Pharmacy Practice Down Under – The Present and Emerging Opportunities

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Director | National Board | Pharmaceutical Society of Australia
Overview

• Some facts you may not know about Australia
• Same, Same but Different
• The community pharmacy – government agreement
• Current pharmacy practice
• Innovations in Australian pharmacy practice
  – Health Destination
  – Advanced Pharmacy Practice
  – Immunisation
Some facts you may not know about Australia
The first police force in Australia was made up of the best-behaved convicts. "The Night Watch"
Prime Drinker

Bob Hawke could well be the only world leader who earned a place in the Guinness Book of Records for boozing when he drank a yard glass of ale in fewer than 12 seconds in 1954.

He later parlayed this skill to become a man of the people and Australia's most popular Prime Minister.
Longest Yard

The dingo fence, which stretches from the Great Australian Bight in SA to central Queensland, is the longest fence in the world (5530km). It is about twice as long as the Great Wall of China.
Tall Poppies

Australia — well, Tasmania — is the world’s largest producer of opium alkaloids for the pharmaceutical market.

-produces about half of the world’s concentrated poppy straw for morphine and related opiates.
Same Same but Different
Land Mass

9,984,670Km²  #2

7,692,024Km²  #6
Population

Canada 2012

35

Million persons

Australia 2012

23

Million persons
Elderly Population
Foreign-born Population

[Bar chart showing countries and corresponding foreign-born population percentages. Canada 2011: 20.1% of population, Australia 2011: 26.7% of population.]
Nobel Prize Laureates

Frederick G. Banting - Facts

Frederick Grant Banting

Born: 14 November 1891, Alliston, Canada

Died: 21 February 1941, Newfoundland, Canada

Affiliation at the time of the award: University of Toronto, Toronto, Canada

Prize motivation: “for the discovery of insulin”

Field: endocrinology, metabolism

Prize share: 1/2

Lawrence Bragg - Facts

William Lawrence Bragg

Born: 31 March 1890, Adelaide, Australia

Died: 1 July 1971, Ipswich, United Kingdom

Affiliation at the time of the award: Victoria University, Manchester, United Kingdom

Prize motivation: “for their services in the analysis of crystal structure by means of X-rays”

Field: crystallography, x-rays

Prize share: 1/2
Doctors
<table>
<thead>
<tr>
<th></th>
<th>Australia</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>28,883</td>
<td>38,737</td>
</tr>
<tr>
<td>Population/pharmacist</td>
<td>779</td>
<td>899</td>
</tr>
<tr>
<td>Community Pharmacies</td>
<td>5,250</td>
<td>9,558</td>
</tr>
<tr>
<td>Pharmacy Schools</td>
<td>18</td>
<td>10</td>
</tr>
</tbody>
</table>
PHARMACY PRACTICE IN AUSTRALIA
THE FIFTH COMMUNITY PHARMACY AGREEMENT

BETWEEN

THE COMMONWEALTH OF AUSTRALIA

AND

THE PHARMACY GUILD OF AUSTRALIA

THE COMMUNITY PHARMACY AGREEMENT
The Community Pharmacy Agreement
The Community Pharmacy Agreement

- Patients pay a contribution towards the cost of their medication to the pharmacist.
- Who then claims from the government the difference between what they paid the wholesaler and the patient contribution.
- In the financial year ending June 30 2014, the government spent $9.1 billion on PBS-listed drugs.
The Community Pharmacy Agreement
The Community Pharmacy Agreement

Pharmacy Trade

Proposed cuts will bankrupt chemists

Meeting condemns cuts

Pharmacy Trade

Leading the charge with drastic action

3000 protesting at Tribunal’s decision

Tas guild declares war on PBRT and Govt

Guild rejects committee
The Community Pharmacy Agreement

• Response to large pharmacy-to-population ratio and the lack of consistency in various financial drivers across the profession
  – Mark-ups and
  – Fees for dispensing PBS medicines.

• Under the first CPA
  – the number of pharmacies fell from 5,500 to 4,950 by the end of 1995.
  – This included voluntary closures of over 600 pharmacies
The Community Pharmacy Agreement

• The location rule
  – A pharmacy may not open within 1.5 kilometres of an existing one

• The 5th CPA
  – Contains remuneration ($663 million, or less than 5% of the total CPA budget) for clinical services that enhance patient medication management.
  – Totals $15.4 billion, with the bulk of the funding ($13.8 billion) allocated directly to individual pharmacies for PBS-related services.
The Community Pharmacy Agreement
What Does Current Pharmacist Practice Look Like?
<table>
<thead>
<tr>
<th>Service</th>
<th>Product recalls and safety alerts</th>
<th>Home delivery service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander Quality Use of Medicines (QUM) support</td>
<td>Provision of information and advice relating to safety alerts or recalls of medicines or other pharmacy products along with coordination of consumer returns of recalled pharmacy products.</td>
<td></td>
</tr>
<tr>
<td>Community health education/promotion (structured)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunisation services</td>
<td>Project STOP (monitoring sale of pseudoephedrine products)</td>
<td></td>
</tr>
<tr>
<td>QUM support for residential aged care facilities</td>
<td>Supporting residential facilities with information, training and advice to promote safe and quality use of medicines within the aged care sector.</td>
<td></td>
</tr>
<tr>
<td>Medicine Information</td>
<td>Residential Medication Management Reviews (RMMRs)</td>
<td>A comprehensive medication review for aged care residents, conducted by an accredited pharmacist.</td>
</tr>
<tr>
<td>Return of unwanted medicines for destruction</td>
<td>Providing a public service for the safe return and destruction of expired and unwanted medicines.</td>
<td></td>
</tr>
<tr>
<td>Sexual health services</td>
<td>Provision of contraceptives and emergency contraception along with information and advice about contraception, sexually transmitted infections (STIs) and safe sex promotion with referral to medical support when indicated. Some pharmacies provide self-test screening kits for STIs such as chlamydia.</td>
<td></td>
</tr>
<tr>
<td>Sleep apnoea support</td>
<td>Supply of equipment, information and advice to assist patients to self-manage obstructive sleep apnoea.</td>
<td></td>
</tr>
<tr>
<td>Smoking cessation support</td>
<td>The supply of products, services, information and advice to encourage and support consumers with smoking cessation.</td>
<td></td>
</tr>
<tr>
<td>Staged Supply</td>
<td>Dispensing medicines in installments (e.g. daily or weekly) according to a schedule agreed by the patient, pharmacist and prescriber to manage issues of abuse, misuse or adherence.</td>
<td></td>
</tr>
<tr>
<td>Travel health services</td>
<td>Provision of medicines, vaccines and related pharmacy health products along with information and advice to enhance the safety and health of travellers.</td>
<td></td>
</tr>
<tr>
<td>Vascular Disease Support</td>
<td>Sale and professional fitting of compression garments for vascular disease/DVT prevention.</td>
<td></td>
</tr>
<tr>
<td>Minor Ailments support</td>
<td>Provision of first-aid and wound management services along with wound management supplies.</td>
<td></td>
</tr>
<tr>
<td>Weight management support</td>
<td>Provision of weight management information and services along with weight management products.</td>
<td></td>
</tr>
<tr>
<td>Diabetes risk assessment and self-management support (including Diabetes MedsCheck)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Diabetes Services Scheme (NDSS) Access Point</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needle and Syringe Program (NSP)</td>
<td>Sterile needle and syringe supply and disposal services to reduce the transmission of blood borne viruses such as HIV/AIDS and hepatitis C by coordinating pharmacy supply of equipment to prepare and administer illicit drugs. (Community pharmacy makes up 71% of all NSP services providers)</td>
<td></td>
</tr>
<tr>
<td>Distance supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opioid Dependence Treatment (ODT) services</td>
<td>Provision of buprenorphine and/or methadone as part of an ODT program to reduce the health, social and economic harm to individuals and the community from illicit opioid use. (Community pharmacy makes up 88% of all ODT dosing points)</td>
<td></td>
</tr>
<tr>
<td>Prescription management support</td>
<td>Provision of prescription management support to enhance therapy adherence, including:</td>
<td></td>
</tr>
<tr>
<td>Health aids and equipment</td>
<td>filing of prescriptions and repeats to minimise lost prescriptions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>reminder alerts to have a repeat prescription filled</td>
<td></td>
</tr>
<tr>
<td></td>
<td>‘last report’ reminders for patients to see their doctor for review and a new prescription if appropriate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>home delivery service</td>
<td></td>
</tr>
</tbody>
</table>
INNOVATIONS IN AUSTRALIAN PHARMACY PRACTICE
HEALTH DESTINATION
PHARMACY TRIAL
Health Destination Pharmacy Trial
Health Destination Pharmacy Trial
Health Destination Pharmacy Trial

Figure 1. Intervention elements

Pre-preparation (Oct 2011-Mar 2012) – advance notice given in the previous year at various pharmacy events; resource preparation; recruitment; consents and agreements

Preparation workshop focused on understanding change and outlining program elements (Mar 2012)

On-site support – four focused visits from the PSA coach during the nine months of the trial (Apr - Dec 2012)

Tool-kit and resource centre – the participant manual; HDPT-specific resources, PSA general resources, other resources as required

Program assessment – data collection, data analysis, interpretation and reporting.

Community of Practice Newsletter - providing a conduit of communication among participants and between the project team and participants
Health Destination Pharmacy Trial

‘It’s been quite beneficial for me personally. It helped me see what potential there is out there – how the profession is changing and growing and how to be a part of that, rather than just checking scripts and not moving on.’

‘(The coach) helped us sit down and think of how we used our staff. It helped with staffing and rostering, and allowing pharmacists to be out the front so we could do MedsChecks and that type of thing.’
<table>
<thead>
<tr>
<th></th>
<th>Profit impact (9 months)</th>
<th>GP$ % growth (9 months)</th>
<th>Health sales/Rx</th>
<th>Rx vol growth</th>
<th>Customer no. growth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Industry av.</strong></td>
<td></td>
<td>-4.90%</td>
<td>? $0 - $13</td>
<td>2.30%</td>
<td>-1.30%</td>
</tr>
<tr>
<td><strong>“Successful pharmacies”</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy 34</td>
<td>$163K</td>
<td>36.91%</td>
<td>$14.63</td>
<td>4.48%</td>
<td>0.73%</td>
</tr>
<tr>
<td>Pharmacy 33</td>
<td>$96K</td>
<td>16.34%</td>
<td>$4.86</td>
<td>4.47%</td>
<td>0.61%</td>
</tr>
<tr>
<td>Pharmacy 16</td>
<td>$82K</td>
<td>10.67%</td>
<td>$5.67</td>
<td>-0.90%</td>
<td>-0.89%</td>
</tr>
<tr>
<td>Pharmacy 23</td>
<td>$29K</td>
<td>8.30%</td>
<td>$10.97</td>
<td>-3.75%</td>
<td>-0.85%</td>
</tr>
<tr>
<td>Pharmacy 22</td>
<td>$24K</td>
<td>7.28%</td>
<td>$9.15</td>
<td>1.40%</td>
<td>-1.79%</td>
</tr>
<tr>
<td>Pharmacy 31</td>
<td>data not supplied</td>
<td>7.58%</td>
<td>$17.70</td>
<td>5.67%</td>
<td>3.26%</td>
</tr>
<tr>
<td>Pharmacy 32</td>
<td>data not supplied</td>
<td>3.30%</td>
<td>$15.85</td>
<td>4.04%</td>
<td>0.02%</td>
</tr>
<tr>
<td>Pharmacy 12</td>
<td>data not supplied</td>
<td>not available</td>
<td>$4.04</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Pharmacy 35</td>
<td>data not supplied</td>
<td>10.19%</td>
<td>$4.89</td>
<td>1.93%</td>
<td>1.87%</td>
</tr>
<tr>
<td><strong>AVERAGE ACROSS ALL</strong></td>
<td></td>
<td><strong>12.57%</strong></td>
<td><strong>$9.75</strong></td>
<td><strong>2.17%</strong></td>
<td><strong>0.37%</strong></td>
</tr>
<tr>
<td><strong>Not so successful trial pharmacies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy 11</td>
<td>data not supplied</td>
<td>-23.44%</td>
<td>$6.16</td>
<td>-2.95%</td>
<td>-8.45%</td>
</tr>
<tr>
<td>Pharmacy 13</td>
<td>data not supplied</td>
<td>-17.68%</td>
<td>$5.18</td>
<td>-2.52%</td>
<td>-11.67%</td>
</tr>
<tr>
<td>Pharmacy 14</td>
<td>data not supplied</td>
<td>-0.58%</td>
<td>$5.56</td>
<td>0.05%</td>
<td>0.29%</td>
</tr>
<tr>
<td>Pharmacy 17</td>
<td>data not supplied</td>
<td>-10.41%</td>
<td>$7.73</td>
<td>1.73%</td>
<td>-1.70%</td>
</tr>
<tr>
<td>Pharmacy 21</td>
<td>data not supplied</td>
<td>-3.07%</td>
<td>$12.74</td>
<td>-2.40%</td>
<td>-4.23%</td>
</tr>
<tr>
<td><strong>AVERAGE ACROSS ALL</strong></td>
<td></td>
<td><strong>-11.04%</strong></td>
<td><strong>$7.47</strong></td>
<td><strong>-1.22%</strong></td>
<td><strong>-5.15%</strong></td>
</tr>
</tbody>
</table>
“Unprecedented partnership between PSA and industry to transform community pharmacy”
History of the Competency Standards

- National Pharmacy Competency Standards Project 1992-94
- First review conducted of Competency Standards in 1996
- Second Review of Competency Standards in 2000-2001
- Competency Standards Review 2009-2010
- CSRSC formed
- APPFSC formed to develop APPF (2011-2012)
Competency Standards 2010

“advanced practice”
Competency Standards 2010

Introduced conceptually narrow and broad scope and the relationship between performance level
Advanced Pharmacy Practice Framework
Steering Committee

• Progress work on the development of an advanced practice framework for the pharmacy profession
• Develop an implementation plan for the recognition of advanced pharmacy practice including a possible recognition pathway
Advanced Pharmacy Practice

“Whatever the definition or criteria used to describe advanced pharmacy practice, the term should evoke the view of a practitioner who demonstrates higher levels of knowledge and skill over an extended period of practice, and the attitudes and behaviors reflective of a deep understanding of the nature and need for professionalism in practice – that is they are committed to the sustained pursuit of excellence”
What is advanced practice?

“Advanced Practice is practice that is so significantly different from that achieved at initial registration that it warrants recognition by professional peers and the public of the expertise of the practitioner and the education, training and experience from which that capability was derived.”

From:

- National competency standards framework for pharmacists in Australia
- Advanced Pharmacy Practice Framework for Australia
Competency vs performance

Adapted from Dreyfus & Dreyfus (1980) and ten Cate et al (2010). In: Australian Healthcare and Hospitals Association: Background research and consultation to inform the review of pharmacy competency standards-consultation paper. Canberra; December 2014.
Less about acquiring knowledge; more about **impact**

Adapted by Rowett, D. 2013.
<table>
<thead>
<tr>
<th>Transition level</th>
<th>Consolidation level</th>
<th>Advanced level (Proposed credentialing level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years and area of experience</td>
<td>Registered pharmacist with 2-5 years experience in the defined area of practice</td>
<td>Registered pharmacist with more than 5 years experience in the defined area of practice.</td>
</tr>
<tr>
<td>Post-registration qualification</td>
<td>Holds relevant postgraduate qualification of at least Graduate Diploma level</td>
<td>Holds relevant postgraduate qualification of at least Graduate Diploma level</td>
</tr>
<tr>
<td>Scope of practice experience</td>
<td>Previous experience working under supervision but working independently in the defined area of practice and starting to influence practice locally.</td>
<td>Working independently and influencing practice at state or national level. Guides (directly supervises or mentors) other advanced level pharmacists. Acknowledged within a multidisciplinary team as a leader in the defined area of practice.</td>
</tr>
<tr>
<td>Demonstration of competency</td>
<td>Meet all prerequisite competency standards; and At least 70% of advanced practice competency standards at Transition Level.</td>
<td>Meet all prerequisite competency standards and At least 70% of advanced practice competency standards at Advanced Level; and Balance of advanced practice competency standards at Consolidation Level. May be eligible to apply for certification as an Advanced Practice Pharmacist.</td>
</tr>
</tbody>
</table>

**Continuum of advanced practice**
Domains for demonstrating advanced practice

| 1. Expert professional practice |
| 2. Professional and ethical practice |
| 3. Communication, collaboration and teamwork |
| 4. Leadership and management |
| 5. Critical analysis, research and education |

Available at: www.advancedpharmacypractice.com.au
## Advanced Pharmacy Practice Framework with performance criteria for credentialing

<table>
<thead>
<tr>
<th>APPF Domains</th>
<th>Advanced Practice Competencies</th>
<th>Performance level descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expert Professional Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The particular field or subject in which the knowledge, skills and experiences have been acquired for the individual to be accepted as an expert (underpinned by standards in the National Framework for which expert professional practice is claimed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Acquire expert knowledge and skills</td>
<td>Demonstrates general knowledge in core practice areas</td>
<td>Demonstrates comprehensive, high level knowledge in defined practice area(s)</td>
</tr>
<tr>
<td></td>
<td>Able to plan, manage, monitor, advise and review performance in core practice areas</td>
<td>Able to plan, manage, monitor advise and review programs in defined practice area(s)</td>
</tr>
<tr>
<td>2. Use reasoning and judgement</td>
<td>Demonstrates ability to compare options or apply analytical skills in a range of routine situations</td>
<td>Demonstrates ability to make decisions in complex situation where several factors require analysis, interpretation and comparison</td>
</tr>
<tr>
<td></td>
<td>Demonstrates ability to recognise priorities when problem solving and identify deviations from the normal pattern</td>
<td>Demonstrates ability to interpret and synthesise available evidence and/or data to assess situations and options</td>
</tr>
<tr>
<td></td>
<td>Applies established practice protocols in responding to situations</td>
<td>Seeks guidance where variations to established practice/protocols are indicated</td>
</tr>
<tr>
<td>3. Demonstrate accountability and responsibility</td>
<td>Accepts accountability for services delivered directly to individual service recipients</td>
<td>Accepts accountability for services delivered to a defined group</td>
</tr>
<tr>
<td></td>
<td>Applies expertise responsibly in delivery of services in routine situations</td>
<td>Accesses and applies evidence based advice/strategies in complex situations</td>
</tr>
<tr>
<td></td>
<td>Demonstrates capacity to identify research findings likely</td>
<td>Demonstrates a responsible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advances knowledge in defined practice area(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advances programs in defined practice area(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrates ability to apply expertise to assess complex and dynamic situations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrates ability to assess situations and options in the absence of evidence or data or where there is conflicting evidence or data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uses judgment to vary practice to respond to contextual requirements</td>
</tr>
</tbody>
</table>
2. **Engage in teamwork and consultation**

<table>
<thead>
<tr>
<th>Level 1 – Transition</th>
<th>Level 2 – Consolidation</th>
<th>Level 3 – Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Demonstrates ability to work as a member of the pharmacy team</em></td>
<td><em>Demonstrates ability to work as a member of a multidisciplinary team</em></td>
<td><em>Works across workplace boundaries to build relationships and share information, plans and resources</em></td>
</tr>
<tr>
<td><em>Recognises personal limitations and demonstrates ability to refer to more experienced colleagues</em></td>
<td><em>Accepts expert advice through consultation within the workplace/organisation</em></td>
<td><em>Provides expert advice within and beyond the workplace/organisation as a recognised opinion leader</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Context and Impact Statement</th>
<th>Evaluator Performance Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,11,18,21-26</td>
<td>Within my current workplaces I work as a member of an interdisciplinary team which is primarily evident in my role as a consultant pharmacist within a general practice medical centre (E11). Here I work alongside GPs, nurses, and other allied health professionals such as a diabetes educator, dietitian and physiotherapist. My cross boundary work also extends beyond my current workplaces to include providing expert advice an opinion. This is demonstrated in my current and past roles including a member of the Antimicrobial Stewardship Clinical Care Standard Topic Working Group at the Australian Commission on Safety and Quality in Health Care (E18), as an advisor on the Pharmacy Practice Review Working Group at NPS MedicineWise (E21), and as a member of the many advisory committees listed on my CV (E10). I have been repeatedly invited to deliver presentations to other organisations and business on the integration of pharmacists within general practice with a private South Australian hospital one such example (E22). I am considered a national and international opinion leader on the topic of pharmacist</td>
<td>(Office use only)</td>
</tr>
</tbody>
</table>
Recognition Pathway

APC endorsed via the APPFSC as the independent entity being responsible and accountable for the credentialing of advanced practitioners in Australia.

Call for Expressions of interests for inaugural members of Advanced Practice Credentialing Committee. Ian Coombes Chair. First meeting May 2014.

Recognition Pathway

Call for Expressions of interests for pharmacists to develop a practice portfolio and be evaluated against the APPF to potentially be awarded the Credential of *Advanced Practice Pharmacist*
Progress so far

55 → 53 → 43 → 43

- Total selected
- Agreed to participate
- 10 notified withdrawal
- Portfolios submitted
Media Release

Contact: Mr John Low
President
Australian Pharmacy Council
Telephone: 02 6262 9628

Advanced practice pilot shows depth and breadth of pharmacy profession

The Australian Pharmacy Council (APC) congratulates the pharmacists selected as participants for the Credentialing of Advanced Practice Pharmacists pilot program. 138 pharmacists submitted an expression of interest and 50 were invited to take part in the pilot. 48 pharmacists have confirmed they will participate in the next phase. The 48 pharmacists proceeding through the trial will prepare their practice portfolio for evaluation and possibly be awarded the credential of advanced practice pharmacist.

John Low, President of the APC said: “This project shows the depth and breadth of the pharmacy profession and its potential for a bright future which is great.”

The participants selected demonstrate that advanced practice recognition may potentially be achieved in any area of pharmacy practice. The practice environments of the 50 invited participants are:

- Community pharmacy = 8
- Hospital pharmacy = 13
- Hospital pharmacy + Independent medicines management = 3
- Hospital/University (conjoint or part-time in each) = 6
- Independent medicines management = 8
- Industry/Regulatory = 2
- Policy and advocacy = 2
- Research and education = 5
- University = 2
- Other (Justice and forensic health) = 1

Pharmacy profession embraces advanced practice opportunity

The Australian Pharmacy Council (APC) is delighted with the response from pharmacists keen to participate in the Credentialing of Advanced Practice Pharmacists pilot program. Over 130 pharmacists have submitted an expression of interest in preparing a practice portfolio for evaluation in accordance with the profession’s Advanced Pharmacy Practice Framework (APPF) and APC’s standards and procedures for the credentialing of advanced practice pharmacists.

Commenting on this outstanding result, Dr Ian Coombes, Inaugural Chair of APC's Advanced Practice Credentialing Committee said: “Pharmacy as a profession is clearly maturing in its role in delivering healthcare and facilitating pharmacists to strive for excellence in so many areas - clinical care, leadership, medicines management, education and training. Developing its workforce through recognising advanced practice pharmacists and sharing pharmacy’s research findings in all facets of medication management will provide benefits for patients, healthcare teams and the broader community.”

John Low, President of the APC said: “the expression of interest for the pilot was looking for applications from a broad range of pharmacy backgrounds, and at various points along the continuum of advanced practice. In reviewing applications, we have been excited to see the range of expert professional practice areas that pharmacists are involved, and from all areas of practice - hospital, academia, community pharmacy, independent accredited pharmacists.”
Credentialing of advanced practice pharmacists pilot 2015 (n= 50)

- Community pharmacy = 8
- Hospital pharmacy = 13
- Hospital pharmacy + Independent medicines management = 3
- Hospital/University (conjoint or part-time in each) = 6
- Independent medicines management = 8
- Industry/Regulatory = 2
- Policy and advocacy = 2
- Research and education = 5
- University = 2
- Custodial and forensic mental health = 1
Survey responses:

• Approximately two weeks into the pilot, participants were asked the extent to which they agreed that advanced practice credentialing of pharmacists is important for the future development of the pharmacy profession.

1. Advanced practice credentialing of pharmacists is important for the future development ...

<table>
<thead>
<tr>
<th>Choices</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>67.35%</td>
<td>33</td>
</tr>
<tr>
<td>Agree</td>
<td>30.61%</td>
<td>15</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>2.04%</td>
<td>1</td>
</tr>
</tbody>
</table>

Total 49
Survey responses (cont.):

- Participants were also asked: What were their motivators for being part of the pilot (options provided).

<table>
<thead>
<tr>
<th>Choices</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to support this important development for the profession</td>
<td>95.92%</td>
<td>47</td>
</tr>
<tr>
<td>Peer feedback on my performance through the evaluation of my practice portfolio will help me plan my future advancement</td>
<td>57.14%</td>
<td>28</td>
</tr>
<tr>
<td>I have been waiting for a mechanism for my performance at an advanced level to be recognised</td>
<td>48.98%</td>
<td>24</td>
</tr>
<tr>
<td>Being credentialed as an advanced practice pharmacist is important for my career progression</td>
<td>40.82%</td>
<td>20</td>
</tr>
<tr>
<td>Being in the first wave of pharmacists credentialed is important to me</td>
<td>38.78%</td>
<td>19</td>
</tr>
<tr>
<td>I could have my portfolio evaluated for free</td>
<td>34.69%</td>
<td>17</td>
</tr>
<tr>
<td>Being credentialed as an advanced practice pharmacist will allow me to further develop the pharmacy services I offer</td>
<td>34.69%</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>26.53%</td>
<td>13</td>
</tr>
</tbody>
</table>

Total Entries 49
Survey responses (cont.):

• The expectation for the final evaluation outcome has remained fairly consistent throughout the pilot: “Now that I have started preparing my advanced practice portfolio, my expectation is that I am likely to be evaluated at the following Level along the advanced practice continuum:”

![Survey #3 results](chart.png)
Survey responses (cont.):

• In the second survey, pilot participants were asked to respond on their agreement with the comment: “Preparing my advanced practice portfolio is a lot of work, but I’m enjoying reflecting on my achievements and success.”
“advance practice credentialing of pharmacists is critical for the future development of the pharmacy profession. As an educator, researcher, manager and clinician, I can assist future pharmacists... on their journey to advanced practitioner”.

2015 Advanced practice pilot participant
Global Advanced Practice and Specialization Report 2015 | Case Studies

FIPEd is interested in identifying and sharing examples of advanced practice and specialization worldwide in a report to be launched at the 2015 FIP Congress in Düsseldorf. Thank you for agreeing to contribute to this important report as a case study author. Deadline for submission is the March 20, 2015.
Pharmacist Delivered Immunisation

Queensland Pharmacist Immunisation Pilot

Phase 1

Pharmacist Vaccination - Influenza

Final Report

Prepared by Professor Lisa Nissen and Professor Beverley Glass

Assisted by Dr Esther Lau and Ms Michelle Rosenthal
Background

• Suboptimal uptake of vaccinations is an ongoing global issue.
• Pharmacist delivered vaccinations in the community setting have become part of the solution in the United Kingdom, United States, Canada, Portugal and most recently New Zealand.
• Some of these countries have seen pharmacists administering vaccines for over a decade.
Background

• Within the Australian context there have been several key barriers to pharmacists providing immunisation services:
  – Lack of legislative framework
  – Competency gaps
  – Attitudes of other health professionals
• Nurse-Immuniser model
Background

• Early 2013 saw the release of the Pharmaceutical Society of Australia Guidelines for the provision of immunisation services in community pharmacy

• Leading into 2013, there were record numbers of influenza cases and several measles outbreaks across the country

• Late September 2013 saw a communication from the Chief Health Officer of the Queensland Department of Health
Intervention

• Pharmacist underwent training
  – Current first aid certificate
  – Online modules
  – Face to face workshop
Appendix 17: Patient Journey

Patient books online for flu vaccination

Patient is advised of costs, how long it will take and what is involved.

Patient is pre-screened as potentially suitable for vaccination

Patient is referred to GP

Ineligible

Patient details are entered into Guildcare and FAQ provided

Pharmacist confirms Eligibility and patient reads, completes and signs QPIP and GuildCare patient consent forms

Pharmacist screens for suitability for National Immunisation Program (NIP) and determines patient ADR risk

Ineligible for NIP and low risk of ADR

Patient receives vaccination

Patient given QPIP satisfaction survey, Record of Immunisation (Patient Handout) and asked to wait for 15 min. in waiting area. GP notification of vaccination can be provided upon patient consent (GP Report)

Patients complete survey, pay for service and must stay for 15 min. after vaccination for monitoring by pharmacist. Patients are informed they may be contacted to complete a follow up survey one-week post vaccination

Should an adverse reaction occur within the pharmacy or after monitoring period patients are asked to alert pharmacy staff immediately (NB a pharmacist will be monitoring patients closely within the 15 min. period post vaccination and have strict protocols to follow should any adverse reaction occur)

Eligible for NIP or at risk of ADR

Patient is referred to GP for vaccination
Results

Figure 2. Age demographics of patients that received vaccinations from pharmacists in QPIP1.
Results

Figure 3. Patient's reported experience on whether they have received an influenza vaccine previously, and how frequently they were vaccinated against influenza.
Results

Figure 4. Terry White Chemist group online booking data, comparing the number of bookings with the day of the week the appointment was made for.
Results

Bar chart showing the number of vaccinations administered for different types of vaccination presentations:
- Walk ins: 4000
- Online: 5000
- Instore: 1000

Type of vaccination presentations:
- Walk ins
- Online
- Instore
Table 1. Comparison of the reported adverse effects from influenza vaccine between people who had previously received an influenza vaccine, versus those who were ‘vaccine-naïve’.

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Received influenza vaccination before (%)</th>
<th>Not received influenza vaccination before (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain at injection site</td>
<td>20.9</td>
<td>33.3</td>
</tr>
<tr>
<td>Redness at injection site</td>
<td>14.0</td>
<td>28.7</td>
</tr>
<tr>
<td>Itchiness at injection site</td>
<td>9.1</td>
<td>11.5</td>
</tr>
<tr>
<td>Skin infection at injection site</td>
<td>0.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Shivering and/or chills</td>
<td>1.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Nausea, vomiting, diarrhoea</td>
<td>0.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Headache</td>
<td>4.2</td>
<td>4.6</td>
</tr>
<tr>
<td>Fever</td>
<td>1.3</td>
<td>3.5</td>
</tr>
<tr>
<td>Cough, running nose, sore throat</td>
<td>5.5</td>
<td>8.1</td>
</tr>
<tr>
<td>Muscle and/or joint pain</td>
<td>3.3</td>
<td>5.8</td>
</tr>
<tr>
<td>Excessive fatigue (more than normal)</td>
<td>1.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Chest infection</td>
<td>0.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Guillain Barre Syndrome</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Nerve AE (pins and needles, nerve pain, etc)</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Allergic reaction</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Severe allergy requiring urgent treatment/hospitalisation</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Results

Figure 7. Patients’ response when surveyed if they were comfortable with returning to a pharmacy to receive their influenza vaccination in the future.

Figure 8. Patients’ response when asked to rank their vaccination experience in relation to the professionalism of the pharmacist administering their vaccination.
Figure 9. Patients’ response when surveyed if they would recommend the pharmacist administered vaccination service to others.

Figure 10. Overall patient satisfaction with the pharmacist administered vaccination experience.
Asthma deaths down

THE death rate from asthma in Australia has dropped by 70% since the 1980s, a new report from the Australian Institute of Health and Welfare (AIHW) has found.

While the mortality rate had seen a substantial decline in recent years, it was still relatively high on an international scale, at 1.5 deaths per 100,000 people, AIHW Australian Centre for Airways disease Monitoring spokesman Professor Guy Marks said.

‘Mortality from asthma and COPD in Australia’ found in 2011, asthma was the underlying cause of 378 deaths, 0.3% of all deaths in the country that year.

Chronic obstructive pulmonary disease (COPD) was the underlying cause of 5,767 deaths among people aged 55 and over, or 4.4% of all deaths for that age group, the report found.

Marks said the report showed that COPD was a leading cause of death in Australia and internationally, and many deaths due to both asthma and COPD were potentially preventable.

The report found that death rates due to asthma increased with age and peaked in late winter for those aged 65 and over.

Death rates from COPD among males were almost double those among females and were usually highest in winter also, Marks said.

CLICK HERE to read the report.

Call for QPIP phase 2 EOIs

COMMUNITY pharmacies are being invited to submit expressions of interest (EOIs) for phase two of the Queensland Pharmacist Immunisation Pilot (QPIP) (PD breaking news yesterday).

The Pharmaceutical Society of Australia (PSA) Queensland branch and the Pharmacy Guild of Australia Queensland branch, with the research team from Queensland University of Technology and James Cook University, have called for community pharmacies to submit EOIs for the expansion of the QPIP, which will see a second influenza season in 2015 incorporated, as well as new vaccinations for measles and whooping cough for adults (PD 12 Jul).

A PSA spokesperson told PD that phase two would look to add a further 120 pharmacies, with about 200 involved in total, compared with almost 80 for phase one.

In a joint statement, the Guild and PSA said this would include 49 from south east Queensland and 71 pharmacies anywhere else in the state.

The projected start date for the new vaccinations was 01 Sep, with the pharmacies from phase one already in place and the pilot working to have systems installed, primarily data recording software, to facilitate the implementation of phase two, the spokesperson said.

EOIs were open from anyone who addressed the criteria, which included having access to Guildcare software and a private counseling room available, and then the pilot would be looking at selecting pharmacies to address a variety of sites and locations, the spokesperson said.

CLICK HERE to see more.

Health wages rise

IN THE public sector, health care and social assistance wages saw the largest quarterly rise to June, the Australian Bureau of Statistics (ABS) has said.

This category saw a rise of 0.7% and an annual rise of 2.9%.

In the private sector, mining had the largest quarterly rise of wages at 0.7%, which was the largest rise for all sectors, ABS said.

Overall, the wage price index for the private sector in the June quarter rose 0.6% and the public sector rose 0.8%, with all sectors seeing a quarterly rise of 0.6%.

CLICK HERE to see more.

EPSI reminder

THE Department of Health and the Pharmacy Guild of Australia are reminding pharmacies about the electronic prescription scoring initiative (EPSI) – see page three for more details.

Free QCPP Refresher

THE Guild Academy and Boehringer Ingelheim (BI) have developed a series of free online QCPP Refresher Training courses for pharmacy assistant.

Approved for 30 minutes of Refresher training, the course covered issues of cough management with pharmacy medicines, the Guild said.

BI manufactured Biolvol products, the Guild said.

Guild Pharmacy Academy head Sue Bond said the organisation had ensured the content was unbiased and BI’s contribution was “very balanced.”

The initiative would deliver comprehensive and factual training for assistants, she said.

The new course is called ‘A pharmacy assistant’s guide to managing cough - Biolvol’ and will be available from the Academy’s myLEARNING platform.

CLICK HERE to register.

APC Accreditation Colloquium

19 August 2014, Brisbane
Mysteries of Time and Space: Preparing future practitioners for patient centred care
Other Innovative Work
Summary

• Australian and Canadian pharmacy practice has many similarities and with some differences
• Australian community pharmacy practice continues to focus on the supply of medications
• There continues to be a shift to health service programs
Acknowledgements