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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Sir/Madam

Submission to the Senate Community Affairs References Committee Inquiry into the factors affecting the supply of health services and medical professionals in rural areas

Thank you for the opportunity to provide a submission to the Senate Inquiry into the factors affecting the supply of health services and medical professionals in rural areas.

The Pharmacy Guild of Australia believes that the standard of health care for rural/remote areas should be equal to the standards available in metropolitan areas. Community pharmacists play an important role in the rural/remote primary health care team, where optimal workforce recruitment and retention is highly dependent on infrastructure, service linkages and adequate funding, underpinned by peer support within the local community.

Addressing the Terms of Reference, there are a number of factors that are likely to impact on the future supply of pharmacy health services and the pharmacist workforce in Australia. These include the ageing population, feminisation of the workforce, increasing burden of chronic disease, information technology advances and the ageing workforce of health professionals.

In addition, the key factors affecting the supply of health services to rural and remote communities from community pharmacy's perspective are as follows.

Support to whole primary health care team

There is a need to ensure the whole primary health care 'team' is considered in any incentives and professional and personal supports. Currently such support is mainly focussed on the 'medical' profession, but needs to be extended to pharmacy and allied health to enable change.

In addition, members of the primary health care workforce need to be supported to take on additional roles in rural/remote communities. Community pharmacies are the most accessible of all primary health care service providers, and pharmacists are one of the most trusted health care professionals. The infrastructure of community pharmacy is a major cost saver to the health system through its role as a first contact point for consumers, assisting with the management of minor health complaints, and when necessary, providing appropriate referrals to general practitioners or other health providers.

National Secretariat

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Access to the Telehealth Initiative through Community Pharmacy

The Guild welcomes the Telehealth initiative to address some of the barriers to accessing medical services for patients in rural, regional and outer metropolitan areas. Community pharmacy is an integral part of Australia's health infrastructure as the most accessible health service in Australia, with many community pharmacies located in areas with limited health service providers. As such, this unique position should be utilised to optimise equity of access to telehealth.

The Guild highlights that the community pharmacy professional workforce has the requisite skills and connectivity for it to be considered for inclusion in the telehealth initiative, which will only be strengthened by pharmacies' involvement in the development and rollout of the Personally Controlled E-Health Record (PCEHR) system. Electronic prescriptions and the PCEHR should be integral to the telehealth consultations to achieve productive outcomes and to ensure the clinicians involved have the maximum amount of information regarding the patients' health care.

The Guild acknowledges that telehealth will generally be managed through a patient's general practitioner (GP) or other health care coordinator in order to maintain continuity of care. However, it should be recognised that in many circumstances, particularly in regional and remote Australia, the local community pharmacy may be the only available or most appropriate health service for conducting telehealth consultations.

As such, community pharmacy should be viewed as an 'other health care facility' in which a patient can access telehealth and video conference to a specialist at another location. This is of particular importance in the instance where the GP is removed geographically from both specialist and patient. This would be comparable to the exemption provided under the Telehealth initiative to residential aged care services, Aboriginal Medical Service (AMS) and Aboriginal Community Controlled Health Service (ACCCHS), which are able to provide telehealth consultations without a Medicare provider number, provided they are within an eligible telehealth area¹.

Personally Controlled Electronic Health Record (PCEHR)

The Personally Controlled Electronic Health Record (PCEHR) presents an opportunity for improved health access and is of particular importance to people with chronic medical conditions and those living in rural/remote Australia, who may experience disjointed care at a number of locations.

Community pharmacy should be utilised to optimise use of the proposed PCEHR model with support of pharmacists 'on the ground' to advise consumers of the benefits of 'opting-in' and to encourage them to do so. In addition, by involving pharmacists and pharmacies, the PCEHR is more likely to contain robust data, not only including prescription information but also information about over-the-counter and complementary medicines. A pharmacist would also be able to easily identify medication misadventures and suggest corrective action.

Shortage of pharmacists in rural/remote locations

While the Guild does not believe that there is an oversupply of pharmacists as a profession, we do acknowledge that the distribution of pharmacists by metropolitan, rural and remote areas varies greatly across Australia. To what extent is unknown as there has not been an adequate 'census' on

¹ Medicare Australia

the distribution of the pharmacy workforce for many years and the Guild would welcome an opportunity to conduct this activity, similar to the 'GP Census' that the previous Divisions of General Practice Network were funded to undertake by the Commonwealth. The demand for pharmacists' services in rural and remote areas will increase, given the ageing of the population and the greater propensity for chronic disease with advancing age. This is also likely to have an impact on the expected number of prescriptions dispensed, thus increasing the need for pharmacists to be located in rural locations, particularly given that in comparison to individuals living in major cities or regional areas, those who live in rural and remote areas of Australia have lower life expectancy and higher rates of mortality, morbidity and hospitalisation.

Lack of availability of locums to provide support and coverage for existing rural and remote pharmacists

The flow-on effect from a shortage of pharmacists in certain locations is a lack of locums, an issue that is by no means specific to the pharmacy profession for rural and remote locations. This impacts not only on the general health of the pharmacists, due to an inability to take personal leave, or being required to work extended hours 6 days per week to ensure the pharmacy is accessible, but also on their ability to attend Continuing Professional Development events such as training or conferences. The nature of a pharmacy is that if a pharmacist is not on the premises, the premises are not allowed to be open to the public. This also affects simple things like attending appointments and lunch breaks.

Lack of remuneration for expanded services

At a time when Australia is facing a shortage of health care professionals, and with varying out-of-pocket costs, community pharmacy is the only health professional network where patients can easily access the advice of university trained health professionals at no charge and with no appointment, and to have affordable access to life saving medicines on the PBS. While community pharmacists embrace their role as primary health care professionals, there is a need to balance this with the viability of running a small business, something that is often overlooked for the pharmacy profession. As such, all expanded services should have appropriate remuneration. The Guild is pleased that this was introduced in 2011 through the Fifth Community Pharmacy Agreement funded Pharmacy Practice Incentives, which are now providing remuneration for services in a number of priority areas, including Dose Administration Aids (DAA) and clinical interventions.

However, there are a number of services that community pharmacy provide at a cost to their business, and the unfortunate reality is that this will need to be reassessed in the coming years, given the current economic environment and in addition to other pressures being exerted on pharmacy such direct distribution, cuts in PBS growth, rescheduling of pharmacy and pharmacist-only medicines, increasing rental prices, workforce shortages in rural/remote locations and key medicine patent expiries.

Jurisdictional differences

The Guild would like to emphasise the significant impact that jurisdictional variations can have on health practice, particularly with the national registration of health practitioners. From a pharmacy perspective, pharmacists now have national registration. However, each jurisdiction has separate legislation that regulates pharmacy practice with regards the storage and supply of medicines. The

development of national legislative instruments such as the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) has provided some level of streamlining, but even reference to the SUSMP varies with some jurisdictions acknowledging the full Standard and others only sections.

Legislation variations can significantly impact patient care, particularly for people living in rural and remote locations. For example, jurisdictions have very strict regulations for the prescribing and supply of Controlled Drugs which are also subject to abuse. These drugs are also commonly used for palliative care and chronic pain, and variations in regulation at times impede patient access. The Guild expects that initiatives such as the Electronic Recording and Reporting of Controlled Drugs funded under the Fifth Community Pharmacy Agreement (Fifth Agreement) will provide avenues to ameliorate many of these problems, but there will still be a requirement to ensure consistency between National and jurisdictional regulations. Further, community pharmacy could be better utilised as part of the immunisation network to increase vaccination rates in Australia. Although limited services are available, legislation amendments that would allow pharmacists to provide vaccinations or to have better access to vaccination through community pharmacy would greatly enhance access to life-saving vaccines, particularly to consumers who may not have easy access to a medical practitioner.

Reforming accessible service delivery models

There is the opportunity to capitalise on the existing pharmacy infrastructure and regional workforce, particularly in rural and remote areas, and to facilitate patient access to services for which extensive travel would normally be required. As an example, a chemotherapy service in remote locations could be provided by a pharmacist and/or a nurse either within a community pharmacy setting or at the patient's home. The involvement of the community pharmacist could be facilitated by initiatives such as telehealth.

Medicare Locals

The Guild believes that Medicare Locals should be a conduit for health care professional leadership to assist in highlighting emerging areas of practice and capacity that may not be known to other health care professionals, particularly in rural and remote locations. Medicare Locals should also facilitate access to governance and leadership training in an inter-professional learning environment as well as to facilitate research and development opportunities for health care, including data collection at both regional and national levels.

I trust that our submission is useful in assisting the Committee with its Inquiry into the factors affecting the supply of health services and medical professionals in rural areas. The Guild would welcome an opportunity to further discuss and expand on these matters at a hearing.

Yours sincerely

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