Pharmaceutical Society of Australia

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PRE-BUDGET SUBMISSION
QUEENSLAND

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Pharmaceutical Society of Australia

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About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 31,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective healthcare. PSA believes the expertise of pharmacists can be better utilised to address the healthcare needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality healthcare and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

Pharmacists in Queensland

6,370

Registered pharmacists working in community pharmacies, hospital, general practice, aged care, state and federal government and within other private sector organisations and as consultant pharmacists.

Courtney McMahon MPS Community pharmacist, Biloela Qld

Executive Summary

Medicines are the most common intervention in health care[1]. Concerningly, problems with the use of medicines is also alarmingly common. In Australia, 250,000 hospital admission a year are a result of medicine-related problems. The annual cost of these admissions is $1.4 billion, and 50% of this harm is preventable.[2] This burden of harm is felt in Queensland just like it is throughout Australia.

This pre-budget submission identifies five key areas for consideration as part of the 2020/2021 Financial Year Queensland Government Budget. The PSA seeks to work in partnership with the Queensland Government to achieve mutually beneficial goals of improving safe access to medicines and health care for all Queenslanders in enabling better health outcomes.

In light of this, the Pharmaceutical Society of Australia recommends five areas of action:

1

Improve access to vaccinations to protect more Queenslanders against preventable infectious diseases

PSA calls for regulatory change in Queensland to:

- lower the age of pharmacist-administered vaccines to persons 10 years and over
- increase the range of vaccines pharmacists can administer
- allow consumers to access pharmacist vaccination in more locations, and
- allow consumers access to NIP and state-funded program vaccines when receiving pharmacist-administered vaccinations.

2

Remove barriers to improve access to medicines in emergency and disaster situations

PSA calls for regulatory change in Queensland to enable pharmacists to supply a standard manufacturer pack size of medicines for emergency and disaster situations as opposed to the current 3-day supply provision.

3

Provide funding to employ pharmacists in state-operated residential aged care facilities

PSA calls on the Queensland Government to provide funding to employ pharmacists in state-operated residential aged care facilities to improve the Quality Use of Medicines and to reduce the harm caused by overuse of psychotropic medicines, opioids and antibiotics.

4

Establish the role of Queensland Chief Pharmacist

PSA calls on the Queensland Government to allocate ongoing funding annually to improve coordination of health policy and regulatory controls by establishing the role of Queensland Chief Pharmacist.

5

Facilitate and fund emergency presentations manageable by community pharmacists

PSA calls on the Queensland Government to allocate $26.45 million in funding over 4 years for the management of non-urgent or low-urgency medical conditions through community pharmacy.

Chris Campbell
Pharmaceutical Society of Australia
Queensland President

Recommendation One

Improve access to vaccinations to protect more Queenslanders

The challenge

Immunisation is one of the most effective disease prevention methods. Vaccines are safe, efficacious and easy for competently trained health professionals to administer. They provide protection against both health and economic impacts of epidemics of vaccine-preventable infectious diseases.[3,4]

In 2019, Queensland had a record breaking flu season with more than 68,000 influenza notifications and more than 3,000 hospitalisations, an increase from the previous record of 56,000 in 2017.[5] There was also a large increase in measles cases in 2019, with 74 cases recorded up from 14 in 2018 and 8 in 2017.[5]

Less than 40% of at-risk adults are considered to be fully vaccinated.[3] This includes healthcare workers and those caring for our most vulnerable people in Queensland, including children, the ill, elderly and infirm. For example, less than 50% of childcare workers are fully vaccinated[6] and seasonal influenza vaccination uptake is inconsistent in aged care and health care workers.[7] To protect the Queensland community, it is crucial that those who have a higher risk of exposure to contracting and spreading infectious diseases are fully vaccinated including adolescents.

In addition, Queensland is a popular tourist destination attracting 2.8 million international and 7.8 million interstate travellers annually.[8] With that comes the risk of vaccine-preventable diseases entering the state from unvaccinated travellers. This amplifies the importance of ensuring that as many Queenslanders as possible are vaccinated against these diseases to ensure our health and wellbeing.

Removing barriers to vaccination is essential to achieving herd immunity and protecting Queenslanders against vaccine-preventable diseases.

The barriers

Organising to get to an immunisation provider for a vaccination, especially for parents with children aged between 10 and 16 years, can often be a difficult exercise. For this reason other states have looked at giving parents more opportunities to get their children vaccinated by pharmacists so more people are protected against potentially fatal diseases.

In 2019, both Western Australia and Tasmania reduced the age of influenza vaccination that trained pharmacists are able to administer to 10 years of age and over in order to ensure everyone had the maximum opportunity to get themselves vaccinated.[9] The Victorian Government have announced this change will occur in Victoria in time for the 2020 influenza season. These changes will allow more people to get vaccinated more easily in those states and reduce the burden of disease.

In addition to accessing vaccination providers for immunisations, access to funded vaccines is the main barrier to uptake of vaccination by non-immunising parents which may relate to social disadvantage and logistical barriers[10]. Amongst health care workers in Australia, awareness, cost, and convenience have been identified as key barriers to vaccination with data suggesting that raising awareness of the benefits of influenza vaccination, along with improving access to affordable, convenient vaccination are likely to improve uptake.[11]

While consumers are relatively aware of access to influenza vaccination by pharmacists, this likely does not extend to other vaccinations such as pertussis and MMR, resulting in low awareness being a barrier to consumer access.

The state's obligations as part of the National Partnership Agreement on Essential Vaccines (NPEV) is to purchase and distribute vaccines to immunisation providers, manage the efficient and effective delivery of the immunisation program and monitor and minimise vaccine wastage.[12]

Currently in Queensland, pharmacist vaccinators are unable to administer National Immunisation Program (NIP) or state-funded vaccines to eligible Queenslanders. This means that some consumers may choose to pay out-of-pocket privately to get vaccinated, or may choose not to get vaccinated when access to a GP or other vaccination provider is not convenient.

The proposed approach

PSA recommends expanding vaccination services provided by trained pharmacist vaccinators in the following four ways:

- ***Recommendation 1A (vaccine range)*:** allow pharmacist vaccinators in Queensland to administer all vaccines to persons aged 10 years and older in accordance with the Immunisation Schedule Queensland.
- ***Recommendation 1B (vaccine funding)*:** allow pharmacist vaccinators in Queensland to access National Immunisation Program (NIP) and state-funded vaccine stock to administer to eligible persons aged 10 years and older to allow consumers equal access to government-funded vaccines regardless of which authorised vaccinator they choose.
- ***Recommendation 1C (travel vaccines)*:** allow pharmacist vaccinators in Queensland to administer low-risk travel vaccinations as recommended by the Queensland Parliament HCDSDFVP Committee's Report No 12 of the 56th Parliament.
- ***Recommendation 1D (vaccination location)*:** remove barriers on where pharmacists can administer vaccines in Queensland in line with other immunisation providers in the state.

The above proposals would allow any eligible Queenslander aged 10 years and above access to vaccines listed in **Box 1** from a pharmacist vaccinator in Queensland regardless of location and reduce the burden of vaccine-preventable diseases in Queensland:

Box 1: PSA's proposed list of vaccines able to be administered by trained Queensland pharmacists

- Influenza (including enhanced vaccines for over 65's)*
- Measles, mumps, rubella*
- Diphtheria, tetanus and pertussis*
- Meningococcal ACWY
- Meningococcal B
- Hepatitis A
- Hepatitis B
- Human papillomavirus
- Pneumococcal
- Poliomyelitis
- Varicella
- Zoster
- Rabies
- Typhoid
- Cholera

* Currently able to be administered by pharmacists, but subject to restrictions .

These vaccines would be funded privately by consumers or workplaces, or through the National Immunisation Program (NIP) or state-funded programs, depending on individual eligibility.

PSA also considers Queenslanders would benefit from integration of information regarding access to vaccination within existing and future state public health campaigns which highlight the benefits of vaccination to their health. These public health campaigns should promote all vaccination providers, including pharmacists, as health professionals where consumers can seek to get vaccinated in convenient and affordable ways.

Why it will work

Pharmacists have been vaccinating in the state of Queensland since April 2014 when Queensland led the way for pharmacist-administered vaccinations with the Queensland Pharmacist Immunisation Pilot (QPIP) Phase I trial. This led to pharmacists across Australia administering vaccinations in all other States and Territories by 2016.

The accessibility of community pharmacists (through a well-established network of community pharmacies and extended operating hours) and consumer trust has provided an accessible and convenient location for the delivery of vaccination services. The pharmacist workforce has been acknowledged as contributing to a meaningful reduction in the severity of seasonal influenza[13] in particular.

Pharmacists in other countries have also been shown to safely administer various vaccinations,[14] as summarised in **Figure 1**.

Research indicates the introduction of funded programs increases vaccination coverage.[15] Consumers already have access to NIP and government-funded vaccines in other Australian jurisdictions:

Victoria

Pharmacist vaccinators can administer government-funded vaccines under the NIP, Victorian Government's Partner Whooping Cough Vaccine Program and Measles-Mumps-Rubella Adult Vaccine Program to eligible individuals 16 years of age and over.

Evaluation of the Victorian pharmacist administered vaccination program indicated that between June 2016 to September 2017, 47,525 Victorians were administered influenza and pertussis-containing vaccines and 10,420 Victorians received the vaccine for the first time.[16]

Ninety-six per cent of consumers reported they were 'very satisfied' or 'extremely satisfied' with the pharmacist-administered vaccinations received[16] (see Figure 2).

The evaluation results suggest the program had an impact on reducing and avoiding disease burden associated with influenza and pertussis. With further expansion in the number of participating pharmacies and number of trained pharmacists, it is anticipated this impact will continue to increase. In addition, consumers benefited from an increase in access to these vaccination services, a reduction in wait time and for some patients, a smaller fee.[16]

Western Australia

WA Health provides NIP-funded influenza vaccines to community pharmacies, including the enhanced vaccine for those aged 65 and over.

	Queensland	Australia (other)	Argentina	Canada*	Portugal	South Africa	Switzerland	UK	USA*
Influenza	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pertussis, diphtheria, tetanus	✓&	✓&	✓	✓	✓	✓	×	✓	✓
MMR	✓	✓%	✓	?	×	✓	✓	✓	✓
Meningococcal	×	✓(WA only)	?	?	✓	✓	×	✓	✓
Hepatitis A	×	×	✓	✓	✓	✓	✓	✓	✓
Hepatitis B	×	×	✓	✓	✓	✓	✓	✓	✓
Varicella	×	×	?	✓	✓	✓	×	✓	✓

* denotes jurisdictional variation
% All except ACT
& only for purpose of pertussis immunity (most states)
? no data

***Figure 1:** Vaccines able to be administered by pharmacists – international comparison*[14]

The program has improved access for thousands of West Australians, particularly those who live without GP services or in rural remote areas in single pharmacy towns.

Australian Capital Territory

ACT Health provide NIP-funded influenza vaccines to participating ACT pharmacies as part of a pilot program.

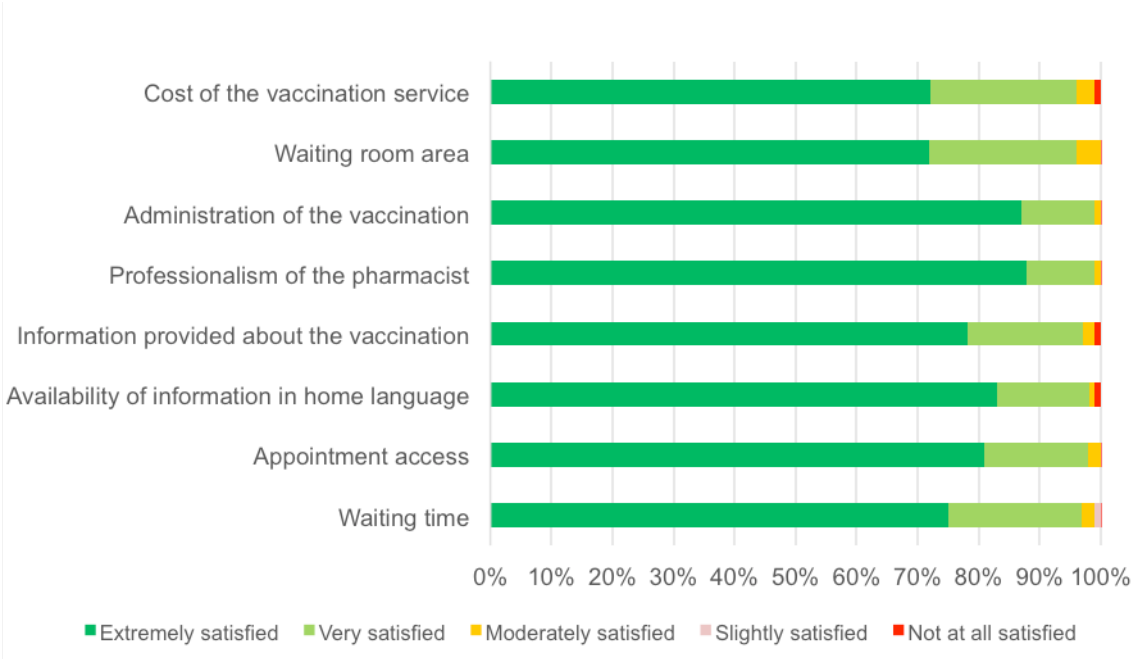


Figure 2: *HealthConsult evaluation of the Victorian pharmacist-administered vaccination program consumer survey 2017*[16]

BENEFITS TO QUEENSLANDERS

- Increased access to vaccinations by more Queenslanders to reduce and avoid disease burden associated with vaccine-preventable diseases
- Improve efficient use of vaccines for the NIP and state-funded vaccination programs
- Increases uptake of vaccinations by a younger susceptible group, providing greater protection to the community
- Slows the spread of outbreaks of vaccine-preventable diseases in schools
- Increases uptake of recommended vaccinations by health and carer workforce, providing greater protection to the vulnerable Queenslanders they care for
- Increases access for immunisation services especially in rural and remote areas
- Reduced wait time for patients to access vaccinations
- Reduced out-of-pocket cost to access vaccination for some patients

Timeline

- ***Recommendation 1A, 1C and 1D:*** Implementing these recommendations is a matter of regulatory change without any additional funding requirements to train the workforce or build infrastructure.
- ***Recommendation 1B:*** Achieving this recommendation is a matter of redistribution of a portion of current NIP and state-funded vaccines to community pharmacies.

As trained pharmacist immunisers already have the skills and infrastructure to provide these services, this could be implemented immediately following changes to the Queensland regulations.

Cost

- ***Recommendation 1A, 1C and 1D:*** Nil direct cost. Cost savings may be achieved through reduced hospital admissions caused by vaccine-preventable disease-related complications.
- ***Recommendation 1B:*** Based on the level of redistribution, a small investment (estimated to be $300,000) will be incurred in planning and deployment of vaccine stock to community pharmacies in Queensland.

Incorporation of messaging regarding access to vaccination services by a pharmacist would not require additional funding to public health campaigns.

PSA calls on the Queensland Government to expand pharmacist-administered vaccination services by:

- Allowing Queenslanders aged 10 years and older to access all vaccinations from a pharmacist vaccinator
- Allowing people who are vaccinated by a pharmacist access to National Immunisation Program (NIP) and state-funded vaccine stock
- Allow Queenslanders to access low-risk travel vaccinations from pharmacist vaccinators
- Remove barriers on where pharmacists can administer vaccines in Queensland in line with other immunisation providers in the state.

Rachel Dal Zilio MPS Community pharmacist, Pomona Qld

Recommendation Two

Remove barriers to allow pharmacists to supply standard manufacturer pack size of medicines in emergency and disaster situations

The challenge

Queensland is the most decentralised state in Australia, which means a large proportion of the population is living in regional, rural and remote locations of the state. Many barriers exist which may prevent patients from accessing the same level of health care as their urban counterparts.

Australians living in rural and remote areas have a higher prevalence of chronic health conditions and are less likely than those living in cities to have a regular GP.[17] Australians living in these rural and remote areas frequently report there were times they needed to see a GP, but could not because there was no GP available nearby.[17]

Evidence provided at the Queensland Parliament public hearings on the recent *Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland*[18], indicated that in rural areas patients are unable to access prescribers in short time frames due to distance and waiting times for consultation.

These challenges can make access to prescriptions and medicines difficult and can have negative impacts on the health of Queenslanders. This is particularly important for patients who have chronic conditions, those who are at risk of low adherence, patients who are already stabilised on their medicines, and medicines that require dose titration.

The barriers

Current regulation in Queensland allows pharmacists to supply up to 3 days' supply of most *Prescription Only M*edicines (Schedule 4) in emergency circumstances which in most cases is inadequate for continuity of patient care in many situations. This supply is not eligible for PBS subsidy.

In addition to the challenges that exist in rural and remote locations, Queensland's extensive history of natural disasters such as cyclones, floods and bushfires has demonstrated the barrier this provision represents to providing access to essential ongoing medicines to consumers following a crisis event, such as being displaced by an emergency (See flood example: **Appendix I**).

The proposed approach

PSA proposes an expansion of existing provisions which allow for Continued Dispensing and emergency supply in Queensland to allow ongoing supply of life-saving and illness-preventing medicines. This expansion would provide flexibility to supply greater quantities and a larger range of medicines through revision to existing emergency supply and continued dispensing arrangements.

PSA proposes that the Queensland Government amend regulations to allow pharmacists to supply a standard manufacturer's pack size of medicines in emergency and disaster situations in order to ensure continuity of patient care.

Why it will work

Currently in Queensland, pharmacists can supply a PBS quantity (in most cases a manufacturer's pack size) of PBS listed oral contraceptive pill and specific cholesterol lowering medicines (HMG CoA reductase inhibitors) in an emergency situation as outlined in the *National Health (Continued Dispensing) Determination 2012 (Cwlth)*. This provision is governed by professional practice standards and has been uncontroversial since its implementation. For most other medicines, current regulations in Queensland only allow a pharmacist to dispense a maximum of 3 days'

supply of medication which is inadequate in most, if not all situations to ensure continuity of care.

PSA's proposal represents a logical extension of these provisions which will help ensure patients have proper access to their regular essential medicines in a timely manner.

In response to the bushfire crisis this summer, the NSW, Victorian, South Australian and the ACT governments successfully implemented the expansion of continued dispensing provisions during the bushfire period (See example – **Appendix II**).

Timeline

1 July 2020.
This proposal is a matter of regulatory change and can be implemented immediately following the revision to the relevant Queensland regulations.

Budget

Nil direct investment required.

PSA calls on the Queensland Government to amend emergency supply provisions of Queensland regulations to allow pharmacists to supply a standard manufacturer pack size of medicines.

BENEFITS TO QUEENSLANDERS

- Improved access to life-saving and illness-preventing medicines during emergency situations
- Reduced burden on patients trying to access medicines in emergency situations
- Reduced burden on patients trying to access medicines in rural and remote areas when a GP is not accessible
- Improved health outcomes of patients through continuity of medicine supply

Recommendation Three

Provide funding to employ pharmacists in state-operated residential aged care facilities

The challenge

Australia's population is aging, and currently 3.8 million people or 15% of the total population are aged 65 or over[19] With this growth in the aging population, more and more older Australians are entering residential care services.[20] The health of older people can be complicated by the presence of many chronic conditions, and the subsequent need to take multiple medications. The care and medication management of aged care residents are becoming more and more complex, as people are older and more frail when they enter aged care facilities.[20]

While the need to treat multiple conditions is recognised, the risk of adverse drug events increases with the number of medications prescribed. When this risk is combined with the age-related changes in how medications act, and are cleared from the body, it leads to medication-related problems being commonly reported in older people. Therefore, medication management services play a paramount role in supporting the safe and effective use of medicines for those living in residential care facilities.[21]

PSA's Medicine Safety: Take Care report released in 2019 revealed that 98% of residents in aged-care facilities have at least one medication-related problem and that as many as 80% are prescribed potentially inappropriate medicines.[2] The use of potentially inappropriate medicines in residents of aged-care facilities has been shown to increase the risk of hospitalisation with the report revealing that 17% of unplanned hospital admissions of residents living in aged-care facilities taking potentially inappropriate medicines are due to the inappropriate medicine.

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) 'Prescribing in Older People' position statement recognises the role of 'clinical pharmacy services' including medication reviews as part of a targeted approach to identify and manage polypharmacy.[22]

The knowledge and expertise of pharmacists is essential in the unique situations presented in residential aged care facilities. Many older people have multiple chronic health conditions and this has a number of potential consequences.

- Older people may be prescribed multiple medicines (polypharmacy), resulting in a significant increase in the potential for adverse effects and drug interactions.
- Many age-associated health conditions can modify the pharmacokinetic and pharmacodynamics properties of a medicine, increasing the variability in response to medicines.
- More than one medicine is often needed to manage each health condition. As more medicines are added to the medication regimen, the increased 'pill burden' increases the risk of poor adherence, confusion and adverse effects.[23]

Queensland Health operates sixteen residential aged care facilities which would likely experience the above challenges which exist throughout the aged care sector.

The proposed approach

In order to achieve safe and best-possible use of medicines in residential aged care facilities, pharmacists, with their unique knowledge and medicines expertise, must have a greater role in the residential aged care sector.

PSA proposes incorporating a pharmacist on the ground in Queensland Health operated residential aged care facilities.

The non-dispensing role would include undertaking comprehensive medication reviews, identify and resolve multiple medicine related problems and provide advice to prescribers, nursing staff, carers and residents. It would also enable greater communication and collaboration between members of the multidisciplinary team involved in resident care.

PSA's *Pharmacists in 2023:* For patients, for our profession, for Australia's health system, the role of a pharmacist employed in an aged care facility includes:[24]

- **Education and training** of other health professionals and facility staff in the quality use of medicines and medicines information;
- **Clinical governance activities** around using medicines appropriately including leading programs and systems to reduce use of high risk medicines such as antipsychotics and benzodiazepines, and provide stewardship of opioid and antimicrobial use;
- **Resident-level activities** identifying, preventing and managing medicine-related problems, reducing polypharmacy and optimising medicines use; and
- Supporting **achievement of accreditation standards** related to medicine management.

The role of aged care pharmacists is further described in PSA's *Pharmacists in 2023: Roles and Remuneration*[25], an excerpt of which is included in **Appendix III.**

The role complements the parallel roles of other pharmacists involved in the care of residents in the community, hospital and general practice sector.

PSA recommends that in the 16 Queensland Health operated aged care facilities, there should be 0.5 full-time equivalent (FTE) pharmacists employed per 100 aged care residents in order to perform the recommended activities.

Why it will work

In 2018, an ACT residential aged care facility was the first in Australia to employ a pharmacist as part of a 6 month trial. The study found that 'including a pharmacist in a residential aged care home can improve medication administration practices by reducing inappropriate dosage form modification and staff time spent on medication administration rounds, and increasing the documentation of resident allergies, adverse drug reactions and medication incidents'[26]

The role of the pharmacists employed within the aged care facility was well received by patients, family members, care staff, doctors and other health care professionals involved in the care of patients.

Timeline

From 1 July 2020

Budget

$900,000 annually to employ pharmacists in its sixteen Queensland Health operated residential aged care facilities.

Cost savings may be achieved through reduced hospital admissions due to medicine-related problems.

PSA calls on the Queensland Government to invest $900,000 annually to employ pharmacists in its 16 Queensland Health operated residential aged care facilities

BENEFITS TO QUEENSLANDERS

- Reduction in the use of psychotropic medicines/chemical restraints, improving the quality of life for residents through reduced side effects (sedation, weight gain, impaired cognition etc)
- Reduction in hospitalisations from medicine-related adverse events
- More rational use of opioid medicines, resulting in improved pain management and alertness of residents
- More rational and targeted use of antimicrobials in accordance with local resistance patterns and treatment recommendations
- Increased staff access to pharmacist's expertise in medicines and medication management within the residential care facility

Dr Geraldine Moses AM FPS Drug Information Consultant Pharmacist, Brisbane Qld

Recommendation Four

Establish the role of Queensland Chief Pharmacist

The challenge

The Queensland health system provides support and advice to approximately 5.1 million people but is challenged by a complex and fragmented healthcare system. To deliver against key areas of health policy requires engagement with many state and federal stakeholders, often with conflicting and competing priorities. Added to this is the ever-changing landscape of medicines and regulations in Australia, which require a collaborative and proactive approach to ensure health professionals and the public are kept aware of important updates.

This complexity is greater due to challenging reform in areas such as primary health care, digital health, preventive health, mental health and chronic disease prevention. Pharmacists, being the most accessible health professional, are suitably equipped to support and progress these reforms consistent with governments' objectives.

While the role of pharmacists in the logistical supply of medicines is well understood, the risk mitigation and case management value of pharmacists in health care are often unrecognised. As the recognised peak body for pharmacists, PSA plays a significant role in providing advice on matters relating to pharmacists to the Commonwealth and State Governments. However, there are no formal structures within Government to provide independent ongoing expert advice on pharmacy and quality use of medicines issues. Given the significance of the pharmacy workforce and the need for improved quality use of medicines policy settings, the appointment of a Chief Pharmacist means the Government would maximise the opportunity to more efficiently and effectively respond to Australia's health challenges and achieve desired reforms.

The proposed approach

With the recent announcement by the Commonwealth Health Minister the Hon Greg Hunt to make Medicines Safety and the Quality Use of Medicines Australia's 10th National Health Priority, PSA believes the Queensland Government should establish the role of Queensland Chief Pharmacist.

This role would be employed within Queensland Health to support the Government's coordination and implementation of policies relating to the prescribing, supply and administration of medicines, as well as policy settings relevant to the National Medicines Policy, Queensland Health strategies and the pharmacy workforce.

This role, similar to roles of the Queensland's Chief Health Officer, the Chief Nursing and Midwifery Officer and the Chief Allied Health Officer, would provide high-level advice on issues relating to the safe and quality use of medicines. The position would serve as the Government's principal advisor on all matters related to the medicines, regulations and the National Medicines Policy. The role would incorporate:

- Provision of high-level, high-calibre and independent advice on workforce and workforce issues, pharmacist practice advice, actual and potential contribution of pharmacists to address existing and emerging health priorities
- Clinical leadership across the Department and sector to support the design, planning, implementation and evaluation of health service delivery
- Leadership on strategies of state significance to pharmacists, such as Medicines Safety and Quality Use of Medicines, the Queensland Antimicrobial Resistance Strategy, real-time monitoring of medicines, Health and Wellbeing Queensland, the National Medicines Policy, and digital health strategies.

- Participation in the formulation and implementation of policy, strategic direction and initiatives which support the delivery of care and achieving state government health objectives.

The Chief Pharmacist would provide a link between regulation, programs, funding and infrastructure, with a clear responsibility for coordinating all relevant segments of the Department with the pharmacy sector and fostering the collaboration of the pharmacy workforce with other health professions within Queensland and other jurisdictions. The Chief Pharmacist would liaise with all the contact points within government and provide advice to Ministers, Ministerial staff and agencies to support policy development, planning and implementation of health service reform agendas. This position could also provide a consistent voice and point of contact for peak professional bodies such as PSA to engage more efficiently with all stakeholders.

Creation of a Chief Pharmacist role would provide the strategic understanding and knowledge of pharmacist capabilities to enable the Queensland Government to most effectively utilise the pharmacist workforce to improve medicine management and patient safety in hospitals, aged care, in the community and wherever medicines are used.

Why it will work

As the Australian Government's principal medical advisor, the role of Chief Medical Officer[27] is recognised as essential for leading sound public health policy through provision of advice to the Minister for Health and leadership of strategic departmental committees. As the medicines experts, the provision of a similar level of pharmacist advice would further inform Government policy.

Other Australian jurisdictions, including New South Wales and the Australian Capital Territory have an appointed Chief Pharmacist who provides coordinated advice and oversight to medicine-related matters within their health systems. These roles are recognised as providing high quality advice within government and facilitating efficient operation of pharmacist-related regulation.

Timeline

From 1 July 2020.

Budget

PSA estimates the budget allocation to support this proposal would be $300,000 annually, including salary and on-costs.

PSA calls on the Queensland Government to establish the role of Chief Pharmacist.

BENEFITS TO QUEENSLANDERS

- Better coordination of government health policy and programs, particularly those relating to the use of medicines and how to utilise pharmacists to their full scope to improve Quality Use of Medicines
- Provides a single point of contact between Queensland Government agencies on pharmaceutical and pharmacy sector issues
- Provide advice to the Queensland Government on how to achieve the objectives of the National Medicines Policy
- Delivers cross-departmental strategic advice and insights on how to best utilise the pharmacist workforce to achieve key health initiatives and outcomes
- Support Medicine Safety and Quality Use of Medicines as a National Health Priority

Recommendation Five

Facilitate and fund emergency presentations manageable by community pharmacists

The challenge

In 2018-2019, there were 8.4 million presentations to Australian public hospital emergency departments—an average of about 23,000 presentations per day and up 4.2% from 2017–18.[28] Of these, 1,561,825 emergency department presentations were in Queensland, with 70,229 (5%) of these being considered as non-urgent.[28] Seventy percent (70%) of non-urgent presentations to emergency departments occur between the hours of 9am and 7pm, during the typical business hours of a community pharmacy.[28]

The Australian Institute of Health and Welfare report *Use of emergency departments for lower urgency care: 2015-16 to 2017-18* highlighted that presentations to hospital emergency departments that are for lower urgency care may be avoidable through provision of other appropriate health services in the community.[29]

Measures of non-urgent care were based on the 2018 National Health Agreement (NHA) indicator and were defined as presentations that:[29]

- did not involve arrival by ambulance
- were assessed upon arrival as needing semi or non-urgent care
- were discharged without needing further hospital care.

The report found that between 2017–2018, 37% (2.9 million) ED presentations were for non-urgent care. There was a higher rate of presentations from regional Primary Health Network (PHN) areas than urban PHN areas (152 versus 92 per 1000 people respectively), although within urban areas there were varied levels of presentations.[29]

The proposed approach

As identified in Action 6 of PSA's *Pharmacists in 2023: For patients, for our profession, for Australia's health system,* building upon the established accessibility of community pharmacies in the primary health care space will improve the community's access to health services. This will be achieved by lessening the burden on other healthcare providers such as hospitals. Improved access to healthcare across the country will reduce government costs associated with the delivery of care.[24]

Building upon the accessibility of community pharmacies in primary health care, it could be promoted to the public that instead of going to ED, patients can visit their community pharmacist. In addition, remuneration of pharmacist services in the assessment, triage and management of these patients will reduce state government expenditure and improve accessibility by providing timely treatment for patients with non-urgent medical conditions through the community pharmacy in both metropolitan and rural areas.

It is estimated that 2.9 to 11.5 percent of all ED services in Australia could be safely transferred to a community pharmacy as part of a national scheme.[30]

When extrapolating this to the ED services transferrable to community pharmacy it is estimated that of the 1.56 million ED services provided in Queensland annually, up to 179,610 are potentially transferrable.[30]

Based on the average cost of an ED attendance in Australia being AUD $535.61 and an average cost per pharmacist consultation of $26.88 (including out-of-pocket patient costs for medicines) applied to account cost offsets, this results in a

potential cost reduction of $508.73 per patient in Queensland transferred from the ED setting to community pharmacy.[30]

Under this scenario, if pharmacists were paid through a consultation fee structure per consultation and if the patient paid for their non-prescription medications, the Queensland Government would save up to $91.3 million per annum.

The availability of late-night pharmacy services, such as through 24/7 or after hours pharmacies, can also help to reduce the rising number of after-hours ED presentations.

PSA recommends funding pharmacists for the management of non-urgent or low-urgency medical conditions through community pharmacy. This should be supported by a co-ordinated health promotion that promotes visiting a community pharmacy instead of an emergency department for non-urgent or low-urgency medical conditions.

The proposed funding model should be a fee-for-consultation model or a banded-capitation model with medicines supplied during the consult from a defined formulary reimbursed or paid for by the individuals as out-of-pocket expenses or the health system for a specific patient class.

PSA also seeks funding to implement the program which includes development of process, support tools, pharmacy establishment costs as well as education development, training and delivery.

Why it will work

Patients seeking care from ED for conditions such as headaches, coughs and colds, earaches and other non-urgent conditions are an inefficient use of resources.[29]

There is strong evidence the clinical advice provided by pharmacists regarding symptoms of minor illness will result in the same health outcomes as if the patient went to see their GP or attended the emergency department.[31]

There is consistent evidence pharmacy-based minor ailment schemes that manage non-urgent conditions or low-urgency conditions, provide the right level of care, mitigate funding and system inefficiencies as patients access professional support for conditions that can be self-managed.[32]

A total of 94 international schemes are identified in the literature, including the UK (England, Scotland, Northern Ireland and Wales) and regions of Canada (known as Minor Ailments Prescribing Services).[32,33] These initiatives were implemented in Scotland in 1999, England since 2000, Northern Ireland since 2009, Wales in 2013 and in Canada since 2007.[32]

Internationally, pharmacies are paid a consultation fee in Europe and Canada for the delivery of minor ailment services.[34] In England, payment ranges from GBP2 to GBP10 (~$A4 to $A19) per consultation and in some localities pharmacies are reimbursed for the cost of medicines supplied under a given formulary for certain minor ailments.[35] Pharmacies may also receive a small annual retainer to assist with set-up costs.[35]

Timeline

Program planning from 1 July 2020

Commence program from 1 January 2021

Budget

PSA estimates the following funding commitment over the forward estimates for the program:

- 2020-21: $4.75 million
- 2021-22: $7.1 million
- 2022-23: $7.1 million
- 2023-24: $7.5 million

Cost savings of up to $342 million on non-urgent hospital admissions over 4 years could be achieved.

PSA calls on the Queensland Government to allocate $26.45 million in funding over 4 years for the management of non-urgent or low-urgency medical conditions through community pharmacy. This would include funding for the development and implementation of the service in pharmacies across Queensland along with a consumer awareness campaign to encourage people to visit a pharmacy instead of ED for non-urgent and lower-urgency care.

BENEFITS TO QUEENSLANDERS

- Relieving pressure on existing emergency departments and urgent care services
- Reducing the number of non-urgent presentations and/or low urgency presentations to Queensland emergency departments, reducing state budget expenditure
- Improves accessibility by providing timely treatment for patients with non-urgent medical conditions through the community pharmacy in both metropolitan and rural areas
- Empowering consumers to seek the appropriate level of care
- Increases primary care capacity and availability of general practice for medical provision of chronic and complex patients through the transfer of common non-urgent medical consultations from general practice to community pharmacy

James Buckley MPS Community pharmacist, Cooroy Qld

Appendix I

Experience of a Queensland pharmacist following floods

Burrey, J 2020. 'Use every option when a natural disaster hits'. Australian Pharmacist. Pharmaceutical Society of Australia. Vol 39. No 1.

MEMBER OPINION
DISASTER MANAGEMENT

Use every option when a natural disaster hits

Dispensing from a house, a library and evacuation centres: that's what happens in a flood.

BY **JESSICA BURREY MPS**

It's almost 10 years since a flood put the majority of Emerald, 270 kilometres west of Rockhampton in Queensland, underwater. We were cut off from every direction.

It was about five days before the water subsided. It didn't quite get to the point where we had to fly people out of town. But it was very close. At the time I was managing two of the pharmacies in town. The luckier of the two only had an inch of water through the store. The unlucky of the two was covered by about 800 millimetres water. And that water sat in there for five days, so it was pretty disgusting by the time I got access again.

When we knew the flood was coming everybody was madly trying to get prescriptions filled. And we only had a limited number of people to process those prescriptions and service people who lived on the other side of the bridge before it closed.

It was like nothing I've ever seen. We were only able to operate out of one of the pharmacies and literally couldn't keep the basket on the bench, there were so many scripts waiting to be filled. At the same time our staff were concerned about their own properties and we were packing stuff up for the SES to fly out to properties, so it was all pretty hectic.

Once we were no longer allowed access the pharmacy, I had a staff member who lived in the dry area store a bunch of stuff at her place. We also set up shop in the local library. The hospital was operating out of a remote site because it was underwater, so we had limited services in town. Towards the end, I was at one evacuation site, another pharmacist was at an evacuation site on the other side of town, and then a third pharmacist from another pharmacy was over the bridge.

There was lots of opening of boxes, cutting things off – 'here's a couple of tablets to get you through' – and handwriting lots of labels. There was also a lot of dealing with the doctors from the hospital. For the community it was trying to help people establish what medicines they could and couldn't go without.

After the flood we weren't able to occupy one of the buildings for nearly five months. We had to condense all our operations from two pharmacies to one very tiny outlet and encourage staff to take leave. We were really mindful to not put people off because everybody was doing it pretty tough – you want to look after your people as much as you can.

Looking back, my advice is to also consider what support you're going to need post-event – that includes support for yourself, your staff and your community.

Postscript: In light of the recent devastation that has swept the country, as an industry we need to advocate for the role of pharmacists in disaster management. As the most accessible health care professionals, and with the need for patients to have continuity in medicines access, pharmacists need to be included and remunerated for involvement in both disaster management planning, and in the provision of frontline services during natural disasters. (See **cover feature**, p16.)

Work on permanent changes to emergency dispensing must continue – not only to prepare us for future challenges, but to assist pharmacists and their communities in recovery efforts post-natural disaster.

'It was like nothing I've ever seen. We ... literally couldn't keep the basket on the bench there were so many scripts waiting to be filled.'

JESSICA BURREY BPharm, Grad Cert Buis, MPS has been a pharmacist for 13 years, 10 of them in Emerald, central Queensland. She has been a director of Emerald Pharmacy Services for the past 3 years.

Appendix II

Importance of effective emergency supply provisions for Prescrpition Only Medicines in disasters

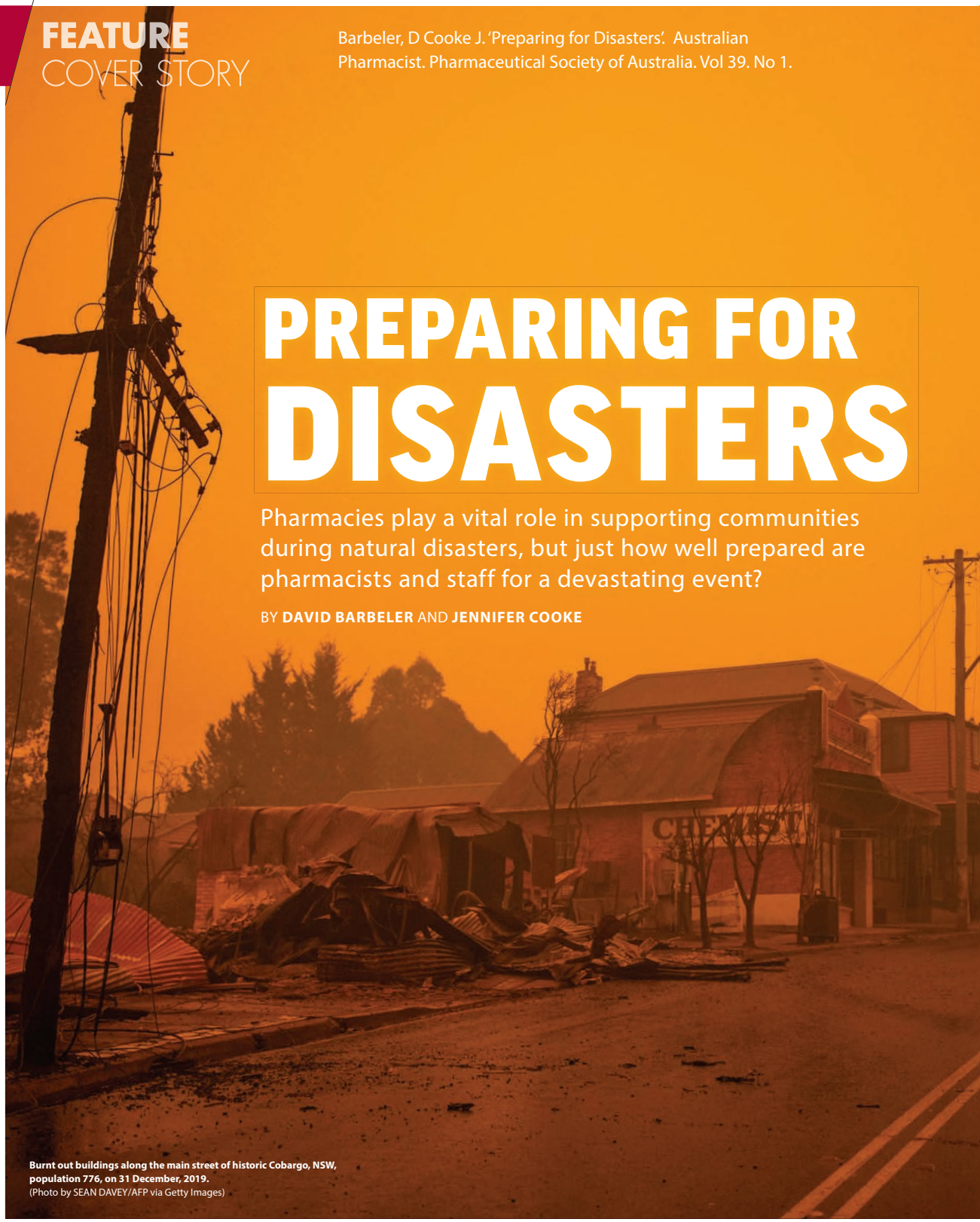
FEATURE
COVER STORY

Barbeler, D Cooke J. 'Preparing for Disasters'. Australian Pharmacist. Pharmaceutical Society of Australia. Vol 39. No 1.

PREPARING FOR DISASTERS

Pharmacies play a vital role in supporting communities during natural disasters, but just how well prepared are pharmacists and staff for a devastating event?

BY **DAVID BARBELER** AND **JENNIFER COOKE**



Burnt out buildings along the main street of historic Cobargo, NSW, population 776, on 31 December, 2019.
(Photo by SEAN DAVEY/AFP via Getty Images)

Learn more at **australianpharmacist.com.au**

Emmanuel Pasura MPS, the pharmacist-in-charge at remote Mallacoota Pharmacy, worked non-stop for weeks after day turned to night on New Year's Eve morning and a raging fire roared towards the town, forcing thousands to the beach and boats where they saw in 2020.

'Just a few weeks before the fire I started ordering increased quantities of medicines like *Ventolin* (salbutamol) and antibiotics – just in case,' he said.

With ash, thick smoke and poor air quality adding to asthma risks in the vulnerable, he had run out of puffers within an hour of opening the pharmacy the previous day.

It was the start of a nightmare logistical effort to get supplies of salbutamol, masks and other essential medicines into the tiny town on the eastern-most tip of Victoria. During the annual Christmas holiday season the population swells dramatically to about 5,000 people. (See **Member Opinion**, p15.)

Thousands of evacuated tourists and locals camped on the beach and in boats that night to outrun the flames that razed up to 300 homes and felled bushland that closed the only road out for at least a month.

Raj Gupta, the only pharmacist in the tiny NSW South Coast town of Malua Bay, was forced into emergency accommodation in Batemans Bay, the Shoalhaven area hard-hit by the relentless fires that destroyed swathes in and around nearby towns.

Mr Gupta continued dispensing in the dimness of his power-less pharmacy to keep local residents in necessary medicines while the 3-day supply rule remained in effect in NSW up to 7 January.

'There's been no power, there's been no communication [so] we can't take payments, but that's not much of a concern. People will come back and pay. They are very honourable people,' Mr Gupta told *SBS* at the time.

His and other heroic efforts by pharmacists in the worst-hit areas of NSW, Victoria and Kangaroo Island off South Australia – where supplies eventually were brought in by helicopter, police barge, navy vessel, cargo ship, ferry and even jet skis – were examples, according to PSA National President Associate Professor Chris Freeman, of 'pharmacists going above and beyond for their communities'.

But were pharmacists prepared for a disaster that has changed the federal government rhetoric on climate change?

Were disaster plans adequate to meet a permanent shift in fire risk that now threatens the survival of many species of birds and animals, urban catchments, water security and the permanence of infrastructure?

Australia is no stranger to sudden natural disasters. Bushfires, cyclones, floods – 300 millimetres of rain fell in just hours around the Gold Coast during a 1-in-100-year thunderstorm while fires still burned elsewhere last month – a community somewhere in Australia has been affected.

Yet, according to Queensland University of Technology (QUT) researcher Dr Elizabeth McCourt, pharmacists are 1.7 times more likely to have experienced a natural disaster than they were to have received previous education or training for a disaster. 'That, to me, is quite shocking. It shows just how scarce training, information and resources are for pharmacists in this area,' says Dr McCourt, a hospital pharmacist whose research focuses on the preparedness of pharmacists for disasters and emergencies. »

Responding to disasters – FIP disaster guidelines

The *Responding to disasters: Guidelines for pharmacy* document produced in 2016 by the International Pharmaceutical Federation (FIP) break down emergency management into different phases, designated generally PPRR:

P **Prevention (mitigation)** – identifying and analysing long-term risks to human life and property from natural or non-natural hazards; taking steps to eliminate these risks if practical and, if not, reducing the magnitude of impact and the likelihood of recurrence.

P **Preparedness** – developing operational systems and capabilities before a domestic emergency happens.

R **Response** – actions taken immediately before, during or directly after a domestic emergency to save lives and property and to help communities recover.

R **Recovery** – co-ordinated efforts and processes used to bring about the immediate, medium- and long-term regeneration of a community following a domestic emergency.

The guidelines pose questions that should be considered at the national, regional and individual pharmacy levels during each of the above four phases and are not intended to answer all the questions. Instead they aim to raise awareness of what pre-planning pharmacists should consider.

For more information visit: **www.fip.org/files/fip/publications/2016-07-Responding-to-disasters-Guideline.pdf**

BOX 1– Consensus on 21 roles pharmacists could undertake in the response phase of a disaster

RESPONSE – ACTION IN DISASTER /EMERGENCY
Coordinate logistics of medications and medical supllies for patients with chronic diseases
Ration limited supplies of medication
Assist with the release and allocation of national stockpiles if required in pandemic or emergencyemergency
Triage of low-acuity patients (e.g. medication reconciliation, patient medical history, referring to physician for further assessment or to pharmacist for refill of lost medications)
Institute cardiopulmonary resuscitation (CPR)
Provide wound care and first aid for minor ailments
Provide one-off medication emergency supply refills for up to 30 days during the declared disaster
Continue provision of chronic disease medications
Dispense medications and other necessary medication-related items to affected members of the community (prescription, over-the-counter medications, inhalers, etc.)
Dispense general health pharmacy items to affected members of the community (toiletries, nappies, bandages, incontinence pads, water, etc.)
Make therapeutic substitutions for drugs available on limited formularies without prior authorisation
Counsel patients on how to use and take medications
Attend clinical ward rounds to provide pharmacist expertise on medical patients
Prescribe medication needs of low-acuity patients in hospital
Prescribe and administering vaccinations (e.g. tetanus, antidote/prophylaxis to bio-terrorism agent following state public health disaster protocols)
Medication identification and safety assessment
Monitor the chronic disease(s) of at-risk individuals to minimise exacerbation
Advocate pharmacy's role during an event
Maintain media liaison on medication issues
Decide on the appropriateness of donated medications and other supplies
Pharmacists should engage the pharmacy student workforce to backfill duties (dispensing, inventory, etc.), freeing up pharmacists to perform more clinical roles in a disaster.

Reference: *Watson K, et al*[7]

An essential service

Consider this: if the above statistic was cited for SES members, firefighters, energy and communications technicians, or paramedics it would likely prompt an inquiry, just as the mega-fires, the first of which in NSW was ignited by a lightning strike in October, have prompted two state inquiries and a mooted Royal Commission.

After all, those roles are all categorised as 'essential services' during natural disasters. But so, too, are pharmacists.

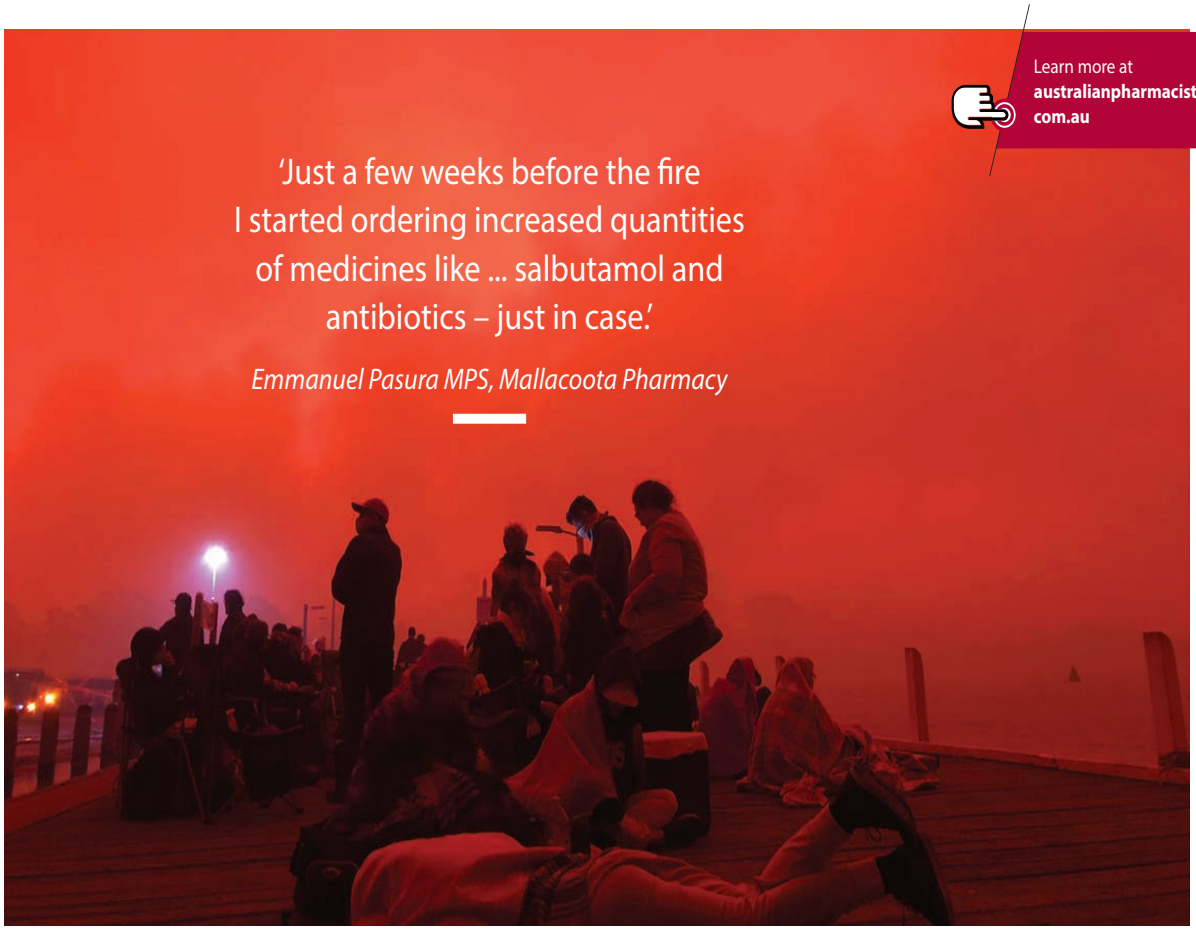
'A lot of people would be familiar with language such as "unless you're an essential service, stay off the roads". Well, community pharmacies are considered to be essential services,' explains Paul Willis, the General Manager of Cate's Chemists group in Townsville.

'That message is often misunderstood. It doesn't say emergency services – it's essential services. And it's important we train our pharmacy staff to respond to that message appropriately.'

Lessons learned

Mr Willis and his pharmacist wife Cate Whalan know about preparing for, and responding to, natural disasters.

The duo and their staff not only helped the Townsville community through severe tropical cyclone Yasi in 2011, but



Thousands fell back to the wharf at Mallacoota and witnessed the sky turn red by 9 am on New Year's Eve morning, 2019. Photography: Nicola Brown, tourist

in February 2019 supplied medicines throughout disastrous flooding that brought the region to a standstill.

'Community pharmacy is an essential part of the public health system during a disaster or an emergency. They're very well positioned and accessible to the community,' says Mr Willis.

'There's a lot of fear and apprehension during situations like this so pharmacies provide an element of normalcy, too – if an important part of the health system is operating normally, that provides psychological reassurance to patients.'

Another QUT researcher, Dr Kaitlyn Watson, adds: 'Research shows patients leave their homes without their medicines, without their ID and without money, typically.' A registered pharmacist whose research focuses on the legislation and roles aspects of pharmacists in disasters, she says pharmacists she's interviewed 'decided they had a duty of care to their community to stay open and gave out emergency supplies to patients at the cost to their business, not the patient'.

Adds Mr Willis: 'You can make arrangements for people to come back and pay next week but it's chaotic and it ends up being more work to chase up.'

Preparation and planning

'In disaster management there's this thing called 'all hazards preparedness' – if you're preparing for one type of disaster, it should help you prepare for another,' Dr McCourt says.

'Many of the core concepts will be the same, like: Who do we talk to? Who do we call? What's the chain of command? How do we get more stock in? Where's our relocation point?' she explains.

This will also help pharmacies take out appropriate insurance cover in advance.

'We weren't covered for the flooding,' says Jessica Burrey, owner of the Emerald Plaza Pharmacy in Emerald, a regional town in central Queensland.

In 2010, a flood washed mud from the nearby Nogoa River through more than 1000 homes and damaged 95% of the town's businesses. 'At the time I was an employee pharmacist, but from a business perspective it was a big lesson.'

Another early preparation step involves connecting with your primary health network (PHN) and local disaster management group, adds Mr Willis.

'In our area they offer great training activities and do rehearsals, such as little war games and scenarios. They've also got access to a lot of training resources and can force us all to think through the consequences of some of these events,' he says.

Such a group can help identify occupational health and safety issues, such as road reconnaissance and appropriate high-visibility disaster attire for staff.

'A lot of traditional pharmacy uniforms – the nylons, the polyesters, skirts and court shoes – are completely inappropriate in a disaster situation,' Mr Willis says.

By developing contingency plans with PHNs in advance uncertainty and inefficiencies in the middle of the disaster can be prevented. »

FEATURE
COVER STORY

Robert and Karen Allen with dog Panther in Mallacoota on Saturday 4 January 2020 as a south-westerly wind change sparked up more fire activity in the area.
Photography: JUSTIN MCMANUS / FAIRFAX SYNDICATION

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'Linking in with local GPs and hospital pharmacy departments is really important,' Dr McCourt says.

'It's important to ask them, "What's your plan? What if this happens? Who can we send resources to? How are we even going to communicate with you in a disaster aftermath? "Those things need to be figured out in advance rather than on the fly.'

Emergency supply provisions

It's particularly critical to establish how to communicate with prescribers to obtain a verbal prescription. Outside recent temporary provisions [until the end of March] that allow full supplies of medicines, usually up to a month's worth, without a prescription in NSW,[1] Victoria,[2] the Australian Capital Territory[3] and Kangaroo Island,[4] current legislation only permits pharmacists who are elsewhere in Australia to supply patients with 3-day emergency provisions.[5]

All temporary emergency provision medicines are also available at PBS prices from 13 January until 31 March, following intervention by the federal Health Minister Greg Hunt.[6]

'Our research is showing when a disaster occurs three days is not actually long enough to handle the impact on the community services,' Dr Watson says.

In scenes repeated in many other towns, 130 kilometres north of Eden, NSW, the team at Narooma Pharmacy, part of the Capital Chemist Group, set up a makeshift pharmacy at the evacuation centre at the Narooma Leisure Centre.

Managing Partner Danielle Campbell MPS and her colleagues loaded a ute with pharmacy supplies including nappies, masks, asthma relievers and other medicines. At the evacuation centre, the team set up a table and was joined by a local GP who wrote prescriptions while Ms Campbell dispensed them, writing labels by hand.

> 'Personally, I've applied the skills learned in mental health first aid much more frequently than my regular first aid training.'
>
> ***Kayla Lee MPS, Pharmafriend innovator***

The mental and emotional toll

Be warned of likely witness trauma unfolding during a natural disaster. In many cases, patients will have lost homes, pets and sometimes even family members.

Two fathers and sons died in historic Cobargo, NSW, and on Kangaroo Island in the recent bushfires. At Culburra Beach, east of Nowra, Culburra Pharmacy owner David Heffernan MPS had the devastating task of balancing professional obligations with personal tragedy. A friend, who tried to save another friend's apple orchard from the fires, died after a cardiac arrest.

Canberra pharmacist Kayla Lee MPS, who developed the innovative program Pharmafriend, says mental health first aid is a must for pharmacists.

'While it's not a requirement for pharmacist registration at this point in time, it's a two-day course that gives you skills to be able to deal with crisis management,' she says.

'Personally, I've applied the skills learned in mental health first aid much more frequently than my regular first aid training.'

Don't forget to take stock of your own mental health, Dr McCourt says, as you won't know how you'll react until the situation unfolds.

'And be honest with yourself. We've all experienced a time when we are so tired, so stressed, so run down and we just think "I'm really not safe to practice right now", she says.

'You're going to be working without air-conditioning, you might not have running water, you're going to have people coming in who you're very worried about, they're going to be telling you awful stories of things that have happened to them; it's really hard to continue practicing safely in that environment.'

Pharmacists affected by the fires can contact Pharmacist Support Services on 1300 244 910.

Disaster roles for pharmacists

Before the events of September 11, 2001 and the twin towers of the World Trade Centre collapsed, accepted roles for pharmacists generally focused on contributions to logistics and supply chain management.

But pharmacists are capable of so much more, as is evident in their actions during the recent Australian bushfires.

As devastating as these recent bushfires have been for communities and Australia, it is great to see pharmacists being recognised for their contributions to the response and recovery efforts, says Dr Watson, from Edmonton, Canada, where she is now based.

'My heart goes out to all those pharmacists and colleagues working in these challenging circumstances and to those pharmacists and their families that have suffered personal losses as well.'

She urged pharmacists working in bushfire-affected regions to look after themselves as well as continuing the great work they are doing for the community by providing essential pharmacy services.

It has been heartwarming to see pharmacists be supported in their response efforts with the temporary changes made to emergency supply rules and PBS medicines, Dr Watson said.

'I hope these changes become integrated into legislation across the states and territories, ready for whatever and wherever the next disaster might be.' »

CPD

FEATURE
COVER STORY

Pharmacists are the most widely distributed healthcare practitioner in the community, available on the frontline in disasters to provide essential ongoing healthcare.

With the new temporary emergency supply arrangements, pharmacists are able to assess and prescribe ongoing medicine needs for patients, providing up to a month's supply – freeing up emergency departments and other healthcare services to treat higher-acuity injuries from the bushfires.

However, there are 43 roles in total that pharmacists could and should be undertaking throughout all phases of a disaster, as highlighted in Dr Watson and colleagues's latest prescient research, published online on Boxing Day 2019. They identified the roles that a panel of 15 experts from international and Australian non-governmental organisations, government, pharmacy, military, public health, and disaster management agencies have deemed pharmacists are capable of undertaking during any disaster.[7]

Dr Watson presented to the World Association for Disaster and Emergency Medicine (WADEM) Congress in Brisbane in May last year that the 43 roles identified by the expert panel were broken into the four phases of disaster management – prevention, preparedness, response and recovery (PPRR).[7] The majority of these roles are in the response phase. (See **Box 1** on p18.)

Until now, pharmacists have operated pharmacy disaster management responses with limited formal guidelines to follow, and separately to the coordinated health response.

To undertake these roles effectively, pharmacists should work within the coordinated disaster management and public welfare team structure, Dr Watson stated.

'It is imperative that primary healthcare (including pharmacists and GPs) are integrated into disaster health teams and [are] part of the coordinated response before a disaster strikes.'

'It is important that we offer trainings and resources to all pharmacists to be prepared for disasters – including offering trainings for more disaster-specific specialised pharmacist roles and providing avenues for pharmacists and their colleagues for debriefing/ongoing support during the recovery phase which can go on for weeks to years,' Dr Watson says.

'My colleagues and I are happy to consult and assist in the development of trainings and continuing professional development (CPD) material.'

'Together, pharmacy professional bodies and policymakers can provide better integration of pharmacists' roles in disaster management teams, whether assisting in the community or on deployment,' Dr Watson says.

Resources for pharmacists

These resources, training modules and support services can help pharmacists deal with greater-than-usual mental health presentations in the aftermath of a disaster.

- **Mental Health First Aid:** Informed by a reference group of pharmacy professionals across Australia, this course teaches pharmacists and pharmacy staff how to assist a consumer who is developing a mental health problem or is in a mental health crisis. **www.mhfa.com.au/courses/public/types/blendedpharmacy**
- **Phoenix Australia, Centre for Posttraumatic Mental Health, Psychological First Aid Training:** Australia's national centre of excellence in post-traumatic mental health offers a number of PFA training courses and education modules that draw on extensive research and clinical expertise. Training can be conducted digitally or face-to-face. **www.phoenixaustralia.org/expertise/education-and-training/**
- **Pharmacists' Support Services:** The PSS offers support from pharmacy colleagues who understand the challenges of running a pharmacy in adverse conditions. They can also link callers to other resources they may need. **www.supportforpharmacists.org.au**
- **NSW Health, Disaster Mental Health, Psychological First Aid (PFA):** PFA is specific to trauma situations and is typically recommended for first responders – which pharmacists are but are not always recognised as such. This handbook provides an overview of expected reactions following a disaster as well as strategies to support and protect people psychologically through the acute phase of a disaster. **www.health.nsw.gov.au/emergency_preparedness/mental/Documents/handbook-2-PFA.pdf**
- **Red Cross, Recover from Disasters resources:** Useful emergency management resources that can help you prepare and recover from disasters, including a Psychological First Aid guide that was prepared in conjunction with the Australian Psychological Society. **www.redcross.org.au/emergency-resources#recover-from-disasters**
- **PSA Training Plan – PSA19 The rural health imperative:** Rural pharmacist forum. This forum focuses on building a stronger rural health sector. It provides pharmacists working in rural and remote settings with the opportunity to meet, network and share their experiences. It will explore how pharmacists can prepare for and respond to natural disasters such as droughts, floods or bush fires. CPD credits: 1.5. At: **my.psa.org.au/s/training-plan/a110o000008gtyzAAA/psa19-the-rural-health-imperative-rural-pharmacist-forum**
- **Research:** Look at a variety of disasters.[9-12]

Kia and Deniz Kirschbaum with children Samira, Kian and Nuri in Mallacoota wait for helicopter evacuation on Saturday, 4 January 2020 which was delayed by thick smoke.
Photography: JUSTIN MCMANUS / FAIRFAX SYNDICATION, 04/01/2020

REFERENCES

1. NSW Government Health Department. Advice for pharmacists supplying medicines to patients in areas affected by NSW Bushfires – 13 January 2020. At: www.health.nsw.gov.au/environment/air/Pages/community-pharmacists.aspx
2. Victoria State Government. Advice for pharmacists supplying medicines to patients in areas affected by Victorian Bushfires. 2020. At: www2.health.vic.gov.au/public-health/drugs-and-poisons/supplying-patients-affected-by-bushfires
3. Pharmaceutical Society of Australia. ACT joins NSW and Victoria in improving access to medicines for people affected by bushfires. 2020. At: www.psa.org.au/act-joins-nsw/
4. Steven Marshall, Premier of South Australia. Prescription pressure lifted in emergencies. 2020. At: www.premier.sa.gov.au/news/media-releases/news/prescription-pressure-lifted-in-emergencies
5. PBS News. Advice for approved pharmacists supplying PBS medicines. 2019. At: www.pbs.gov.au/info/news/2019/11/advice-for-approved-pharmac.ists-supplying-pbs-medicines
6. Greg Hunt, Minister for Health. Ensuring continued access to affordable PBS medicines for those impacted by the bushfires. 2020. At: www.greghunt.com.au/ensuring-continued-access-to-affordable-pbs-medicines-for-those-impacted-by-the-bushfires/
7. Watson KE, Singleton JA, Tippett V, et al. Defining pharmacists' roles in disasters: a delphi study. PLoS ONE 2019;14(12):e0227132.
8. Watson KE, Singleton JA, Tippett V et al. The verdict is in: pharmacists do have a role in disasters and it is not just logistics. Prehosp Disaster Med 2019;34(Suppl 1):s63.
9. Ochi S, Hodgson S, Landeg O et al. Disaster-driven evacuation and medication loss: a systematic literature review. PLOS Current Disasters 2014;6.
10. Jenkins JL, Hsu EB, Sauer LM, Hsieh YH, Kirsch TD. Prevalence of Unmet Health Care needs and description of health care-seeking behavior among displaced people after the 2007 California wildfires. Disaster Med Public Health Prep 2009 Jun;3(2 Suppl):S24–8.
11. Tomio J, Sato H, Mizumura H. Interruption of medication among outpatients with chronic conditions after a flood. Prehosp Disaster Med 2010;25:42–50.
12. Krousel-Wood MA, Islam T, Muntner P et al. Medication adherence in older clinic patients with hypertension after Hurricane Katrina: Implications for clinical practice and disaster management. Am J Med Sci 2008;336(2):99–104.

Appendix III

Role of a Residential Aged Care Facility Pharmacist[25]

RESIDENTIAL AGED CARE FACILITY PHARMACIST

DESCRIPTION Aged care pharmacists are embedded within the residential aged care facility to oversee medicine safety and quality prescribing within the facility. By being a part of the care team, pharmacists can directly influence medicine use and improve quality of life for residents.

ROLE	
CURRENT ROLE (2019)	
Supply of medicines	Not applicable – Dispensing or supplying medicines is not part of the role of a residential aged care facility pharmacist
Patient-level activities	• **Clinical review**: Identify, resolve, prevent and monitor medicine related problems in chart reviews, particularly at times of medicine changes or during observations during patient medication rounds. This may include, for example, review dose form of medicines with nursing staff • **Comprehensive medicine review**: review and follow up of identified medicine related problems thorough structured medicine review, including via case conferencing • **Liaison with community pharmacy**: Coordination of DAA medicine profiles, continuity of medicine supply and enabling smooth transitions of care
Clinical governance	• **Practice drug use evaluation audits**: Supports improvements in clinical practice by conducting Drug Utilisation Reviews (DURs) and Drug Use Evaluations (DUEs). These generally review use of benzodiazepine, antipsychotic, opioid and antibiotics in stewardship programs. They may also audit other safety measures such as allergy status • **Quality improvement activities**, such as revising drug administration protocols or safety improvements following incident reports involving medicines • **Leadership on medicine use** to clinical governance structures such as medicine advisory committees,.
Education and training	• **Medicine information resource**: Individually advise facility staff on medicines and their use • **Staff education**: Deliver education and training to facility staff on administration and monitoring of medicines • **Education** of undergraduate and postgraduate health professional students
Qualifications, skills and training	Requires the knowledge and skills developed in a Bachelor of Pharmacy or Masters of Pharmacy, intern training program and ongoing continual professional development post-initial registration. General pharmacist registration with AHPRA >2 years pharmacist experience (extremely desirable) Accreditation to undertake medication reviews desirable Holding or working towards postgraduate clinical pharmacy, advanced practice, diabetes educator or asthma educator credentials advantageous
Responsibility and accountability	Medicine safety and medicine regimens of residential aged care facility residents.

FUTURE ROLE (2023)	
Changes to role by 2023	Maturation of role as normative within residential aged care facilities nationally, particularly in clinical governance such as medicine advisory committees. This will be accelerated through direct commissioning. Closer collaboration with facility staff and an increased autonomy through collaborative prescribing, increasing accountability for actioning medicine related recommendations (e.g. deprescribing, dose adjustment etc.).
Development pathway required for evolved role	Prescribing Schedule 4 medicines: collaborative prescribing endorsement via recognised certification pathway Advanced practice credentialing provides pathways to mastery of clinical skills and outcome Ongoing continual professional development
RECOGNITION	
Value to consumers	Pharmacists working in residential aged care facilities are embedded within the resident's care team. This teamwork directly benefits patients though: • De-prescribing of unnecessary medicines, medicines that have questionable risk versus benefit, and medicines that may cause adverse effects and reduced quality of life. A particular focus is medicines which are linked to cognitive impairment or sedation such as benzodiazepines, opioids and antipsychotic medicines. • Providing clarity and confidence in appropriate medicine administration techniques and helping reduce number of medicines unnecessarily administered
REMUNERATION	
Indicative salary in 2023 (ex. super)	• Foundation $80 000 to $100 000 • Advanced practice Level I (transition) $100 000 to $120 000 • Advanced practice Level II (consolidation) $120 000 to $140 000 • Advanced practice Level III (advanced) $140 000 and above

REFERENCES

1. Roughead L, Semple S, Rosenfeld E. Literature Review: Medication Safety in Australia. Sydney: Australian Commission on Safety and Quality in Health Care; 2013 Aug. At: www.safetyandquality.gov.au
2. Medicine Safety: Take Care. Canberra: The Pharmaceutical Society of Australia; 2019 At: www.psa.org.au.
3. Menzies RI, Leask J, Royle J, MacIntyre CR. Vaccine myopia: adult vaccination also needs attention. The Medical Journal of Australia. 2017 Apr 3;206(6):238–9.
4. Vaccine preventable disease in Australia. Australian Institute of Health and Welfare; 2018 Oct p. 2. Report No.: PHE236. At: https://www.aihw.gov.au/getmedia/8eb941be-9137-47b3-80d2-a0919424b2dc/aihw-phe-236_Aust.pdf.aspx
5. Notifiable conditions annual reporting. Brisbane: Queensland Health; 2020. At: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/surveillance/reports/notifiable/annual
6. Hope K, Butler M, Massey PD, Cashman P, Durrheim DN, Stephenson J, et al. Pertussis vaccination in Child Care Workers: room for improvement in coverage, policy and practice. BMC Pediatr. 2012 Jul 13;12:98.
7. Seale H, MacIntyre CR. Seasonal influenza vaccination in Australian hospital health care workers: a review. The Medical Journal of Australia. 2011 Sep 19;195(6):336–8.
8. Total domestic and international overnight visitation. Tourism and Events Queensland, Queensland Government; 2018 Dec. At: https://teq.queensland.com/research-and-insights/tourism-data-explorer/power-bi-total
9. Another state lowers age limit for pharmacy vaccinations. Royal Australian College of General Practitioners; 2019 Jun. At: https://www1.racgp.org.au/newsgp/clinical/another-state-lowers-age-limit-for-pharmacy-vaccin
10. Barriers to childhood immunisation: Findings from the Longitudinal Study of Australian Children. - PubMed - NCBI. At: https://www.ncbi.nlm.nih.gov/pubmed/26003493
11. Kelly D, Macey D, Mak D. Annual influenza vaccination Uptake, barriers, and enablers among student health care providers at the University of Notre Dame Australia, Fremantle. Human vaccines & immunotherapeutics. 2014 May 8;10.
12. Immunisation Strategy 2017-2023 Queensland Health At: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation.
13. Record vaccinations slash flu rates in Australia. Greg Hunt MP. 2018. At: https://www.greghunt.com.au/record-vaccinations-slash-flu-rates-in-australia/
14. FIP global vaccination advocacy toolkit: Supporting and expending immunisation coverage through pharmacists. The Hague, The Netherlands: International Pharmaceutical Federation (FIP); 2019 Sep.
15. Andrews R. Assessment of vaccine coverage following the introduction of a publicly funded pneumococcal vaccine program for the elderly in Victoria, Australia. Vaccine. 2005 Apr 15;23(21):2756–61.
16. Evaluation of the Victorian Pharmacist-Administered Vaccination Program. Melbourne: Health Consult; 2018. At: https://www2.health.vic.gov.au/public-health/immunisation/immunisers-in-victoria/pharmacist-immunisers/program-evaluation
17. Australia's health 2018. Australian Institute of Health and Welfare. At: https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true
18. Report No. 12, 56th Parliament - Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland. Queensland Parliament; 2018 Oct. At: https://www.parliament.qld.gov.au/work-of-committees/committees/HCDSDFVPC/inquiries/past-inquiries/Pharmacy
19. AIHW Web report: Older Australia at a Glance. Canberra: AIHW (Australian Institute of Health and Welfare); 2018 Sep. Report No.: Cat. no: AGE87. At: https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/summary
20. AIHW: Admissions into aged care. Canberra: AIHW (Australian Institute of Health and Welfare); 2017 Jun. Report No.: GEN Aged Care Data. At: https://www.gen-agedcaredata.gov.au/Topics/Admissions-into-aged-care
21. Roughead DEE, Semple SJ, Gilbert AL. Quality Use of Medicines in Aged-Care Facilities in Australia. Drugs Aging. 2012 Aug 31;20(9):643–53.
22. Prescribing in Older People: Position Statement 29. Sydney: ANZSGM (Australian & New Zealand Society for Geriatric Medicine); 2018 Mar. At: http://www.anzsgm.org/documents/PositionStatementNo29PrescribinginOlderPeople26March2018.pdf
23. Australian Pharmaceutical Formulary and Handbook. 24th ed. Deakin: Pharmaceutical Society of Australia; 2018.
24. Pharmacists in 2023: For patients, for our profession, for Australia's health system. Canberra: The Pharmaceutical Society of Australia; 2019 p. 64. At: https://www.psa.org.au/advocacy/working-for-our-profession/pharmacists-in-2023/
25. Pharmacists in 2023; roles and remuneration. Canberra: The Pharmaceutical Society of Australia; 2019 Jul p. 40. At: https://www.psa.org.au/advocacy/working-for-our-profession/pharmacists-in-2023-roles-and-remuneration/
26. The effect of a residential care pharmacist on medication administration practices in aged care: A controlled trial - McDerby - 2019 - Journal of Clinical Pharmacy and Therapeutics - Wiley Online Library. At: https://onlinelibrary.wiley.com/doi/full/10.1111/jcpt.12822
27. Leadership. Australian Government Department of Health. 2017. At: https://www.health.gov.au/about-us/who-we-are/leadership
28. Emergency department care 2018/2019. Canberra: Australian Institute of Health and Welfare; 2019 Dec. At: https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care
29. Use of emergency departments for lower urgency care: 2015–16 to 2017–18. Australian Institute of Health and Welfare; 2019. At: https://www.aihw.gov.au/reports/hse/231/use-of-emergency-departments-for-lower-urgency-car/data
30. Dinenn-Griffin S, Garcia-Cardenas V, Rogers K, Vargas Parada C, Williams K, Benrimoj S. An Australian minor ailments scheme; evaluation of an integrated approach by community pharmacists and general medical practitioners. Ultimo: University of Tehcnology Sydney; 2019 Oct p. 224. At: https://www.uts.edu.au/sites/default/files/2019-10/UTS%20WentWest%20AMAS%20Report_Full_DineenGriffin%20et%20al%20DIGITAL%20copy.pdf
31. Yelland LN, Salter AB, Ryan P. Relative risk estimation in randomized controlled trials: A comparison of generalized estimating equation methods. International Journal of Biostatistics. 2011;7(1):1–31.
32. Aly M, Garcia-Cardenas V, Williams K, Shalom B. A review of international pharmacy-based minor ailment services and proposed service design model. Research in Social and Administrative Pharmacy. 2018 Nov;14(11):989–98.
33. Taylor J, Joubert R. Pharmacist-led minor ailment programs: a Canadian perspective. IJGM. 2016 Aug;Volume 9:291–302.
34. Watson MC, Ferguson J, Barton GR, Maskrey V, Blyth A, Paudyal V, et al. A cohort study of influences, health outcomes and costs of patients' health-seeking behaviour for minor ailments from primary and emergency care settings. BMJ Open. 2015 Feb 18;5(2):e006261–e006261.
35. National Health Service (Scotland) Act 1978: Health Board Additional Pharmaceutical Services (Minor Ailment Service) (Scotland) Directions. Scottish Government Health and Social Care Directorates; 2011. At: https://www.sehd.scot.nhs.uk/pca/PCA2011(P)06.pdf

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