

Medication Profiling Service

Pharmaceutical Society of Australia
October 2007



**Pharmaceutical
Society of Australia**

Guidelines and standards for pharmacists

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Medication Profiling Service – Guidelines

1. About the document

1.1 Purpose and scope of the guidelines

The aim of this document is to provide guidance on the provision of a medication profiling service for consumers within a framework underpinned by the principles of Quality Use of Medicines (QUM). QUM means:¹

- a) Selecting management options wisely;
- b) Choosing suitable medicines if a medicine is considered necessary; and
- c) Using medicines safely and effectively.

The guidelines are designed to be applicable to all practice settings in which pharmacists may work throughout Australia.

Details of legislative requirements are not addressed in these guidelines. It is assumed that pharmacists will comply with relevant Commonwealth and state or territory legislation governing therapeutic goods, drugs and poisons, pharmacists (health practitioners), pharmacies (premises), and privacy and confidentiality, in the provision of this service.

It is important that pharmacists read these guidelines in conjunction with the corresponding professional practice standard (at the end of this document). In general terms, **guidelines** are not definitive statements of correct procedure but are designed to provide advice or guidance to pharmacists on process issues, desired behaviour of good practice, and how responsibilities may be best fulfilled. **Standards** are objective statements of the minimum requirements of a service necessary to ensure a desirable level of acceptable or intended performance or results. The standards presented here relate to the systems pharmacists should have in place for the delivery of a medication profiling service and provides a benchmark against which performance can be assessed.

Pharmacists are reminded that the standard is to be applied in the context of other relevant professional practice standards which may include *Fundamental Pharmacy Practice*,² *Comprehensive Pharmacy Care*,³ *Dispensing*,⁴ *Counselling*,⁵ and *Organisation of Pharmacy Practice*.⁶

It is expected that pharmacists will apply professional judgement in managing any risks associated with the provision of a medication profiling service. Pharmacists will need to make risk-benefit assessments and other professional judgements from time to time based on the best available information. Any significant decisions should be documented wherever possible.

1.2 Relevance to funded programs

The primary impetus for the development of this document has been the funding of a Patient Medication Profile (PMP) Program under the Fourth Community Pharmacy Agreement.^{7,8} Appendix 1 provides some information relating to the PMP Program.

It is acknowledged that pharmacists already undertake similar activities in various forms including the provision of:

- a) MediList and Health Record (produced by the Australian Government Department of Veterans' Affairs and Pharmaceutical Society of Australia);
- b) Medicines List in Medimate (produced by the National Prescribing Service);
- c) Hospital discharge medication profiles or summaries; and
- d) Medication profiles or summaries generated by dispensing software, dose administration aids (DAAs) packing software or standalone medication profile programs.

Although the release of this publication coincides with the commencement of the PMP Program, this document should apply to pharmacists providing medication profiles under any service arrangement.

Where a medication profiling service is provided under any externally funded program, pharmacists are responsible for meeting any specific requirements of the relevant operational procedures (sometimes referred to as 'business rules'). Such requirements might include, for example, eligibility criteria for the consumer, and documentation required for payment and for audit purposes. Pharmacists intending to deliver services under funding provided by third parties must ensure that the program requirements implemented by the third party do not contravene any of the requirements of professional practice standards.

1. Commonwealth Department of Health and Ageing. The National Strategy for Quality Use of Medicines. Canberra: CDHA; 2002. Available at: [www.health.gov.au/internet/wcms/publishing.nsf/Content/CA777524C860DFF2CA256F1800468B61/\\$File/natstrateng.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/CA777524C860DFF2CA256F1800468B61/$File/natstrateng.pdf)

2. Pharmaceutical Society of Australia. Professional Practice Standards. Version 3, 2006. pp. 13–21. Available at: www.psa.org.au

3. *ibid.*, pp. 23–8.

4. *ibid.*, pp. 43–9.

5. *ibid.*, pp. 59–63.

6. *ibid.*, pp. 137–42.

7. The Pharmacy Guild of Australia. Patient Medication Profile Program. Available at: www.guild.org.au/pps/content.asp?id=1426

8. As a requirement under the Fourth Community Pharmacy Agreement, a training program for pharmacists who wish to participate in the PMP Program is being developed by the Pharmaceutical Society of Australia (PSA). More information will be made available through PSA's web site.

2. Introduction

2.1 Terminology

For the purposes of these guidelines, a brief glossary is provided. This is not intended to be exhaustive but may provide clarification of terms used in this document.

- ▷ **Adherence** is a measure of how closely a person follows the intentions and recommendations of a prescribed course of treatment.⁹ Terminology in this area is evolving and terms such as 'compliance' may be used in other documents. However, 'adherence' is used in this document as it is currently considered to be the globally accepted term.
- ▷ A **carer** is an individual who contributes to the care of another person either because they have been formally engaged to do so, or because of their personal or family relationship to that person.¹⁰
- ▷ **Consumer** means a potential user of health products and services, or a person in receipt of medical and/or therapeutic services or advice.¹¹
- ▷ For the purpose of this document a member of a **health care team** may include the consumer, carer, pharmacist, general practitioner (GP), specialist, hospital clinician, nurse or other health professional.
- ▷ **Medication** means a medicine used by a specific consumer according to a particular dosing regimen.¹²
- ▷ A **medication profile** is a complete and comprehensive summary of a consumer's current medications. The profile includes key details about the consumer, the issuing pharmacy, and details of each medication such as active ingredient and brand names, strength and form, dose and directions for use, and other supplementary information (e.g. route of administration, indication, special directions).¹³
- ▷ The term **medicine** includes prescription, non-prescription and complementary medicines.

2.2 Medicine use by consumers

Advances in pharmaceutical and medical technology, an ageing population, evolution of the health care sector, and

an increased focus on self-management have all impacted on the use of medicines by consumers. Approximately \$11.5 billion was spent on medicines by Australians in 2005–06.¹⁴ The growing use of medicines has also led to a greater focus on:

- a) Medication safety – fundamentally because of the risks associated with medicine use; and
- b) QUM – due to the need and desire for appropriate medicine use in order to achieve the best possible outcome.

Medicine use is a complex process with many variables and determinants impacting on adherence (and therefore optimal use) for each consumer. It is well recognised that the appropriate use of medication is fundamental to the self-management of most chronic diseases and yet reports show that of all consumers requiring medications for chronic diseases, 50% do not use them as intended by the prescriber.¹⁵

Partial adherence, non-adherence or discontinuity in medication therapy can be triggered by many different factors including:

- a) Complexity of therapy or drug regimen;
- b) Sub-optimal clinical outcomes;
- c) Adverse events;
- d) Lack of understanding about the medicines or the illness;
- e) Inaccurate or incomplete information transfer between different episodes of care for the consumer, or poor communication between health professionals within an episode of care;
- f) Asymptomatic disease;
- g) Cognitive impairment or physical disability;
- h) Cost of medicines; and
- i) Personal, cultural or religious beliefs.

2.3 Scope of a medication profiling service

Pharmacists have a fundamental role and responsibility to ensure medicines are used safely and effectively by the consumer. A medication profiling service is just one activity amongst a suite of integrally linked professional activities and services delivered by pharmacists that can contribute to QUM and assist consumers with their knowledge and medication management.

The provision of a medication profiling service must be considered within the context of the medication management pathway¹⁶ which includes other key components such as

9. Pharmaceutical Society of Australia. Competency standards for pharmacists in Australia 2003. November 2003. p. 7.

10. *ibid.*

11. *ibid.*

12. *ibid.*

13. Adapted from:

(a) The Pharmacy Guild of Australia, *op. cit.*

(b) Australian Pharmaceutical Advisory Council. Guiding principles to achieve continuity in medication management. Canberra: Commonwealth Department of Health and Ageing; 2005. Available at: www.health.gov.au/internet/wcms/publishing.nsf/Content/nmp-guiding

(c) Australian Pharmaceutical Advisory Council. Guiding principles for medication management in the community. Canberra: Commonwealth Department of Health and Ageing; 2006. Available at: www.health.gov.au/internet/wcms/publishing.nsf/Content/apac-publications-guiding

14. Australian Institute of Health and Welfare. Health expenditure Australia 2005–06. Health and Welfare Expenditure Series no. 30. Cat. no. HWE 37. Canberra: AIHW; 2007. Available at: www.aihw.gov.au/publications/hwe/hea05-06/hea05-06.pdf

15. World Health Organisation. Adherence to long-term therapies: evidence for action. Geneva: WHO; 2003. Available at: www.emro.who.int/ncd/Publications/adherence_report.pdf

16. Stowasser DA, Allinson YM, O'Leary KM. Understanding the medicines management pathway. *J Pharm Pract Res* 2004; 34:293–6.

review of medicine orders, dispensing and counselling. A medication profiling service also has close linkages with other professional services such as the provision of Consumer Medicine Information (CMI),¹⁷ Home Medicines Reviews (HMR),^{18,19} Residential Medication Management Reviews (RMMR)²⁰ and the provision of DAAs.^{21,22}

Pharmacists are advised that the scope of a medication profiling service is such that pharmacists should not be conducting an HMR or RMMR during the service.

2.4 Purpose and potential benefits of a medication profile

A medication profile should be regarded as a tool which may:

- Contribute to the consumer's knowledge and understanding of their medications and thereby promote adherence;
- Enhance consumer confidence and responsibility for self management of their medications and health;
- Reduce the risk of medication mismanagement and associated adverse events, including the risk of hospitalisation;
- Contribute to better health for the consumer through optimal use of their medications;
- Be used for timely and accurate communication between, and record keeping by, health professionals engaged in different stages or sectors of care for the consumer; and
- Contribute to seamless care across all points of the health care system facilitated by processes such as medication reconciliation.

For a medication profile to be an effective tool and adherence aid, it should not be a complicated or cluttered document. While there are a number of purposes that a profile could fulfil (as outlined above), pharmacists should be mindful of keeping the document simple and easy for the consumer to use without compromising the integrity and accuracy of the profile.

It is also extremely important that the consumer understands a medication profile is only useful if it is up to date (see section 6.2 for further discussion).

3. Establishing a medication profiling service

3.1 Considerations prior to the commencement of a medication profiling service

To provide a medication profiling service in an effective and efficient manner, pharmacists need to consider the following issues while planning the commencement of the service:

- Estimate the likely demand for the service and the impact on staff resources, workload and workflow;
- Designate a consultation area with appropriate privacy considerations;
- Procure any necessary hardware/software to produce and securely store medication profiles and document relevant information and necessary data;
- Allocate adequate time and resources to enable the delivery of the service in addition to the existing functions and services of the pharmacy;
- Draw up necessary policies and procedures to provide direction to staff;
- Provide information about the service to all staff, assign roles and responsibilities, and provide training (where necessary) for staff who are assigned key roles; and
- Prepare information or materials (e.g. brochures, leaflets, posters) about the service which can be provided to consumers and other health professionals.

3.2 Privacy and confidentiality

Pharmacists must respect and safeguard the consumer's privacy and confidentiality at all times, particularly in relation to information acquired in the course of providing professional services.

Pharmacists should refer to the privacy guidelines²³ as well as any state or territory privacy legislation or health privacy frameworks. Pharmacists must also meet the relevant professional standards (e.g. criterion 1 of the *Fundamental Pharmacy Practice* standard,²⁴ criterion 2 of the *Organisation of Pharmacy Practice* standard²⁵) in the provision of a medication profiling service.

17. Pharmaceutical Society of Australia. Consumer Medicine Information and the pharmacist. January 2007.

18. Pharmaceutical Society of Australia. Domiciliary Medication Management Review – Guidelines for pharmacists. December 2000.

19. Pharmaceutical Society of Australia, Professional Practice Standards, op. cit., pp. 35–42.

20. Pharmaceutical Society of Australia. Guidelines and Standards for the Collaborative and Pharmacist Residential Medication Management Review (RMMR) Program and Associated Quality Use of Medicines (QUM) Services. 2006.

21. Pharmaceutical Society of Australia. Dose Administration Aids Service Guidelines. 2007.

22. Pharmaceutical Society of Australia, Professional Practice Standards, op. cit., pp. 65–70.

23. Pharmaceutical Society of Australia. Professional Practice and the Privacy Act. 2001.

24. Pharmaceutical Society of Australia, Professional Practice Standards, op. cit., pp. 13–21.

25. Pharmaceutical Society of Australia, Professional Practice Standards, op. cit., pp. 137–42.

3.3 Consultation area

The consultation with the consumer must take place in an environment that safeguards their privacy and confidentiality.

Such an area must:

- a) Be distinct from the general public area (e.g. a consultation room, use of screens or 'pods');
- b) Allow conversations between the pharmacist and consumer to take place without being overheard by others;
- c) Allow the consultation to be undertaken without distractions or interruptions; and
- d) Meet applicable occupational health and safety requirements.

3.4 Staff responsibilities

It is important that all pharmacy staff members are:

- a) Informed about the general nature of the service;
- b) Clear about their respective roles and responsibilities; and
- c) Familiar with relevant policies and procedures.

Adequate provision must be made for staff time and resources required to promote and explain the service to consumers and local health service providers. Adequate time will also be required for staff to liaise with consumers, prescribers or other health professionals to complete a medication profile.

Pharmacists involved in the preparation of a medication profile must have the necessary training and practical experience (e.g. in medication history taking, conducting consumer interviews) and possess good communication skills (e.g. active listening).

3.5 Policies and procedures

Effective documentation is essential to maximise safety, quality and efficiency. A policies and procedures manual for a medication profiling service should be developed and must be available to all staff. Staff should record that they have read, and are familiar with, the policies and procedures. The contents of the manual should be systematically reviewed and updated as required, and at regular intervals. The review should be documented by annotating the date of review on the manual.

The policies and procedures manual should include or address the following issues:

- a) Aim or purpose of a medication profiling service (so that the goal of the service is clear to pharmacy staff);
- b) Outline of a medication profiling service;
- c) Description of roles and responsibilities of staff involved in the service and relevant education requirements;
- d) Maintenance of the consultation area;

- e) Requirements for maintenance (e.g. access, storage, security, backups) of profiles and associated documentation;
- f) Promotional materials and information for consumers and other health professionals;
- g) Allocation of resources consistent with service demand;
- h) Relevant forms and templates;
- i) Management of enquiries and complaints; and
- j) Audit timetable or an outline of quality assurance processes.

4. Information required to produce a medication profile

4.1 Request for a medication profile

A request for a medication profile may be made by the consumer or a member of their health care team. If a person other than the consumer has made the request, the consumer's written consent to proceed with the service and to forward a copy of the medication profile to the relevant person must be obtained and the documentation stored.

Pharmacists may also need to obtain the consumer's written consent if a third party has to be contacted to obtain details necessary to complete the medication history.

When an appointment for the consumer interview is made, it may be useful to ask the consumer to bring all of their medicines to the pharmacy, if practicable (i.e. provided the consumer is not on too many medications). This will make it easier to obtain an accurate medication history, particularly where medicines have been dispensed by another pharmacy or purchased from another source.

4.2 Consumer interview

At the start of the interview, the pharmacist should explain to the consumer the purpose of, process involved in, and expected outcome of the interview. The consumer should understand that their completed profile and associated documents will be maintained by the pharmacist. Consumers must also be informed of any program (or funder) specific requirements in relation to the provision of data or information to a third party. The interview should be conducted in a professional environment and any concerns raised by the consumer should be addressed before proceeding.

A private consultation in the form of a consumer interview is necessary for and conducive to engaging the consumer in a two-way discussion in order to obtain and verify all necessary information. It is important that the consumer is an active partner in the consultation. The pharmacist should be mindful of the need for good communication to build rapport, trust and mutual respect on medication management issues. Such considerations should encourage the consumer to provide information in a more open manner and assist the pharmacist

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to better understand and appreciate the consumer's concerns about and behaviours relating to medication use.

4.2.1 Sources of information

To produce an accurate and complete medication profile, the pharmacist will need to obtain and verify available information with the consumer. The pharmacist may source the required information from or through:

- Dispensing history available at the pharmacy;
- Medications presented by the consumer at the time of the interview which may include: medications dispensed by other community or hospital pharmacies; over-the-counter and complementary medicines obtained from pharmacies or other retailers (including health food stores and supermarkets); and medications provided by other health professionals (e.g. herbalists, naturopaths, sample packs from GPs);
- Repeat prescriptions held at the pharmacy or retained by the consumer;
- Dispensing records from other pharmacies (where the consumer or pharmacist has been able to obtain these); and
- Previously issued medication profiles or other medication lists (e.g. lists from a doctor, consumer's own list, recent hospital discharge summary, profile issued by another pharmacy).

Pharmacists should bear in mind that in many cases not all of the information needed will be able to be obtained from the consumer interview. The consumer may receive/obtain medicines from various sources or may not be able to recall medicine names, strengths or doses. Pharmacists may frequently need to contact other sources (e.g. pharmacies, carers, GPs, hospitals) to ensure the medication history is complete and accurate.

4.2.2 Medication history

To prepare a medication profile, the pharmacist will need to obtain an accurate medication history including the following:^{26,27}

- Consumer's details;
- Date and name of pharmacist documenting the history;
- Complete list of all medications including brand and active ingredient names, strength and dose form, dosage regimen;
- Medications that have been recently ceased or commenced (and the reasons if known and/or relevant);

- Details of previous adverse medication-related events and allergies; and
- Summary of significant questions asked by the consumer during the interview and response given or action taken by the pharmacist.

4.2.3 Assessment of medication management

During the interview, the consumer's current medicines and their knowledge and management must be documented including issues such as:^{28,29}

- Signs of cognitive or physical impairment which may affect their ability to effectively manage medicines (e.g. confusion, swallowing difficulties);
- Conditions which may limit the consumer's capacity to safely and effectively take medicines (e.g. visual impairment, diminished dexterity);
- Behaviours and attitudes to taking medicines that may impact on adherence;
- History suggesting problems managing their medications (e.g. prior hospitalisation due to poor adherence); and
- Level of available social support (e.g. whether a carer is regularly available to supervise or assist with taking medicines).

4.3 Issues to be resolved

As with any dispensing process, the pharmacist must address any issues identified or discrepancies detected during the service. The pharmacist should take appropriate steps to clarify and resolve the issue and document the actions taken.

Issues might be appropriately addressed during the service in consultation with the consumer by:

- Providing additional counselling and/or written material;
- Providing advice or information on ways to overcome the barriers (actual or perceived) to adherence and/or medication management; or
- Liaising with the prescriber (e.g. where there is duplication in therapy).

Where an issue of clinical significance is identified, the pharmacist may be unable to completely resolve it during the service. For example, the consumer may be experiencing sub-therapeutic outcomes and the pharmacist believes an HMR would be of benefit. This may result in a referral for an HMR to the GP following discussion with the consumer. Referrals to other health professionals may in some instances be appropriate.

26. Australian Pharmaceutical Advisory Council, Guiding principles to achieve continuity in medication management, op. cit., pp. 27–30.

27. The Society of Hospital Pharmacists of Australia. SHPA Standards of practice for clinical pharmacy. J Pharm Pract Res 2005; 35:122–46.

28. Australian Pharmaceutical Advisory Council, Guiding principles to achieve continuity in medication management, op. cit., pp. 31–3.

29. The Society of Hospital Pharmacists of Australia, SHPA Standards of practice for clinical pharmacy, op. cit.

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Pharmacists are strongly advised to take appropriate and timely steps to address issues of clinical significance identified during the provision of the service with appropriate followup.

Based on the information available, the completeness of the medication history, and any issues that need to be resolved, pharmacists will have to determine whether or not a medication profile can be completed at the time of the interview. In some instances provision of the profile will need to be delayed until further information is obtained and/or urgent problems resolved.

5. Producing a medication profile

Table 1 outlines the key elements of a medication profile with a brief discussion, where appropriate, of issues that pharmacists may need to consider. This is not intended to be a prescriptive list of required features.

It is anticipated that software vendors will meet a set of basic specifications. However, medication profiles generated by different programs are likely to have different appearances or have different additional features.³⁰

Table 1: Key elements of a medication profile

	Elements	Comments
1.	Consumer details	
a)	Name, address and telephone number	<ul style="list-style-type: none">• The consumer's name must be printed on every page of the profile.• Address details are mandatory but need not be on every page of the profile.• A contact telephone number is optional but may be useful.
b)	Gender	<ul style="list-style-type: none">• This should be recorded through the profile software but is optional for the printed profile.
c)	Date of birth	<ul style="list-style-type: none">• This should be recorded through the profile software but is optional for the printed profile.
d)	Name and contact details of usual medical practitioner	<ul style="list-style-type: none">• This may be the GP and/or regular specialist.
e)	Allergies and previous adverse drug reactions	<ul style="list-style-type: none">• Where possible, document when the adverse drug reaction occurred and the outcome.
2.	Pharmacy details	
a)	Name, address and telephone number	<ul style="list-style-type: none">• All details must be on every page of the profile.
b)	Name of pharmacist providing the medication profile	<ul style="list-style-type: none">• Must be included on the profile but need not be on every page.
3.	Medication details	
		<ul style="list-style-type: none">• Include details of all current regular (taken on an ongoing basis) and 'prn' (taken when necessary) medications, including prescription, non-prescription and complementary medicines.• Generally short term medications (e.g. short course antibiotics, cold and flu treatments) may be excluded from the list, however, if they are included the pharmacist must document when they are to be ceased (e.g. a specific date, 'when symptoms have resolved' or 'for not more than three days').
a)	Brand name and active ingredient name	<ul style="list-style-type: none">• The brand name and active ingredient name should be of equal prominence.• Names should be written in full wherever practicable.• Do not use abbreviations.• The brand name on the profile should be as it appears on the label or dispensing history at the time of issue.
b)	Strength and form	<ul style="list-style-type: none">• Wherever possible, express the strength in whole numbers (not decimals).• Always use a zero before a decimal point for numbers less than 1.• Do not use a terminal zero after the decimal point.• Avoid symbols if possible (e.g. use "microgram" or "mcg" rather than "µg").• Avoid abbreviations which may cause confusion (e.g. use "units" rather than "IU").

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30. The presentation, format and technical details of a medication profile are beyond the scope of these guidelines.

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c)	List of alternative brand names	<ul style="list-style-type: none"> • It is anticipated that the software program will have a feature to provide a default list of all alternative brand names for PBS medicines. • Where the listing of all alternative brand names may be considered (based on the pharmacist's professional judgement) to be detrimental to the consumer, a selected list of names may be provided. The selection of names for inclusion by the pharmacist may be guided by discussion with the consumer and, for example, be based on: <ul style="list-style-type: none"> – other brand name(s) the consumer is familiar with; – other brand(s) that the consumer has previously taken/used; or – other brand(s) which are commonly prescribed. • Wherever possible, consumers should be encouraged and assisted to become familiar with active ingredient names. Pharmacists can emphasise that there is only one active ingredient name to remember while there are many brand names the consumer may need to become familiar with.
d)	Coloured pictorial representation or written product description Pharmacists issuing profiles under the PMP Program must comply with any specific requirements relating to the quality and use of colour images. More information is available in the PMP Program Pharmacy Readiness Kit (PRK) or at www.guild.org.au/pps	<ul style="list-style-type: none"> • The use of pictorial representations for oral solid-dose medicines may benefit some consumers. However, images can also be a source of confusion (e.g. if all the consumer's medications are small, white tablets). • A written product description can be inserted if an image of a product is not available. • Pharmacists should primarily aim to educate consumers about active ingredient names and brand names of their medicines. It is important to find ways to assist the consumer so that they can minimise or eliminate their reliance on the appearance of a medicine.
e)	Prescriber's name	<ul style="list-style-type: none"> • For each medication, the name of the (usual or most recent) prescriber should be included. This may be different to the name of the medical practitioner recorded under 1 d). If the consumer has 'self-prescribed', this should be recorded.
f)	Dose and dosage regimen	<ul style="list-style-type: none"> • The pharmacist may encounter situations where the consumer's actions are not consistent with the prescriber's directions. The pharmacist must take appropriate actions to resolve any such discrepancies. • Always use a zero before a decimal point for a dose less than 1. • Do not use a terminal zero after the decimal point. • Do not use fractions (e.g. use "half a tablet" rather than "1/2 a tablet"). • The directions for use should be unambiguous and in plain English. • Avoid abbreviations or expressions which may cause confusion. • "Use as directed" is not acceptable unless there are exceptional circumstances and only then with appropriate counselling. • Specify the day(s) of the week (where possible) if medication is not taken daily (e.g. "once a week on Wednesdays"). • Duration of treatment should be included if known. • A breakdown of the daily dose in columns (e.g. breakfast, lunch, dinner, bedtime) must be used carefully and amended appropriately for 'unusual' doses (e.g. one tablet per week).
g)	Supplementary information	For each medication, additional information may be documented, for example: <ul style="list-style-type: none"> • Indication (reason for use) – pharmacists may not be aware of this (e.g. where a drug has multiple indications, or a medicine is prescribed for off-label use) but should ascertain the actual indication wherever possible. The indication should be documented as reported by the consumer using words that the consumer understands or prefers (e.g. consider "diuretic" vs. "fluid tablet" vs. "for water"). • Route of administration – this should be included if it is unclear to the consumer (particularly with non-oral medications) or there is potential for misinterpretation. • Special directions or cautions – additional counselling advice.

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4. Other details or features		
a)	Unique profile identifier	<ul style="list-style-type: none">• Must be on every page of the profile. (NB: This feature is expected to be built in by the software vendors.)
b)	Date of finalisation of the profile	<ul style="list-style-type: none">• Must be on every page of the profile.
c)	Page numbers in the form of “page x of y”	<ul style="list-style-type: none">• This is to ensure completeness of the profile at all times.
d)	Additional information (not specific to the medications)	Examples: <ul style="list-style-type: none">• Vaccination record – details of any vaccinations the consumer has received, if known.• Any referrals or recommendations made by the pharmacist – significant medication-related interventions by the pharmacist may impact on the details of the profile. However, it may be appropriate for the profile to be completed and a referral (e.g. to the GP for an HMR or a DAA) or recommendation (e.g. to seek advice from another health professional) given to the consumer at the same time. In such cases, the consumer should be urged to follow up on the referral/recommendation and the pharmacist should document the details of the ‘pending’ action on the profile.• In practice, other health professionals may use this space (or other relevant areas of the profile) to annotate issues or changes.

6. Discussing the medication profile with the consumer

6.1 Counselling

Once a medication profile has been produced the pharmacist should discuss details with the consumer to verify the accuracy of the profile and the consumer’s understanding of their medications. Issues to be discussed may include (but are not limited to) the following:

- Explaining how to read and use the medication profile;
- Confirming the details are correct for each medication and providing or reinforcing information about the medications;
- Reinforcing unusual dosages requiring extra care (e.g. once weekly doses);
- Explaining cautionary and advisory labels³¹ for particular medications (where relevant);
- Highlighting medications with special storage requirements;
- Counselling on issues arising from brand substitution;³²
- Providing and explaining/clarifying relevant contents of a CMI leaflet for medicines where additional written information has been requested by, or is likely to assist, the consumer;³³

- Reminding the consumer of the management of medications not listed on the profile;
- Where the profile was originally requested by a person other than the consumer, confirming that a copy will be forwarded to the person in accordance with the consumer’s written consent;
- Explaining the importance of presenting the profile each time they see a health professional or go to hospital; and
- Emphasising the importance of keeping the profile up-to-date.

6.2 Scope, validity and maintenance of the medication profile

Some medication profile templates may include statements relating to the following issues which reflect on the scope of a completed profile:

- The medication profile cannot substitute for professional medical advice, diagnosis or treatment;
- The medication profile is based on information provided by the consumer or otherwise made available to the pharmacist at the time of the consumer interview; or
- The consumer is responsible for advising the pharmacist of any changes to their medication regimen.

The pharmacist should draw the consumer’s attention to these statements on the medication profile (if available) and re-iterate or explain these issues to the consumer directly at the time the profile is being issued.³⁴

31. Pharmaceutical Society of Australia. The Australian Pharmaceutical Formulary and Handbook. (Refer to the current edition.)

32. Pharmaceutical Society of Australia. Guidelines for pharmacists on PBS brand substitution. July 2004.

33. Pharmaceutical Society of Australia, Consumer Medicine Information and the pharmacist, op. cit.

34. It is anticipated that funded programs may have a requirement for the consumer to ‘sign-off’ on the final profile (or other paperwork) as confirmation of delivery of the service. Some software vendors may integrate this feature in their template profiles.

It is important that the consumer understands a medication profile is created on and refers to a particular date and that one or more medication-related events (e.g. change in therapy, or admission to hospital) may impact on the accuracy and currency of the profile.

The pharmacist should explain the importance and value of having an up-to-date medication profile at all times. Consumers should be encouraged to have their profiles regularly updated by the pharmacist, for example:³⁵

- a) When there have been changes to their medication (e.g. due to a change in the consumer's disease state, following discharge from hospital, or as a result of an HMR);
- b) When medication has been added to, or removed from, their regular regimen (e.g. by the GP, or following surgery); or
- c) At regular time intervals (e.g. annually, or every six months).

Consumers should be encouraged to have their profile with them at all times. In practice many consumers will annotate the profile with any changes to their medication or ask their GP (e.g. during a consultation) to do so. It is therefore important to remind consumers that they should present their profile for updating by the pharmacist.

7. Monitoring

Pharmacists have a role in monitoring the consumer's medication management (beyond the provision of a medication profile) and should identify appropriate opportunities to detect any issues or problems the consumer may be having and address them appropriately.

The pharmacist's role in monitoring may involve:

- a) Detecting any unexpected, undesirable or sub-therapeutic outcomes;
- b) Assisting the consumer with any medication-related questions or problems;
- c) Providing verbal or written health or medicine information to enhance the consumer's understanding;
- d) Assisting with or demonstrating the optimal use of a medical device; and
- e) Referring the consumer to their GP (or other health professional) where medical (or other) intervention is considered to be necessary.

Encouraging consumers to have their medication profile updated regularly will facilitate this routine monitoring.

8. Quality assurance

To ensure a medication profiling service meets the safety and quality requirements of professional practice, pharmacists should introduce procedures for quality control, quality assurance and monitoring.

Pharmacists may need to implement, for example:³⁶

- a) Staff education;
- b) Reflective (peer or self-reflective) performance evaluations;³⁷
- c) Audits of workload and impact on resources;
- d) Communication audits;
- e) Audits of accuracy of medication profiles;
- f) Reviews of policies and procedures manual;
- g) Consumer satisfaction surveys;³⁸ and
- h) Procedures for dealing with complaints.

Audits should be carried out at least annually. More frequent audits may be useful or warranted in the early stages when the service is being established.

Results of the audits should be analysed and recorded together with any action taken or outcome. The findings can inform future system improvements and any actions taken can be integrated as part of the improved system.

9. Resources

Pharmacists are referred to the following resources for additional relevant information that may assist in the delivery of a medication profiling service to consumers.

- ▷ *Guiding principles for medication management in the community* (Australian Pharmaceutical Advisory Council, June 2006). Available at: www.health.gov.au/internet/wcms/publishing.nsf/content/apac-publications-guiding. Refer in particular to *Guiding Principle 5 – Medication lists*. Other relevant topics include 'Self-administration' (Guiding principle 2), 'Storage of medicines' (Guiding principle 8) and 'Disposal of medicines' (Guiding principle 9).
- ▷ *Guiding principles to achieve continuity in medication management* (Australian Pharmaceutical Advisory Council, July 2005). Available at: www.health.gov.au/internet/wcms/publishing.nsf/Content/nmp-guiding. Refer in particular to *Guiding Principle 4 – Accurate medication*

35. Some pharmacists may wish to establish a reminder system for the benefit of the consumer as well as the pharmacy.

36. Some of the audits or quality control procedures may be implemented through the Quality Care Pharmacy Program.

37. Improvement in the accuracy of a medication profile can often be achieved by providing performance feedback amongst peers.

38. It is important to seek feedback from consumers in order to assess the benefits of a medication profile, whether or not the service is meeting the consumer's expectations, and to address any deficiencies. Consumers should be asked, for example, about the level of detail, the ease of use (e.g. readability, understandability) or the value of a profile as an adherence aid or educational tool.

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history and Guiding Principle 5 – Assessment of current medication management. Other relevant topics include 'Supply of medicines information to consumers' (Guiding principle 7).

- ▷ The Society of Hospital Pharmacists of Australia *Standards of practice for clinical pharmacy* (J Pharm Pract Res 2005; 35:122–46). Refer in particular to Appendix A – *Accurate medication history* and Appendix B – *Assessment of current medication management*.

Appendix 1: Patient Medication Profile Program funded under the Fourth Community Pharmacy Agreement³⁹

Pharmacists delivering the Patient Medication Profile (PMP) Program under the Fourth Community Pharmacy Agreement must meet all relevant requirements outlined in the Operations Manual for the Program. For more comprehensive information, pharmacists are referred to the Pharmacy Readiness Kit to be issued by the Pharmacy Guild of Australia, and the PMP Program Operations Manual.

Pharmacists participating in the PMP Program will receive funding to assist in the provision of patient medication profiles to a minimum number of community-based patients who would benefit from a profile.

A participating pharmacy must:

- a) Be a Section 90 approved pharmacy;
- b) Register, according to the Operations Manual, for approval to become a registered patient medication profile provider;
- c) Have access to appropriate equipment and software to support patient medication profile provision;
- d) Have staff who are appropriately trained, and pharmacists who have performed a mandatory self-assessment for history taking;
- e) Have a location within the pharmacy that allows for a private patient interview to be conducted in accordance with professional pharmacy standards;
- f) Agree to provide the medication profile service in accordance with professional service standards and protocols for the Program;
- g) Provide medication profiles to a minimum number of patients in line with the Operations Manual;
- h) Agree to collect and provide de-identified patient data, in line with the Operations Manual, to inform future Program development and evaluation;
- i) Perform mandatory self audits in line with professional standards and guidelines; and
- j) Agree to be audited for the purposes of verifying the above eligibility criteria.

Patient eligibility criteria and a service fee will apply to this program.

A patient must have been a regular prescription customer at the pharmacy for at least the previous three months in order to generate a meaningful medication history. (Exceptions may apply and such circumstances will require the pharmacist's professional judgement.)

39. Information obtained with the assistance of staff of the Australian Government Department of Health and Ageing.

Medication Profiling Service – Standards

Standard:

The pharmacist provides a medication profiling service that is comprehensive and timely, and supports optimal medication management by the consumer.

Important notes relevant to this standard

- This standard must be read in conjunction with the guidelines for pharmacists on *Medication profiling service*.
- The tick boxes (on subsequent pages next to each indicator) are intended for use as a self-assessment tool and can be marked with a “✓” or “✗”. If an indicator does not apply, mark “N/A” next to the box and provide a brief explanation.
- Pharmacists must be cognisant of the overarching quality standards framework as published in the Professional Practice Standards, version 3 (Pharmaceutical Society of Australia, 2006) [PPS]. The structure of this framework is such that for completeness, this standard cannot be considered in isolation and must be applied in the context of other relevant standards as outlined below (this is not an exhaustive list). The Standards for the Provision of Pharmacy Medicines and Pharmacist Only Medicines in Community Pharmacy (November 2005) [S2/S3] may also be relevant as a medication profile will include over-the-counter medicines.

Standard	Relevance to medication profiling service	Examples of criteria (and the issues) that may be relevant
Fundamental Pharmacy Practice (PPS)	This is the overarching universal standard for pharmacists and contains criteria common to all services.	1 – Privacy and confidentiality 3 – Promotion 4 – Communication 9 – Referral
Dispensing (PPS)	Dispensed medicines are consistent with the needs and safety of the consumer.	2 – Drug allergies and sensitivities 3 – Currency of medication history 4 – Significant interactions 9 – Instructions relating to use and storage 13 – Brand substitution
Organisation of Pharmacy Practice (PPS)	This standard relates to management and organisational needs which facilitate the delivery of pharmacy services.	1 – Pharmacy environment, and staffing levels and skills 2 – Privacy and confidentiality 3 – Equipment and resources 4 – Documentation 5 – Review and evaluation
Customer Care and Advice (S2/S3)	Consumer receives appropriate care and advice to facilitate the use of Pharmacy Medicines and Pharmacist Only Medicines.	1 – Responding to requests appropriately 3 – Referral

- If the service being provided is subject to a specific government (or other) funding arrangement, the relevant business rules must be consulted and complied with.

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Criterion 1 **The pharmacist establishes and maintains systems to enable the delivery of a responsible and professional service.**

- | | | | |
|------------------|---|--|--------------------------|
| Indicator | 1 | Ensures adequate training has been completed. | <input type="checkbox"/> |
| | 2 | Establishes and maintains an area suited to the delivery of the service. | <input type="checkbox"/> |
| | 3 | Establishes and regularly reviews policies and procedures relevant to the service. | <input type="checkbox"/> |
| | 4 | Maintains appropriate documentation systems. | <input type="checkbox"/> |
| | 5 | Ensures medication profiles are presented in a professional and clear manner. | <input type="checkbox"/> |

Notes

Pharmacists will need to consider privacy and confidentiality issues, occupational health and safety requirements, and workflow issues when establishing and maintaining a professional service area.

Pharmacists may already have certain overarching policies (e.g. a privacy policy for the pharmacy) or procedures. A review of current documents should be undertaken in the context of this service and existing documents modified or new documents (e.g. procedure for staff to explain the medication profiling service to consumers) established, as appropriate.

Good documentation systems are essential to the provision of an efficient service, and to ensure a timely service and continuity of care. Pharmacists are reminded that where the service is funded or subsidised by specific programs, there are likely to be formal requirements to complete certain documentation (e.g. data collection for evaluation purposes, or audit requirements).

Care must be taken to ensure pictorial representations of medicines are clear and accurate and the print quality is not compromised (e.g. by low levels of colour toner).

Criterion 2 **The pharmacist provides a medication profile which is current and complete.**

- | | | | |
|------------------|---|---|--------------------------|
| Indicator | 1 | Understands the features of a medication profile. | <input type="checkbox"/> |
| | 2 | Ensures a complete and accurate medication history is obtained and documented. | <input type="checkbox"/> |
| | 3 | Documents the date of finalisation on the medication profile. | <input type="checkbox"/> |
| | 4 | Ensures the name of the consumer is printed on each page of the medication profile. | <input type="checkbox"/> |
| | 5 | Ensures a copy of the full profile is provided to the consumer. | <input type="checkbox"/> |

Notes

Pharmacists should have an understanding of the features of a medication profile some of which are mandatory and others optional.

Criterion 3 **The pharmacist discusses details of the medication profile with the consumer.**

- | | | | |
|------------------|---|---|--------------------------|
| Indicator | 1 | Confirms the details of the medication profile with the consumer at the time of issue. | <input type="checkbox"/> |
| | 2 | Explains that the medication profile is based on the consumer's medication history and information provided by the consumer during the interview. | <input type="checkbox"/> |
| | 3 | Ensures the consumer understands how to read and use the medication profile. | <input type="checkbox"/> |
| | 4 | Confirms the consumer's understanding of the management of any medications not listed on the medication profile. | <input type="checkbox"/> |
| | 5 | Provides the opportunity for the consumer to ask questions about or clarify details of the medication profile. | <input type="checkbox"/> |

Notes

The pharmacist should also confirm the consumer's understanding of how to optimise the use of their 'prn' medicines. Significant issues raised by the consumer and the pharmacist's response should be documented.

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Criterion 4 The pharmacist conducts the medication profiling service in a timely and ethical manner.

- | | | | |
|-----------|---|---|--------------------------|
| Indicator | 1 | Maintains a log of appointments for consumer interviews. | <input type="checkbox"/> |
| | 2 | Allows adequate time to conduct a detailed and comprehensive consumer interview. | <input type="checkbox"/> |
| | 3 | Resolves any medication-related discrepancies detected during the service. | <input type="checkbox"/> |
| | 4 | Obtains the consumer's written consent to forward a copy of their medication profile to the referring person or other health professional, or to contact a third party to confirm medication history details. | <input type="checkbox"/> |

Notes

In preparing a medication profile for a consumer, the pharmacist may detect actual or potential drug interactions, inappropriate doses or other medication-related issues from the medication history or during the interview. Pharmacists have a professional and ethical responsibility to take the appropriate steps to resolve such issues or to refer the consumer to an appropriate health professional or information source. It is critical that pharmacists take the appropriate course of action so that issues of clinical significance are addressed without delay.

Criterion 5 The pharmacist promotes the use of the medication profile to the consumer.

- | | | | |
|-----------|---|---|--------------------------|
| Indicator | 1 | Explains the benefits of having the medication profile updated on a regular basis or when appropriate. | <input type="checkbox"/> |
| | 2 | Encourages the consumer to have the medication profile available when consulting with other health professionals. | <input type="checkbox"/> |

Notes

Pharmacists should highlight to the consumer the importance of having a current medication profile at all times.

The medication profile can be used as a resource by the consumer to inform other health professionals about their current medication, particularly to assist in the continuity of care across different health care sectors or different episodes of care.

Criterion 6 The pharmacist promotes the integration of a medication profiling service with other professional services and activities.

- | | | | |
|-----------|---|---|--------------------------|
| Indicator | 1 | Understands the links to other services. | <input type="checkbox"/> |
| | 2 | Considers the synergies of different professional services and activities undertaken within the pharmacy. | <input type="checkbox"/> |

Notes

Pharmacists should routinely consider the links between a medication profiling service and other services or activities that may benefit the consumer and enhance their quality use of medicines. Examples include: specific health weeks and public health campaigns, HMRs, DAAs service, and disease state management programs.

Pharmacists should explore and analyse the options for delivering one or more professional services within the capacity and resources available to them.

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Declaration

(Self-assessment and declaration to be completed by all pharmacists providing this service)

Reasons why any indicators are marked 'not applicable'

Action to be undertaken for each indicator currently not met

I have completed this assessment in a fair and ethical manner, and fulfil the marked indicators in the provision of this service.

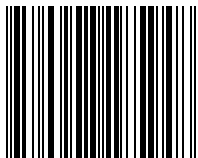
Signed _____ Date _____

Notes

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