SHPA response to PSA Professional Practice Standards Consultation, March 2023

The Society of Hospital Pharmacists of Australia (SHPA) is the national peak professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.

Questions

1. **Regarding the Descriptors of other guidance and regulation of pharmacy practice section (Page 4), does the text accurately describe the guidance/regulation it is referring to? Please provide a Yes or No response with an explanation.**

   Yes. The descriptors accurately describe the guidance it is referring to.

2. **Regarding the *How to use the standards in practice* section (Pages 5-6), does the text and the example clearly describe how to use the standards in practice? Please provide a Yes or No response with an explanation.**

   Yes. This section adequately describes how to use the standards in practice.

3. **Regarding the Standards and the actions contained within the Standards, please indicate how strongly you agree with the following statements:**

   Do the standards support current practice?

   Agree

   Do the standards support emerging practice?

   Agree

   Would implementation of these standards support pharmacists to continue to improve their services?

   Agree

   Would implementation of these standards support pharmacists to consistently deliver their services?

   Agree

4. **Considering your responses to Question 3 - What would you change in the Standards to give a higher score (e.g. respond with Strongly agree)?**

Current practice

Responsibility and accountability

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Pharmacists cannot be held responsible and accountable for all actions and decisions made by other multidisciplinary team members, especially those outside of their scope of practice. SHPA therefore recommends the following wording:

> *Pharmacists, as valuable members, can contribute or lead 'interdisciplinary' teams, taking responsibility and accountability consistent with professional autonomy, regulations and standards.*

Service delivery

Hazardous waste should be included when referring to the disposal of waste.

Prescribing

Another vital piece of information that must be gathered to aid in the prescribing process is the patient's presenting complaint. This is necessary to be able to make an accurate diagnosis.

Another element to consider is the fact that hospital pharmacists routinely aid the prescribing process through consultation and advice to a medical prescriber. This collaborative nature of prescribing has also extended into other primary care settings such as aged care and general practice, and already exists in community pharmacy practice to an extent where prescribing issues are raised by community pharmacists with suggested solutions or changes to prescribing decisions. This significant component of the pharmacist's role is not reflected in the current Professional Practice Standard (PPS).

Dispensing

Supplying medications to imprest on hospital wards is a distribution function, *not* a dispensing function. Distribution, as defined in *SHPA Standard of practice in dispensing and distribution for pharmacy services*, includes the individual patient supply where the item is issued under a patient pharmacy profile in the service's dispensing software without labelled directions. This, therefore, encompasses the supply of medications as imprest stock on wards and for inpatients where directions are not included.

The dispensing process also includes a clinical review to ensure the prescription or medication order, is appropriate in light of the patient's medical conditions, medication history and clinical parameters such as renal function etc.

Medication review

In the hospital setting, a medication review is not always instigated by a medication order, it can also be undertaken prior to the prescribing process.

Deprescribing should also be referred to in this section of the Standards as medication review outcomes and recommendations contribute to deprescribing decisions and processes, which is cited as an example of pharmacist prescribing in the 'Prescribing' section of these Standards.

Chronic Disease Management

There is no content in the PPS that discusses the recognition of an acute exacerbation of a 'chronic' illness and/or what advice to provide to a person that might need to manage this. Content within the updated Guiding Principles on Medication Management in the Community may be useful to this section of the Standard. Pharmacists need to be alert to and advise on the risk of adverse events which may increase during periods of acute illness due to comorbidities or medicine use e.g., gastroenteritis or diarrhoea, or for acute exacerbations of a person's chronic illness i.e., 'sick days.' If out of scope of practice it may warrant referral to a medical practitioner. This nuance may need to also be strengthened in the standard on 'Minor ailment management.'

Research

The PPS does not include a section on research. Research is vital for developing the pharmacy profession and pharmacists currently support, participate in, initiate, conduct, lead and supervise research that contributes to optimal use of medicines and advanced pharmacy practice.

Emerging practice

Prescribing

As the role of clinical pharmacists continues to expand and incorporate more prescribing activities, it is essential that there is clear delineation between the prescribing and dispensing functions and the need for these activities to be undertaken by the separate pharmacists. The PPS should clearly outline the imperative need for this distinction as a means to continue to uphold the integrity of the dispensing function as a safeguard to the prescribing process and the safe and quality use of medications.

5. **Overall, are the actions contained within the Standards clear and appropriate minimum expectations for pharmacists providing a service?**

   Yes, the actions within the Standards set appropriate minimum expectations for pharmacists providing a service. However, please see comments above relating to specific Standards.

6. **Do you have any other comments to provide in relation to the Standards?**

Purpose

To be relevant to all pharmacists in all settings, in addition to PSA's code of ethics, reference should be made to the relationship the PPS has to other guidelines and standards used by the profession such as, SHPA's Standards of Practice as well as the Pharmacy Board of Australia's codes, guidelines and policies. SHPA recommends that, as a broad Standard, the PPS should be used in conjunction with *SHPA Standard of Practice for Clinical Pharmacy Services* when providing clinical care and other SHPA Standards of Practice when delivering specialised services.

Terminology

Best possible medication history – The patient should be foremost in the list of examples as a source of information when developing the best possible medication history.

Collaboration – Collaboration, particularly in the hospital setting, can often involve two or more parties through a multidisciplinary team model of care.

Compounding – Given the recent changes to extemporaneous dispensing by the TGA, hospitals can now compound medications in anticipation of use, so the term 'single unit of issue' is not reflective of current practice. Clarity is also sought as to whether the re-packaging of sterile products is included in the definition of compounding in this Standard, as this is an activity undertaken by pharmacists and technicians in the hospital setting.

Dispensing – The dispensing function includes a clinical review ascertaining medication and medical history. Dispensing could also include the review of a patient's medication chart if occurring in the inpatient setting, or if based on a residential aged care medication chart.

General comments

- SHPA recommends referring readers to *SHPA Standards of Practice* and guidelines relevant to specific Standards in the PPS as follows:

  Dispensing and Medicine Packing: SHPA Standard of practice in dispensing and distribution for pharmacy services.

Lam P, Campbell A, Chynoweth T, Crawford A, Giles C, Kho JCL, Wood A, Bunte M, Munro C, Mellor Y. Standard of practice in dispensing and distribution for pharmacy services. J Pharm Pract Res 2021; 51: 511-35. https://doi.org/10.1002/jppr.1785

Compounding: SHPA Standards of Practice in Compounding (under development)

https://www.shpa.org.au/publications-resources/standards-of-practice

Medicines Use Evaluation: SHPA Medicine Use Evaluation guideline

Graudins LV, Fitzsimons K, Manias E, Mirkov S, Nguyen N-A, Munro C. Medicines Use Evaluation guideline. J Pharm Pract Res 2020; 50: 166-79. doi:10.1002/jppr.1652

Medicines and health information: SHPA Standards of Practice for Medicines Information Services

SHPA Committee of Specialty Practice in Medicines Information. SHPA Standards of Practice for Medicines Information Services. J Pharm Pract Res; 2013; 43: 53-6.

- SHPA requests accurate referencing to SHPA Standard of Practice for Clinical Pharmacy Services as follows:

  SHPA Committee of Specialty Practice in Clinical Pharmacy. (2013). SHPA Standards of Practice for Clinical Pharmacy Services. Journal of Pharmacy Practice & Research, 43(No. 2 Supplement), S1-69

- The PPS should consider and refer to the 2022 National Medicines Policy (NMP) throughout the document. Terminology should also be consistent with that of the NMP where possible e.g., 'patient-centred care' should be changed to 'person-centred care'. Relevant definitions should also align with those in the NMP, also noting that the national set of *Guiding Principles for Medication Management* that have recently been updated are accompanied by a glossary of terms.
- Best possible medication histories (BPMH) are only one component of providing person-centred care. In the hospital setting, pharmacists develop Medication Management Plans (MMPs) which include the BPMH but also capture sociodemographic factors such as, the patient's smoking status, their alcohol consumption, allergies, and if the patient lives alone or requires support with taking their medications, etc. Only with all these pieces of information can a safe, appropriate and individualised treatment plan be formulated.
- Consistency is recommended when referring to shared care plans. Currently, there are a range of terms being used throughout the document which can be confusing for the reader i.e., agreed treatment plan, treatment plan, medicines plan etc. These terms, along with others listed below, are not defined in the 'Terminology' section of these Standards. These include; medication profile, autonomous prescriber, medication incident, near miss, 'adverse events' versus 'adverse reactions' (both used in the 'administration' section), and 'medicine-related problem' versus 'medication-related problem' (both used in the 'medication review' section).