

POSITION STATEMENT

Pharmacists as part of the multidisciplinary team in GP Super Clinics

Position

SHPA welcomes the establishment of GP Super Clinics with doctors, nurses and allied health professionals, such as physiotherapists, podiatrists, dieticians, psychologists and pharmacists, all in one local community facility.¹

In considering the pharmacist's role within such a multidisciplinary team, SHPA has drawn on current experience from Australian hospital pharmacy practice and elsewhere.

It is easy to envisage that in GP Super Clinics, pharmacists could develop new work patterns with GPs and other health professionals including collaborative management plans and pharmacist prescribing.

Pharmacists could work alongside GPs on chronic disease management in a variety of roles, for example:

- taking complex medication histories
- documenting medication management plans
- providing consumer education
- preventative roles via primary and secondary control of risk factors using medicines
- developing pharmacist managed prescribing programs

The role of nurse practitioners is often mooted in chronic disease management including prescribing, yet pharmacists could equally take on these roles.

SHPA says that pharmacists with skills suitable to meet the local community needs should be available at each clinic. Clinic pharmacists could provide services themselves, liaise with other health settings (including hospitals) and act as a broker and referral mechanism to the consumer's local community pharmacy for services available there (e.g. home medicines reviews).

Australian GP Super Clinics may include co-located pharmacies (community or hospital), but the most important aspect is for the skills of a pharmacist to be available.

This would mean that as for other health professionals, pharmacists would need to be added to current Medicare reimbursement arrangements.²

A flexible approach designed to meet the local community needs of GP Super Clinics would allow participation:

- from individual pharmacists (considered as independent practitioners as for all other allied health professions currently under Medicare); or
- via a community pharmacy; or
- via a director of pharmacy of a public or private hospital.

GP Super Clinics provide the pharmacy profession with a great opportunity to improve consumer health outcomes and medication management services by forging new multidisciplinary partnerships.

GP Super Clinics also present a welcome new environment for both multidisciplinary clinical education of undergraduates and ongoing continuing professional development of qualified health professionals.

Background and Issues

GP Super Clinics were part of the pre-election platform of the Australian government. There was only one mention of pharmacy, "ideally a pharmacy would also be co-located or nearby".¹

Pharmacists are one of the few health professionals not currently included in Medicare reimbursement arrangements available to other health professional groups.² This presents a barrier to innovation in service delivery and in career paths for young pharmacists.

For comparison, it is useful to consider the applicability in GP Super Clinics of pharmacist roles that are currently undertaken in Australian hospitals and elsewhere.

Australian data³ show that in hospitals, on average:

- 47% of a pharmacist's time is spent outside the pharmacy department working alongside other health professionals on clinical pharmacy services for individual patients (e.g. admission medication history interviews, medication management review, therapeutic drug monitoring, medication counselling / patient education, providing drug information to doctors / nurses and the training and education of pharmacy students and others). These clinical or cognitive services are known to reduce adverse drug events and they were recognised by the Australian Council for Safety and Quality in Health Care as a key strategy to reduce medication events.⁴
- 16% of pharmacist's time is devoted to management services that also improve patient safety system-wide through developing prescribing policies, quality activities such as drug use evaluation, standardisation of high risk medicines, staff education etc.
- the remaining 37% of time is devoted to drug distribution services that include specialised manufacture (sterile and non-sterile), clinical drug trials dispensing and services designed to support optimal storage of medicines, prevention of selection errors and appropriate labelling and packaging.

Recent work from the United States has demonstrated that two clinical pharmacy services are positively linked with seven health outcomes, including reduced mortality. The standout services were admission medication histories and drug protocol management by pharmacists, both of which may be useful in GP Super Clinics.⁵

SHPA's recent standards of practice for the provision of medication reconciliation⁶ highlight a four step process of:

1. Structured medication history interview including previous adverse drug events /allergies and an assessment of adherence;
2. Confirmation of the information to ensure it is complete, correct and comprehensive;
3. Reconciliation of the confirmed medication history with the current medicines order (on admission, during stay and on discharge); and
4. Transfer of verified information to others involved in ongoing care.

These steps are consistent with Australia's *Guiding principles to achieve continuity in medication management*.⁷

In the United Kingdom, pharmacists are already working in GP surgeries. Some commenced working a few hours per week but now work part of everyday dealing with 50 to 60 patients a week with chronic diseases. With prescribing rights they can also authorise some repeat medicines, answer medicines-related queries, and support the quality outcomes framework and medicines management initiatives of the local facility. The pharmacist appointments are 20 minutes long and pre-bookable, providing more time than patients would normally have at a GP appointment. The reduction in GP workload means that they can target their time towards the patients with more complex medical needs. Having a pharmacist as part of the team has been welcomed by GPs.⁸

References

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