Principles for screening and risk assessment services in pharmacy

Position statement

PSA recognises the important contribution pharmacists make to preventive care, including screening and risk assessment.

PSA supports screening and risk assessment activities in community pharmacy that are evidence-based and appropriate for the pharmacy setting, and provided by an appropriately trained and equipped pharmacist.

PSA acknowledge the need for collaboration in the provision of screening and risk assessment services, including the requirement for pharmacists to communicate the results of all screening and risk assessment services to relevant health professionals involved in the patients care, and facilitate appropriate referral of patients with positive tests or those unsuitable for pharmacy-based services.

Purpose and scope of this document

This document outlines the principles that Pharmaceutical Society of Australia (PSA) believes should underpin pharmacy-based screening and risk assessment services.

The principles outlined by PSA are informed by the World Health Organization’s “Principles of early disease detection”.

This document is not intended to apply to specific interventions, but is a general statement of PSAs position on screening and risk assessment in pharmacy.

Principles underpinning the provision of other professional services, including chronic disease management activities, while not mutually exclusive, are outside the scope of this document.

Terminology

Screening refers to the examination of asymptomatic people in order to classify them as likely or unlikely to have a disease. The primary purpose of screening tests is to detect early disease in apparently healthy individuals.

Risk assessment is the process of evaluating risks to a person’s health identified through screening.

Background

Screening and risk assessment is a key component of Australia’s strategy to reduce the burden of preventable disease. There is strong evidence that screening and risk assessment targeted at preventable conditions such as diabetes, cardiovascular, chronic kidney disease and osteoporosis, is cost-effective and significantly improves population health.

Evidence-based screening and risk assessment is currently underutilised in primary care, with a significant proportion of eligible individuals not receiving recommended interventions.
Aboriginal and Torres Strait Islanders, individuals from low-socioeconomic backgrounds and people living outside metropolitan cities are also less likely to receive appropriate preventive care, including screening and risk assessment interventions.8

The National Primary Health Care Strategic Framework has identified the need for the primary health care system to increase its focus on prevention, and has recognised the importance of a multidisciplinary approach to promote access to health promotion, prevention, screening and early intervention.10

An increasing number of community pharmacies are offering screening and risk assessment services. The provision of screening and risk assessment activities is within the scope of pharmacist practice in Australia. Pharmacists have competency in the provision of primary and preventive health care11, and screening and risk assessment activities in pharmacies are covered by professional practice standards.12 Community pharmacy is ideally positioned to promote access to evidence-based screening and risk assessment. The existing network of community pharmacies are uniquely placed within Australian communities, and are increasingly being recognised as a hub for preventive health activities.13 Community pharmacists have face-to-face interaction with approximately 90% of the population annually14, including otherwise well individuals, providing significant scope for opportunistic interventions.

Australian and international evidence supports community pharmacy as a feasible setting for the provision of screening and risk assessment services.15,16,17

**Principles for pharmacy-based screening and risk assessment services**

**Principle 1:** Screening and risk assessment services should target conditions associated with a significant burden of disease, and populations where interventions provide greatest value.

PSA believes that pharmacy-based screening and risk assessment services should target conditions with a significant burden of disease.

PSA notes that the predictive value of screening and risk assessment is influenced by prevalence.19 For example, screening and risk assessment for conditions with low population prevalence, or in populations likely to have a low prevalence of the condition, has a higher rate of false positive results, and as such may have low predictive value. Pharmacists should be guided by relevant evidence-based clinical practice guidelines to target populations where specific screening and risk assessment activities are likely to provide greatest value.

Pharmacists offering screening and risk assessment should make themselves aware of existing services offered in their area, and consider the needs of their community when considering which screening and risk assessment services to provide.

**Principle 2:** Interventions must be evidence-based and appropriate for the pharmacy setting

PSA recognises that screening and risk assessment activities in community pharmacy must be evidence-based and appropriate for the pharmacy setting.

PSA considers that interventions should be informed by relevant evidence-based clinical practice guidelines, with particular regard to the appropriateness of screening, eligible populations, frequency of assessment and choice of validated screening and risk assessment tools.

Pharmacists need to be aware of the limitations of specific point-of-care tests used in screening19, and consider the adequacy of information obtained when interpreting patient risk. This should not necessarily preclude pharmacy-based services; however any limitations, as well as the associated implications, need to be clearly articulated to the patient.

Where an alternative screening or risk assessment intervention is preferable, patients should be referred accordingly.

**Principle 3:** Pharmacists need to obtain and document informed consent

PSA recognises informed consent is particularly pertinent in screening and risk assessment as interventions may not be initiated by the patient.20

Informed patient consent must be obtained and documented by the pharmacist. All documentation relating to the service, including documented consent, must be retained for a period of seven years, in line with other professional pharmacy services.

PSA considers the following information should be provided to patients to enable them to make an informed, evidence-based decision regarding the potential benefits and harms of screening and risk assessment:

1. Intention of screening, including the suitability of screening for their individual circumstances;
2. Possibility of false positive or false negative results;
3. Uncertainties (and risks) attached to the screening process, including the risk of complacency, with regard to risk factors and/or symptoms, associated with a false negative result;
4. Implications of the particular condition or predisposition, including consequences associated with the requirement to disclose results of genetic testing to insurers; and
5. Follow-up procedures, including referral and availability of counselling and support services.

As part of the consent process, pharmacists should confirm details of any previous screening and risk assessment activities with the patient and avoid unnecessary duplication of testing.

**Principle 4:** Pharmacists must facilitate appropriate follow up, including referral for patients with a positive screening test

Screening processes seek to identify individuals who are likely to have a health behaviour or condition that might benefit from intervention. They are not diagnostic, and positive screenings require further examination before confirmation of diagnosis is possible.21

Pharmacists must refer individuals with a positive screening test, or those unsuitable for screening and risk assessment, for diagnostic testing.

PSA considers screening for smoking status to be an exception; as smoking status is assessed solely by patient responses,22 referral need only be considered for prescription only smoking cessation therapy.
PSA notes that referral of patients with a negative screening or risk assessment may be of benefit in specific circumstances where further discussion of individual risk factors or behaviours is warranted.

PSA acknowledges pharmacists have a duty of care to ensure appropriate follow-up processes are in place following all screening and risk assessment activities. This requires concerted communication and integration of care with other healthcare professionals, especially general practitioners.

It is vital that pharmacists obtain and document patient consent to enable sharing of information from screening and risk assessment activities with other healthcare professionals involved in the patient’s care.

**Principle 5: Pharmacists must be appropriately trained and equipped to provide screening and risk assessment services**

PSA supports the provision of screening and risk assessment services in pharmacy delivered in accordance with professional standards and guidelines.

Pharmacists must have an adequate level of understanding to interpret the results of screening and risk assessment interventions, and be able to communicate the significance of results to the patient. In particular, pharmacists need to be aware of specific factors affecting the predictive value of screening and risk assessment interventions, including prevalence, sensitivity and specificity.\(^\text{23}\)

Pharmacists offering screening and risk assessment services should seek appropriate accreditation to perform services, where available.

Screening and risk assessment services must be performed in an appropriate physical environment within the pharmacy that protects patient privacy and is consistent with the professional requirements of the service.

Pharmacists should ensure they have the necessary equipment to provide screening and risk assessment services, and that all equipment is maintained as per manufacturer’s instructions.

Pharmacists must ensure they have appropriate systems to document screening and risk assessment services. All documentation relating to the provision of screening and risk assessment services should be retained for a minimum of seven years, in line with other professional pharmacy services.

PSA provides a comprehensive range of professional education and practice support materials to support pharmacists delivering screening and risk assessment services.

**Concluding comments**

Pharmacists play an important role in identifying and referring consumers at risk of disease and complications through screening and risk assessment.\(^\text{24}\)

The provision of evidence-based, appropriate screening and risk assessment interventions in community pharmacy aligns with policy objectives of an increased and multidisciplinary focus on prevention in primary health care.\(^\text{25}\)

PSA continues to advocate for a partnership approach to screening and risk assessment that recognises the important contribution of pharmacists to preventive health care.

**References**

7. RACGP. OpCit (1).
14. McNamara K et al. OpCit (8).
15. Ibid.
22. Ibid.