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RACGP submission: Review of Pharmacy Remuneration and Regulation

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Executive summary

The *Review of Pharmacy Remuneration and Regulation* (Pharmacy Review) presents the opportunity to consider the role community pharmacy plays within the broader Australian healthcare system. The role of pharmacists and the model of community pharmacy have been topical issues in recent years, and widespread consultation with relevant stakeholders is welcomed.

There are necessary boundaries to the role that pharmacists should play in our health system. Services outside the scope of pharmacology should not be provided by pharmacists. Further integration of pharmacy into the primary healthcare system should be considered as part of the Pharmacy Review, particularly in light of government reform efforts in the primary healthcare sector. Enhancing integration of pharmacy within primary healthcare will lead to improved patient outcomes through better continuity and coordination of care.

The retail model of pharmacy has been considered inappropriate in the health environment for some time. It is imperative that the sale of retail products within the pharmacy setting does not devalue the way patients view evidence-based medicine, and that pressure to achieve sales does not precede a commitment to providing safe and quality pharmacy services. One approach to ensuring this is to place limitations on the types of goods that can be sold in a community pharmacy.

Many reviews have also reported that there are no benefits in retaining the current pharmacy location and ownership rules in community pharmacy. The removal of these regulations in favour of new incentive-based methods of increasing access to medicines increasingly seems to be a fairer way of achieving the same outcomes.

Programs developed to support access to Pharmaceutical Benefits Scheme (PBS) medicines should be patient-driven rather than service-driven. Programs specifically created to support Aboriginal and Torres Strait Islander peoples must have the flexibility to meet local needs and arrangements. There is scope to increase the role of pharmacy within Aboriginal health services (AHSs) to improve quality use of medicines.

Pharmacy is funded through a significant portion of the overall Federal healthcare budget. Multiple streams of funding should not be encouraged and pharmacy is best funded efficiently and effectively with increased oversight through the Community Pharmacy Agreements (CPA).

Summary of recommendations

The Royal Australian College of General Practitioners (RACGP) has made the following recommendations in response to the Pharmacy Review.

1. Remuneration and regulations should be used to support greater collaboration between pharmacists and general practitioners (GPs).
2. The CPA should support pharmacists to provide services directly related to pharmacology in collaboration with GPs.
3. Guidelines should be developed in partnership with relevant stakeholders for community pharmacy that:
    a. outline the services a pharmacist should and should not provide, based on their expertise in pharmacology
    b. set minimum standards for the facilities used to provide these services.
4. Strict limitations should be placed on the types of products that can be sold within community pharmacy.
5. The atypical model of retail and healthcare in community pharmacy should be discouraged.
6. Location and ownership rules should be replaced by incentive-based methods of increasing and maintaining patient access to PBS medicines.
7. Recommendations of previous reports regarding transparency and accountability of the costs and savings projected in the CPA must be followed through, with regular reporting on actual costs and savings against projected figures.
8. Cost-effective approaches to increasing after-hours access to medications should be considered by increasing GPs' capacity to dispense medication.
9. Remuneration of pharmacist advice regarding medication should continue to be supported through the CPA.
10. Funding and administration of programs relating to the access of PBS medicines for Aboriginal and Torres Strait Islander peoples must be flexible to local needs and arrangements, while also prioritising local community decision-making.
11. A continuous quality improvement approach will ensure quality supply and access for AHSs and for Aboriginal and Torres Strait Islander patients. Quality use of medicine should be considered as part of wider education and workforce strategy, rather than an isolated provision of a particular activity.

Introduction

The RACGP thanks the Review of Pharmacy Remuneration and Regulation Panel (Review Panel) for the opportunity to contribute to the discussion regarding the future of community pharmacy arrangements.

The RACGP is Australia's largest professional general practice organisation, with more than 33,000 members working in or towards a career in general practice. It is responsible for:

- defining the nature and scope of the discipline of general practice
- setting standards, curriculum and training
- maintaining the standards for high-quality clinical practice
- supporting GPs in their pursuit of excellence in patient care and community service.

GPs are the principal prescribers of medicines listed under the PBS and interact with community pharmacies on a daily basis. The RACGP has interest in ensuring that changes to community pharmacy, or the pharmacy sector, promote access to medicines and prevent fragmentation of care. Most importantly, any changes should result in positive health outcomes for patients and a sustainable health system that benefits all Australians.

About this submission

This submission outlines the RACGP response to the Pharmacy Review discussion paper released on 27 July 2016.

The RACGP has identified a number of key themes within the discussion paper that are addressed by multiple terms of reference. For this reason, this submission has been structured to address:

- the role of pharmacists
- retail versus healthcare environment
- pharmacy location and ownership rules
- taxpayer expenditure on pharmacy and pharmaceuticals
- Aboriginal and Torres Strait Islander health
- an alternative model for pharmacy.

Pharmacy Review process and preliminary consultation

The Pharmacy Review was announced as part of the release of the Department of Health's *Sixth Community Pharmacy Agreement* (6CPA). The 6CPA noted that three independent reviewers would conduct the review based on specific terms of reference to be determined by the Federal Minister for Health after consultation with the Pharmacy Guild of Australia. However, the RACGP notes that one of the reviewers is a long-standing member of the Pharmacy Guild of Australia involved in previous CPA negotiations.

The discussion paper identifies that bilateral meetings with stakeholders were conducted prior to its release. Medical practitioners, specifically GPs, appear to have been significantly underrepresented in initial consultations. Given a patient's journey between general practice and pharmacy, and the relationship between GPs and pharmacists in their respective roles of prescribing and dispensing medicines, consultation with general practice is especially important.

In light of this, the RACGP requested a meeting with the Review Panel to discuss the Pharmacy Review. The RACGP did not receive a response to this request.

The RACGP also notes that the Review Panel consulted with the National Aboriginal Community Controlled Health Organisation (NACCHO) to inform development of the discussion paper. Ongoing engagement of NACCHO is strongly encouraged when considering changes to pharmacy that may affect access for Aboriginal and Torres Strait Islander peoples through the Aboriginal and Torres Strait Islander health sector or more broadly.

Specifically, there is a need for the Pharmacy Review to discuss the development of the pharmacist role in AHSs under various programs, such as Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX), Section 100 (S100) supply arrangements and Closing the Gap (CTG). The RACGP recommends the Pharmacy Panel convenes a round table discussion with stakeholders, including the Pharmacy Guild of Australia, Pharmaceutical Society of Australia, NACCHO and the RACGP, on this topic.

The RACGP looks forward to the outcome of the consultations regarding the Pharmacy Review discussion paper, including the opportunity to respond to the draft recommendations later this year following the release of the Pharmacy Review interim report.

The role of pharmacists

The RACGP sees the Pharmacy Review as an opportunity to clarify the role of both pharmacists and pharmacy, and to add value to primary healthcare services and the health system overall. The Pharmacy Review also presents opportunity to better align the services provided by pharmacy and general practice to encourage a unified approach to patient-centred primary healthcare.

Provision of primary healthcare services by pharmacists presents a range of issues

The CPAs have defined the scope of pharmacy by identifying what and how pharmacy services will be remunerated. The 6CPA announced $1.26 billion in funding for professional pharmacy programs, with part of the funding allocated to trials of programs to extend the role of community pharmacy in the delivery of primary healthcare services.[1]

Pharmacists are experts in pharmacology and the science of pharmaceuticals, including their origin, nature, chemistry, effects and use. This differs significantly from the practice of diagnostic medicine and the treatment of illness and disease. It is essential that services provided by pharmacists remain within the scope of pharmacology.

Safety and quality

The broader safety and quality issues regarding provision of primary healthcare services by pharmacists should be considered.

For a large cohort of patients, interactions with community pharmacy are episodic and ad hoc. A pharmacist does not have comprehensive knowledge of a patient's history or the appropriate medical training on which to draw in order to provide safe and quality medical care, spanning triage, diagnosis and treatment.

Seeking to duplicate general practice services in pharmacy will thus result in serious health risks to patients. Yet, in recent years, community pharmacy has sought to expand to include services traditionally provided within the general practice setting, such as vaccination and 'minor ailments'. Pharmacists are not adequately trained to deal with the complexities that come with vaccination programs, including appropriate counselling prior to administration and the management of potential adverse reactions, including anaphylaxis. Pharmacy settings also do not provide the necessary safe, private and comfortable setting to discuss confidential patient details prior to administering a vaccine.

While providing certain primary health services from within the community pharmacy may increase access, access to services alone does not benefit patients. Patients need access to safe and high-quality health services that are carried out by an appropriately trained and informed health professional.

When a patient presents to their regular GP for a planned or ad hoc consultation, including for vaccination services, a range of other opportunistic healthcare services are provided, including assessment, preventive advice, health checks (eg for patients with diabetes) and health education. Drawing on information held by the practice about the patient's medical history and current treatments and medications, the patient's regular GPs can provide informed, tailored advice to that individual.

Evidence shows that continuity of care through long-term ongoing relationships between patients and GPs is associated with lower preventable hospital admissions and lower risk of mortality.[2–6] These effects are shown to be particularly strong for older patients and patients with multimorbidity and polypharmacy.[7]

Duplication and waste

The Review Panel should note that many recent Department of Health initiatives/reviews have focused or are focused on eliminating waste and duplication in the healthcare system. These initiatives include the:

- Primary Health Care Advisory Group
- Medicare Benefits Schedule (MBS) Review
- Private Health Insurance Consultations.

Expanding the role of pharmacists to provide diagnostic and treatment services within a pharmacy setting will result in duplication of services, which is confusing for patients and wasteful of scarce healthcare resources.

It has been suggested that general practice consultations considered 'administrative' (such as sickness certification and repeat prescriptions) should be provided by pharmacists, among other healthcare professionals. However, this would be an unnecessary duplication of the GP's role, with GPs losing the opportunity to address the presenting or other health issues, or to review the patient's care.

Pharmacists add value when providing services related to medication and medication management

General practice and pharmacy are intrinsically linked through their respective roles in prescribing and dispensing medicines for patients. The high degree of separation between prescribing and dispensing medications is a strength of Australia's health system, as it supports objective prescribing. There is benefit in further uniting the roles of general practice and pharmacy to improve continuity and coordination of patient care.

The RACGP identifies opportunity for community pharmacists to be better integrated into primary healthcare through:

- incorporating clinical pharmacists into general practice settings; this would include medication safety initiatives, such as the management of practice drug surveillance systems and systems to enhance medication safety
- medication management services, such as identifying and monitoring medication use and safety in partnership with GPs
- collaboration with a patient's healthcare professionals to optimise medication therapy and achieve treatment goals
- support for GPs in health literacy promotion, empowering patients to work on medication self-management goals and share decision-making with their GPs.

Evidence suggests that pharmacist services in medication management are of economic value, with benefits tending to outweigh costs.[8,9] However, more research in this area is necessary to determine the value within the Australian primary healthcare setting. It is understood that the University of Canberra is currently evaluating trials of pharmacists working within a general practice. The Review Panel should consider the outcomes of these trials when considering models of pharmacy service provision.

An RACGP proposal to further integrate pharmacy and general practice is explored under 'An alternative model for pharmacy' in this submission.

Recommendations

1. Remuneration and regulations should be used to support greater collaboration between pharmacists and GPs.
2. The CPA should support pharmacists to provide services directly related to pharmacology in collaboration with GPs.
3. Guidelines should be developed in partnership with relevant stakeholders for community pharmacy that:
    a. outline the services a pharmacist should and should not provide, based on their expertise in pharmacology
    b. set minimum standards for the facilities used to provide these services.

Retail versus healthcare environment

The Pharmacy Review seeks views on the mix of retail and healthcare in community pharmacy. The RACGP believes that a retail business model is inappropriate within the healthcare environment. It does not exist in any other area of the Australian healthcare system.

There are concerns that the current retail model of community pharmacy promotes the sale of over-the-counter (OTC) and non-evidence-based medicines, potentially compromising patient health. The sale of vitamins, supplements and other non-evidence-based products is rapidly increasing, with the majority of sales occurring via the pharmacy setting.[10] Non-evidence-based products must not be sold as complementary or alternatives to evidence-based medicines. The sale of non-evidence-based and OTC medicines can have serious health implications for patients, and could encourage a patient to delay or dismiss consultation with a registered medical practitioner or reject conventional medical approaches, resulting in serious and sometimes fatal consequences.

The advice provided by pharmacists should not be commercially influenced. The discussion paper describes stakeholder concerns that pharmacists may compromise the level of professional advice provided to patients on the quality use of medicines due to financial pressure to 'up-sell'. Pharmacists may be influenced by incentives to recommend certain products in place of, or in addition to, a prescribed medicine. The Blackmores incentive program is an example of the retail environment influencing the health advice provided to patients by pharmacists.[11]

In addition to the pressure faced by pharmacists, patients may also feel a similar pressure to purchase unnecessary products from a pharmacist given a pharmacist's position of trust and perceived authority in medical expertise.[12]

Recommendations

4. Strict limitations should be placed on the types of products that can be sold within community pharmacy.
5. The atypical model of retail and healthcare in community pharmacy should be discouraged.

Pharmacy location and ownership rules

Similar to the atypical retail/healthcare business model of community pharmacy, location and ownership rules do not exist in other parts of the healthcare system. The RACGP does not support the location and ownership rules and asks the Review Panel to consider why these regulations apply exclusively to pharmacy.

Many areas within the healthcare system are faced with similar challenges of providing a government-subsidised service, promoting patient access and maintaining business viability. For example, general practice faces parallel challenges in ensuring access to healthcare, particularly for vulnerable patient groups and patients located in rural and remote areas, yet general practices do not have the equivalent location and ownership rules.

Current regulations are anti-competitive

The pharmacy location and ownership rules are claimed to promote access to PBS medicines and encourage sustainability of the community pharmacy sector.[1,13] However, several recent reviews have concluded that pharmacy ownership and location rules significantly prevent competition in the sector, stifle innovation and restrict patient choice. These reviews include the:

- National Commission of Audit's *Towards Responsible Government* (2014)
- Australian National Audit Office's (ANAO) Report No. 25 of 2014–15 on the *Administration of the Fifth Community Pharmacy Agreement* (2015)
- Federal Government's *Competition Policy Review* (2015)

The pharmacy location and ownership rules restrict the number of pharmacies that can be established and, in turn, inflate the price of existing pharmacies. This has made it difficult for pharmacists to purchase an existing pharmacy and start their own business.[14] The removal of the pharmacy ownership and location rules will reduce barriers for pharmacists and others to purchase or operate pharmacies.

Claims that deregulation of pharmacy location and ownership rules will result in corporatisation and poorer service provision are unfounded. Friendly societies are permitted to own pharmacies in some states and territories. In 2008, amendments were made to the *Pharmacy Practice Act 2004* to indefinitely extend the growth cap for friendly society ownership, encouraging growth of these non-pharmacist-owned pharmacies.[15] There is no evidence to suggest that friendly society pharmacies are operating at a lower standard than those owned by pharmacists.

Alternative mechanisms to improve distribution of pharmacies and access to PBS medicines

As part of recent CPAs, a suite of incentives and supports have been introduced via the Rural Pharmacy Workforce Program to encourage retention of the existing pharmacy workforce and to attract other pharmacists to work in rural and remote areas. These processes include allowances for attending professional development activities, start-up and maintenance allowances, pre-registrant allowances and scholarship programs.[16]

The move to an incentive-based system to promote access and sustainability more closely aligns other parts of the Australian healthcare system. The location and ownership rules are an outdated method of promoting access and should be removed in favour of an incentive-based approach.

Recommendation

6. Location and ownership rules should be replaced by incentive-based methods of increasing and maintaining patient access to PBS medicines.

Taxpayer expenditure on pharmacy and pharmaceuticals

A number of points are raised throughout the discussion paper regarding alternative arrangements to remunerate pharmacy services, including after-hours payments and use of MBS fee-for-service payments. The Review Panel must consider community pharmacy as one part of the larger health system in order to fully consider the most cost-effective ways for delivering healthcare services and improving patient health outcomes.

Transparency of the CPA

A significant role of the CPA is to identify projected costs and savings of the PBS Access and Sustainability package over the term of the agreement. Follow-up reporting of the actual cost of each component of the CPA has not occurred following the conclusion of previous CPA terms. It is important that the CPAs and key stakeholders are accountable for meeting projected savings.

This is in line with the ANAO Report No. 25 of 2014–2015 on the *Administration of the Fifth Community Pharmacy Agreement*, which recommended that the actual cost of components of the CPA should be reported to increase transparency.[17] The Department of Health agreed to the recommendation outlined in the report. Encouragingly, the recent ANAO Report No. 9 of 2016–2017 on the *Community Pharmacy Agreement: Follow-on Audit* noted that improvements have been made in the reporting and transparency of the CPA.[18]

After-hours dispensing

The discussion paper raises the issue of patient access to medications after hours, noting that pharmacy opening hours do not necessarily reflect other health professionals. For example, patients visiting a GP outside of normal business hours may have an expectation of access to prescribed medicines. The Pharmacy Review raises a proposal of an incentive payment to support pharmacies to operate after hours.

Given that a number of pharmacies already have extended business hours, an additional incentive is unnecessary unless a clear case regarding access to medications after hours can be articulated.

To promote a cost-effective and coordinated health system, a more efficient option would be to allow GPs who are already offering after-hours services to dispense a range of commonly used medications when necessary.

Use of the MBS for pharmacist services

The Pharmacy Review also raises the proposal to remunerate pharmacists' advice to patients separately using the MBS. The RACGP does not support the introduction of MBS patient rebates for pharmacist services.

Remuneration of pharmacists' advice relating to medicine dispensing is already recognised in the dispensing fee within the CPA. Remuneration of pharmacists' advice should remain linked to the quality use of medicines. Therefore, the CPA, or future arrangements under the PBS Access and Sustainability package, is the most appropriate funding stream to remunerate pharmacists.

Recommendations

7. Recommendations of previous reports regarding transparency and accountability of the costs and savings projected in the CPA must be followed through, with regular reporting on actual costs and savings against projected figures.
8. Cost-effective approaches to increasing after-hours access to medications should be considered by increasing GPs' capacity to dispense medication.
9. Remuneration of pharmacist advice regarding medication should continue to be supported through the CPA.

Pharmacy arrangements in the Aboriginal and Torres Strait Islander health sector

The Pharmacy Review raises a number of discussion points regarding funding or arrangements of the various programs in place to address access to and affordability of PBS medicines for Aboriginal and Torres Strait Islander communities. It is important to ensure that funding of such programs is flexible and able to respond to local needs and arrangements, while also prioritising local community decision making. Policies and funding should ideally be determined by Aboriginal and Torres Strait Islander communities themselves.

S100 Support Program

The discussion paper questions whether it would be desirable for remote S100 AHSs to be able to write CTG scripts. The RACGP advocates for patient-centred care and would therefore support this arrangement, as programs should be determined by patient need rather than the services they attend. This is particularly important when people visit a different health service, are discharged from hospital or receive outpatient services.

It would also be beneficial for payments to be merged to allow Aboriginal and Torres Strait Islander peoples access to medicines supplied by the AHS (provided under the S100 supply arrangements) while they are at home and CTG co-payments when they travel. The RACGP recognises that this may create an issue in terms of monitoring the use of medications by individual patients, but this can be addressed through the establishment of mechanisms for real-time monitoring of the medications and prescriptions being dispensed. This would also serve to reduce waste, and improve adherence and safety.

Quality use of medicines

The Pharmacy Review paper questions how the S100 Support Program can further support quality use of medicine. Currently, the funding is capped for QUMAX, despite the levels of multimorbidity and polypharmacy in Aboriginal and Torres Strait Islander communities.

Access to medicines is poor in many remote communities. Without pharmacists, dispensing and quality use of medicine activities are performed by doctors, nurses and Aboriginal health practitioners, among their other duties.

Funding for a pharmacist to conduct quality use of medicines activities within an AHS is likely to be beneficial. However, in order to see benefits it is important that pharmacists are part of the integrated healthcare team.

A pharmacist working as part of the healthcare team within an AHS would promote positive health outcomes through:

- enhanced patient and community engagement in the use and handling of medications
- engagement among health professionals to improve quality use of medicines
- increased capacity of other staff by taking responsibility for maintaining and stocking pharmacy supplies.

A continuous quality improvement approach will ensure quality supply and access for AHSs and patients. Quality use of medicine should be considered as part of wider education and workforce strategy, rather than an isolated provision of a particular activity. Larger AHSs could employ a full-time integrated pharmacist to train local people, and support and train those in smaller AHSs. Online resources and education would also be useful; however, appropriate access to technology and equipment will need to be considered, particularly when dealing with remote services.

Recommendations

10. Funding and administration of programs relating to the access of PBS medicines for Aboriginal and Torres Strait Islander peoples must be flexible to local needs and arrangements, while also prioritising local community decision-making.
11. A continuous quality improvement approach will ensure quality supply and access for AHSs and for Aboriginal and Torres Strait Islander patients. Quality use of medicine should be considered as part of wider education and workforce strategy, rather than an isolated provision of a particular activity.

An alternative model for pharmacy

The 6CPA included the allocation of $50 million for a Pharmacy Trial Program, which was established to trial new and expanded community pharmacy programs. Stakeholders were invited to submit proposals that would improve clinical outcomes for patients and/or extend the role of pharmacists in the delivery of primary healthcare services. As part of this process, the RACGP submitted an alternative model for providing access to PBS medicines.

The RACGP proposes that dispensing and other fees generally associated with community pharmacy could be 'cashed out' to support a general practice-based pharmacist (GPP) to take responsibility for medication governance within the practice. The GPP would be responsible for:

- medication issues, including face-to-face patient education
- practice audits for quality medication management
- dispensing emergency medication.

This role would also facilitate improved population medication management based on the electronic records of the general practice.

Medication procurement, storage and delivery to the patient could occur from a single supplier servicing multiple general practices. PBS medication could be delivered directly to a patient's home within 24 hours. Medications for short-term acute conditions could be dispensed at the practice by the GPP.

The proposed model would improve patient health outcomes through:

- higher medication adherence compliance rates
- improved access to medication and independent advice
- savings across PBS medication delivery.

In addition, the proposal would address stakeholder concerns about the sale of non-evidence-based products through reduced patient exposure.

While all patients would be the target population for this model, patients with chronic disease and limited mobility, arguably the most complex patients, would particularly benefit from the proposed model.

In addition to proposing a number of health system improvements, the model also highlights an enhanced independent career prospect for community pharmacists. The suggested model provides greater opportunities for pharmacists to work as part of a collaborative primary healthcare team, where they will be able to use a greater skill set as opposed to solely providing basic medication advice and dispensing medication.

The RACGP suggests that this model, although vastly different from the current system, would address a number of key concerns within pharmacy, consumer and other groups involved in primary healthcare.

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