

Pharmacy Honours Student Rural Projects: Expanding student horizons and assisting local communities.

by Associate Professor Andrew Gilbert, Dean of the College of Pharmacy, School of Pharmaceutical, Molecular and Biomedical Sciences, UNISA and Tamara Filmer & Lyndelle Barry, students in the Bachelor of Pharmacy (Hons) UNISA

■ Introduction

- *Quality Use of Medicines and Pharmacy Research Centre, School of Pharmacy and Medical Sciences, University of South Australia.*

In late 2002 an honours project proposal was relayed to the School from the Medical Officer associated with the Ltyentye Apurte Health Service. The project topics were then refined in discussions with other stakeholders and two project outlines offered to students selected for Honours for 2003. Two students accepted the projects and over their candidature lived and worked in Alice Springs and at the Ltyentye Apurte Health Service for a total of 9 weeks. The two projects were: 'An assessment of the *Professional Practice Standards for Pharmacy Services to Remote Aboriginal Health Centres*' conducted by Tamara Filmer and 'Cost Analysis of Best Practice Pharmacy Services to a Remote Aboriginal Community' by Lyndelle Barry.

This brief report summarises the experiences of two honours students who undertook their projects in Alice Springs and at the Ltyentye Apurte Health Service and the assistance their project work offered to key stakeholder groups.

■ Background

Since the introduction of the Section 100 scheme, access to medicines by Aboriginal people has improved but issues remain about the quality use of these medicines and the involvement of pharmacists to support quality use^{1,2}. To ensure quality pharmacy services 'Professional Practice Standards for Pharmacy Services to Remote Aboriginal Health Centres' had been drafted by Fran Vaughan³. The Standards were designed to give guidance to Aboriginal Health Service (AHS) and pharmacists on the requirements for best practice pharmacy services. The standards were to be offered for incorporation into National Professional Practice Standards compiled by the Pharmaceutical Society of Australia. However, prior to this work needed to be done to assess the practicality and acceptability of the draft standards to key stakeholders such as rural pharmacists and their staff, Aboriginal Health Centre staff and their clients. One project tackled this issue. At the same time, work was required to examine the costs of delivery of best practice pharmacy service to remote Aboriginal Health Services. There is currently only limited funding for supporting Quality Use of Medicines (QUM) in remote Aboriginal Health Services. The second project attempted to develop a cost model for the delivery of 'best practice' pharmacy services.

■ Methods

Participant observation and Critical Incident technique^{4,5} were used to assess current practices and ascertain the practicality and acceptability of the standards to both the supply pharmacy and a remote AHS. At the same time these techniques were used by the second researcher to cost current practices with respect to medications at both the supply pharmacy and a remote Aboriginal Health Service. Best practice guidelines for both the pharmacy and the clinic were used as a framework for the cost analysis. Payments available for extended professional services were explored for further cost modelling.

■ Results

The draft Pharmacy Standards were modified and a new set of standards for the AHS developed to make their measurement acceptable and practical in this setting. The pharmacy met 41 of the 83 draft standards with the main deficiencies being in areas such as lack of written procedures, monitoring medications used at the AHS, professional development activities, medication review services, in-service training to clinic staff and evaluation of services. The AHS met 66 of the 105 modified standards with the main deficiencies occurring in the areas of inadequate labelling, lack of counselling and documentation, poor dosette filling procedures, lack of some written procedures, little monitoring use of medications, storage, stock control, and inadequate recording of ADRs.

Total costs associated with achieving best practice were estimated at \$86,000. Costs associated with achieving best practice included:

- Resources (books, labels) \$4,000
- Webster packs \$5,400
- Professional pharmacy \$61,400
- AHW training \$17,000

Potential income sources:

- Home Medication Reviews (HMRs); and
- Enhanced Primary Care (EPC) from case conferencing and care planning.

Total available income from these activities was estimated at \$81,042 per annum^{6,7}.

As a result of these projects the following documents were produced:

- a revised version of the 'Professional Practice Standards for Pharmacy Services to Remote Health Clinics';
- recommendations for the pharmacy as a result of the pilot test of these standards;
- 'Professional Practice Standards for Medication Management and Dispensing in Remote Health Clinics';
- recommendations to the Santa Teresa Health Service as a result of the pilot test of these standards
- Standard Operating Procedures for Santa Teresa Health Service; and
- a report on costs modelling.

Recommendations were produced for the Pharmacy, the AHS and the Pharmaceutical Society of Australia.

Recommendations to the pharmacy were divided into these categories:

- Training Issues: these included undergoing Aboriginal Cultural Awareness training and accreditation for supplying medication review services;
- Policy and Procedure Development: discussion with clinic staff involved formation of formal policies and further discussing the role the pharmacist has to and can play; and
- Change of Practice: these included checking drug charts.

Recommendations to Santa Teresa Health Service included:

- single tasks such as the purchase of Cautionary and Advisory Labels and a dispensing rack for these labels so that appropriate information could be placed on dispensed medications;
- modification to current practice included encouragement to submit orders regularly and improving counseling;
- issues for the Health Committee included the development of policies for medication supply, dispensing and use. For example, the lack of written protocols and procedures was observed. Draft Standard Operating Procedures for dispensing, ordering, receiving and checking of stock, removal of expired and unsuitable stock, stock management and storage of pharmaceuticals were prepared as part of this project;
- issues to discuss at staff meetings included the use of the visual calendar charts for monitoring compliance;
- issues to discuss with the pharmacist included, among other things, dosette-filling training and the role of HMRs;
- consideration be given to the cost-modelling report;
- Committee consider an approach to the supplying pharmacy to discuss options for extended professional pharmacy services to the clinic;
- replace dosettes with Webster style packs, pharmacy to fill;
- dispensary technician training for Aboriginal Health Workers;
- stepwise introduction of measures needed to meet best practice standards;
- weekly pharmacist visits to comprise:
 - case conferencing
 - Care planning
 - HMRs
 - In-service training for clinic staff
 - Other duties as agreed by clinic/pharmacy; and
- monies payable to salaried GP and pharmacy for HMR or EPC be pooled and used in support of pharmacist visits/meeting standards.

Recommendations to the PSA include:

- acceptance of this report;
- that they work towards the distribution of a draft form of the Professional Practice Standards to all

- pharmacies involved in s100 supply;
- that they document feedback received and make appropriate changes; and
- that the standards be incorporated into the current set of Professional Practice Standards.

■ Conclusions

The health status of Aboriginal people is a national concern. This research has demonstrated that there is an opportunity for pharmacists to contribute more to support the work of doctors, nurses and Aboriginal Health Workers in AHS. The standards that have been developed, if adopted nationally, will be useful in directing that contribution.

The unrevised 'Professional Practice Standards for Pharmacy Services to Remote Aboriginal Health Centres' was submitted to the Pharmaceutical Society of Australia earlier this year. Currently lack of funding has prevented the Standards progressing towards incorporation into the Professional Practice Standards. The 'Professional Practice Standards for Medication Management and Dispensing in Remote Aboriginal Health Clinics' remain the property of the Santa Teresa Health Clinic. It is our recommendation that they pursue the development of these standards to a nationwide level. The Standard Operating Procedures also belong to the clinic, but the pharmacy involved in this research is eager to obtain a copy and generalise the documents so that they can be used in other clinics that they service.

The development of standards, and a costing model for the delivery of best practice pharmacy, has been a long process thus far and will continue to be. It is hoped that the PSA recognises the importance of quality delivery of pharmacy services to remote Aboriginal health services, and moves to support the implementation of the revised standards into their current program.

Student project work has been, we hope, useful in consolidating activities and producing a range of useful materials, reports and recommendations. Feedback from all stakeholders has indicated that the students integrated well into the various work situations where they were conducting research and proved to be a useful resource. Both students commented very favourably of their experiences and are both now undertaking pre-registration training in rural locations.

References:

1. Burchell, H. 2000, *Quality Use of Medicines, Territory Health Services Report September 2000*, Territory Health Services, Darwin.
2. Loller, H. 2003, *Report from surveys conducted in Commonwealth funded Aboriginal Health Services and Pharmacies supplying services under Section 100 Pharmacy Allowance, Section 100 Support Project*, Pharmacy Guild of Australia and National Aboriginal Community Controlled Health Organisation, Canberra.
3. Burchell, H. & Vaughan, F. (unpub) '*Professional Practice Standards for Pharmacy Services to Remote Aboriginal Health Centres*' Centre for Remote Health, Alice Springs.
4. Latvala, E., Vuokila-Oikkonen, P. & Janhonen, S. 2000, 'Videotaped recording as a method of participant observation in psychiatric nursing research', *Journal of Advanced Nursing* 31, pp 1252-1257.
5. Flanagan, J. 1954 'The critical incident technique', *Psychological Bulletin* 51, pp 327-358.
6. Commonwealth Department of Health and Ageing 2002, *Enhanced Primary Care – Medicare Benefits Items, Questions and Answers: Case Conferencing*, Retrieved 16/7/03 from <http://www.health.gov.au/epc/pdf/qacasepro.pdf>
7. Commonwealth Department of Health and Ageing 2003, *MBS Domiciliary Medication Management Reviews – fact sheet*. Retrieved 16/7/03 from <http://www.health.gov.au/epc/mbsdmmr2.pdf>