



1. Position

The Royal Australian College of General Practitioners (RACGP) values team-based models of care in which a range of healthcare professionals can contribute towards patient health outcomes, maximising use of their skills within their scope of practice.

The inclusion of the general practice–based pharmacist (GPP) role in a team-based model offers the opportunity for practices to increase their capacity to offer medication management and education services. Increasing capacity for these services could lead to less fragmentation of care and fewer medication errors. This team-based model would facilitate pharmacist contribution to care in a setting that is both safe and convenient for the patient.

The inclusion of a GPP in the general practice team appears promising, with research indicating that it brings several benefits for patients. However, more robust research relevant to the Australian healthcare context is required to understand the true effect on health outcomes.

2. Background

2.1 Team-based care in general practice

Team-based care is widely recognised as best practice in the delivery of primary healthcare services. Team-based care models, such as the patient-centred medical home (PCMH), are characterised by multidisciplinary healthcare teams working together to provide coordinated, collaborative and continuous patient care. There is evidence that team-based care contributes to reduced hospital readmission rates and emergency department presentations.¹

The RACGP's support for a team-based approach to providing healthcare is reflected in the:

- *Vision for general practice and a sustainable healthcare system*
- *Standards for general practices (5th edition)*
- *Curriculum for Australian General Practice 2016*
- *Position statement: General practitioners and their teams.*

2.2 General practice–based pharmacists

Pharmacists are a key part of the patient healthcare journey. However, in many respects, specialist general practitioners (GPs) and pharmacists deliver care through models that are isolated from one another. The GPP role offers an alternative to delivering medication services by integrating pharmacists into primary healthcare teams.

Some general practices in Australia already employ or contract pharmacists to provide services to their patients. RACGP members have advised of the benefits GPPs bring to their primary healthcare teams.

GPPs work from within a general practice to:

- deliver medication safety initiatives, such as the management of practice drug surveillance and medication safety systems
- provide medication management services, such as identifying and monitoring medication use in partnership with GPs
- collaborate as part of a patient’s healthcare team to optimise medication therapy and achieve treatment goals
- support GPs to improve health literacy and deliver health promotion, empowering patients to work on medication self-management goals and share decision making with their regular GP
- manage the stock-control systems for medicines already stored in the general practice, such as vaccines and emergency medicines.

2.3 International uptake and evidence

The inclusion of a GPP in the general practice team is a model that is well established internationally, including in the USA, Canada, the UK and parts of Europe.

Most research on the GPP role has reported positive outcomes. Individual studies indicate that having an integrated pharmacist in a general practice:

- is cost effective
- is viewed positively by medical practitioners, pharmacists and patients
- can reduce overall prescribing and therapeutic duplication
- can identify potential and/or reduce actual drug-related problems
- can increase the timeliness of the medication review process
- assists in the management of patient symptoms, particularly those related to coronary issues or diabetes.²⁻⁸

However, research design of individual GPP studies varies greatly, with different studies looking at different comparison groups, outcomes/measures, disease states and patient populations. This makes it difficult for the reported positive outcomes to be generalised.³

2.4 Further research is needed before the model is widely rolled out across Australia

While there is evidence suggesting that GPPs have been beneficial internationally, a direct and broad application of existing models to the Australian context is not appropriate. Australia’s healthcare system has a number of unique economic, policy and workforce issues that must be considered when seeking to implement programs that have been successful internationally.

The RACGP understands that a number of trials are underway in Australia to look at the effectiveness of GPPs. It is essential that these trials, and future trials, are underpinned by a robust methodology, allowing researchers to clearly determine whether GPPs have made a significant impact to patient health outcomes. This will ensure that outcomes can be applied to real-world care and are not contributing to academic waste.

References

1. Riverin BD, Li P, Naimi AI, Strumpf E. Team-based versus traditional primary care models and short-term outcomes after hospital discharge. *CMAJ* 2017;189(16):585–93.
2. Freeman C, Rigby D, Aloizos J, Williams I. The practice pharmacist: A natural fit in the general practice team. *Aust Prescriber* 2016;39(6):211–14.
3. Nkansah N, Mostovetsky O, Yu C, et al. Effect of outpatient pharmacists' non-dispensing roles on patient outcomes and prescribing patterns (Review). *Cochrane Database Syst Rev* 2010;7(7):CD000336. doi: 10.1002/14651858.CD000336.pub2.
4. Deloitte Access Economics. Analysis of non-dispensing pharmacists in general practice clinics. Barton, ACT: Deloitte, 2015.
5. Hazen ACM, Van der Wal AW, Sloeserwij VM, et al. Controversy and consensus on a clinical pharmacist in primary care in the Netherlands. *Int J Clin Pharm* 2016;38(5):1250–60.
6. Tan ECK, Sewart L, Elliot RA, George J. Pharmacist services in general practice clinics: A systematic review and meta-analysis. *Res Social Adm Pharm* 2014;10(4):608–22.
7. Snell R, Langran T, Donyai P. Patient views about polypharmacy medication review clinics run by clinical pharmacists in GP practices. *Int J Clin Pharm* 2017;39(6):1162–65.
8. Freeman C, Cottrell WN, Kyle G, William I, Nissen L. Does a primary care practice pharmacist improve the timeliness and completion of medication management reviews? *Int J Pharm Prac* 2012;20(6):395–401.

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

© The Royal Australian College of General Practitioners 2019

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.