

The Provision of Pharmacy Services to Aboriginal and Islander Health Services

Pharmaceutical Society of Australia
October 2005



**Pharmaceutical
Society of Australia**

Guidelines and standards for pharmacists

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Guidelines for the Provision of Pharmacy Services to Aboriginal and Islander Health Services

Background

The Pharmaceutical Society of Australia (PSA) is committed to promoting Quality Use of Medicines (QUM) in Indigenous communities through improved access to the services and expertise of pharmacists. PSA recognises the need to improve the awareness and understanding of Indigenous health issues amongst its members. It encourages pharmacists to address cultural and other issues likely to impact on the effectiveness and acceptability of their services and to develop cooperative arrangements with the Indigenous communities they service to optimise the health benefits to community members.¹

PSA has developed these Guidelines for pharmacists providing pharmacy services to Aboriginal and Islander Health Services (hereafter abbreviated to "AHSs"). The guidelines are designed to assist pharmacists to exercise their professional judgement in specific presenting circumstances and to promote a consistently high quality of service.

It is important to note these guidelines are not tailored to any particular service framework operating under any specific funding model/agreement. The intention of this document is to present a broad picture of the types of medication-related activities or services that can be delivered by pharmacists for the benefit of AHSs and their clients.

While many pharmacists have been delivering services to AHSs for a number of years, this area of pharmacy practice is still developing and evolving. Therefore this should be regarded as a dynamic document. Any comments can be forwarded to: PSA National Policy Committee, PO Box 21, CURTIN ACT 2605.

Terminology

It is appreciated that there are many differences in cultures and accepted protocols between Aboriginal, Torres Strait Islander and South Sea Islander peoples and their communities. For consistency and convenience, this distinction is not made throughout the document. However, there is no intention to diminish our recognition of the existence and uniqueness of the various communities and their peoples.

As indicated above, in this document, "Aboriginal and Islander Health Service" is abbreviated to "AHS". This includes all related sites where medicines are stored and/or supplied to Aboriginal and Islander clients. Apart from permanently staffed clinics this can include clinics which store medicines but are not permanently staffed (sometimes referred to as outstations) and mobile clinic facilities. For the purposes of this document there has not been a distinction made between services that are governed by a community controlled board or operated by a state government department.

In order to improve the readability of this document, the term "Section 100 supply arrangement" is used to refer to the special Pharmaceutical Benefits Scheme (PBS) item supply arrangement (under Section 100 of the National Health Act 1953) for eligible remote area AHSs.

¹ Pharmaceutical Society of Australia. Aboriginal and Torres Strait Islander Health [position statement]. July 2001.

Guidelines and standards for pharmacists

A. Introduction

Australia's National Medicines Policy² recognises that each partner within the health care sector has a responsibility to participate in a cooperative endeavour to deliver better health outcomes. The policy also acknowledges the substantial access barriers and evidence of underuse of medicines by Aboriginal and Torres Strait Islander peoples.

Provision of health services to Aboriginal, Torres Strait and South Sea Islander peoples is often facilitated through AHSs. Clients of AHSs are reliant upon the contribution of various health care professionals, many of whom play roles that are unique to the AHS environment. The AHS team may involve nursing staff, Aboriginal Health Workers, medical practitioners, pharmacists and other allied health staff.

The provision of pharmacy services to AHSs is recognised as a key contributor to achieving the quality use of medicines (QUM) by all clients of AHSs, with the assistance of all members of the health care team within the AHS.

In many AHSs the clinical or other AHS staff perform the role traditionally filled by a pharmacist, with the pharmacist providing a mentoring role to assist the AHS staff to fulfil their functions with medication management.

B. Clients' rights

The Management of the AHS will decide where their imprest supplies of medicines will be sourced from. However, the right of individual clients to obtain pharmacy supplies from any pharmacy of their choosing is acknowledged.

C. Privacy and confidentiality

Pharmacists should safeguard the client's privacy and confidentiality at all times, particularly in relation to information acquired in the course of providing pharmacy services.

Pharmacists should refer to the privacy guidelines³ as well as any state/territory privacy legislation or health privacy frameworks.

D. Service contract and other agreements

Pharmacists involved in providing pharmacy services to AHSs should work closely with the administration/clinic council, clinic staff, and the clients.

A sample contract between the AHS and the supply pharmacist is provided at Appendix A. It should be tailored to meet the agreed medication or QUM needs of the AHS. The AHS may also independently contract with a pharmacist to provide support services, in addition to the pharmacy that supplies the medicines and devices.⁴ Where there are multiple pharmacy service providers to an AHS, it is strongly encouraged that ongoing communication channels are established between those providers so that all understand the total service being provided to the AHS as well as their respective roles and responsibilities.

As with any business arrangement, a written and signed contract is strongly recommended. For some funded services, a written contract may be mandatory.

Where services are provided under agreements with specific government funding provisions such as those applicable to the *Allowance for support services to remote area Aboriginal Health Services*, the reporting and accountability requirements covering the expenditure of these funds must be adhered to.

Upon termination of a service contract, the pharmacy is encouraged to provide to the incoming pharmacy service provider sufficient or reasonable details to enable continuity of care to the AHS and its clients. The AHS may also be able to assist in this process in obtaining the necessary information for the incoming pharmacist to continue to provide an effective pharmacy service without significant disruptions. Useful information might include, for example:

- Stock ordering history summaries of imprest items;
- Clients' medication histories for a reasonable period (eg. 12 months) prior to the cessation of the contract, if available and practicable;
- Previous support service workplans where relevant and site visit reports where available;
- Up-to-date client records, as may be necessary.

2. Commonwealth Department of Health and Aged Care. National Medicines Policy 2000. Canberra: CDHAC; 1999.

3. Pharmaceutical Society of Australia. Professional Practice and the Privacy Act. Canberra: PSA; 2001.

4. Some funding for Support Services may only be available to a community pharmacy with a current Section 100 supply arrangement. The AHS however may have access to other funding arrangements (ie. independent of any Section 100 supply arrangements) and therefore have a separate contract with a pharmacist who provides pharmaceutical/QUM support.

E. Communication and administration issues

Pharmacists must develop and maintain good communication channels with the staff (clinical and administrative) and clients of the AHS and other health professionals. This will assist interprofessional collaboration, and enable pharmacy services to be delivered in a manner that is acceptable to all participants and of benefit to clients. Pharmacists and other health professionals recognise that individually and jointly, they have a responsibility to assist clients to achieve optimal and quality use of their medications leading to best possible outcomes. Expanded and enhanced communication between health professionals is vital in this regard. Pharmacists must uphold the reputation of the profession at all times by embracing the principles of the Code of Professional Conduct.⁵

In addition to a firm agreement and understanding of the service being provided to the AHS, timely reporting and follow-up are also essential elements of good practice and satisfactory service. It is recommended that the pharmacist:

- Raises any significant concerns (requiring immediate action) with the relevant personnel or health professional;
- Appropriately documents all interventions;
- Consults with the appropriate AHS staff and/or health professional regarding any proposed changes;
- Follows up on any interventions and documents the outcome; and
- Reports to the appropriate personnel on a regular basis, as agreed.

Pharmacists are strongly encouraged to undertake Aboriginal cultural awareness training, particularly if they are engaging in providing services to AHSs for the first time.⁶

It is important that the pharmacist adheres to any AHS specific policies (eg. cyclone and security protocols). It is essential that pharmacists display cultural awareness and recognise that when visiting an AHS, they may be visiting traditional lands and should obtain consent and any necessary permits prior to doing so. While visiting an AHS it is important that the pharmacist also adheres to any other protocols the land councils may have in place (eg. purchasing of artwork protocols). Many land councils have protocols in place which must be followed by visitors to the community. The clinic or administrator of the community should be contacted prior to arrival to clarify these.

F. Pharmacy services

The provision of pharmaceutical and cognitive services to AHSs includes:

- the dispensing, supply and distribution of medicines;
- provision of information and advice about medications, with the primary objective being the promotion of QUM;
- support services to assist with medication management; and
- pharmacists responding (through the AHS) to clients' medication-related needs to help them achieve desired health outcomes.

The services should be delivered to the relevant professional standard (provided later in this document) and in a manner that is culturally appropriate to the Indigenous clientele.

1. Pharmaceutical supplies^{7,8}

All medicines, however supplied, must meet relevant legislative requirements.

(a) Ordering

The AHS is responsible for coordinating and communicating pharmaceutical requirements to the

5. Pharmaceutical Society of Australia. Code of Professional Conduct. Canberra: PSA; 1998. Available at: www.psa.org.au/ecms.cfm?id=45

6. The following are example resources only:
Office of Aboriginal Health, Department of Health, Western Australia. A best practice model for health promotion programs in Aboriginal communities. Available at: www.diabetes.health.wa.gov.au/docs/1887%20BestPracticeModel19402.pdf
Boustany J. Cultural awareness workbook for GPs. 2000. Available at: www.medicineau.net.au/clinical/abhealth/abhealt3506.html
Board of Studies New South Wales. Working with Aboriginal communities: A guide to community consultation and protocols. 2001. Available at: www.boardofstudies.nsw.edu.au/aboriginal_research/pdf_doc/work_aborig_comm.pdf

Hurley A. Respect, acknowledge, listen: Practical protocols for working with the Indigenous community of Western Sydney. Liverpool: Community Cultural Development New South Wales; 2003. Available at: www.ccdnsw.org/ccdnsw/pdf/protocols.pdf

7. Pharmacists may wish to refer to: The Society of Hospital Pharmacists of Australia. SHPA Drug Distribution Guidelines. In: Johnstone JM, Viénet MD, eds. Practice Standards and Definitions. Melbourne: SHPA; 1996. While the guidelines refer to drug distribution to hospital inpatients only, the general principles are relevant.
8. National Aboriginal Community Controlled Health Organisation. Medicine Management: Guidelines for preparing for the Section 100 Scheme in Aboriginal Primary Health Care Services. Available at: www.naccho.org.au/Section100.html

pharmacy. The pharmacist may be consulted on related issues to facilitate and advise on developing an efficient service. This should be clearly negotiated according to the needs of the AHS and agreed service details should be included in the service contract.

Pharmacists may assist the AHS to develop policies and procedures for the ordering and receipt of medicines in the AHS. Pharmacists may need to consider and/or be aware of the following issues.

- Some approved AHSs may order PBS items via special supply arrangements under Section 100 of the National Health Act 1953. When these provisions are used, appropriate Medicare Australia (previously known as the Health Insurance Commission) approved forms must be used for ordering purposes.
- Supply may be via a suitable imprest list which may include both prescription and non-prescription items.
- A medical practitioner's (or other approved prescriber's) prescription may be used as a form to request supply of an individual client's medication. Supply in this manner is separate to the Section 100 supply arrangements and therefore should be part of a negotiated service (which may be paid for by the AHS/client or costs recouped in other ways by the supplying pharmacy).
- Standard treatment manuals (eg. Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual) or regional clinical consensus may guide the selection of medicines to be supplied via imprest.
- Staffing levels and resources of the AHS may determine if medicines are to be provided in bulk on imprest or via the prescription method.
- Controlled Drugs (Schedule 8 medicines under the Standard for the Uniform Scheduling of Drugs and Poisons) may be ordered for stock use or by client prescription in accordance with state/territory legislation as they are not able to be ordered via Section 100 supply arrangements.
- Any ordering systems established should assist the AHS with their stock control procedures. A system

should be in place to allow changes to the imprest system either on regular review or on another agreed basis. Note that prescribing patterns can change as a result of change in medical practitioners at the AHS or in the region.

- If an AHS is at the implementation phase for Section 100 supply arrangements, additional support may be required to assist with the establishment of their procedures.^{8,9}

(b) Dispensing

When medicines are dispensed for clients of the AHS, as with the dispensing of all prescriptions, the pharmacist will maintain a record as required by law, of all medicines supplied to each client. The pharmacist should check these regularly for possible drug interactions, changes in dosage and anomalies such as oversupply, undersupply or inappropriate supply.

For further details, pharmacists should refer to the professional guidelines.¹⁰

Medicines should be dispensed in the manufacturer's original container or packed into another individual container, or in a dose administration aid (DAA) as appropriate and in consultation with the staff of the AHS. If DAAs are used, issues such as medicine stability, climatic conditions and logistics of regular supply need to be considered [see under 5. *Supply of dose administration aids*].

(c) Delivery

The pharmacist must ensure medication orders placed by the AHS are processed/supplied in a timely manner. The pharmacist and AHS should agree on and state in the contract the method of delivery and outline who is responsible for meeting any costs incurred in the delivery of the medicines.

Recognising that logistical issues may occur, an agreed procedure to obtain emergency supplies or an after hours service sufficient to cover the requirements of the AHS should be in place. Note this is not a requirement under Section 100 supply arrangements and therefore a feasible service must be negotiated.

9. Emerson L, Croucher K, Burchell H. Information kit: Allowance for support services to remote area Aboriginal health services. Canberra: The Pharmacy Guild of Australia; 2001. Available at: www.guild.org.au/public/rpwpdfiles/infokitaboriginalhealth.pdf

10. Pharmaceutical Society of Australia. Dispensing Practice Guidelines. Canberra: PSA; 1997. Available in the current edition of Australian Pharmaceutical Formulary and Handbook.

Where medicines are freighted to an AHS the pharmacist must comply with legislative requirements (eg. use of secure post/courier, appropriate packaging and labelling of all freight). The pharmacy needs to have a mechanism in place to notify the AHS how medicines are being freighted to the clinic to avoid medicines being left unattended at freight drop off points.

The delivery procedures should appropriately address the relevant geographic and logistical situations. Special consideration may be required with refrigerated (eg. vaccines) or frozen items, aerosols and Controlled Drugs (eg. signed documentation of collection and receipt may be necessary). Some deliveries may take days to arrive at their destination because of the constraints of the transport of goods by air (eg. regularity of services to an AHS may only be once a fortnight on a Royal Flying Doctor Service (RFDS) clinic visit and load restrictions may be in place) or over water (eg. via barge).

(d) Storage

The pharmacist should advise on appropriate storage conditions for all pharmaceuticals kept at the AHS. The pharmacist should assist the AHS to develop policies and procedures regarding the storage of medicines including systems to address issues such as:

- Storage of imprest items;
- Storage of dispensed items;
- Stock control procedures and ordering processes;
- Security issues (eg. prevention of unauthorised access);
- Temperature of the storage room (ie. should remain at or below 25 degrees, thus necessitating air-conditioning in many instances);
- Safe and appropriate storage of medicines in original containers or repackaged into alternative containers, or dispensed in DAAs such as unit dose, multi-dose or 7-day packs;
- Medicines that should not be repackaged into (and therefore should not be stored in) DAAs;
- Adherence to cold chain procedures;
- Handling, storage and recording of Controlled Drugs.

(e) Disposal

The pharmacist may need to provide advice to the AHS on appropriate disposal methods for various types of medicines. The provision and subsequent replacement of an appropriate Return Unwanted Medicines (RUM) container ('bins') is one way to assist this process.

2. On site access

(a) On site visits

The pharmacist should visit the AHS at a frequency determined by consideration of issues including the following:

- Needs of the staff and clients of the AHS;
- Size and proximity of the AHS;
- Costs incurred in providing a visitation service;
- Funding available to support these visits;
- Seasonal conditions can restrict visits to some AHSs;
- The pharmacist's safety in travelling to some remote areas;
- Flexibility with agreed arrangements to observe times when it may not be appropriate to visit (eg. 'sorry business' or community mourning).

All agreed details should be clearly outlined in the contract. A site visit report should be supplied to the AHS within an agreed timeframe.

(b) On site pharmacist

Where a pharmacist is employed either full-time or part-time by/at the AHS, there should be provision made for a suitable workspace and appropriate facilities. The range of duties performed by the pharmacist will be determined by:

- State/territory legislation requirements as they apply to security and access to scheduled medicines, physical facilities of the pharmacy and ownership provisions; and
- Needs of the clients of the AHS.

The details of the funding of such a service as well as the rights and responsibilities of both the pharmacist and the AHS should be clearly outlined in the contract.

3. Education of AHS staff ¹¹

Pharmacists have a role in providing an education program to the staff of the AHS in accordance with their needs. This should be discussed with the management team or may be guided or determined by the clinical management team.

The pharmacist may provide articles, updates or newsletters on new medicines, devices or guidelines, continuing education on medication-related topics, cost-effective use of medicines, or on other pharmacy services which may be provided by the pharmacist. Other topics might include, for example, Section 100 supply arrangements, dispensing process or QUM principles to equip AHS staff to supply medicines to their clients in a safe manner.

The pharmacist must ensure that material is presented in a culturally appropriate manner and in a format suitable to the needs of the staff. Services may be provided face-to-face or by alternate technology such as teleconference, videoconference or internet based activities.

Pharmacists should clearly negotiate details of the service to be provided, including the type and frequency of the service (including any fee that may be charged if this is not part of a support service agreement), and the agreed terms should be included in the contract with the AHS.

4. Drug information services

Pharmacists should provide written and/or verbal information or advice about medications and related issues in response to a request from the AHS staff, clients or other health professionals. This is separate to the counselling that may be provided directly to clients or indirectly through AHS staff.

Pharmacists are expected to maintain up-to-date and contemporary knowledge as well as clinical and drug information skills, and to have access to a reasonable

range of library references and evidence-based resources.¹²

The pharmacist should prioritise queries and wherever possible, document outcomes and maintain such records. When client-specific drug information is provided, the pharmacist should consider whether there is also a need to provide monitoring and follow-up.

5. Supply of dose administration aids

Dose administration aids are compartmentalised boxes or blister-pack type devices used to aid the administration of oral medications. They should be seen as a tool to be used in a coordinated plan for medication management if the advantages of maximising compliance and accurate selection outweigh the problems inherent in their use.

The successful use of DAAs by a client will depend on an assessment of the client's physical and cognitive abilities as well as an assessment of the environment in which the client lives. The AHS staff rather than the pharmacist will usually make this assessment. The pharmacist may assist AHS staff to develop a tool for assessing the client's suitability for use of a DAA.

Consideration should also be given to whether the DAAs can be stored safely and correctly, whether or not there is likely to be a benefit for the client when compared with other means of medication management, and whether regular supply can be guaranteed.

Staff at an AHS may be involved in packing DAAs. The pharmacist may assist the AHS to implement policies and procedures that cover this activity. The pharmacist may also provide assistance in training AHS staff so that they are equipped with the appropriate skills required to fill a DAA.

Pharmacists who fill DAAs for an AHS should refer to the relevant professional guidelines and standards.¹³

11. The following resources may assist pharmacists to educate Aboriginal Health Workers and other AHS staff.

Vaughan F, Woodard S, Misan G, Thompson C. Medicines Book for Aboriginal Health Workers. 1st ed. Alice Springs: Central Australian Division of Primary Health Care Inc.; 2005.

Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual. 4th ed. Alice Springs: CARPA; 2004.

Farthing A, Jensen H, Urban M. Allied Health: A good life for old and disabled people living in remote communities. Alice Springs: Centre for Remote Health; 2004.

12. Pharmacists should have access to a number of resources to assist in the provision of this service. For information on therapeutic drugs, health professionals can access the National Prescribing Service Therapeutic Advice and Information Service (NPS TAIS) on 1300 138 677.

While the SHPA guidelines (The Society of Hospital Pharmacists of Australia. SHPA Standards of Practice for Drug Information Services. In: Johnstone JM, Viénet MD, eds. Practice Standards and Definitions. Melbourne: SHPA; 1998.) are significantly more comprehensive than what is intended here, they will provide a good overview of the key elements of a rigorous service.

13. Pharmaceutical Society of Australia. Dose Administration Aids Guidelines. In: Pharmacy Practice Handbook, pp. 96–100. Canberra: PSA; 2000. [Currently under review.]

Pharmaceutical Society of Australia. Professional Practice Standards. Dose Administration Aids. Canberra: PSA; 2004. Also available in the current edition of Australian Pharmaceutical Formulary and Handbook.

6. Review of medication charts in an AHS

Wherever possible, pharmacists should consider making dosage regimens as compatible as possible with the client's lifestyle and ease of compliance (eg. once a day dose rather than multiple doses per day). This can be discussed with prescribers or, for non-prescription medicines, implemented by the pharmacist if appropriate.

The pharmacist conducting a medication chart review will aim to ensure the client is receiving the appropriate medication, dosage form, and doses at appropriate times and for appropriate durations of therapy. This will help optimise the client's medication therapy (and outcomes) and minimise medication-related problems. The pharmacist reviews medication charts, medication profiles or prescriptions of those clients identified as users of medication for treating chronic diseases and selected clients using medications for acute conditions. Local clinical guidelines or regional policies are considered in this process (eg. CARPA Standard Treatment Manual). The pharmacist should have a procedure for documenting this activity. This process may be used to identify clients who meet the criteria for a Home Medicines Review (HMR) referral [see also under 8. *Home Medicines Review*].

For further details, pharmacists should refer to the professional guidelines.¹⁴

7. Participation in committees of the AHS

Pharmacists are encouraged to participate in various activities within the AHS including bodies such as clinical or medication management committees. These committees may not be specific to one AHS but may be conducted on a larger regional scale.

Pharmacists may have the opportunity to be involved in the development of pharmaceutical (and other related) policies at the AHS which may include issues such as: medicine storage and distribution, medication counselling, documentation, imprest stocks, and frequency of ordering. The degree to which pharmacists are able to contribute in these areas will be influenced by the quality of the relationship developed with the AHS staff.

8. Home Medicines Reviews

In a Home Medicines Review (HMR), the accredited (review) pharmacist works in cooperation with the client, the client's medical practitioner(s), the staff of the AHS (eg. Registered Nurse, Aboriginal Health Worker) and the supply pharmacist in order to source, collate and evaluate medication-related information with a view to identifying, preventing and solving medication-related problems.

Pharmacists must conduct HMRs according to the relevant professional guidelines and standards.¹⁵ The pharmacist must ensure that the HMR is delivered in a culturally appropriate manner and location.

9. Client counselling

In the AHS setting, client counselling will usually be undertaken by clinic staff, rather than the pharmacist. However an understanding of the prescribed medication regimen by the responsible person is a vital requirement for safe and effective therapy. The pharmacist should provide all necessary information to the appropriate staff at the AHS to assist them in counselling clients, to encourage compliance with prescribed regimens and the safe and effective use of medicines. This may include the use of Consumer Medicine Information (CMI) leaflets and other devices or materials where appropriate.

It is important to work with AHS staff and consider ways to encourage compliance. For example in some communities, pictorial labels/stickers have been developed to assist in the understanding of and compliance with dosage regimens, administration times or storage conditions.

Where the pharmacist provides counselling to the client, it should be conducted according to the relevant professional standards.¹⁶ It should be noted that pharmacists are trained and ideally, best equipped to provide counselling on medicines. However, it is widely acknowledged by practitioners that unique circumstances exist in AHSs where this is not feasible. In such circumstances the pharmacist has an alternative role to provide training and information to AHS staff about their clients' medicines [see also under 3. *Education of AHS staff*].

14. The Society of Hospital Pharmacists of Australia. SHPA Standards of Practice for Clinical Pharmacy. In: Johnstone JM, Viénet MD, eds. Practice Standards and Definitions. Melbourne: SHPA; 1996.

15. PSA standards for pharmacists for conducting HMRs are available from PSA's web site (www.psa.org.au) on the 'Policies and Guidelines' page under the heading of 'Domiciliary Medication Management Review'.

16. Pharmaceutical Society of Australia. Professional Practice Standards. Patient Counselling. Canberra: PSA; 2004. Also available in the current edition of Australian Pharmaceutical Formulary and Handbook.

Standards for the Provision of Pharmacist Only and Pharmacy Medicines in Community Pharmacy. Available at: www.psa.org.au/media/medicines.pdf or in the current edition of Australian Pharmaceutical Formulary and Handbook.

10. Adverse drug reaction reporting

Pharmacists have a duty of care to all clients and to the public to report suspected adverse drug reactions, wherever possible. Pharmacists should take reasonable steps to confer with the medical practitioner about any suspected reactions and, where appropriate, lodge a report with the Adverse Drug Reactions Advisory Committee (ADRAC). Details should be entered in the client's records and appropriate AHS staff informed. The pharmacist should ensure that AHS staff have a procedure for identifying, documenting and reporting adverse drug reactions.

AHS staff should be encouraged to communicate and discuss possible adverse reactions with pharmacists particularly where the AHS may have limited access to or visits by medical practitioners.

11. Therapeutic drug monitoring

Therapeutic drug monitoring may be used to optimise a client's drug therapy where there is a known relationship between the concentration of drugs in the body fluids and the therapeutic effect.¹⁴ A comprehensive service of this nature may not be feasible in an AHS setting. However, the pharmacist should be alert to the need for drug therapy monitoring, recommend monitoring where appropriate, be available to interpret the results and provide recommendations for alterations in therapy in discussion with medical practitioners and nursing staff.

There are a number of specific indications for monitoring the concentrations of drugs in body fluids, including:¹⁴

- Suspected toxicity due to a drug and/or metabolite;
- A sub-therapeutic response to drug therapy;
- The assessment of potential drug interactions;
- The assessment of therapy where the resident is clinically unstable;
- The assessment of therapy following initiation or change to the regimen;

- Previous adverse drug reaction or toxicity; or
- The evaluation of client compliance.

The integrity of blood (or other) samples needs to be taken into consideration when recommending these tests.

12. Drug usage evaluation activities

Drug usage evaluation may be defined as a systematic review of all aspects of drug use in consultation with medical practitioners, nursing staff and staff at the AHS, with the specific objectives of ensuring QUM, improving the care of clients and cost effective drug use.¹⁷

Activities may include:¹⁸

- Establishment of locally relevant guidelines based on current evidence;
- Evaluating drug use against criteria;
- Advising on drug policy including drug availability;
- Use and restrictions; and
- Education programs.

For further information, pharmacists should refer to the relevant guidelines and standards.^{17,18}

13. Assistance with AHS accreditation processes

The assistance of pharmacists may be sought by the AHS Management to implement certain requirements to meet components of the accreditation systems for general practices through the Australian General Practice Accreditation Limited (AGPAL).¹⁹ Pharmacists should negotiate with the AHS the details and level of involvement (and the appropriate fee) and agreed terms should be clearly outlined in the written contract.

14. Other quality use of medicines (QUM) activities

The provision of pharmacy services to AHSs is an evolving field of practice that should not be limited by

17. Development of Drug Usage Evaluation in Hospital Practice in Australia and New Zealand. Based on the paper prepared by the Drug Usage Evaluation (DUE) Network of the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists (ASCEPT), 1998.

18. The Society of Hospital Pharmacists of Australia. Australian Drug Usage Evaluation Starter Kit. Melbourne: SHPA; 1998.

19. Further information about the Quality in Practice (QIP) program is available at: www.agpal.com.au

the standards/guidelines. Pharmacy services should be flexible to meet the needs of the community.

Activities such as involvement with Medicare Benefits Schedule Chronic Disease Management items, assistance with Aboriginal Health Worker competency assessments, health promotion activities, community education, education of AHS staff and other activities may be sensitively and effectively provided by a pharmacist. These additional activities should be appropriately negotiated and clearly outlined in the contract.

15. Quality assurance and continuous quality improvement activities ²⁰

Pharmacists should aim to regularly assess the service they provide through a quality assurance program. This is done through periodic measurement and evaluation of various components of the service to ensure that all processes and systems are working effectively.

The outcomes of these evaluations should then be analysed with a view to identifying areas for improvement. If they show deficiencies in the system or that agreed targets are not being met, the pharmacist should draw up a timetable of required corrective actions. The evaluations should be repeated as necessary to demonstrate improvements have been made. This constitutes the continuous quality improvement element of the service.

Continuous quality improvement is not only an effective means of improving the service provided to the AHS but is also the key to achieving efficiency and productivity gains. The goal of all review processes is to identify opportunities for improvement. Hence it is important that results of review processes are carefully evaluated and the findings used to inform service improvements.

For example, regular audits of service records can identify compliance rates with required documentation which, in turn, can indicate where documentation systems can be simplified. Surveys of AHS staff, clients and other health professionals can indicate their degree of satisfaction with the service as well as eliciting suggestions for change so that it more effectively meets their needs.

20. Pharmaceutical Society of Australia. Guidelines for managing pharmacy systems for quality and safety. Canberra: PSA; 2002.

The Society of Hospital Pharmacists of Australia. SHPA Guidelines for Quality Assurance of Clinical Pharmacy Services, 1992. In: Johnstone JM, Viénet MD, eds. Practice Standards and Definitions. Melbourne: SHPA; 1996.

The Society of Hospital Pharmacists of Australia. SHPA Guidelines for Hospital Pharmacy Quality Assurance Programs, 1987. In: Johnstone JM, Viénet MD, eds. Practice Standards and Definitions. Melbourne: SHPA; 1996.

The Australian Council on Healthcare Standards web site (www.achs.org.au) has information on the ACHS Evaluation and Quality Improvement Program (Equip).

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Standard for the Provision of Pharmacy Services to Aboriginal and Islander Health Services

Standard: Pharmacy services to Aboriginal and Islander Health Services are provided in a timely and culturally sensitive manner with the primary aim of promoting the quality use of medicines.

Important notes relevant to this standard

- This standard must be read in conjunction with the *Guidelines for the Provision of Pharmacy Services to Aboriginal and Islander Health Services*.
- This is a generic standard covering a range of activities/services that may be provided by pharmacists to Aboriginal and Islander Health Services (AHSs). Pharmacists should select the sections which are relevant to the actual service being delivered.
- 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.
- 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.
- At the time of publication of this standard, PSA is undertaking a review of the framework of quality standards and of all individual professional practice standards. Therefore, this document may undergo some minor changes during this process. PSA members will be advised of any changes/updates through the *Australian Pharmacist* or PSA’s web site.

Guidelines and standards for pharmacists

Criterion 1 The pharmacist dedicates appropriate resources to provide a pharmacy service to the AHS.

- Indicators**
- 1 Maintains the levels of staffing required to provide the agreed service to the AHS.
Guidance notes: Pharmacists may need to make appropriate arrangements (eg. securing additional staff or a locum) to enable provision of a responsible, timely and regular (as per agreed frequency) service to the AHS. A documented work plan may be of assistance.
 - 2 Undertakes appropriate professional development or cultural awareness training.
Guidance notes: As outlined in the guidelines, whilst not mandatory, pharmacists are encouraged to undertake cultural awareness training if they are providing a pharmacy service to an AHS for the first time. Pharmacists should also have an awareness of the issues that can arise when the clients of the AHS come from different cultural groups.
 - 3 Maintains an awareness of local and regional issues which may impact on the delivery of a pharmacy service to the AHS.
Guidance notes: These may include issues outside the pharmacy and health sector.

Criterion 2 The pharmacist has systems in place to enable the delivery of a responsible, quality pharmacy service.

- Indicators**
- 1 Establishes relevant policies and procedures.
Guidance notes: Pharmacists will already have established certain policies or procedures eg. measures to safeguard the privacy and confidentiality of patients. However, these may need to be reviewed in the context of providing a service to an AHS and meeting the needs of AHS staff and clients. Procedures relevant to the provision of a service to the AHS may need to be newly established. Pharmacists should also be aware of AHS specific policies and protocols as outlined in the guidelines.
 - 2 Maintains appropriate documentation systems.
Guidance notes: Generally, good documentation systems are essential to the provision of an efficient service, and to ensure a timely service and continuity of care. Some documentation will be essential to the provision of the service eg. contracts in most cases, or some reporting requirements where the service is formally funded. Other informal logs (eg. to document responses to queries) can also be useful.
 - 3 Demonstrates a commitment to risk management and quality improvement.
Guidance notes: As with any service, the pharmacist should aim to evaluate its effectiveness through regular internal review and feedback from the AHS. Appropriate action should be taken to address any gaps and contribute to quality improvement.

Criterion 3 The pharmacist establishes and maintains communication channels needed to support the AHS and its clients.

- Indicators**
- 1 Communicates in a manner which is culturally sensitive and safeguards privacy and confidentiality.
 - 2 Provides proactive reporting and feedback to the AHS.
 - 3 Establishes appropriate networks in the local and regional area.
Guidance notes: This might include other health professionals or community service providers.

Guidelines and standards for pharmacists

Criterion 4 The pharmacist provides a medicines supply service according to the needs of the AHS.

- Indicators**
- 1 Responds to queries from AHS staff on appropriate methods to procure medicines and devices.
Guidance notes: While the AHS is responsible for communicating medicines requirements to the pharmacy, AHS staff may not be aware of the different mechanisms for ordering or accessing medicines. Guidance may also be provided on the impact of different medicines regulations affecting supply, schedules and other issues.
 - 2 Provides medicines in a timely and secure manner.
Guidance notes: Geographical and logistical difficulties often associated with the delivery of medicines to AHSs must be recognised and a feasible and cost effective solution and service negotiated. The integrity of the medicines at destination point must not be compromised.
 - 3 Provides information on appropriate and safe storage of medicines.
Guidance notes: Pharmacists can assist AHS staff by providing information on the manufacturer's storage requirements. The stability of medicines (temperature control) or regulatory issues such as scheduling (access issues) will impact on storage requirements. Pharmacists also have a role in providing guidance on stock control (and ordering) procedures, stock rotation, and management of expired or recalled stock.

Criterion 5 The pharmacist provides information and advice on medicines in a manner that promotes the quality use of medicines (QUM).

- Indicators**
- 1 Understands QUM principles in the context of provision of information to AHS staff and their clients.
 - 2 Prioritises and provides information on medicines according to the needs of the AHS and in discussion with AHS staff.
 - 3 Delivers an education program to AHS staff according to an agreed schedule.
 - 4 Responds to medication-related needs of clients to assist with achieving optimal benefits and desired health outcomes.
Guidance notes: It is recognised that pharmacists will usually respond to the needs of clients by assisting AHS staff rather than dealing directly with clients. It is therefore important that information is provided to AHS staff in a manner that will lead to the correct information being communicated to, and help achieve maximum benefit by, the third party.

Criterion 6 The pharmacist delivers QUM activities and clinical services to assist with medication management by AHS staff and their clients.

- Indicators**
- 1 Complies with professional guidelines and standards relevant to each service.
 - 2 Provides services relating to QUM and medication management according to the arrangements agreed with the AHS.
Guidance notes: It is acknowledged that it would generally not be feasible to provide a full suite of services to AHSs due to geographical, logistical and financial constraints. It is therefore important that pharmacists, in consultation with AHS staff, identify the most immediate needs of the AHS and/or activities that may provide the most assistance in terms of QUM by their clients. Clearly the availability of resources must be matched with what can reasonably be provided and the outcomes sought.

APPENDIX A

Sample Pharmaceutical Services Contract²¹

This contract is made on/...../.....by and between
(Insert date)

.....(the AHS) and
(Name of the Aboriginal Health Service)

..... (the Pharmacy).
(Name of the pharmacy)

for the provision of pharmacy services to the above AHS.

The purpose of this contract is to:

- specify the authority, duty and obligations of the Pharmacy and the AHS; and
- record the agreement of the AHS and Pharmacy to the provision of the pharmacy services.

1. Terms of agreement

The term of agreement shall be from/...../..... to/...../.....
(Insert start date) (Insert end date)

The Pharmacy will provide the AHS, 30 days prior to the end of this agreement, with notice of any price increases or changes associated with the consulting service, accounting fee or administrative fee related to any renewal of this agreement. The Pharmacy will also provide 30 days' notice for any adjustments to fees and costs.

Any renewal of this agreement will be made 30 days prior to the end of this agreement and evidenced by a memorandum of renewal to be attached to this original agreement

2. The Pharmacy's responsibilities

The Pharmacy will receive orders for medications times a week / month.

These orders will be ready to be picked up / freighted to the AHS within working days.
(Any items unable to be supplied will be noted on a list provided by the Pharmacy.)

Freight arrangements: (Define who pays, how they are sent and how the AHS will be notified when sent - particularly important where special requirements exist eg emergency or refrigerated items.)

.....
.....
The Pharmacy will be open to take calls from the AHS at the following times:

..... am to pm, Monday to Friday

..... am to pm, Saturdays / Sundays / Public holidays

..... am to pm,

If pharmacy items are needed outside the pharmacy hours of trading, the following steps should be followed:

1. Contact
2.

21. Pharmacists are reminded that the Australia Government provides an **Allowance for support services to remote area Aboriginal Health Services** (the Support Allowance). Special application and certification forms for the Support Allowance are provided on the Medicare Australia website. This sample contract does not replace the Support Allowance eligibility requirements. See also *D. Service contract and other agreements* in the Guidelines for pharmacists.

Guidelines and standards for pharmacists

The Pharmacy will provide the following (where ticked) as part of the pharmacy service:
(to avoid confusion mark all boxes with either a '✓' or a '✗')

<i>(Tick if providing)</i>	Service description / details <i>(Document agreed description as relevant)</i>	Frequency	Fee
<input type="checkbox"/>	Assist the AHS with the development and maintenance of a system for the ordering and receipt of medicines.		
<input type="checkbox"/>	Assist the AHS to ensure medicines are stored in accordance with legislative and manufacturers' storage requirements.		
<input type="checkbox"/>	Assist the AHS with the development and maintenance of a system to manage stock control of medicines.		
<input type="checkbox"/>	Maintain an agreed schedule of on site visits to provide professional support to the AHS.		
<input type="checkbox"/>	Assist the AHS to implement a system to supply medications to clients in an appropriate manner.		
<input type="checkbox"/>	Provide education on eg. medication management, client counselling, ADR reporting, to AHS staff according to an agreed schedule.		
<input type="checkbox"/>	Provide drug information to AHS staff, clients and other health professionals.		
<input type="checkbox"/>	Supply unit dose delivery systems or dose administration aids.		
<input type="checkbox"/>	Assist with development and periodic revisions of policies and procedures related to eg. pharmaceutical issues, medication issues.		
<input type="checkbox"/>	Facilitate quality use of medicines eg. through participation in a clinical management team or regional medication advisory committee.		
<input type="checkbox"/>	Provide clinical pharmacy services eg. Home Medicines Reviews (HMR)		
<input type="checkbox"/>	Participate in drug usage evaluation and related activities.		
<input type="checkbox"/>	Assist the AHS with relevant accreditation processes.		
<input type="checkbox"/>	Participate in quality assurance and quality improvement activities.		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Guidelines and standards for pharmacists

The pharmacy services as outlined above will be:

- Funded by the allowance payable under the
(Enter name of service agreement, program or funding model.)
- Provided at no charge by the Pharmacy.
- Provided by the Pharmacy at
(Specify agreed amount per hour or per service.)
- Provided by
(Enter details of any other agreed arrangement.)

The Pharmacy shall invoice the AHS on a monthly basis for all goods sold to the AHS and services provided to the AHS.

Note: Remote area Aboriginal Health Services may be able to order PBS medicines (except Controlled Drugs (Schedule 8 medications)) via Section 100 supply arrangements, where there is no charge.

The invoice will itemise:

- Prescription medicines (not covered by Section 100 supply arrangements)
 - Over-the-counter medicines
 - Therapeutic devices and compliance aids
 - Dressings
 - Patient comfort items
 -
- (Specify others)

3. The Facility's responsibilities

The AHS will provide timely access to information and resources that may be necessary for the pharmacist to deliver the required service.

The AHS will provide adequate, secure and acceptable space for medication storage.

The AHS will pay the Pharmacy in full within days of the date on the invoice provided by the Pharmacy.

4. Independent service

In the performance of services under this contract, the Pharmacy is providing an independent service with the authority to control and direct the details necessary to provide agreed services. The AHS is interested primarily in the results obtained. However, the services provided under this contract must meet with the approval of the AHS and will be subject to the AHS's general right of inspection to secure satisfactory results.

5. Indemnification

During the term of this agreement employees of the AHS may be supervised and directed by the Pharmacy's representative. These employees shall still be considered employees of the AHS irrespective of the control exercised by the Pharmacy's representative. The AHS will remain responsible for any and all liability, loss, damage or expense by reason of any act or omission of any such employee. The AHS also agrees to indemnify the Pharmacy for any and all liability, loss, damage or expense incurred as a result of such an employee's acts or omissions.

6. Assignment

A party to this agreement may not assign any of its rights or obligations under the agreement without the prior written consent of the other party.

Guidelines and standards for pharmacists

7. Termination

Either party may suspend this agreement at any time for causes beyond the control of that party by giving days notice of such suspension and the reason for it.

Payment will be made and services provided until the date of effect of such a suspension, but will then cease until the period of the suspension has ended. Nothing in this agreement will prevent the AHS, in the event that the Pharmacy suspends the operation of this agreement, from securing the services covered by this agreement from another source of its choosing during the period of such a suspension.

8. Notice

All notices given or sent under this agreement will be sent by Australia Post, addressed to the respective party at the address noted below or to any other address agreed by the parties in writing.

9. Choice of law

This agreement shall be governed by the laws of (state/territory) and the invalidity of any portion of this agreement will not affect the validity or invalidity of any other portion of this agreement.

10. Modifications

This agreement shall not be modified or amended except by written documents executed by both parties to this agreement, and attached to this contract.

11. Legal costs

In the event of any litigation to enforce or defend rights under this agreement, the prevailing party will be entitled to reasonable legal costs in addition to all other relief.

12. Complete agreement

This agreement supersedes all previous agreements, oral or written, between the parties. It embodies the complete agreement between the parties.

This contract is executed on behalf of the Pharmacy and the AHS by the persons authorised to do so and whose signatures appear below

..... (Pharmacy name) (AHS name)
.....
.....
..... (Pharmacy address) (AHS address)
..... (Name and title of Pharmacy representative) (Name and title of AHS representative)
..... (Signature) (Signature)

Guidelines and standards for pharmacists



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