities and provision of care be captured in an electronic shared care record? What value would this provide the consumer, wider health care team, and the health system?***

Capturing health information in an electronic shared care record can prevent the fragmentation of health care, allowing all healthcare professionals to view a patient's medical record and have access to more accurate and reliable information across transitions of health care setting. This could reduce medication errors and allow for more efficient use of health resources. Access to complete and reliable medication information through electronic shared care records would be a valuable tool for pharmacist to ensure medication reviews are accurate and appropriately performed and would enable early identification of medication prescribing errors. In addition, if pharmacists have access to information beyond prescribed medications such as medical conditions and pathology results, through a system like My Health Record, then they could have more informed discussions with patients regarding any emerging issues that may require further medical review.

**Question 20: Do you believe that pharmacists have the current skills to be able to prescribe in a collaborative role. How could this be developed in the future?**

Pharmacists are specialists in medication management and they have an extensive knowledge about medications and their safe and optimal use. There are opportunities for pharmacists to further contribute to patient health by complementing and enhancing the advice provided by other healthcare professionals. For this to occur, pharmacists need to be further educated in areas relating to disease awareness and specific therapeutic areas. Where pharmacists are approved to prescribe or administer prescription medicines, this should occur under established models of shared care, for which an electronic shared care record can support the shared care model in the best interests of the patient.

**Question 21: Should independent prescribing be a key focus for the pharmacist profession?**

The main focus should be upskilling pharmacists to ensure that all pharmacists can be fully utilised within their scope of practice. This may then lend itself to collaborative prescribing in certain agreed areas. The potential for moving to fully independent prescribing would require specific therapeutic training, appropriate qualifications, accreditation and regulation and an understanding of the added value or efficiencies this would provide to patients, the community and the health system. For the full scope of practice to benefit the Australian healthcare environment, a framework to deliver collaborative patient-centric healthcare has to be developed.

**References**

1. Roughead EE, Semple SJ, Rosenfeld E. The extent of medication errors and adverse drug reactions throughout the patient journey in acute care in Australia. *International Journal of Evidence-Based Healthcare*. 2016; 14(3).