



SHPA Queensland Branch Committee response to Queensland Health Monitored Medicines Standard compliance, February 2023

The Society of Hospital Pharmacists of Australia (SHPA) is the national, 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.

SHPA has been a strong advocate for real-time prescription monitoring (RTPM) for many years, noting that it is a crucial investment to equip doctors and pharmacists with the necessary tools to detect, monitor and treat medicines misuse and abuse. SHPA's Queensland Branch Committee welcomes the opportunity to provide feedback on the Monitored Medicines Standard compliance and provides answers to the consultation questions below.

1. Do you consider the current mandatory Monitored Medicine Standard (MMS) compliance requirements to be fit-for-purpose (i.e. supporting, protecting and/or promoting patient safety)?

SHPA believes that the current MMS compliance requirements reduce patient harms arising from the use of monitored medicines by facilitating and encouraging early identification and management of any associated risks.

2. Do you believe the current mandatory MMS compliance requirements have resulted in unintended consequences?

No comment.

3. What unintended consequences do you believe have (or might have) occurred?

No comment.

4. In your view, do the current mandatory MMS compliance requirements duplicate existing professional practice requirements?

Although professional practice requirements necessitate that the prescribing of monitored medicines is safe and clinically indicated, the MMS compliance requirements further safeguard patients by ensuring that risks of monitored medicine-related patient harm such as misuse or diversion are identified.

5. In your view, should the MMS be a regulatory instrument that health practitioners must comply with?

Yes.

6. In your view, do the current mandatory MMS compliance requirements require amendment?

No.

7. What amendment(s) would you propose and why? Please be as specific as possible.

No comment.

8. Do you have any other feedback in relation to mandatory MMS compliance requirements?



SHPA is supportive of a collaborative approach by all healthcare professionals involved in a patient's care in identifying and explaining monitored medicine-related risk to patients. Pharmacists that identify inappropriate use of monitored medicine should communicate concerns to both the prescriber and patient so that a plan can be developed to prevent unnecessary harms from occurring, which may involve referral to a Queensland Opioid Treatment Program, deprescribing or more frequent medication reviews.

Where medication supply may be interrupted due to potential risk to a patient, it is integral that communication with the patient allows further arrangements to continue their care with another service to avoid relapse or use of illicit substances. Discussions with patients at risk of overdose on high daily doses of opioids could also prompt discussions around the use of take-home naloxone as a harm minimisation strategy. This supports Outcome Measure P4, but SHPA suggests that it not the sole responsibility of the prescriber to reduce the risk of monitored medicine-related patient harm nor is it a primary care intervention alone.

Hospitals manage many individuals post-acute opioid overdose and discharge many others daily who would be considered at risk of opioid harm. This makes hospitals a prime setting to reach people at risk and provide them with appropriate education and access to naloxone. SHPA recommends that take-home naloxone is offered wherever clinically indicated to address Australia's rising opioid-related mortality. SHPA believes pharmacists, who are medication safety experts, should be involved in the delivery of take-home naloxone programs in hospitals and wherever medications are being used.

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 jjik@shpa.org.au.

