



INQUIRY INTO COMMUNITY PHARMACY IN VICTORIA

Submission from AMA Victoria

AMA Victoria rejects any expansion of the role of pharmacists into the independent provision of healthcare or prescribing.

AMA Victoria is concerned with protecting our patients' safety and the quality of their health care that could be put at risk by the expansion of roles of non-medical practitioners into areas outside their areas of expertise and training.

Patient care is best supported by pharmacists working in conjunction with medical practitioners and patients to deal with the issues Pharmacists are best trained for; such as ensuring medication compliance, assisting with medication management and providing added education about medication safety. Patient care should be integrated and patients should be seen by the appropriate health professional, at the right time, for the optimum treatment and healthcare advice.

AMA Victoria recognises that Pharmacists, like some other allied health professionals, have a high degree of expertise in specific, but limited, fields. There are potential benefits for patients from increasing collaboration between Pharmacists and General Practitioners and the use of complementary skills to assist GPs with medication management.

Integrating pharmacy services into General Practice has the potential to improve medication management and adherence. AMA Victoria supports the possible co-location of non-dispensing Pharmacists within GP Clinics to work under the supervision of GPs as part of an integrated multidisciplinary care team. Pharmacists can, in this setting, play an essential role in complementing and supporting the work of doctors.

Primary healthcare should only be provided by those professionals who are appropriately trained to manage a patient's care. Medical Practitioners are the only profession specifically trained to take a full history, perform an examination, investigate, diagnose and manage patients. They often do this in conjunction with allied health teams which include; nurses, pharmacists and practice staff. However doctors are the only healthcare providers with the skills to manage and coordinate the care of a patient. It is essential that they must remain at the centre of any team-based healthcare model.

Pharmacists should refer all medical issues on to a GP. It is the GPs role to make a diagnosis and subsequently determine if the patient requires further investigation or referral to a specialist. Pharmacists are not trained to be diagnosticians and, as a result, should not infer a diagnosis when providing medication or advice.

Pharmacists have a role in aspects of medication including dispensing, education and monitoring, however, allowing the role of Pharmacists to expand into the independent provision of health services could endanger patients and fragment care, and compromise the integrity of medical records. Issues also arise around privacy of both the information gathered and the patient's personal privacy as well as the professional liability of the Pharmacist.

Pharmacists do not have the appropriate clinical training or knowledge required to administer clinical services such as vaccinations. Prior to administering a vaccination at a GP clinic, a doctor will usually perform a general health check including relevant patient history. A doctor will also have the required level of clinical skills and expertise to handle any, unlikely but potentially serious, adverse reactions. This training, knowledge and clinical support is not available to Pharmacists.



Victoria has high immunisation rates attained through very effective immunisation programs that administer millions of vaccinations in both school and community healthcare settings every year. As of December 31st 2014 92 per cent of five year olds were fully immunised¹. These services are overseen by a local medical officer, frequently the local GP, and work in conjunction with properly trained immunisation nurses. These programs already have documentation systems and referral pathways in place. Any consideration for increasing access to immunisation should focus on expanding support for current, successful programs.

GPs are best placed to target vulnerable populations including asthmatics, over sixty-five year olds and immuno-compromised persons. Information on these populations can be readily accessed through GP databases and invitations to attend screening programs can be sent.

Administering vaccinations is also a key opportunity for a doctor to undertake opportunistic health checks, an opportunity that will be missed if Pharmacists' scope of practice is expanded.

There is a lack of evidence supporting the value of performing preventive health checks outside of General Practice. Pharmacists are not trained to provide or, more importantly, interpret the results of these checks. Additionally the only referral or follow up pathway available to a Pharmacist is to encourage a person to see their GP. Health checks in General Practice are far more effective in addressing health risk factors, such as excess weight and high blood pressure, than those carried out elsewhere. Costs of undertaking health checks outside of GP Clinics can be higher. Any cost savings made by avoiding a GP visit could be offset by increased referrals to specialists, increased investigations and increased risks of complications all of which can lead to higher costs for the patient and the health system. Pharmacists are not trained to assess the seriousness of a health issue and are therefore not able to provide safe advice to a person. Only a doctor will have the necessary training and patient information to provide a complete health check and comprehensive advice to a patient.

Shifting the provision of health services to Pharmacists could also lead to the fragmentation of care and introduce concerns related to patient confidentiality. Pharmacists do not have detailed patient records and there is not yet widespread adoption of e-health records to allow up-to-date and secure sharing of health information.

It is important for doctors to have robust medical records with as much information as possible to ensure that they can manage their patients as effectively as possible. Once key health services, such as health checks, are shifted out of a doctor's clinic the flow of information becomes reliant on the patient providing information on services they have sought externally at their next consultation. Pharmacists lack of access to a full patient record, unless they are co-located with the General Practice, means they are not able to provide personal advice based on an individual's health information such as risk factors and family history. Information sharing between a pharmacy and doctors' office raises concerns regarding patient confidentiality and what information can and cannot be communicated. Lack of information can constrain a doctor's ability to effectively treat and manage their patients.

AMA Victoria believes that we should be consulted on all considerations of any current or future proposal to expand the scope of practice of non-medical practitioners or to substitute the roles of medical practitioners and ensure that any proposal is rigorously assessed and evidence based.

¹ Australian Childhood Immunisation Register