



australian nursing federation

15 April 2011

Ms Beryl Janz
Governance and Strategic Coordination Section
Community Pharmacy Branch
Department of Health and Ageing
MDP 901, GPO Box 9848
Canberra ACT 2601

Dear Ms Janz

Fifth Community Pharmacy Agreement consultation

Thank you for the invitation to the Australian Nursing Federation (ANF) to participate in the development of three new initiatives being funded as part of the Fifth Community Pharmacy Agreement (the Fifth Agreement).

With a membership of over 200,000 the ANF is the largest professional and industrial organisation in Australia for nurses, midwives and assistants in nursing. Members of the ANF are employed in a wide range of settings in urban, rural and remote locations in both the public and private sectors.

The core business of the ANF is industrial and professional representation of our members and of the professions of nursing and midwifery.

The ANF participates in the development of policy relating to nurses and midwives on issues such as: practice, professionalism, regulation, health and aged care, community services, veterans' affairs, education, training, workforce, socio-economic welfare, occupational health and safety, industrial relations, social justice, human rights, immigration and migration, foreign affairs and law reform.

Given the numbers of ANF members across all areas of the health and aged care sectors, our organisation has an intense interest in the quality use of medicines, including the role of community pharmacies in the supply of therapeutic goods prescribed within treatment regimes. Nurses and midwives form close working relationships with their pharmacist colleagues, particularly those who practice in community and aged care settings, and most especially in rural areas. In addition, these nurses and midwives are often in a position of liaising between inpatients or community members and the local pharmacist.

The ANF has elected to provide overall support for the three initiatives with a general comment on each, rather than respond to specific questions posed in the consultation documents.

Continued Dispensing of PBS Medicines in Defined Circumstances – this initiative promotes compliance with on-going treatment and thereby maintenance of therapeutic levels of the medicine concerned. The rationale for limiting the initial selection to the two named medicines is not provided other than that they 'are relatively well tolerated medicines with a good safety profile'. The ANF considers that the model has merit and suggests that consideration be given to adding other medicines used for a range of chronic conditions, for example, diabetes or hypertension. Strict adherence to regimes in many of these conditions is critical, if not life-threatening, as opposed to the medicines selected. This initiative (especially applied more broadly) would be particularly beneficial in rural areas where access to a GP may be especially difficult and may otherwise lead to an interruption in a person's medicine regime.

Given the foregoing the ANF suggests it may be advantageous to conduct a review of the program in less than a two year timeframe.

Supply and PBS Claiming from a Medication Chart in Residential Aged Care Facilities (RACFs) – this initiative is seen as a sensible interim measure prior to the implementation of electronic prescribing across the board. The ANF considers that the use of the medication chart as the ‘prescription’ instrument has benefits for both the nursing staff administering medicines in residential aged care facilities (RACFs) and most importantly for the timely receipt by residents of their prescribed medicines. In addition, enormous efficiencies are to be gained by the decrease in time currently spent by frustrated nurses/pharmacists in chasing up prescriptions; not to mention the quality use of medicines benefits through non-duplication of documentation for medicines regimes.

Whilst potential benefits for nurses in RACFs are obvious, the ANF wishes to highlight that there are some practical barriers that will need to be overcome, some of which are referred to in the “Issues for discussion section” of the relevant document. Two issues in particular are that:

- mechanisms are currently either not streamlined or not in place that allow easy “transfer of the medication chart from the RACF to the pharmacy”. The design and size of some medication charts does not at present facilitate them being easily faxed or scanned, and could therefore add to the time it currently takes for a registered nurse to fax much smaller scripts to a pharmacy. This initiative will be compromised if the workload and duplication for doctors is reduced, but at the same time the workload of nurses is increased (due to practical difficulties of faxing or scanning medication charts). To prevent this it is crucial that nurses working in RACFs are involved in the design of a medication chart that can easily be faxed or scanned to the pharmacy. This consultation needs to occur prior to the implementation of this program or to the replacement of scripts with the medication chart; and,
- most RACFs are not currently IT equipped to utilise an electronic medication chart. It is essential that RACFs are resourced with additional IT hardware to facilitate and allow access for multiple end users per shift.

Electronic Recording and Reporting of Controlled Drugs – this initiative would appear to provide additional safeguards around the dispensing of controlled substances. The ANF is fully supportive of moves to an electronic environment in the health and aged care sectors as a means of improving timeliness of access to vital information for health professionals and consumers of services. This Fifth Agreement initiative will institute much needed controls for prescribers, pharmacists and the public.

In supporting electronic recording and reporting of controlled drugs, the ANF suggests that the potential clinical benefits of this initiative warrant consideration of an extension beyond opioids to include benzodiazepines.

The ANF is pleased to contribute to the development of the initiatives of the Fifth Agreement through a staff member who has a Ministerial appointment to the Fifth Community Pharmacy Agreement Programs Reference Group, and through the support proffered in this letter. We look forward to continuing to work with the Department of Health and Ageing and the Pharmacy Guild of Australia during the implementation and evaluation of these three new initiatives of the Fifth Agreement.

Should you require any additional information or wish to discuss this matter further please contact Julianne Bryce, Senior Federal Professional Officer, on (03) 9602 8500 or julianne@anf.org.au.

Yours sincerely,



Lee Thomas
Federal Secretary

The industrial and professional organisation for nurses and midwives in Australia

Canberra Office

Unit 3, 28 Eyre Street Kingston ACT 2604 Australia
PO Box 4239 Kingston ACT 2604 Australia
+ 61 2 6232 6533 (T) + 61 2 6232 6610 (F)
anfcanberra@anf.org.au

Melbourne Office

Level 1, 365 Queen Street Melbourne VIC 3000 Australia
+ 61 3 9602 8500 (T) + 61 3 9602 8567 (F)
industrial@anf.org.au
anfmelbourne@anf.org.au

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