

# **Developing a Sustainable Pharmacy Support Network to Address Geographical Issues Associated With Quality Use of Medicines (2002-2005)**

Ms Anita Schwartz

Pharmacy Practice Support Division

Pharmaceutical Society of Australia

New South Wales Branch



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# **ACKNOWLEDGEMENTS**

## ACKNOWLEDGEMENTS

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Thanks are also due to the Eastern Sydney Division of General Practice for their patience and understanding during the completion of this report.

## PROJECT TEAM

### Chief Investigators

Ms Fiona Kelly PSA (NSW), (December 2002-February 2004)

Ms Anita Schwartz, PSA (NSW), Rural Grant Project Manager<sup>1</sup> (February 2004-February 2005)

### Research Team

Principal Investigators:

Ms Fiona Kelly, PSA (NSW) Practice Support Director (until June 2004)

Ms Barbara Bazarnik, PSA (NSW) Practice Support Director (from August 2004)

### Advisory Committee

Ms Lily Chong, PSA (NSW) HMR Practice Support Manager (until November 2004)

Ms Carlene Smith, Medication Management Review (MMR) Facilitator, Pharmacy Guild NSW Branch

Dr. Timothy Chen, Academic Pharmacist, University of Sydney

Dr. Susan Taylor, Academic Pharmacist, University of Sydney

The research team and advisory committee included members from the Pharmaceutical Society of Australia (NSW Branch), Faculty of Pharmacy at the University of Sydney; Department of Rural Pharmacy; and consultant pharmacists from relevant stakeholder organisations.

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<sup>1</sup> Ms Anita Schwartz was the primary author of this report

# **EXECUTIVE SUMMARY**

# EXECUTIVE SUMMARY

## INTRODUCTION

In today's pharmacy environment it is increasingly important that pharmacists are able to deliver cognitive services as funded by current and future Guild Government agreements.

Pharmacists in rural and remote communities are an important link in the network of rural health services [Emerson, 1996]<sup>1</sup> and are often the most accessible source of health care advice [National Rural Health Alliance, 2001]<sup>2</sup>. However, professional isolation has been identified as a major issue for rural community pharmacists [Emerson, 1998]<sup>3</sup> and it is clear that a lack of intra- and inter-professional relationships and difficulty in accessing education and support contribute to this.

Equitable access to professional education and support is critical to promote effective implementation of rurally based cognitive services and it has been recommended that barriers such as professional isolation be addressed in order to maintain high-quality pharmaceutical care services in these regions [Emerson, 1998]<sup>3</sup>.

In order to strengthen and support rural and remote pharmacy it is imperative that these pharmacists are able to implement cognitive services, and meet professional standards, as easily as their metropolitan colleagues are.

Anecdotal reports suggest that rural pharmacists require more professional and educational support than is currently provided. Anecdotal feedback provided at rurally delivered Pharmaceutical Society of Australia [PSA (NSW)] educational or professional activities supports this.

Locally based support programs are ideal for rural areas as they potentially address these issues and promote network and relationship building both inter- and intra-professionally. Additionally, these programs can be tailored to address local health care issues. Educational initiatives alone may not provide sufficient impetus to produce the practice changes necessary to deliver cognitive services and should be accompanied by ongoing practice support tailored to individual and environmental needs [Almeida-Neto, 2000]<sup>4</sup>.

Establishing local infrastructure to provide education and support will be accompanied by long-term cost benefits and provide pharmacists with relevant, ongoing support difficult to achieve with 'travelling-roadshow' type seminars.

There is great potential to promote practice change and subsequent service delivery through effective use of local infrastructure and practice support initiatives. Sustainable infrastructure would also prevent the negative impact such isolation may have on the delivery of future cognitive services in a rural setting.

*Developing a Sustainable Pharmacy Support Network to Address Geographical Issues Associated With Quality Use of Medicines* was a rural pharmacy project extending to all parts of regional and rural NSW as designated by Pharmacy Guild Zones.

The project aimed to establish a Network Pharmacist Team; a team of 29 rurally-based accredited pharmacists that were to work with PSA (NSW) and pharmacy-related colleagues [e.g. Medication Management Review (MMR) Facilitators] to build a support network for rural pharmacists that would ultimately be self-sustaining.

Initially, the project focused on facilitating pharmacists towards accreditation for Medication Reviews [MRs; Home Medicines Review (HMR) or Residential Medication Management Review (RMMR)], but it was anticipated that the support network would provide professional support thereby alleviating some effects of geographical isolation and facilitate uptake of other educational programs and future cognitive professional services.

## **ACCREDITATION AND TRAINING FOR MEDICATION REVIEWS**

An accredited pharmacist is a pharmacist that has completed the AACP accreditation process and is eligible to conduct Medication Reviews.

The accreditation process consists of Stage 1 (training) and Stage 2 (10 case studies). PSA (NSW) is one of several accredited providers of Stage 1 Training courses and has also developed supplementary Medication Review Training courses; Preparation for Stage 2 (for pharmacists who have completed Stage 1) and Advanced Training (offering both non-accredited and accredited pharmacists opportunities for upskilling).

## **OBJECTIVES**

To achieve the aims the following objectives were set:

- To provide a network of rural and remote pharmacists with skills and infrastructure that would enable them to support rural and remote pharmacists to deliver cognitive services
- To increase cognitive service uptake in rural and remote areas (e.g. MR accreditation and delivery)
- To increase Continuing Education (CE) in rural areas
- To encourage inter-professional linkages between pharmacists and Health Professionals e.g. collaboration between local pharmacists and MMR Facilitators

## **METHODOLOGY**

The sequence of methodology was as follows:

- PSA (NSW) recruited a Practice Support Pharmacist
- The Practice Support Pharmacist recruited and arranged for training of the Network Pharmacists

- The Network Pharmacists recruited rural pharmacists into the project
- PSA (NSW) and the Practice Support Pharmacist provided support and resources for the Network Pharmacists throughout the project

Each of the 29 Network Pharmacists were to recruit 10 rural pharmacists into the project and facilitate them to accreditation resulting in an increase of 290 accredited pharmacists in rural NSW.

An initial milestone was set of 116 accredited pharmacists by June 2003, however, in November 2004, this was amended to 116 pharmacists having completed Stage 1 Training.

## RESULTS

- 17 of the target 29 Network Pharmacists were recruited
  - ↳ 3 of these covered greater areas resulting in an equivalent of 22 Network Pharmacists in operation
- 272 rural pharmacists enrolled in the project
  - ↳ The level of engagement ranging from expression of interest in becoming accredited, through to attendance at Medication Review Training and requests for mentoring both pre and post-accreditation
- 158 rural pharmacists attended 30 PSA (NSW) Medication Review Training courses
  - ↳ 136 attended Stage 1 and 30 of these became accredited
  - ↳ 4 attended Preparation for Stage 2 and 3 of these became accredited
  - ↳ 8 attended Advanced Training
- 5 Stage 1 Training courses were delivered in rural areas
  - ↳ Wollongong, Tamworth, Ballina, Canberra and Wagga Wagga
  - ↳ 1 Advanced Training course was delivered in Armidale
  - ↳ Further requests for rural delivery of these courses have been received and will be delivered well beyond the expiration date of this project
- At least 36 pharmacists became accredited under the auspices of the project
- Between 2003 and 2004, there was an increase of 367 HMRs in rural NSW
- Between 2003 and 2004, there was an increase of 258 rural pharmacists and 997 non-pharmacist (pharmacy) staff who attended non-MR related CE
- 6 Network Pharmacists are also trained to delivery CE such as S2/S3

- All Network Pharmacists were in touch with at least other Network Pharmacist and a MMR Facilitator. Several Network Pharmacists established highly collaborative working relationships resulting in:
  - ↳ More requests for local Medication Review Training
  - ↳ Networking events
  - ↳ Website and e-newsletter
  - ↳ Working with young pharmacists to try and retain them in the profession and in rural areas
  - ↳ Monthly clinical update meetings for accredited pharmacists

All of these activities and associations forged as a direct result of this project resulted in a raised awareness of MR (HMR in particular) beyond the realm of the project; as a result of promotion of the project, MMR Facilitators from other states were interested to set up similar network models.

## **OBSTACLES TO PROGRESS**

It was however noticed over the duration of the project that a number of obstacles stood in the way of the progress of the project and to pharmacists gaining accreditation. These are outlined briefly below.

- Rural workforce shortages negatively impacted recruitment of both Network Pharmacists and pharmacists for enrolment into the project resulting in slower progress and smaller numbers
- Lack of demand for Medication Reviews affects pharmacists motivation to undertake accreditation
- An attitudinal change of all pharmacists including rural to embrace the concept of HMRs, RMMR and other cognitive pharmaceutical services is needed
- The timeline for individual pharmacists to gain accreditation was highly variable and greatly influenced by numerous and various factors
- The timeline for Network Pharmacists to engage and encourage pharmacists to progress to accreditation was influenced by similar factors that affect the individual pharmacist
- Mentoring individual pharmacists through the accreditation and early delivery of Medication Reviews was restricted by the resources available under this project (mainly monetary) available for such mentoring
- All the above obstacles must be addressed to some extent in order to achieve full sustainability of a rural network



## **CONCLUSIONS AND RECOMMENDATIONS**

Overall though it can be seen that the infrastructure created through this project has addressed issues of professional isolation in rural areas by meeting the objectives set by this project.

It delivered numerous benefits to rural communities and the pharmacy profession as a whole. The network and infrastructure set up through this project has and if continued, would serve as an investment in the ongoing professional development of rural pharmacists.

It has the potential to maximize practice change through the efficient use of central resources delivered through a supported local network.

Anticipated cognitive and other professional services are under discussion at the Pharmacy Guild of Australia. It is vital to have a structure in place that will offer opportunities for support of pharmacists in terms of education and networking underscored by peer support and thereby provide resources to help pharmacists meet new changes and challenges.

A number of recommendations arose from the project and these are summarised below.

### **Recommendation One**

To fund a permanent part time employed PSA (NSW) Network Pharmacist that works at a local level but is supported centrally with resources to support professional activity and promote inter-professional collaboration and therefore reduce the effects of geographical isolation and to prepare rural pharmacists for future professional challenges.

### **Recommendation Two**

To provide a funded, local and extensive mentoring program that could bridge the gap between training and completion of accreditation as well as being incorporated into the range of other professional support and educational resources available to rural and remote pharmacists.

### **Recommendation Three**

To increase the availability of local pharmacy educators trained in all areas of pharmacy practice support especially Medication Reviews i.e. HMR and RMMR.

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# **ABBREVIATIONS & OPERATIONAL DEFINITIONS**

# ABBREVIATIONS & OPERATIONAL DEFINITIONS

## ABBREVIATIONS

AACP	Australian Association of Consultant Pharmacy
CE/CPE	Continuing Education/Continuing Professional Education
CMI	Consumer Medicines Information
DGP	Division(s) of General Practice
GP	General Practitioner
HMR	Home Medicines Review
MR	Medication Review
MMR Facilitator	Medication Management Review Facilitator
NP	Network Pharmacist
NPS	National Prescribing Service
NPS Facilitator	National Prescribing Service Facilitator
NSW	New South Wales
PSA (NSW)	Pharmaceutical Society of Australia, NSW Branch
QLD	Queensland
RMMR	Residential Medication Management Review
S2/S3	Medicines Poison Schedule 2 and 3 / Pharmacist and Pharmacist Only Medicines
VIC	Victoria
WA	Western Australia

## OPERATIONAL DEFINITIONS

Throughout the report, several terms have been used which are operationally defined by the author as shown in the table below.

Term	Definition
AACP Accredited / Accredited	Pharmacist accredited by the Australian Association of Consultant Pharmacists
Academic Detailing	One-on-one educational sessions for GP or pharmacist delivered at a the surgery or pharmacy
Accredited MR Pharmacist	Pharmacist who has successfully completed the AACP accreditation process and is accredited to conduct medication review
Advanced MR Training Course	Higher level of continuing education tailored to meet the needs of pharmacists undertaking medication reviews
Advisory Committee	Committee comprising of experts in the field relevant to the topic of the project set up for the duration of the project having the function of providing guidance and advice to the project investigators
Cognitive Service	Professional services (sometimes remunerated) not linked to supply of a product or pharmaceutical item
Consultant Pharmacist	Title adopted by some pharmacists consulting in specific areas of pharmacy practice
Divisions Of General Practice	Localised organisation operating in a defined geographical area providing an infrastructure to allow local GPs to work together to expand and integrate services with other local area health providers and consumers in order to improve health outcomes and quality of health service delivery at the local level
Facilitator <sup>3</sup>	A person or entity that makes something easy or easier
Mentor / Mentoring	A one-to-one relationship between an experienced rural or remote accredited pharmacist (mentor) and a less experienced rural or remote pharmacist (either accredited or not). It is based upon encouragement, constructive comments, openness, mutual trust, respect and a willingness to learn and share
MMR Facilitator	A facilitator employed by a Division of General Practice to promote medication reviews to GPs and pharmacists and assist them with the undertaking of medication reviews

MR Accreditation	Accreditation to conduct medication reviews following the set AACP course
MR Preparation for Stage 2 Training Course	Supplementary case study discussion workshops to enhance preparatory training
MR Stage 1 Training Course	Preparatory training course for pharmacists interested in becoming accredited by AACP to conduct medication reviews
Pharmacy Educator	A pharmacist experienced in developing and delivering pharmacy and/ or health-related education to fellow health professionals
Pharmacy Guild Zone	A geographic area defined by postcodes designated by the Pharmacy Guild of Australia
Pharmacy Guild Zone Leaders	Representative of the Pharmacy Guild of Australia in a particular Pharmacy Guild Zone
PSA (NSW) Practice Support Field Officers Team	Team of PSA (NSW) trained pharmacists who support pharmacists across NSW with a range of professional and practice change related activities.
Quality Use of Medicines	Safe, judicious and effective use of medicines
Rural and Remote NSW	The area comprised of Pharmacy Guild Zones 1-15
Rural CPE Allowance For Travel & Accommodation	Reimbursement for travel and accommodation costs for pharmacists travelling to or from rural areas to attend continuing education or training courses
Rural Pharmacist	Pharmacist that lives or works within the Rural Pharmacy Guild Zones (NSW)
Rural Pharmacy Guild Zones (NSW)	Pharmacy Guild Zones designated as “rural” by the Pharmacy Guild of Australia. These are zones 1-15 in NSW
S2/S3	Medicines listed in the Medicines Poison Schedules 2 and 3
S2/S3 Trainer	Pharmacist trained by PSA (NSW) to delivers the PSA (NSW) S2/S3 Practice Support program
Stakeholder	Person or organisation having a professional interest in the project

<sup>3</sup> Adapted from the Oxford Dictionary (2002)

# **SECTION 1**

## **INTRODUCTION**

# 1. INTRODUCTION

It is imperative that rural and remote pharmacists have equitable access to professional education and support to be able to effectively implement cognitive service programs and meet the practice standards and objectives of all Guild-Government agreements.

It is evident that rural and remote pharmacists are at a disadvantage in implementing remunerable services as funded under the current Guild Government Agreement, such as Home Medicines Review (HMR). These issues contribute to the difficulties in recruiting and retaining pharmacists in some rural and remote areas and the pharmacy profession is committed to assisting in improving this situation [National Rural Health Alliance, 2001]<sup>2</sup>.

*“Developing a Sustainable Pharmacy Support Network to Address Geographical Issues Associated With Quality Use of Medicines”* was a rural pharmacy project that extended to all parts of regional and rural NSW.

It was funded by the Commonwealth Department of Health & Aging and The Pharmacy Guild of Australia as part of the Third Community Pharmacy Agreement and was implemented between January 2003 and February 2005. Throughout the remainder of this report, this rural pharmacy project is referred to as “the project” or “the rural project”

“Regional and rural NSW” was defined as the area comprised of Pharmacy Guild Zones 1-15 and a “rural pharmacist” is a pharmacist that lives or works within these zones.  
(See Appendix A; Map of Pharmacy Guild Zones)

These zones overlap with the geographical areas assigned to Divisions of General Practice and since both Pharmacy Guild Zones and Divisions of General Practice are comprised of areas of specific postcodes, a distinction between the two groups of zoning was possible.  
(See Appendix B; Postcodes of Pharmacy Guild Zones & Divisions of General Practice)

## 1.1 AIMS OF THE PROJECT

The project aimed to establish a Network Pharmacist Team; a team of rurally-based pharmacists accredited to conduct Medication Reviews (HMR/RMMR) that was to work with PSA (NSW) and pharmacy-related colleagues (e.g. MMR Facilitators) to build a network of rural pharmacists that would ultimately be self-sustaining.

The network, once established, would provide professional support for rural pharmacists thereby facilitating the uptake of educational programs and cognitive (professional pharmacy) services such as HMR in rural areas and thus alleviating lack of local Continuing Education (CE) opportunities associated with geographical isolation.

Secondary aims were to develop collaboration between Network Pharmacists and Divisions of General Practice to utilise synergies between respective programs and support each other in the delivery of rural healthcare initiatives.

The concept although innovative was simple, that is, central support to take advantage of economies of scale and thus provide quality resources that could be supplied through local delivery of individualised support to facilitate uptake of professional services.

In the initial phase, the project focused on facilitating medication review accreditation (thereby increasing the number of accredited pharmacists) and delivery, while it was anticipated that this project would extend to encompass both newly emerging cognitive services (e.g. Disease State Management) and also existing areas of professional practice (e.g. Pharmacist Only and Pharmacist medicines).

## **1.2 TARGETS AND MILESTONES**

The Network Pharmacist team was to be built of 29 rural pharmacists who were accredited to conduct medication reviews.

An initial target was set of 290 rural pharmacists to become Medication Review accredited by the end of the project. An interim milestone was set of 116 rural pharmacists to become accredited by June 2003.

This was to be achieved by each of the 29 Network Pharmacists facilitating 10 pharmacists to accreditation resulting in a net increase of 290 rural pharmacists gaining accreditation to deliver Medication Reviews.

Network Pharmacists activities were therefore aimed at motivating and supporting rural pharmacists to become accredited for and to deliver Medication Reviews.

However, two important factors soon emerged that greatly affected the outcomes of the project:

1. Encouraging pharmacists to become accredited begins with encouraging them to undertake the first stage of the accreditation process (Stage 1 Training).
2. Mentoring was the greatest impact a Network Pharmacist could have on assisting pharmacists through the second stage of the accreditation process (Stage 2) to their ultimately successful attainment of accreditation. This effect of mentoring is supported by AACP Mentoring Project [Mentor Support Project, 2003]<sup>5</sup>

Since it soon transpired that the first step towards accreditation commenced with offering rural pharmacists more opportunities for local Stage 1 Training, the focus of the project shifted to encouraging rural and remote pharmacists to undergo Stage 1 Training. A beneficial flow-on effect of this was that Network Pharmacists requested other CE to be delivered in their local areas.

The structure of the project did not allow the Network Pharmacists to mentor significant numbers of pharmacists that had completed Stage 1 and this, whilst not proven, may have greatly affected the numbers of pharmacists actually completing accreditation.

In addition to limited resources for mentoring, there were a number of prohibitive factors (for further discussion, see 5.6 Barriers To Progress, Section 5) that impact a pharmacist's capability to finish the accreditation process and these were beyond the scope of this project.

Therefore, in November 2004, the initial milestone of 116 accredited pharmacists was amended to 116 trained pharmacists; trained being defined as having completed Stage 1 Training.

### **1.3 TRAINING AND ACCREDITATION**

An accredited pharmacist is a pharmacist that has met the standards of the AACP and is eligible to conduct medication reviews (HMR/RMMR).

The accreditation process consists of two stages:

- Stage 1 (Training)
- Stage 2 (Completion of 10 case studies)

#### **1.3.1 STAGE 1 TRAINING**

Completion of Stage 1 Training is mandatory. A number of organisations run AACP accredited Stage 1 Training courses and PSA (NSW) is one of these accredited providers.

All participants who complete Stage 1 Training are eligible to commence Stage 2 of the accreditation process. (*See Appendix C; Medication Review Training Courses*)

It must be noted that rural pharmacists who underwent Stage 1 Training from other providers were not precluded from enrolling in this project. This is because the initial focus was on increasing numbers of accredited pharmacists and a Network Pharmacist could assist a pharmacist to become accredited at any stage of the process after Stage 1.

#### **1.3.2 PREPARATION FOR STAGE 2 TRAINING**

In order to support pharmacists and assist them to successfully complete both stages of the accreditation process PSA (NSW) developed another type of training workshop; Preparation for Stage 2 Training.

Participation in this course is not a pre-requisite to accreditation, however Preparation for Stage 2 Training offers an invaluable opportunity for pharmacists to access experienced consultant pharmacists in a group mentoring type situation.  
(*See Appendix C; Medication Review Training Courses*)

Rural pharmacists who undertook Stage 1 Training with providers other than PSA (NSW) were not precluded from attending Preparation for Stage 2 Training.



### 1.3.3 ADVANCED TRAINING

This course was developed to provide clinical knowledge on specific areas relevant to the delivery of Medication Reviews. Advanced Training is aimed at both non-accredited and accredited pharmacists.

For non-accredited pharmacists, the course offers valuable opportunities for upskilling and networking with pharmacists who already deliver the Medication Review service.

It is vital for accredited pharmacists because it assists them to maintain competency post-accreditation and also to network with other accredited pharmacists.

*(See Appendix C; Medication Review Training Courses)*

Rural pharmacists who undertook Stage 1 Training with providers other than PSA (NSW) were not precluded from attending Advanced Training.

## 1.4 OBJECTIVES AND DESIRED OUTCOMES OF THE PROJECT

The objectives and desired outcomes of the project were defined as follows:

### 1.4.1 OBJECTIVE 1

- To provide a network of rural and remote pharmacists with skills and infrastructure that enables them to support rural and remote pharmacists to deliver cognitive services
  - ↳ **Desired Outcomes**
    - ♦ A team of 29 skilled Network Pharmacists
    - ♦ Infrastructure and support for Network Pharmacists

### 1.4.2 OBJECTIVE 2

- To increase cognitive service uptake in rural and remote areas (e.g. accreditation, delivery of Medication Reviews)
  - ↳ **Desired outcomes**
    - ♦ Increase in number of accredited pharmacists
    - ♦ Contacts between Network Pharmacists and pharmacists who have yet to become accredited
    - ♦ Increased Medication Review (particularly HMR) uptake and delivery

### 1.4.3 OBJECTIVE 3

- To increase CE uptake in rural areas
  - ↳ **Desired outcomes**
    - ♦ Increase in Medication Review Training uptake by pharmacists
    - ♦ Increase in accreditation rates of pharmacists
    - ♦ Increase in the number of MRs (particularly HMRs) completed in rural NSW
    - ♦ Increase in Non-MR CE attendance rates

### 1.4.4 OBJECTIVE 4

- To encourage inter-professional linkages between pharmacists and other Health Professionals
  - ↳ **Desired outcomes**
    - ♦ To create links between professional pharmacy roles such as the Network Pharmacists and MMR Facilitators and thereby
      - Limit professional isolation for divisional facilitators and Network Pharmacists
      - Expand individual networks of facilitators and Network Pharmacists and provide increased access to pharmacists or locally based professional activities through referral and increased awareness
      - Restrict duplication of professional roles and related activities
      - Provide additional support for existing roles through locally based Network Pharmacists and centrally provided PSA (NSW) resources
      - Contribute to sustainability of the infrastructure and promote increased inter-professional collaboration that could potentially extend beyond the scope of this project

## 1.5 STRATEGY DEVELOPMENT

In developing the strategies for implementation (including the development of the role of the Network Pharmacist) it was essential to consider strategies to complement existing resources and maximise synergy between national, state based and local initiatives in regional communities and thereby, wherever possible avoid duplication of existing roles or local programs.

It was also necessary to incorporate increasing pharmacist awareness with respect to the support available through this project and from other professional organisations and promote more widespread use of resources already developed by other programs.

This was a complex task, as each area has different structures and resources, such as those provided by Divisions of General Practice and MMR Facilitators.

Further complicating the situation was the variability among individual MMR Facilitators in the implementation of their role.

For example, in one regional division Medication Reviews are more established amongst the medical community whereby the facilitator role can focus on professionally based activities such as coordinating educational events.

In other areas, the uptake of medication reviews is not as well established, so the facilitator may choose to concentrate on academic detailing.

A Research and Advisory Committee was set up at the start of the strategy development phase to oversee and assist with progress of this project. Members of the committee were selected based upon their expertise in the area of MR service and delivery.

Discussions were held with representatives of stakeholders such as the National Prescribing Service (NPS) and Pharmacy Guild of Australia (National and State level) to define the nature of the Network Pharmacist's role and to develop project protocols, training materials, recruitment and implementation strategies.

Stakeholder discussions were also held with pharmacists from specific rural communities for further input.

Considerable consultation with the Research and Advisory Committee and stakeholders was also undertaken to ensure that any training delivered to Network Pharmacists would provide them with comprehensive knowledge of available support and resources, plus the skills necessary to motivate and guide pharmacist colleagues to successful accreditation.

Although this strategy development phase lasted longer than expected due to unanticipated recruitment issues and PSA (NSW) organizational staffing issues, the role of Network Pharmacists was subsequently clearly defined and training was developed and implementation commenced.

## **SECTION 2**

# **LITERATURE REVIEW**

## **2. LITERATURE REVIEW**

In today's pharmacy environment it is increasingly important that pharmacists are able to deliver cognitive services as funded by current and future Guild-Government agreements.

Pharmacists in rural and remote communities are an important link in the network of rural health services [Emerson, 1996]<sup>1</sup> and are often the most accessible source of health care advice [National Rural Health Alliance, 2001]<sup>2</sup>.

However, professional isolation has been identified as a major issue for rural community pharmacists [Emerson, 1998]<sup>3</sup> and it is clear that a lack of intra- and inter-professional relationships and difficulty in accessing education and support contribute to this.

Equitable access to professional education and support is critical to promote effective implementation of rurally based cognitive services and it has been recommended that barriers such as professional isolation be addressed in order to maintain high-quality pharmaceutical care services in these regions [Emerson, 1998]<sup>3</sup>.

In order to strengthen and support rural and remote pharmacy it is imperative that these pharmacists are able to implement cognitive services, and meet professional standards, as easily as their metropolitan colleagues are.

Locally based support programs are ideal for rural areas as they potentially address these issues and promote network and relationship building both inter- and intra-professionally.

Additionally, these programs can be tailored to address local health care issues. Educational initiatives alone may not provide sufficient impetus to produce the practice changes necessary to deliver cognitive services and should be accompanied by ongoing practice support tailored to individual and environmental needs [Almeida-Neto, 2000]<sup>4</sup>.

Establishing local infrastructure to provide education and support will be accompanied by long-term cost benefits and will provide pharmacists with relevant, ongoing support difficult to achieve with 'travelling-roadshow' type seminars.

There is great potential to promote practice change and subsequent service delivery through effective use of local infrastructure and practice support initiatives. Sustainable infrastructure would also prevent the negative impact such isolation may have on the delivery of future cognitive services in a rural setting.

# **SECTION 3**

## **METHODOLOGY**

## 3. METHODOLOGY

### 3.1 IMPLEMENTATION METHODOLOGY

The sequence of implementation was as follows:

- Recruitment of Practice Support Project Pharmacist
- Recruitment and training of 29 Network Pharmacists
- Each of the 29 Network Pharmacists recruit and assist at least 10 rural pharmacists to attain accreditation (resulting in 290 accredited pharmacists)<sup>2</sup>
- Evaluation
- Support provided by PSA (NSW) and Practice Support Project Pharmacist throughout the project

*(See Appendix D; Implementation Protocol)*

#### 3.1.1 RECRUITMENT OF PRACTICE SUPPORT PROJECT PHARMACIST

A Sydney based Practice Support Project Pharmacist was employed (0.6 FTE - 3 days per week) at the commencement of the project (December 2002) and initiated set-up. Their duties were undertaken out of the offices of the PSA (NSW branch)<sup>3</sup>.

*(See Appendix E; Practice Support Pharmacist Job Description)*

##### 3.1.1.1 Role of Practice Support Project Pharmacist

The Practice Support Pharmacist undertook to:

- Set-up the project:
  - ↳ Recruit 29 Network Pharmacists
    - ♦ This was ongoing throughout the project
  - ↳ Organise training
  - ↳ Initiate and maintain contact with Guild Zone Leaders and MMR Facilitators to introduce the project and enlist their assistance *(see Appendix F; Letter to Guild Zone Leaders, MMR Facilitator & Young Pharmacist Association)*

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<sup>2</sup> The original milestone of 116 pharmacists to be accredited by June 2003 was amended to 116 pharmacists to be trained, therefore the revised methodology of this phase was for each of the 29 Network Pharmacists to recruit 10 rural pharmacists into Stage 1 training.

<sup>3</sup> At the end of June 2003, the original person employed to undertake this position was unable to continue in this role. Subsequent efforts to recruit a suitable replacement were

unsuccessful until December 2003 when a new Project Practice Support Pharmacist was employed from the 2<sup>nd</sup> February 2004 to completion of the project.

- ↳ Collect baseline data for Network Pharmacists use
  - ♦ Postcodes of Pharmacy Guild Zones and Divisions of General Practice
  - ♦ List of accredited pharmacists for each region
- Provide clinical, logistical, and administrative support to Network Pharmacists during the project
- ↳ Resources
  - ♦ Enrolment forms<sup>4</sup> (*see Appendix G; Enrolment Forms*)
  - ♦ Tax Invoice & Activity Statement<sup>5</sup> (*see Appendix H; Tax Invoice & Activity Statement*)
  - ♦ Contact details of Guild Zone Leaders and MMR Facilitators
- ↳ Promotion
  - ♦ Of the Project and Network Pharmacists (*see Table 3.2; Awareness Raising Strategies*)
  - ♦ Of PSA (NSW) CE in rural areas
    - Disseminate information about MR and accreditation related events to be held
  - ♦ Marketing of events organized by Network Pharmacists
- Coordinate two teleconferences for Network Pharmacists
- Collect and evaluate data throughout the project and write final report

### 3.1.2 IDENTIFICATION AND RECRUITMENT OF NETWORK PHARMACISTS

Network Pharmacists were recruited from the Rural Pharmacy Guild Zones. (*See Appendix B; Postcodes of Pharmacy Guild Zones & Divisions of General Practice*)

These areas covered most of rural New South Wales including the Southern Highlands, Far South Coast, Central West, Northern Rivers, North and Mid North Coasts. (*See Appendix A; Map of Pharmacy Guild Zones*)

Particular zones were allocated a maximum number of Network Pharmacists and this is described in Table 3.1 below.

Network Pharmacists were to be recruited from geographical areas grouped as rural Pharmacy Guild Zones, which are defined by postcodes. (*See Appendix B; Postcodes of Pharmacy Guild Zones & Divisions of General Practice*)

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<sup>4</sup> These were introduced in May 2004 to standardise and enhance data collection

<sup>5</sup> This was introduced in June 2004 to replace the less “user-friendly” Network Pharmacist Activity Record (*see Appendix I; Network Pharmacist Activity Record*)



Table 3.1; Pharmacy Guild Zones and Number of Network Pharmacists (NPs) Allocated

Zone No.	Zone Name	No. NPs allocated
1	Far North Coast	4
2	Mid Coast	2
3	North Coast	3
7	South Coast	7
8	North & Northwest	3
9	Central West	3
10	Far West	2
11	Central Tablelands	2
12	Monaro	2
13	Riverina & Southwest	3
14	Murray/Albury	2
<b>Total</b>		<b>29</b>

### 3.1.2.1 Role of the Network Pharmacist

The role of the Network Pharmacist was defined in consultation with the Advisory Committee and stakeholders. *(See Appendix J; Role of the Network Pharmacist)*

Network Pharmacists were recruited to work with local facilitators with the initial objective of increasing the number of accredited pharmacists in their area. This role was to possibly involve one or all of the following activities:

- Coordination and facilitation
  - One to one and group presentations
  - Collaborate with Divisions of General Practice in their zone and assist them to employ and support MMR facilitators to foster inter-professional collaboration and promote optimal delivery of healthcare initiatives
  - Coordinate joint education programs with other health professionals e.g. MMR Facilitator
  - Identify and encourage pharmacists to become accredited
    - Ascertain as to their requirements to gain accreditation
  - Follow up and identify support needed for pharmacists who have completed Stage 1 Training

- ↳ Liaise with PSA (NSW) and local facilitators to provide local Stage 1 Training where there is a recognised need
- ↳ Coordinate group sessions to provide time and space for pharmacists to complete Stage 2
- ↳ Participate in concurrent MR projects as applicable
- Provision of Information on
  - ↳ Accreditation process and courses available
  - ↳ Rural CPE allowance for travel and accommodation
  - ↳ AACP mentoring services
  - ↳ PSA (NSW) activities and practice support services
  - ↳ Medication Review delivery, process and payments
- Mentoring and Training
  - ↳ Provide or refer to mentoring services to encourage completion of accreditation case studies
  - ↳ Provide or refer to mentoring for delivery of MRs
  - ↳ Training other pharmacists in uptake of cognitive services
  - ↳ Train pharmacists in data collection as necessary
- Locum
  - ↳ Provide services to allow pharmacists time to complete Stage 2 or conduct MRs
  - ↳ Negotiated on an individual level between pharmacists

### **3.1.2.2 Remuneration and Benefits**

Network Pharmacists were eligible to receive:

- Remuneration
  - ↳ Remuneration and associated costs for training and set-up
  - ↳ Travel and accommodation costs to attend training in Sydney
  - ↳ Reimbursement of costs to attend training
    - ↳ Two days locum expenses or 2 days work
  - ↳ Up to 3 days (24 hours) set up costs paid upon submission of invoice to PSA (NSW)
  - ↳ Telephone, postage, fax, stationery

There was no travel allowance except for travel to the Sydney training and once a Network Pharmacists spent 24 hours working on the project, there was no further remuneration.

- Benefits
  - ↳ CPE points for specified grant-related activities

- 1 QCPP CQI point for each 10 hours participation in a Guild-Government grant
- Additional opportunities for remunerated work eg PSA (NSW) field officer work
- Unlimited access to PSA (NSW) Clinical Chat Room
- Ongoing access to clinical expertise
- Subsidised attendance at PSA (NSW) events
- Additional opportunities for personal and professional development
- Professional satisfaction in making a difference to rural pharmacy practice

### 3.1.2.3 Network Pharmacist Selection Criteria

Selection criteria for Network Pharmacists included:

- Pharmacists accredited to and currently delivering HMR and/or RMMR services
- Resident in the area that they are going to support
- Available on average 8 hours per week
- Skill base that incorporates good communication skills, a high level of clinical skills, and facilitation skills
- Experience from community or hospital pharmacy backgrounds
- A commitment to promote the delivery of professional services and facilitate Quality Use of Medicines in rural and remote communities
- Has own car
- Internet access
- Basic computer literacy

### 3.1.2.4 Recruitment Strategies

A number of strategies were employed to identify and recruit pharmacist as Network Pharmacists.

- PSA (NSW) has for a number of years undertaken a continuing education tour “Country Tour” in rural NSW. This enabled the identification of a large number of potential pharmacists to approach to undertake this role
- PSA (NSW) extensive network of pharmacists who have been pro-active in their local region and who have assisted at a local level with organisation of CE was drawn upon. This group of pharmacists were asked to nominate practitioners with the local knowledge and clinical and educational skills integral to implementation
- Advertising through PSA (NSW) mailing list and in PSA (NSW) publications (*see Appendix K; Article Published in NSW Pharmacist March 2003, Appendix L; Article Published in NSW Pharmacist April 2004, Appendix M; Article Published in NSW Pharmacist July 2004, Appendix N; Article Published in Pharmacy News April 2004, Appendix O; Article Published in Australian Pharmacist May 2004*)
- Direct advertising at all PSA (NSW) CE events (*see Appendix P; Promotional Flyer*)
- Recruitment from existing PSA (NSW) Practice Support Field Officers team <sup>6</sup>

<sup>6</sup> PSA (NSW) has expended considerable resources and time in recruiting and developing a team of practice support field officers who support pharmacists across NSW with a range of professional and practice change related activities.

- Local MMR Facilitators were invited to participate in the project as Network Pharmacists as well as to nominate pharmacists and disseminate a flyer by email to accredited pharmacists (*see Appendix F; Letter to Guild Zone Leaders, MMR Facilitator and Young Pharmacist Association and Appendix P; Promotional Flyer*)
- Advertising of the project in the MMR facilitator newsletters in June 03 and March 04 (*see Appendix Q; Article Published in MMR Facilitator Newsletter*) and at related MMR Facilitator conferences or activities
- Local NPS facilitators were contacted via personnel at the central office of the NPS and via PSA (NSW) staff attendance at the NPS facilitator conference in 2002
- Practitioner teachers/clinical educators from university campuses located in areas covered by the project who may fulfil this role were identified
- Direct faxing to all regional NSW pharmacies (*see Appendix P; Promotional Flyer*)
- Recruitment through the PSA Medication Review Practice Support Program

### **3.1.3 TRAINING OF NETWORK PHARMACISTS**

#### **3.1.3.1 Network Pharmacist Training Objectives**

Objectives of the training sessions were set based upon the role to be fulfilled by the Network Pharmacist in undertaking this position. The objectives were:

- To equip Network Pharmacists with the knowledge of:
  - What PSA (NSW) does in terms of practice support for MRs
  - What the Rural Project involves
- Equip them with the skills to:
  - Inform pharmacists about the PSA (NSW)'s MR Practice Support Program and the Rural Project
  - Recruit pharmacists into the project
  - Mentor pharmacists to accreditation
  - Collect relevant data as required
  - Facilitate MR accreditation and delivery
  - Support other rural pharmacists
  - Sustain a support network
  - Initiate networking amongst the Network Pharmacists

### 3.1.3.2 Training Session Design and Delivery

The training sessions were designed to cover a range of topics related to implementation of the project, set-up of the network, accreditation and delivery, and the process of change and related skills and activities. (*See Appendix R; Network Pharmacist Training Program*)

It was originally intended that training would be delivered once the majority of Network Pharmacists had been recruited. As it became obvious as the project progressed that the recruitment process would be slower than first anticipated (*For further discussion see 5.1.1 of Section 5*) multiple training sessions were held.

An intensive 2 day training seminar was conducted in Sydney at PSA (NSW) Pharmacy House St Leonard's<sup>7</sup>.

### 3.1.4 ACTIVITIES OF THE NETWORK PHARMACISTS

It was anticipated that following training and in the field Network Pharmacists would identify and act upon:

- Pharmacists requiring assistance in completing accreditation
- Gaps between desired CE opportunities and the current supply of such events
- Barriers to pharmacists' interest in becoming accredited
- Motivation for pharmacists' interest in becoming accredited

It was expected that Network Pharmacists would undertake and/or participate in a broad range of activities according to the definition of the Network Pharmacist role (*see Appendix J; Role of the Network Pharmacist*) and the specific requirements of their region.

These activities could be broadly classified as recruitment based, that is, activities that result in increased recruitment of pharmacists seeking accreditation or accreditation based activities that aim to facilitate increased accreditation (e.g. Stage 1 Training, Preparation for Stage 2 Training, Advanced Training and mentoring).

These expectations were substantiated from anecdotal feedback provided during the training sessions. Several Network Pharmacists suggested that requirements would differ across the state with some Network Pharmacists requesting Stage 1 Training in their areas, whilst others felt that an initial focus on recruitment activities would be more beneficial.

Network Pharmacists were required to collaborate with the appropriate Divisions of General Practice for their Zone and work closely with these co-ordinators to foster inter-professional collaboration and promote optimal delivery of healthcare initiatives.

<sup>7</sup> The first training session was conducted on the 27<sup>th</sup> / 28<sup>th</sup> January 2004. The second and third training sessions were conducted on the 25<sup>th</sup> / 26<sup>th</sup> and 29<sup>th</sup> / 30<sup>th</sup> March 2004 respectively.

### 3.1.4.1 Recruitment of Rural Pharmacists by Network Pharmacists into The Project

- Strategies employed by Network Pharmacists included:
  - Contacting pharmacists in their areas by phone, email or by personal visits
  - Networking at pharmacy events such as CE
  - Opportunistic i.e. informal and unplanned meetings during daily business

Which avenue pursued depended on the locations and distances required to be covered and the time available to the Network Pharmacists.

In parallel with the recruitment drive for Network Pharmacists, PSA (NSW) initiated two-pronged awareness raising strategies aimed at rural pharmacists to enhance the Network Pharmacists recruitment strategies. Table 3.2 below details these strategies.

### 3.1.4.2 Awareness Raising Strategies Employed by PSA (NSW)

The aim of raising awareness was to inform pharmacists that new educational and network opportunities existed and would be forthcoming. Pharmacists could then engage in these new opportunities that would serve to overcome barriers to accreditation such as lack of access to the education and support that pharmacists in metropolitan areas are catered for.

Table 3.2; Awareness Raising Strategies Employed By PSA (NSW)

Description	Target Audience
Publication in NSW Pharmacist (see Appendices S, M & T; Articles Published in NSW Pharmacist February, July and November 2004 respectively)	<ul style="list-style-type: none"> <li>▪ Rural PSA member</li> </ul>
Announcements at PSA (NSW) events 2003 and 2004	<ul style="list-style-type: none"> <li>▪ Students returning to rural pharmacies for their graduate year</li> <li>▪ Rural pharmacists attending event</li> </ul>
Distribution of information and flyers at PSA (NSW) events 2004 (see Appendix P; Promotional Flyer, Appendix U; Flyer for PSA (NSW) Events)	<ul style="list-style-type: none"> <li>▪ Rural Pharmacists</li> <li>▪ Metro pharmacists who may know of rural pharmacists</li> </ul>
On-going phone/email contact with Rural Pharmacy Guild Zone Leaders and rural MMR Facilitators	<ul style="list-style-type: none"> <li>▪ Rural Pharmacy Guild Zone Leaders</li> <li>▪ Rural MMR Facilitators</li> </ul>
Presentation at NSW state MMR Facilitators Conference April 2004	<ul style="list-style-type: none"> <li>▪ Rural MMR Facilitators</li> </ul>
Distribution of information and flyers at National MMR Facilitators Conference August 2004 (see Appendix U; Flyer for PSA (NSW) Events)	<ul style="list-style-type: none"> <li>▪ Rural MMR Facilitators</li> </ul>
Promotion of rural PSA (NSW) events	<ul style="list-style-type: none"> <li>▪ Network Pharmacists</li> </ul>

Rural Pharmacy Guild Zone Leaders, MMR facilitators and the Young Pharmacist Association were targeted to enlist their assistance in recruiting both Network Pharmacists and pharmacists to enrol into the project. (*See Appendix F; Letter to Guild Zone Leaders, MMR Facilitators and Young Pharmacist Association*)

Promotion of all PSA (NSW) events was issued to each Network Pharmacist in order that they would promote and also attend the event. It was considered important that Network Pharmacists attend as many events as possible to network with and possibly recruit pharmacists.

### **3.1.5 DATA COLLECTION**

Data was collected and collated by the Project Pharmacist with assistance from PSA (NSW) administrative support staff.

#### **3.1.5.1 Data Sources**

- Data was collected throughout the project from the following sources:
  - ↳ Responses to recruitment promotion
  - ↳ The Network Pharmacists
  - ↳ AACP
  - ↳ Pharmacy Guild of Australia, NSW Branch
  - ↳ PSA (NSW)
  - ↳ PSA (NSW) MR Training courses (Stage 1 and Preparation for Stage 2) rural attendees

#### **3.1.5.2 Data Collection Methods**

- Project Enrolment form for rural pharmacists
  - ↳ This was developed in May 2004 to provide the Network Pharmacists with a resource to engage pharmacists and thereby improve the quality and consistency of the data (*See Appendix G; Enrolment Form*)
  - ↳ Network Pharmacists were responsible for sending them to the Project Pharmacist
- A telephone survey of PSA MR Training courses (Stage 1 and Preparation for Stage 2) rural attendees in September 2004 (*see Appendix V; Telephone Survey September 2004*) to collect the following data:
  - ↳ If the pharmacist had become accredited
  - ↳ If so, would mentoring have helped
  - ↳ If not, why not and would mentoring make a difference
- A telephone survey of the Network Pharmacists was conducted in November 2004 (*see Appendix W; Telephone Survey November 2004*) to ascertain as to their satisfaction with infrastructure and support
- A telephone survey of PSA Medication Review Training Course (Stage 1 and Preparation for Stage 2) rural attendees in December 2004 (*see Appendix X; Telephone Survey December 2004*) to collect the following data:

- If the pharmacist had become accredited
- If the pharmacist had become accredited, how long did it take
- In the event that the pharmacist had become accredited, how many medication reviews had they completed

### 3.1.6 EVALUATION

#### 3.1.6.1 Process Evaluation

- Evaluation of Training of Network Pharmacists
  - Network Pharmacists completed an evaluation form at the completion of each training session.
  - These forms were reviewed after each session for quality assurance purposes.
 (See Appendix Y; Network Pharmacist evaluation of Training)
- Evaluation of Post-training Implementation
  - Throughout the project, there was constant telephone and email communication between Network Pharmacists and the Project Pharmacist.

#### 3.1.6.2 Impact Evaluation

The evaluation structure allowed measurement of outcomes directly related to the objectives of the project.

- Objective 1
  - To provide a network of pharmacists with relevant skills
    - ◆ Data Collected
      - Measurement of Network Pharmacist skills (see Appendix Z; Pre-training Data Collection)
      - Measurement of Network Pharmacist satisfaction with infrastructure and support
- Objective 2
  - To increase cognitive or professional service uptake
    - ◆ Data Collected
      - Changes in number of accredited pharmacists
      - Contacts between Network Pharmacists and rural pharmacists
      - HMR (excluding RMMR) delivery
- Objective 3
  - To increase CE uptake in rural and remote areas
    - ◆ Data Collected
      - MR Training uptake
      - CE attendance rates



- Objective 4
  - ↳ To encourage inter-professional linkages
- ♦ Data Collected
  - The number and type of meetings and contacts between participating rural community pharmacists and rural primary health care providers

Although Network Pharmacists were in contact with many participating rural pharmacists and primary health care providers, the data collection of the specific details was incomplete since it is very difficult to record all contacts and data collection tools developed to overcome this did solve this problem.

### **3.1.6.3 Economic Evaluation**

A budget was maintained for the duration of the project covering actual fixed and variable costs for all parts of the program set-up and delivery. These costs included administration costs, materials, delivery costs etc (both labour and non-labour).

The benefit accrued was recorded as the number of pharmacists accredited as a result of the course. This was later changed to number of pharmacists completing HMR Stage 1 training.

### **3.1.7 SUSTAINABILITY STRATEGIES**

The main aim of the project was to set up a Pharmacy Support Network. PSA (NSW) regarded the project as a possible mechanism to establishing an infrastructure that would be self-sustaining beyond the life-time of this project and extending across a broad range of professional services.

In order to accomplish this, the two factors to consider were remuneration and professional satisfaction.

To address both these issues, Network Pharmacists were offered additional training opportunities through other PSA (NSW) Practice Support programs to enable them to take up multiple roles within their community. (*See Appendix AA; Expression Of Interest Form*)

Network Pharmacists that elected to undergo further training were offered additional remunerable roles such as S2/S3 Training. This contributes directly to the financial sustainability of the network and also increases additional CE opportunities within that region for pharmacists and pharmacy staff.

Further to this, Network Pharmacists were encouraged to source funding and sponsorships where appropriate, for example from pharmaceutical companies and to build in consultancy fees where appropriate, for example, upon organising CE activities.

# **SECTION 4**

## **RESULTS**

## 4. RESULTS

### 4.1 OBJECTIVE 1

*To provide a network of rural and remote pharmacists with skills and infrastructure that enables them to support rural and remote pharmacists to deliver cognitive services*

#### 4.1.1 RECRUITMENT OF NETWORK PHARMACISTS

Recruitment strategies were moderately successful (see Table 4.1 below) and a total of 17 out of the target of 29 Network Pharmacists were recruited<sup>8</sup>.

Table 4.1: Effectiveness of Strategies For Recruitment of Network Pharmacists (NP)

Recruitment Strategy	No. of NP recruited
Direct advertising at PSA (NSW) events	1
Referred by Academics	2
MMR Facilitator newsletter and conference	3
PSA (NSW) HMR Program	3
Existing PSA Practice Support Field Officers	3
Referred directly by MMR Facilitator	1
Flyer distributed by MMR Facilitator	2
Flyer faxed to all pharmacies in NSW	2
<b>TOTAL</b>	<b>17</b>

Of the remaining Network Pharmacists, during the course of implementation, 3 were active in more than their allocated Guild Zone and were thereby each functioning as 2 Network Pharmacists.

Further to this, 1 of these 3, within his own Guild Zone, acted as 3-4 Network Pharmacists.

- In practice, an equivalent of 22 Network Pharmacists were operating

The recruitment zones for Network Pharmacists are detailed in Table 4.2 on the following page.

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<sup>8</sup> 8 Network Pharmacists were recruited by June 2003 and another 2 by February 2004.  
4 were recruited in March 2004 and 1 in August 2004.  
1 Network Pharmacist resigned in July 2004 due to relocation.

Table 4.2; Recruitment Zones for Network Pharmacists (NPs) (De-identified)

Zone No.	Zone Name	No. NPs Allocated	NPs Recruited	Extra Zones Covered
1	Far North Coast	4	2*	2, 8
2	Mid Coast	2	2	
3	North Coast	3	3**	4##
7	South Coast	3	2	
8	North & Northwest	3	3	
9	Central West	3	2	
10	Far West	2	0	
11	Central Tablelands	2	0	
12	Monaro	2	1 <sup>#</sup>	
13	Riverina & Southwest	3	2**	14
14	Murray/Albury	2	0	
<b>TOTAL</b>		<b>29</b>	<b>17</b>	

\* One of the Network Pharmacists was active within his own zone to the equivalent of 3 Network Pharmacists and was active in two extra zones

\*\* One of the Network Pharmacists was active in an extra zone

# The Network Pharmacist resigned

## Zone 4 is Newcastle

Although a range of strategies was employed during 2003/4, recruitment took longer than expected and was therefore ongoing throughout most of the project.

#### 4.1.2 NETWORK PHARMACIST SKILLS

The Network Pharmacist Team was of a high calibre with diverse experience and great expertise. The Network Pharmacists' qualifications and experience are outlined in Table 4.3 on the following page.

Table 4.3; Qualifications and Experience of Network Pharmacists (NP) (De-identified)

NP ID No	Bachelor in Pharmacy	AACP Accredited	Pharmacy Owner	Pharmacy Educator	S2/S3 Trainer*	Other
1	✓			✓		Consultant Pharmacist
2	✓	IP		✓		
3	✓	✓				MMR Facilitator
4	✓	✓	✓			
5	✓	✓				
6	✓	✓	✓	✓	✓	MMR Facilitator
7	✓	✓		✓	✓	HMR Mentor
8	✓	✓			✓	HMR Mentor
9	✓	✓		✓		
10	✓	✓				
11	✓	IP*	✓			Consultant Pharmacist
12	✓	✓			✓	MMR Facilitator
13	✓		Previously			
14	✓	✓		✓	✓	
15	✓	✓		✓	✓	
16	✓	✓				

\* IP: in the process of gaining accreditation

### 4.1.3 NETWORK PHARMACIST SATISFACTION WITH INFRASTRUCTURE AND SUPPORT

#### 4.1.3.1 Evaluation of Training

Two Network Pharmacists were recruited well after the March 2004 training sessions and no subsequent sessions were held, however, both of these Network Pharmacists had a tremendous range of relevant skills and experience such as pharmacy education, mentoring and clinical work.

One Network Pharmacist did not return evaluation of the training.

Network Pharmacist training objectives were met and feedback (*see Appendix Y; Network Pharmacist Evaluation of Training*) showed a high level of satisfaction as shown in Table 4.4 below.

Post training feedback showed that the training was relevant, useful and provided the necessary information and skills to equip them to promote the project, recruit pharmacists into the project and provide support, including mentoring.

**Table 4.4; Network Pharmacist Evaluation of Training**

Evaluation	No. of responses				
	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1. The objectives of the training met for you?		9	2		
2. The training program was relevant to the Network Pharmacist Role	2	9	1		
3. I gained useful information about the process of accreditation and Medication Review	4	7	1		
4. I gained useful information about PSA (NSW) Practice Support	2	9	1		
5. I gained useful information about Medication Review resources	3	10	1		
6. I gained useful information about the process of mentoring	1	11	2		
7. I gained new skills relevant to the process of mentoring	3	5	3	1	
8. After the training I feel confident about assisting pharmacists through the accreditation process	2	7	2	1	
9. After the training I feel confident about recruiting pharmacists into the project	2	8	2		

Other feedback on training included:

- Training gave a good overview of PSA (NSW) and what was involved
- Network Pharmacist role Complements role of MMR Facilitator
- Meeting other Network Pharmacists and sharing opinions was highly valued

#### **4.1.3.2 Evaluation of Infrastructure and Support**

Feedback collected from the telephone survey of the Network Pharmacists undertaken in November 2004 (*see Appendix W: Telephone Survey 2004*) showed a high level of satisfaction with PSA (NSW) support, infrastructure and resources provided. Table 4.5 below shows the number of responses for each rating level (i.e. 4 Network Pharmacists rated PSA (NSW) support of role as 3).

Table 4.5; Network Pharmacist Evaluation of Support and Resources Provided By PSA (NSW)

Evaluation	Number of responses				
	Poor	Satisfactory	Good	V.Good	Excellent
PSA (NSW) support of role	1	2	4	4	2
Usefulness of resources provided by PSA (NSW)	0	1	8	3	1

General feedback received is described in Table 4.6 below

Table 4.6 Network Pharmacist Feedback

Additional Areas of Comment	Feedback
What other useful resources would assist Network Pharmacists in their role?	<ul style="list-style-type: none"> <li>List of pharmacists undergoing accreditation</li> <li>Complete list of accredited pharmacists</li> <li>Reference guide for operation &amp; process</li> </ul>
Other Support needed from PSA to support Network Pharmacist role	<ul style="list-style-type: none"> <li>Full time Project manager available to Network Pharmacists</li> <li>PSA (NSW) local representation as regular paid job to co-ordinate activities (like Divisions of General Practice provide for GPs)</li> <li>A pool of competent PSA (NSW) local trainers</li> <li>More teleconferences and networking with other Network Pharmacists</li> <li>Remuneration beyond the initial set-up</li> </ul>
What benefits have Network pharmacists seen from the project	<ul style="list-style-type: none"> <li>Local Stage 1 Training is very valuable in providing access to education</li> <li>Raising awareness of Medication Review</li> <li>Inspiration and motivation for pharmacists to undertake accreditation</li> <li>Enhanced existing pharmacist networks</li> <li>Helped people become accredited</li> <li>Inter-professional connections made and or strengthened</li> <li>Possible long term benefit may be to increase professional roles and attract more pharmacists to rural areas</li> </ul>
Other	<ul style="list-style-type: none"> <li>In some areas, there was a positive reception of the project by pharmacists <ul style="list-style-type: none"> <li>Many pharmacists enthusiastic about potential benefits to the community, wanted to be involved, wanted education, but didn't follow through on enthusiasm due to time constraints</li> </ul> </li> <li>In other areas, pharmacists were markedly unenthusiastic</li> <li>Pharmacist shortage in rural workforce results in severe time constraints</li> <li>Focus on Medication Review too narrow</li> </ul>

## 4.2 OBJECTIVE 2

*To increase cognitive service uptake in rural and remote areas (eg. Medication Review accreditation, delivery)*

### 4.2.1 CHANGES IN NUMBER OF ACCREDITED RURAL NSW PHARMACISTS

Rural NSW accreditation numbers increased during the project<sup>9</sup>. See Table 4.7 below.

- 34 pharmacists were registered with AACP as accredited pharmacists at December 2003
- 41 pharmacists were registered with AACP as accredited pharmacists at December 2004
- 14 pharmacists did not renew their accreditation in 2003
- 19 pharmacists did not renew their accreditation in 2004
- New accreditations or re-accreditations 2003: 11
- New accreditations or re-accreditations 2004: 26

➔ **Net increase of 7 accredited pharmacists in Rural NSW over 2003/2004**

Table 4.7; Changes in Numbers of Accredited Pharmacists in Rural NSW

Two monthly interval	No. of Accredited NSW Rural Pharmacists					
	2003	↑	↓	2004	↑	↓
Jan-Feb	37			31		3
Mar-Apr	45	8		53	22	
May-Jun	37		8	40		13
Jul-Aug	36		1	37		3
Sept-Oct	39	3		38	1	
Nov-Dec	34		5	41	3	
	<b>Sub-total</b>			<b>Sub-total</b>		
	<b>11</b>	<b>14</b>		<b>26</b>	<b>19</b>	

Comparison of the numbers of accredited pharmacists between rural and general NSW as at June 2003 and 2004 shows no difference as shown in Table 4.8 below.

Table 4.8; Comparison of Rural and General NSW Accredited Pharmacist Numbers

Area	June 2003	June 2004
All NSW	505	604
Rural NSW	37	40
Rural NSW/ All NSW	7%	7%

It is known that at least 36 rural pharmacists gained accreditation through this project.

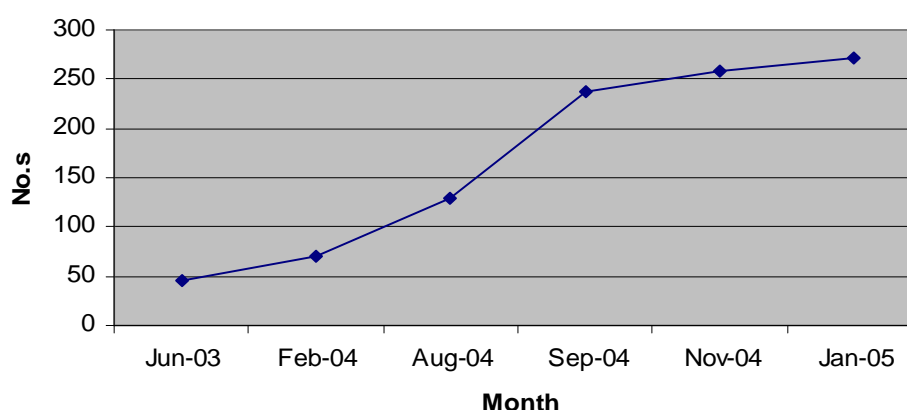
<sup>9</sup> Data was provided from AACP, the accrediting body for Medication Review



#### 4.2.2 CONTACTS BETWEEN NETWORK PHARMACISTS AND PHARMACISTS WHO HAVE YET TO BECOME ACCREDITED

Figure 4.1 below shows the increase in numbers of pharmacists enrolled in the project over time, i.e. have been engaged by a Network Pharmacist from 45 in June 2003 to 272 by January 2005.

Figure 4.1 Number of Pharmacists Enrolled in the Project



The level of engagement into the project ranged from expression of interest in becoming accredited for Medication Review, through to attendance at Medication Review workshops and requests for mentoring both pre- and post- accreditation.

#### 4.2.3 HMR UPTAKE AND DELIVERY

Figures of HMR uptake and delivery were provided by the Pharmacy Guild of Australia and represent the number of HMR claims made by pharmacies grouped according to Divisions of General Practice.

According to postcodes most of the Divisions of General Practice fit into the Pharmacy Guild Zones. (See Appendix B; *Postcodes of Pharmacy Guild Zones & Divisions of General Practice*)

##### 4.2.3.1 HMR Uptake and Delivery in Rural NSW

The figures below represent the number of HMRs only delivered in the rural Pharmacy Guild Zones;

- 4 330 HMRs were conducted between January 2003 and December 2003
- 4 697 HMRs were conducted between January 2004 and December 2004

➔ **This represents an increase of 367 HMRs delivered**

5 Divisions of General Practice only partially fall into the rural Pharmacy Guild Zones i.e. only part of the division is rural. Figures for the delivery of HMR in these 5 Divisions of General Practice cannot be broken down for specific postcodes and are not included in the above.

Figures for these 5 divisions are:

- 188 HMRs were conducted between January 2003 and December 2003
- 315 HMRs were conducted between January 2004 and December 2004

↪ This represents an increase of 127 HMRs delivered

#### 4.2.3.2 HMR Uptake and Delivery in NSW as a whole

The figures below represent the number of HMRs delivered in the entire state of NSW, including ACT.

- 17 112 HMRs were conducted between January 2003 and December 2003
- 26 951 HMRs were conducted between January 2004 and December 2004

↪ This represents an increase of 9 839 HMRs delivered

#### 4.2.3.3 National HMR Uptake and Delivery

The figures below represent the number of HMRs delivered across Australia

- 39 359 HMRs were conducted between January 2003 and December 2003
- 63 483 HMRs were conducted between January 2004 and December 2004

↪ This represents an increase of 24 124 HMRs delivered

#### 4.2.3.4 Comparison of Rural, State NSW and National HMR Uptake and Delivery

Comparison of numbers of HMRs delivered in rural NSW, State NSW (including ACT) and across Australia (Table 4.9) shows that HMRs increased at all three levels.

However, it was found that the rural NSW proportion of all NSW and national HMRs completed decreased over the time period.

Table 4.9; Comparison of HMR Uptake and Delivery

Area	2003	2004	↑	↓
Rural NSW	4 330	4 697	367	
NSW + ACT	17 112	26 951	9 839	
National	39 359	63 483	24 124	
Rural/ NSW + ACT	25%	17%		8%
Rural/ National	11%	7%		4%
NSW + ACT/National	44%	43%		1%

### **4.3 OBJECTIVE 3**

*To increase Continuing Education uptake in rural areas*

#### **4.3.1 MEDICATION REVIEW TRAINING UPTAKE**

During the period Jan 2003 – Feb 2005, PSA (NSW) delivered 31 Medication Review Training courses throughout NSW, both rural and Sydney metropolitan areas.

158 rural pharmacists attended 30 of these courses which comprised of.

- 20 Stage 1 Training courses
- 1 Preparation for Stage 2 Training course
- 9 Advanced Training workshops

These 30 courses were delivered in rural and remote areas as well as the Sydney metropolitan area.

88 of the 158 rural pharmacists attended Sydney metropolitan area courses.

4 of the 30 training courses were delivered upon the direct request made by a Network Pharmacist as follows:

- Stage 1 Training for Tamworth, Ballina, Wagga Wagga
- Advanced Training for Armidale

In areas where there were no Network Pharmacists, PSA (NSW) was approached directly and requested to deliver Stage 1 Training in Wollongong and Canberra (Guild Zones 6 and 12 respectively).

A breakdown of attendance shows that:

- 136 rural pharmacists attended Stage 1 Training
  - ↳ 32 of these pharmacists became accredited and subsequently went on to conduct MRs
  - ↳ Of these 136, 5 attended from other states
    - ♦ 2 from rural Western Australia
    - ♦ 1 from rural Victoria
    - ♦ 1 from rural Queensland
- 4 rural pharmacists attended Preparation for Stage 2 Training
  - ↳ 1 of these pharmacists attended from rural Victoria
  - ↳ 3 of these pharmacists became accredited and subsequently went on to conduct MRs
- 18 attended Advanced Training

Tables 4.10, 4.11 and 4.12 below outline Medication Review Training courses, location and number of attendees.

Table 4.10; Date, Location of Stage Training 1 Courses & Number of Attendees

Stage 1 Training	Date	Location	No. of Attendees
2003	February 03	Sydney	6*
	March	Sydney	8*
	May	Sydney	8
	June	Wollongong	9**
	July	Sydney	19***
	July	Sydney	5
	August	Tamworth	18
	September	Sydney	2
	September	Sydney	6
	November	Sydney	5
<b>Subtotal 86</b>			
2004	February	Sydney	4
	February	Sydney	1
	March	Sydney	1
	June	Sydney	4
	August	Ballina	11
	September	Sydney	3
	October	Sydney	3
	November	Canberra	13
<b>Subtotal 40</b>			
2005	January	Wagga Wagga	14
<b>Subtotal 14</b>			
<b>TOTAL 136</b>			

Table 4.11; Date, Location of Preparation for Stage 2 Training & Number of Attendees

Preparation for Stage 2 Training	Date	Location	No. of Attendees
2003	September	Sydney	4**
<b>TOTAL 4</b>			

Table 4.12; Date, Location of Advanced Training & Number of Attendees

Advanced Training 2004	Date	Location	No. of Attendees
Monthly series	March – November	Sydney	9
Weekend	May	Armidale	9

**TOTAL 18**

\* Includes Rural pharmacist from QLD \*\* Includes Rural Pharmacist from VIC \*\*\*Includes 2 Rural pharmacists from WA

### 4.3.2 ACCREDITATION RATES OF PHARMACISTS

The number of accredited pharmacists in rural NSW has increased during the period Jan 2003 and Dec 2004 and is summarised in Table 4.13 below.

These numbers represent how many pharmacists were registered with AACP as accredited pharmacists during a particular time-period; see Table 4.13 below.

Table 4.13; Numbers of Accredited Pharmacists in Rural NSW

[Sources: AACP and (PSA NSW)]

Two Monthly Interval	No. of Registered Accredited NSW Rural Pharmacists		No. of Rural NSW Pharmacists Newly Accredited Under the Project				
			PSA NSW MR Trainees				*Other
			Stage 1		Stage 2		
	2003	2004	2003	2004	2003	2004	
Jan-Feb	37	31	-	9	-	1	
Mar-Apr	45	53	1	2	-	-	
May-Jun	37	40	3	-	-	-	
Jul-Aug	36	37	2	2	-	-	
Sept-Oct	39	38	5	2	-	1	
Nov-Dec	34	41	4	-	1	-	
		<b>Subtotals</b>	<b>15</b>	<b>15</b>	<b>1</b>	<b>2</b>	<b>3</b>
		<b>TOTAL</b>	<b>36 newly accredited pharmacists</b>				

\*Other represents pharmacists that did not undertake a PSA (NSW) Medication Review Training course per se but who received assistance from a Network Pharmacist and became accredited during this period.

#### 4.3.2.1 Stage 1 Trainees and Mentoring

The September 2004 telephone survey of 110 pharmacists to determine whether they thought that having access to mentoring would have impacted on their experience of the accreditation process showed that:

Of the 81 respondents 28 had gained accreditation and 53 had not.

Of the 28 accredited pharmacists, 16 said that having a mentor would have made the accreditation process easier whilst 12 stated that they did not think it would have made a difference.

31 of the non-accredited pharmacists said that having a mentor would be beneficial to them becoming accredited whilst 22 stated that it would not make a difference because time and perceived poor financial remuneration was the reason why they had not continued towards accreditation.

Anecdotal feedback collected from Network Pharmacists indicated that a further 34 pharmacists would like or would have liked to receive mentoring as they proceed(ed) through the accreditation process.

#### 4.3.3 THE NUMBER OF REVIEWS (HMR) COMPLETED IN RURAL NSW

- 4 330 HMRS were conducted between January 2003 and December 2003
- 4 697 HMRS were conducted between January 2004 and December 2004

➤ **This represents an increase of 367 HMRS delivered**

Table 4.14 shows figures representing the number of HMR claims for payment made by pharmacies in rural NSW i.e. HMRS processed (conducted and delivered) through the pharmacy that submitted the claim for payment.

**Table 4.14 Numbers of Pharmacy Claims For Payment For HMR in Rural NSW**  
(Source: Pharmacy Guild of Australia)

Two monthly intervals	Number of HMRS claimed	
	2003	2004
January-February	350	763
March-April	711	760
May-June	659	790
July-August	701	827
September-October	1044	731
November-December	865	826
<b>TOTAL</b>	<b>4330</b>	<b>4697</b>

#### **4.3.3.1 Number of Reviews Completed by Pharmacists Who Attended PSA (NSW) MR Training And Who Have Become Accredited Under The Project**

The December 2004 telephone survey of 122 pharmacists to determine how long it took for them to become accredited and how many reviews they had completed showed that:

Of the 110 respondents 32 completed accreditation, 30 of which provided the data described in Table 4.15 on the following page.

- Another 14 rural pharmacists completed Stage 1 in January 2005 and were not surveyed since it was considered to be too soon after the course for them to have completed the accreditation process.

Table 4.15 Stage 1 Attendees; Accreditation Rate and Number of MRs Subsequently Conducted (as at December 2004)

Accredited Pharmacist ID	Time taken (months)	Accreditation date (approximate)	No. of MRs conducted
A1	2	Apr 03	20
A2	4	Jun 03	50-60
A3	3	May 03	About 30
A4	9	Nov 03	20
A5	5	Jul 03	20
A6	12	Mar 04	No response
A7	2.5	Jun 03	100+
A8	8	Jan 04	100 RMMR, 5 HMR
A9	7	Dec 03	3
A10	4	Oct 04	80-90
A11	6	Jan 04	45-50
A12	3	Oct 03	13
A13	6	Jan 04	5 or 6
A14	3	Oct 03	20
A15	6	Jan 04	18
A16	2	Sep 03	15
A17	Few weeks	Jul/Aug 03	10
A18	6	Jan 04	10
A19	2	Sep 03	20
A20	6	Jan 04	0
A21	4	Dec 03	60
A22	6	Feb 04	3
A23	3	Nov 03	2
A24	2-3	Sep/Oct 03	60+
A25	8	Mar 04	Approx 30
A26	10	Aug 04	20
A27	12	Oct 04	0
A28	3	Jan 04	12
A29	2.5	Jan 04	About 20
A30	2	Jul 04	15



- The range of time taken to become accredited
  - ↳ Few weeks to 12 months
- The approximate range of HMRs conducted since accreditation
  - ↳ 0 to 90

Results from attendees of Preparation For Stage 2 Training are shown in Table 4.16.

Table 4.16 Preparation for Stage 2 Attendees; Rate of Accreditation and Number of MRs Subsequently Conducted (as of December 2004)

Accredited Pharmacist ID	Time taken (months)	Accreditation date (approximate)	No. of MRs conducted
B1	> than 12	Sep/Oct 04	4
B2	3	Dec 03	30
B3	4	Jan 04	1

- The range of time taken to become accredited
  - ↳ 3 months to greater than 12 months
- The approximate range of HMRs conducted since accreditation
  - ↳ 1 to 30

The approximate average length of time for Medication Review Training course attendees to become accredited is 5 months and the approximate average number of HMRs conducted by these attendees is 23<sup>10</sup>.

#### 4.3.4 NON-MR CONTINUING EDUCATION (CE) ATTENDANCE RATES IN RURAL NSW

PSA (NSW) regular workshop schedule included several regional educational events. Since the commencement of the project further requests for these activities were registered and delivered.

PSA (NSW) rural CE activities other than Medication Review related events conducted between January 2003 and December 2004 include S2S3 Pharmacist and Pharmacist Only Medicines, Consumer Medicine Information (CMI), Clinical Updates and Country Tour.

- 1255 rural NSW pharmacists participated in PSA (NSW) CE events in 2003
- 1513 rural NSW pharmacists participated in PSA (NSW) CE events in 2004
  - ↳ **This represents an increase of 258 rural NSW pharmacists participating in CE events**

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<sup>10</sup> Most attendees have only conducted HMRs not RMMRs

- 35 PSA (NSW) CE events were delivered in rural areas in 2003
  - 84 PSA (NSW) CE events were delivered in rural areas in 2004
- **This represents an increase of 49 rural events**
  - 24 of these events were delivered by 6 of the Network Pharmacists
  - Feedback indicates that if the number of local trainers increases, CE uptake would also increase

Six of the Network Pharmacists were also trained to deliver the PSA's educational workshops on other areas of pharmacy practice (S2/S3 products) thereby offering professional education to those pharmacists not participating in HMR-related education. See Table 4.17 below; details the increase in attendee numbers for non-HMR CE activities.

**Table 4.17; Number of Pharmacists From Rural NSW Participating in Non MR PSA (NSW) CE Activities**

[Source: PSA (NSW)]

Number of Participating Pharmacists		
Time period	2003	2004
Jan-Feb	16	181
Mar-Apr	134	329
May-Jun	216	289
Jul-Aug	257*	538*
Sept-Oct	512*	167*
Nov-Dec	90	9
<b>TOTAL</b>	<b>1225</b>	<b>1513</b>

More rural non-pharmacist staff members attended educational events; see Table 4.18 below.

**Table 4.18 Numbers of Non-pharmacist Staff Members From Rural NSW Participating in PSA (NSW) CE activities**

(Source: PSA NSW)

Number of participating staff members		
Time period	2003	2004
Jan-Feb	0	20
Mar-Apr	0	322
May-Jun	58	445
Jul-Aug	176*	530*
Sept-Oct	249*	230*
Nov-Dec	85	18
<b>TOTAL</b>	<b>568</b>	<b>1565</b>

\*Figures include an average number of attendees for S2/S3 workshops

#### **4.4 OBJECTIVE 4**

*To encourage inter-professional linkages between pharmacists and health professionals*

##### **4.4.1 LOCAL INTER-PROFESSIONAL LINKAGES BETWEEN NETWORK PHARMACISTS, PROJECT PHARMACIST AND REGIONAL MMR AND NPS FACILITATORS**

All Network Pharmacists were in contact with at least one other Network Pharmacist and a MMR Facilitator. Several Network Pharmacists established collaborative working relationships with the local MMR Facilitators and/or National Prescribing Service (NPS) Facilitators.

3 of the Network Pharmacists were also the MMR Facilitator with working relationships with GPs and Divisions of General Practices General Practice.

The complementary roles of Network Pharmacists and MMR Facilitator allowed each to have a greater focus on specific aspects of facilitating the uptake of HMR; the MMR facilitator could focus on GPs, other health professionals and consumers whilst The Network Pharmacists could concentrate on local pharmacists and increasing the numbers of accredited pharmacists and filling education or support gaps where these existed.

There were some rural areas (Shoalhaven – within South Coast Zone 7 and for a long period the Hunter Rural Region – within Newcastle Zone 4) in which there was not a local MMR Facilitator and here, Network Pharmacists provided some of the resources and support lacking in the area.

For areas in which there was not a Network Pharmacists (Central Tablelands – Zone 11 and Monaro - Zone 12), the Project Pharmacist based at PSA NSW liaised with regional facilitators.

Through this collaboration, Network Pharmacists, local facilitators, both MMR and NPS and the Project Pharmacist promoted uptake of Medication Review Training and services. They also worked together to organize training workshops for local areas.

One working group (Northern Rivers – Zone 1) consisting of the Network Pharmacist, local MMR Facilitator and NPS Facilitator established a website and e-newsletter, organized networking events and is working with young pharmacists to retain them in the profession and in the region.

One Network Pharmacist (North & Northwest – Zone 8) established a group that will meet monthly to discuss clinical updates, HMR and other pharmacy-related issues i.e. a local, sustainable pharmacy support network has been set up in this region.

All of these activities and associations forged as a direct result of this project resulted in a raised awareness of HMR which increased the demand for Medication Review Training courses.

#### 4.4.2 OTHER INTER-PROFESSIONAL LINKAGES

The project was presented at the following conferences for fellow Health Professionals:

- APP conference 2004 (Gold Coast)
- PSA Expo 2004 (Sydney)
- State conference for NSW MMR Facilitators April 2004
- National conference for MMR Facilitators August 2004
  - ↳ MMR Facilitators from Western Australia and Northern Territory expressed interest in having a similar network structure developed along the lines of this project and were interested to have PSA (NSW) deliver Medication Review Training in their states
- The Project was promoted at over 40 events in rural NSW areas.
- Articles about the project were published in
  - ↳ Pharmacy News (April 2004)
  - ↳ NSW Pharmacist (March 2003, February, April, July and November 2004)
  - ↳ Australian Pharmacist (May 2004)

*(See Appendices K-O, Q, S, T)*

# **SECTION 5**

## **DISCUSSION**

## 5. DISCUSSION

The primary objective of this project was to develop a sustainable Pharmacy Support Network to address geographical issues associated with quality use of medicines.

This was to be achieved by meeting the following four objectives:

1. To provide a network of rural and remote pharmacists with skills and infrastructure that enables them to support rural and remote pharmacists to deliver cognitive services
2. To increase cognitive service uptake in rural and remote areas (e.g. accreditation, delivery)
3. To increase CE uptake in rural areas
4. To encourage inter-professional linkages between pharmacists and health professionals

The objectives were met through the following outcomes:

### 5.1 OBJECTIVE 1

*To provide a network of rural and remote pharmacists with skills and infrastructure that enables them to support rural and remote pharmacists to deliver cognitive services*

#### 5.1.1 RECRUITMENT OF NETWORK PHARMACISTS

A range of recruitment strategies proved successful and 22 equivalent Network Pharmacists out of the target of 29 were recruited into the project.

Recruitment took longer than anticipated and we did not reach the target of 29 Network Pharmacists. This deficit of the target was due to several factors such as staffing issues at PSA (NSW), a shortage of rural pharmacists in general and issues with remuneration.

There are very limited numbers of accredited pharmacists in rural areas and those that exist have severe time constraints. Several pharmacists that were contacted upon referral or recommendation cited lack of time to undertake the activities of the project. Also, the limited remuneration offered was a deterrent to some.

### **5.1.2 NETWORK PHARMACIST SKILLS**

The skill base of the Network Pharmacist group as a whole was impressive but unfortunately, due to the budgetary constraints of only 24 hours paid work, underutilized.

Most of the Network Pharmacists were either accredited or undergoing accreditation to conduct Medication Reviews. This was considered a highly desirable skill qualification as the Network Pharmacist would bring personal experience to the role and would be very well placed to promote and assist pharmacists in achieving accreditation having undertaken the accreditation process and delivery of Medication Reviews themselves.

Those Network Pharmacists who were not accredited brought a very broad spectrum and many years of practice experience to the project having been active in many areas of rural pharmacy.

Several of the Network Pharmacists also had extensive experience in program and resource development.

Furthermore a number of Network Pharmacists also had experience in delivering education including mentoring which again augmented their skill base.

Two Network Pharmacists were also MMR Facilitators and were able to fully integrate the two roles to the advantage of both. A third Network Pharmacist became a MMR Facilitator in the latter part of the project in 2004.

### **5.1.3 NETWORK PHARMACIST SATISFACTION WITH INFRASTRUCTURE AND SUPPORT**

#### **5.1.3.1 Evaluation of Network Pharmacist**

Feedback from training showed a high level of satisfaction even though Network Pharmacist needs were very individual. The training sessions managed to accommodate this diversity of requirements.

It was found that some Network Pharmacists needed more direction than others in terms of implementation. It should be therefore be noted that for any future projects of this kind that a greater focus on implementation may need to be included in the training objectives and program.

#### **5.1.3.2 Network Pharmacist Satisfaction With Infrastructure And Support**

Feedback from the Network Pharmacists showed a general high level of satisfaction in these areas of support.

Administration issues raised were due to changes in PSA (NSW) staffing and these were addressed to try to prevent re-occurrence.

Several Network Pharmacists found the concept of the project highly worthwhile but found the infrastructure limited. They were of the opinion that rural pharmacists would greatly benefit from the Network Model if it was managed at a local level and did not focus on Medication Reviews, but embraced all CE.

Network Pharmacists recommended that a permanent part-time employed Network Pharmacist be employed locally and supported centrally by PSA (NSW).

Even beyond this several Network Pharmacists saw the value of establishing a structure for pharmacists similar to that of the Divisions of General Practice for GPs and felt that this model would become ultimately self-sustaining.

The Network Pharmacists were very satisfied that the infrastructure gave them the opportunity to increase the availability of local CE. They also found that building inter-professional relationships was rewarding.

## **5.2 OBJECTIVE 2**

*To increase cognitive service uptake in rural and remote areas (e.g. accreditation, delivery)*

### **5.2.1 CHANGES IN NUMBER OF ACCREDITED PHARMACISTS**

Feedback from AACP indicated that decreases in numbers of accredited pharmacists were due to failure of accredited pharmacists to re-accredit and for the most part, this decision was based on perceived lack of demand for HMR.

However, at least 36 pharmacists gained accreditation under the auspices of this project, which represents a net increase of 7 accredited pharmacists in rural NSW.

The final figure of pharmacists accredited under the project cannot be determined at this time since collection of this data relies on contacting each pharmacist that was engaged in the project. Over the course of two years, many have moved, are travelling, or for any unforeseen reason, unavailable to provide the data and AACP cannot provide data on individuals.

The number of accredited pharmacists across NSW also increased and the proportion on rural accredited pharmacists remained the same.

The initial milestone of this project to be achieved by June 2003 was 116 rural and remote pharmacists accredited for Medication Reviews. This was in anticipation of a final result of 290 accredited pharmacists by the end of the project.

Although Medication Review-related activity and training opportunities for rural and remote pharmacists increased, this did not translate into a rapid increase in the numbers of accredited pharmacists.



There is a large variation between pharmacists in the length of time required to successfully complete the accreditation process. Many pharmacists forgo the attempt altogether. The factors and conditions impacting a pharmacist's motivation and capability to complete accreditation are well beyond the sphere of influence of this project. (These will be discussed later on). In consideration of this, the initial milestone of 116 accredited pharmacists was amended to 116 trained pharmacists; trained meaning having completed Stage 1 Training.

Therefore, even though the initial milestone was not reached, the objective of increasing the number of accredited pharmacists was achieved.

### **5.2.2 CONTACTS BETWEEN NETWORK PHARMACISTS AND PHARMACISTS WHO HAVE YET TO BECOME ACCREDITED**

By the end of the project, 272 rural and remote pharmacists had engaged with the Network Pharmacists.

The level of engagement into the project ranged from expression of interest in becoming accredited, through to attendance at Medication Review Training and requests for mentoring both pre- and post- accreditation.

The Network Pharmacists undertook a variety of activities to engage pharmacists in the project according to the specific requirements of their region.

Contact with pharmacists occurred by phone, email, personal visits or at professional CE events. Which avenue pursued depended on opportunities available, locations and distances required to be covered and the time available to the Network Pharmacists.

The potential for contacting pharmacists was hampered by the strictures of the project; the budget did not extend to re-imbursement for travelling, a severe drawback considering distances in rural areas.

From the contacts made Network Pharmacists reported that in many areas rural pharmacists are enthusiastic about the concept of local CE and professional development such as accreditation but state severe time constraints directly relating reflecting rural workforce issues. Therefore while many pharmacists were enthusiastic about enrolling in the project many did not due to this perceived obstacle.

Some Network Pharmacists in other areas (such as Pharmacy Guild Zone 2; Mid-North Coast) that the pharmacists were largely unresponsive to the project.

### **5.2.3 HMR UPTAKE AND DELIVERY**

Data presented in this section show that the number of HMRs delivered increased at three levels; rural NSW, NSW as a whole and nationally.

The proportion of HMRs delivered in rural NSW out of all HMRs delivered fell and may be related to the fluctuation of numbers of accredited pharmacists in rural areas. Although the accredited pharmacists that chose not to re-accredit cited insufficient demand for their services, it is difficult to determine what is the cause and effect of changes in the number of HMRs delivered.

The increase in number of HMRs delivered could be attributed to a combination of factors such as the MMR Facilitator Program, promotion of HMR throughout all communities as well as promotion specific to this project.

MMR facilitators have now been placed in Divisions of General Practice across the state for up to two years working on their primary role of raising the profile of HMR and facilitating delivery of this as a service by both general practice and pharmacy.

The number of pharmacies registered to provide this as a service has significantly increased between September 2002 and September 2003 from less than 800 to almost 1169 NSW pharmacies which represents 70% of pharmacies and an increased of 50% registrations across the state [Smith, 2003]<sup>6</sup>. This number increased even further into 2004 as did the number of HMRs delivered.

### **5.3 OBJECTIVE 3**

*To increase Continuing Education uptake in rural areas*

#### **5.3.1 MEDICATION REVIEW TRAINING UPTAKE BY PHARMACISTS**

This section of Objective 3 refers to Medication Review Training.

The accreditation process consists of two stages:

- ♦ Stage 1 Training
- ♦ Stage 2; completion of 10 accreditation case studies

It is important to note that under the auspices of this project, PSA (NSW) provided regional Medication Review Training courses for rural pharmacists who otherwise might not participate in any Medication Review or other professional education.

It was also felt in most areas that rural pharmacists are enthusiastic for professional development such as Medication Review but feel to be very constrained by time which is a direct reflection of rural workforce issues.

However, the project yielded some excellent results with PSA (NSW) being specifically requested to bring Medication Review Training out to rural areas.

In 2003, 8 Stage 1 Training courses were held in Sydney and a total of 59 rural pharmacists attended these. This results in an average of 7.4 rural pharmacists per Sydney course.

In 2004, 6 Stage 1 Training courses were held in Sydney and a total of 16 rural pharmacists attended these. This results in an average of 2.7 rural pharmacists per Sydney course, which is a significant drop when compared to the previous year.

In 2003, there were two courses run in rural areas with an average of 14 rural attendees; In 2004 there were also two courses run in rural areas to which an average of 12 rural pharmacists attended, which is slightly less than the previous year.

These figures offer the suggestion that if more Stage 1 Training was delivered locally more rural pharmacists may choose to attend Stage 1 Training.

This is a direct result of the work of Network Pharmacists and many of these pharmacists may not have even considered undergoing accreditation if there was no possibility of local Medication Review Training

Further to this was the number of requests for supplementary Medication Review Training; in 2004, PSA (NSW) was requested to deliver Advanced Training in Armidale.

In 2005, even though the project has finished, PSA (NSW) is continuing to receive requests for Medication Review Training:

- Preparation for Stage 2 Training (Tamworth)
- Advanced Training (Armidale, Port Macquarie)

### **5.3.2 ACCREDITATION RATES OF PHARMACISTS**

The pharmacists that became accredited under the auspices of this project include:

- Those that attended Stage 1 Training
- Those that attended Preparation for Stage 2 Training
- Pharmacists that did not attend PSA (NSW) Medication Review Training courses but became accredited with the assistance of a Network Pharmacist

The accreditation rates of pharmacists enrolled in this project is discussed further in section 5.3.3.1 Number of Reviews Completed by Pharmacists Who Attended PSA (NSW) Medication Review Training of this report.

#### **5.3.2.1 Stage 1 Trainees and Mentoring**

The trainees were asked whether they thought that having access to mentoring would have impacted their experience of the accreditation process.

81 pharmacists provided data on this; 28 (35%) of these had gained accreditation and 53 (65%) had not.

Of the 28 accredited pharmacists, 16 (57%) said that having a mentor would have made the accreditation easier.

31 (58%) of the non-accredited pharmacists said that having a mentor would be beneficial to them becoming accredited.

It would therefore seem that most pharmacists undertaking accreditation perceive that receiving mentoring would be beneficial to attaining accreditation.

Further to this, anecdotally, Network Pharmacists indicated a further 34 pharmacists (not surveyed here) would like mentoring as they proceed through the accreditation process. (Note: it was not recorded whether these pharmacists had embarked on the process).

These findings are supported by studies such as the AACP Mentoring Project [Mentor Support Project, 2003]<sup>5</sup> which identified that pharmacists find the accreditation process challenging and often lack confidence in their ability to meet the standards required to attain accreditation.

### **5.3.3 THE NUMBER OF REVIEWS COMPLETED IN RURAL NSW**

The data represents the number of claims for payment for providing the HMR service from the Health Insurance Commission (HIC). The claimants are community pharmacists and not necessarily the accredited pharmacist who completed the review.

There was a significant increase in the number of HMRs delivered in rural areas. However, it is not possible to ascertain how many of these were reviews completed by pharmacists accredited under the auspices of this project because we cannot distinguish who completed the HMR from the number of HMRs claimed above.

The number of reviews depends on factors beyond the scope of this project, such as local GPs and their “relationship” with HMR.

#### **5.3.3.1 Number of Reviews Completed by Pharmacists Who Attended PSA (NSW) MR Training**

The results of this section relate to those rural and remote pharmacists who attended Stage 1 or Preparation for Stage 2 Training as part of the project, successfully completed accreditation and subsequently delivered Medication Reviews.

Of the total 140 trainees, 122 completed Stage 1 by November 2004, 14 completed Stage 1 in January 2005 and 4 completed Preparation for Stage 2 in 2003.

Of the 122 Stage 1 trainees, 110 were surveyed as well as all 4 of the Preparation for Stage 2 trainees.

The remaining 14 Stage 1 trainees were not surveyed because the time period (especially being over the summer break) between the end of the course and the writing of this report was deemed insufficient for anyone to complete Preparation for Stage 2.

Of those surveyed, 32 of 110 (Stage 1) and 3 of 4 (Preparation for Stage 2) attained accreditation. Of the 32 Stage 1 trainees, only 30 provided the requested data.

The results indicate a range of time taken to complete accreditation from a few weeks to over 12 months.

There is great variability between the numbers of HMRs conducted after accreditation and there does not appear to be any correlation between the length of time taken to become accredited and the number of HMRs conducted since.

Although the “sample-size” of the Preparation for Stage 2 trainees is small, this training did not appear to impact the time taken to become accredited nor the number of HMRs conducted post-accreditation.

The process to accreditation is extensive. There are many stages a pharmacist must complete from the decision to commence accreditation to the training itself through to successful completion of the accreditation. Time take to complete progression through these stages can be extensive and is highly variable between individual pharmacists.

These stages are then repeated when a pharmacist is due to be re-accredited. There are many factors influencing the pharmacist at each stage and the Network Pharmacist could positively impact the pharmacist at any given point along the process.

Feedback indicates that barriers to accreditation revolve around pharmacists’ lack of confidence in their ability to attain the standards, lack of time and commitment to complete the accreditation courses. If a pharmacist has had a negative experience following submission of a case study, they are likely to drop out of the process. The same can apply for accredited pharmacists who then do not renew their accreditation.

The number of pharmacists trained, does not reflect the same number of newly accredited pharmacists due to various barriers to completing the accreditation process that are encountered and/or perceived as barriers by individuals.

Most pharmacists that have not completed the accreditation process have not done so due to time constraints. Other reasons given were lack of motivation or incentive and the difficulty of the process.

#### **5.3.4 CONTINUING EDUCATION (CE) ATTENDANCE RATES; NON-MR**

There was a substantial increase of 49 in the number of rural CE events (non-Medication Review) and an increase of 258 in the number of rural pharmacists that attended CE.

6 of the Network Pharmacists have also been trained to deliver the PSA (NSW) educational workshops on other areas of pharmacy practice (e.g. S2/S3) thereby offering professional education to those pharmacists not participating in Medication Review-related education.

These increases may be in part due to the 6 Network Pharmacists that delivered CE events since anecdotal reports indicate that if the number of local trainers increases, CE uptake would also increase.

Promotion of all events was issued to each Network Pharmacist in order that they would promote the event and also attend the event to network with other pharmacists. Promotion was also done generically from head office (NSW) to all pharmacies and it is not possible to ascertain as to how many pharmacists or their staff attended CE events as a direct result of the Network Pharmacists.

Rural pharmacists would have had to otherwise attend events held in the Sydney area or forgone CE altogether.

## **5.4 OBJECTIVE 4**

*To encourage inter-professional linkages between pharmacists and health professionals*

### **5.4.1 INTER-PROFESSIONAL LINKAGES BETWEEN NETWORK PHARMACISTS, PROJECT PHARMACIST AND REGIONAL MMR AND NPS FACILITATORS**

This objective aimed to facilitate collaboration between Network Pharmacists and Divisions of General Practice to utilise synergies between respective programs and provide complementary support to pharmacist in these areas thereby resulting in a greater impact on pharmacy in their respective regions.

Working groups collaborated on workshops and other activities to promote HMR to pharmacists and GPs. This raised awareness may eventually increase the demand for HMR and therefore accredited pharmacists.

The creation of these links delivered a number of benefits as described below.

- Limited professional isolation for divisional and Network Pharmacist roles
- Expanded individual networks for each and provided increased access to pharmacists or locally based professional activities through referral and increased awareness
- Restricted duplication of professional roles and related activities
- Provided additional support for existing roles through locally based Network Pharmacists and centrally provided PSA (NSW) resources
- Promoted increased inter-professional collaboration that could potentially extend beyond the scope of this project

### **5.4.2 OTHER INTER-PROFESSIONAL LINKAGES**

Great interest in the project ensued after promotion at various conferences.

National MMR Facilitators in particular were very interested and those from Western Australia and Northern Territory requested that a similar structure to be developed. They were also interested to have PSA (NSW) deliver Medication Review Training courses in their states.

The articles published were aimed at several groups; potential Network Pharmacists; rural pharmacists and also for the general information of all pharmacists.

### **5.5 SUSTAINABILITY**

The project achieved some measure of sustainability. 6 of the Network Pharmacists will continue to work as PSA (NSW) Practice Support Field Officers. Rural MMR Facilitators are requesting PSA (NSW) for Medication Review Training to be delivered in their areas.

However, in order for the rural network to offer support and CE opportunities beyond Medication Review and S2/S3, more time was needed for the Network Pharmacists to establish themselves to the extent that they could begin to search for the financial resources necessary in order to build upon the foundations laid down by this project.

One way to achieve sustainability would be to adopt the recommendations of the Network Pharmacists who reported that a local and permanently employed Network Pharmacist supported centrally by PSA (NSW) would be greatly effective.

### **5.6 BARRIERS TO PROGRESS**

Through the implementation of the project it can be seen that there is often an extensive process to reach the goal of increasing the numbers of pharmacists accredited for Medication Reviews.

The Network Pharmacists must identify the pharmacists and their status regarding accreditation, ascertain as to what will assist them to become accredited and then provide support to meet those needs. This process commenced with positive outcomes, but the process was gradual and the time limit of the project was reached before a significant increase in the number of accredited pharmacists was seen.

Once a pharmacist has commenced the process to become accredited, the availability of mentoring makes a significant impact on how long a pharmacist takes to complete accreditation or whether a pharmacist completes accreditation at all. Availability of mentoring is limited under the auspices of the current project.

Barriers to both pharmacists becoming accredited and implementation of the project have been identified.

## **5.6.1 OBSTACLES TO PHARMACISTS BECOMING ACCREDITED**

### **5.6.1.1 Rural Workforce Issues**

There is a shortage of pharmacists in rural areas that affects the ratio of available pharmacists per pharmacy. Based on figures available to PSA (NSW) at the time of compiling data for this report, it is estimated that in the areas specific to this project, there is an average of two-three pharmacists per pharmacy. This figure is optimistic since it based on the number of pharmacists registered with the Pharmacy Board of NSW and does not account for those pharmacists who are registered but non-practising.

The available workforce is not abundant considering the hours pharmacies are open and the actual workload per working day.

This results in pharmacy-owner pharmacists working very long hours and they find it difficult to dedicate time to the accreditation process.

Pharmacists may be interested in becoming accredited, but if for example, an employed pharmacist leaves, the pharmacy owner will drop out of the accreditation process. Other pharmacists don't see the need as they contract an accredited pharmacist when necessary.

This is supported by the telephone surveys and Network Pharmacist feedback.

Further impacting an overloaded pharmacy work force was the Quality Care Pharmacy Program (QCPP). In order for pharmacists to claim financial incentives, pharmacies were required to be QCPP accredited by 31<sup>st</sup> December 2004 .

By June 2003, more than 60% of pharmacies in NSW were QCPP accredited and a further 20% (totalling 80%) by December 2003.

Consequently 2003 and 2004 were very busy years for many pharmacists and the implementation of the QCPP was given high priority.

This placed an even greater workload on both employee and employer pharmacists and required time commitments out of hours.

Anecdotal reports from pharmacists suggest that this impacted the project in terms of availability of candidates for Network Pharmacists and pharmacists to enrol into the project.

### **5.6.1.2 Aging Workforce**

Older pharmacists are not inclined to undertake accreditation since they are nearing retirement age; they are not that interested and do not believe they will recoup costs.



### **5.6.1.3 Lack of Demand For HMR**

The shortage of GPs in rural areas reduces the demand for HMR.

Some areas have reached a status quo with enough accredited pharmacists to satisfy the demand for HMR.

Another factor impacting the success of the Network Pharmacist is the degree to which HMR is utilized by the local GPs, i.e. the demand for pharmacists to conduct HMR. The pharmacists' perception of this demand affects the pharmacists' level of interest or enthusiasm to uptake HMR education and accreditation.

Although HMR uptake by GPs has been positive in some rural areas, in others it has been slower to start which has implications for both workforce and workload. Anecdotally many pharmacists have reported that they are waiting until the service becomes more established their area before they seek accreditation.

This had a negative impact on the recruitment of both Network Pharmacists and individual pharmacists seeking accreditation for HMR.

Anecdotal reports from training suggest that in some areas HMR referral is not occurring due to unavailability of accredited pharmacists even though pharmacies may be registered to provide the service.

In most areas, MMR Facilitators are employed to raise awareness of the HMR service and thereby increase demand for it. However, raising GPs' and pharmacists' interest in HMR is gradual and ongoing and the process of change in practice that is necessary for GPs and pharmacists to incorporate HMR into their practices progresses incrementally.

The project presented an opportunity for Network Pharmacists to collaborate with the MMR Facilitators to raise awareness in, interest in and benefits of HMR. As mentioned previously, this collaboration is occurring.

### **5.6.1.4 The Accreditation Process**

Many pharmacists find the process daunting and difficult and are easily discouraged. The length of time it takes for a pharmacist to complete the case studies and gain accreditation is extremely varied ranging from a few months to more than a year.

The factors affecting this are:

- Enthusiasm
- Aptitude
- Time
- Confidence

Once a pharmacist has commenced the process to become accredited, the availability of mentoring makes a significant impact on how long a pharmacist takes to complete accreditation or whether a pharmacist completes accreditation at all.

It has been established that the majority of pharmacists who have become accredited or are interested in becoming accredited believe mentoring would be or would have been of benefit to them. This is also true of some accredited pharmacists preparing to undergo re-accreditation.

## **5.6.2 OBSTACLES TO IMPLEMENTATION**

A number of unanticipated barriers to implementation have been experienced throughout the duration of this project.

### **5.6.2.1 Limitations of Funding For The Network Pharmacist Role**

The grant provided funding for only 24 hours of work per Network Pharmacist. This was insufficient to cover the time necessary to fully address and support the needs of rural pharmacists.

Much of the Network Pharmacists' time was spent setting up contacts and determining what the local pharmacists require by way of assistance.

This process of engaging rural pharmacists into the idea of any type of change such as becoming accredited is gradual and the Network Pharmacists may have to contact pharmacists more than once to enrol them. Network pharmacist feedback indicated that repeated visits to the same pharmacy were necessary before a pharmacist would take the time to talk to them.

In rural areas, distances are great, so ensuring face-to-face contact is time consuming and the budget did not cover travel allowances for the Network Pharmacists.

Once pharmacists have completed Stage 1, the most significant contribution a Network Pharmacist can make is to mentor individuals through to accreditation.

Remuneration infrastructure was also found to be restrictive. One Network Pharmacist very quickly reached the 24 hours limit on paid work and therefore their activity was curtailed prematurely. Other Network pharmacists may have been more motivated had they been guaranteed a sustained income. Also, because Network Pharmacists had other income-earning commitments, time allocated for project activities was of a lower priority.

### **5.6.2.2 Limitations of Project Timelines**

The project is returned positive results, however the process to increasing the number of accredited pharmacists was incremental and the anticipated outcome of 290 accredited pharmacists was not be reached within the specified time line.

- Time was required for Network Pharmacists to:
  - Instil and nurture an interest in becoming accredited in the first place
  - Familiarize themselves with the local pharmacists
  - Establish working relationships with the local HMR and/or NPS facilitators

- Ascertain what the pharmacists' requirements are vis-à-vis accreditation
  - Work with PSA on setting up local Medication Review Training
  - Mentoring the pharmacists through Stage 2 (case studies)
  - Mentoring newly accredited pharmacists to help them maintain confidence
- Time was required for the pharmacists to:
    - Absorb the idea of becoming accredited and then to consider it
    - Investigate the best options for Stage 1 Training
    - Complete Stage 1 Training
    - Successfully complete the case studies

The time taken to proceed through the change process is highly variable and therefore unpredictable.

### 5.6.2.3 Limitations of Data Collection

The complete data collection necessary for a holistic view of the outcome of this project is comprised of the following:

- Numbers of
  - Pharmacists in each area
  - Pharmacies (i.e. pharmacist/pharmacy ratio)
  - Accredited pharmacists (baseline)
  - Pharmacists attending Medication Review Training courses
  - Pharmacists who become accredited under the auspices of the project
  - Pharmacists engaged in the project other than Medication Review Training courses (eg. networking sessions)

It was difficult to obtain exact numbers of pharmacists in each area since people move, change names etc.

It was even more difficult to obtain the baseline number of accredited pharmacists since many do not choose to publicize their status as an accredited pharmacist.

The AACP now has access to data specific to postcodes, however this only became available in December 2004. Also, due to privacy considerations, the AACP would be unable to provide identified data.

These data were important because they reflect the pool of pharmacists that could potentially become accredited. Some areas may have reached saturation point; some areas may not have numbers of pharmacists beyond those needed to adequately staff the pharmacies.

Having access to identified accredited pharmacists would have been valuable in recruiting Network Pharmacists and also to determine which pharmacists did not re-accredit.

The grant's funding did not allow for the Network Pharmacists to fully develop a database and maintain the information. PSA (NSW) did not have the resources to locate and then

telephone each individual pharmacist to ascertain their status of accreditation. Any other method of data collection (e.g. written survey) would have been even more ineffective.

#### **5.6.2.4 Change in Staff**

##### **5.6.2.4.1 Practice Support Project Pharmacist**

The Practice Support Pharmacist originally employed to work on this project (0.6FTE) was unexpectedly seconded to fulfil other commitments in June 2003.

At that time, PSA (NSW) experienced exponential success of practice support programs and undertook simultaneous development of sustainable organisational infrastructure and innovative programs to support this project (e.g. HMR Training courses). This resulted in a significantly increased workload across the organization and staff were therefore unable to contribute time to the project.

Another 0.6FTE Practice Support Pharmacist commenced employment for this project on 2<sup>nd</sup> February 2004. This made a significant difference to the progress of the project with respect to recruitment, training and implementation. However the consequence of the gap between commencement of the project and employment of the Practice Support Pharmacist and subsequent learning curve is that the progress did not advance as anticipated at the onset of the project.

##### **5.6.2.4.1 Practice Support Manager**

A changeover of Practice Support Manager occurred in late July 2004. This change brought a re-distribution of duties that took time to fall into place. There was a learning-curve and period of adjustment which also impacted on the progress of the project.

## **5.7 OBSTACLES TO SUSTAINABILITY**

One of the aims of the project was to develop a sustainable network of pharmacists.

Sustainability would be the natural progression to a firmly established rural network over a sufficient amount of time. All of the obstacles presented thus far affect the status of sustainability.

# **SECTION 6**

## **CONCLUSIONS AND RECOMMENDATIONS**

## **6. CONCLUSIONS AND RECOMMENDATIONS**

### **6.1 CONCLUSIONS**

The primary objective of this project was to create a self sustaining infrastructure to support professional activity and promote inter-professional collaboration in rural areas through the recruitment and training of a network of rural pharmacists.

From the results shown it can be seen that an infrastructure as defined in the project's objectives was indeed created as was a network of highly skilled Network Pharmacists who worked to support professional activity and promote inter-professional collaboration in the rural areas.

The implementation of the project itself generated and translated research into practice through large scale implementation. It anticipated that the outcomes would translate into increased accreditation rates and delivery as well as sustainable practice to achieve significant value in the areas of medication management, rural healthcare, rural pharmacy, healthcare service implementation, practice change and pharmacy workforce issues.

However, with implementation, barriers were more easily identified as were professional needs specific to different areas and education related services.

What has not been achieved to any great degree is its sustainability due to the barriers of the project which if were modified would result in an effective, workable and sustainable model.

Although Medication Review-related activity in rural and remote areas did increase, this did not necessarily translate into a rapid increase in the numbers of accredited pharmacists.

This was found to be due to the large variation between pharmacists in the length of time required to successfully complete the accreditation process.

The reasons cited for delay in completion of the accreditation process by pharmacists were rural workforce issues, lack of demand and the accreditation process itself.

These issues could be addressed with support through mentoring. This suggestion is supported by findings that emerged from the AACP Mentoring Project [Mentor Support Project, 2003]<sup>5</sup>.

The AACP Mentoring Project [Mentor Support Project, 2003]<sup>5</sup> provided mentor support in order to overcome some of these barriers.

Their findings included an overall pass rate of 91% for those candidates mentored compared with a pass rate of 60% for those candidates who didn't receive mentoring. Also, both candidates and their mentors reported significantly improved confidence.

This project has shown the Network Pharmacist team to be a valuable resource that could be further utilized to overcome significant barriers to accreditation. This could be achieved

through a mentoring model which could be applied to all future education that could facilitate more rapid uptake of services and enable pharmacists to confidently and successfully deliver the cognitive and professional services negotiated in future Guild-Government agreements.

The Network Pharmacist Team should be seen as a significant opportunity to build on the initial investment and progress made during this project to provide a mentoring program to be incorporated into the range of support resources available to rural and remote pharmacists.

CE activity was also shown to increase in these areas and could be related directly to Network Pharmacist activity.

Inter-professional activity was also seen to be enhanced and promoted during the duration of this project.

All Network Pharmacists reported benefits of the project such as greater access to training, helping and motivating people to become accredited, inter and intra-professional connections, increased awareness of Medication Review and enhancement of professional standards.

In conclusion therefore this project has shown that Network Pharmacists:

- Are instrumental in facilitating continuing professional education in rural areas
- Are essential in order to identify local professional needs in terms of support and education, thereby allowing access for the PSA (NSW) to provide more equitable access to education and practice support
- Can provide consistent and accessible support
- Can establish a precedent of local networking, support and training that can be utilized to facilitate the uptake of future initiatives in cognitive services and programs supporting Quality Use of Medicines
- Improve and increase inter-professional links in rural areas

This support network model achieved the projects objectives with the use of local knowledge, infrastructure and support and this can serve as a basis for future professional development of pharmacists working within these rural zones.

The infrastructure created through this project has been shown to address issues of professional isolation in terms of education. It has been a substantial investment in the ongoing professional development of rural pharmacists.

Anticipated cognitive and other professional services such as RMMR have very recently been introduced to the broader pharmacy community, with others under discussion at the

Pharmacy Guild of Australia that are well beyond the current scope offered by pharmacists and will require a significant change in pharmacy practice.

It is vital therefore to have a structure in place that will offer the opportunities for support of pharmacists in terms of education and networking underscored by peer support.

It is anticipated that this model can be readily translate into the implementation of potential future pharmacy services that can conceivably be implemented Australia wide.

This expansion of services will only be a positive step forward for the pharmacy profession if pharmacists are supported to manage the changes and meet the challenges.

Rural and remote pharmacists have already been disadvantaged in this area. If this is not adequately addressed then as the need for education and support grows, so too will this disadvantage.

## **6.2 RECOMMENDATIONS**

There were several recommendations arising from this project, and they are summarised below.

### **Recommendation One**

To fund a permanent part time employed PSA (NSW) Network Pharmacist that works at a local level but is supported centrally with resources to support professional activity and promote inter-professional collaboration and therefore reduce the effects of geographical isolation and to prepare rural pharmacists for future professional challenges.

### **Recommendation Two**

To provide a funded, local and extensive mentoring program that could bridge the gap between Medication Review Training and completion of accreditation as well as being incorporated into the range of other professional support and educational resources available to rural and remote pharmacists.

### **Recommendation Three**

To increase the availability of local pharmacy educators trained in all areas of pharmacy practice support especially Medication Review.



# **SECTION 7**

# **REFERENCES**

## 7. REFERENCES

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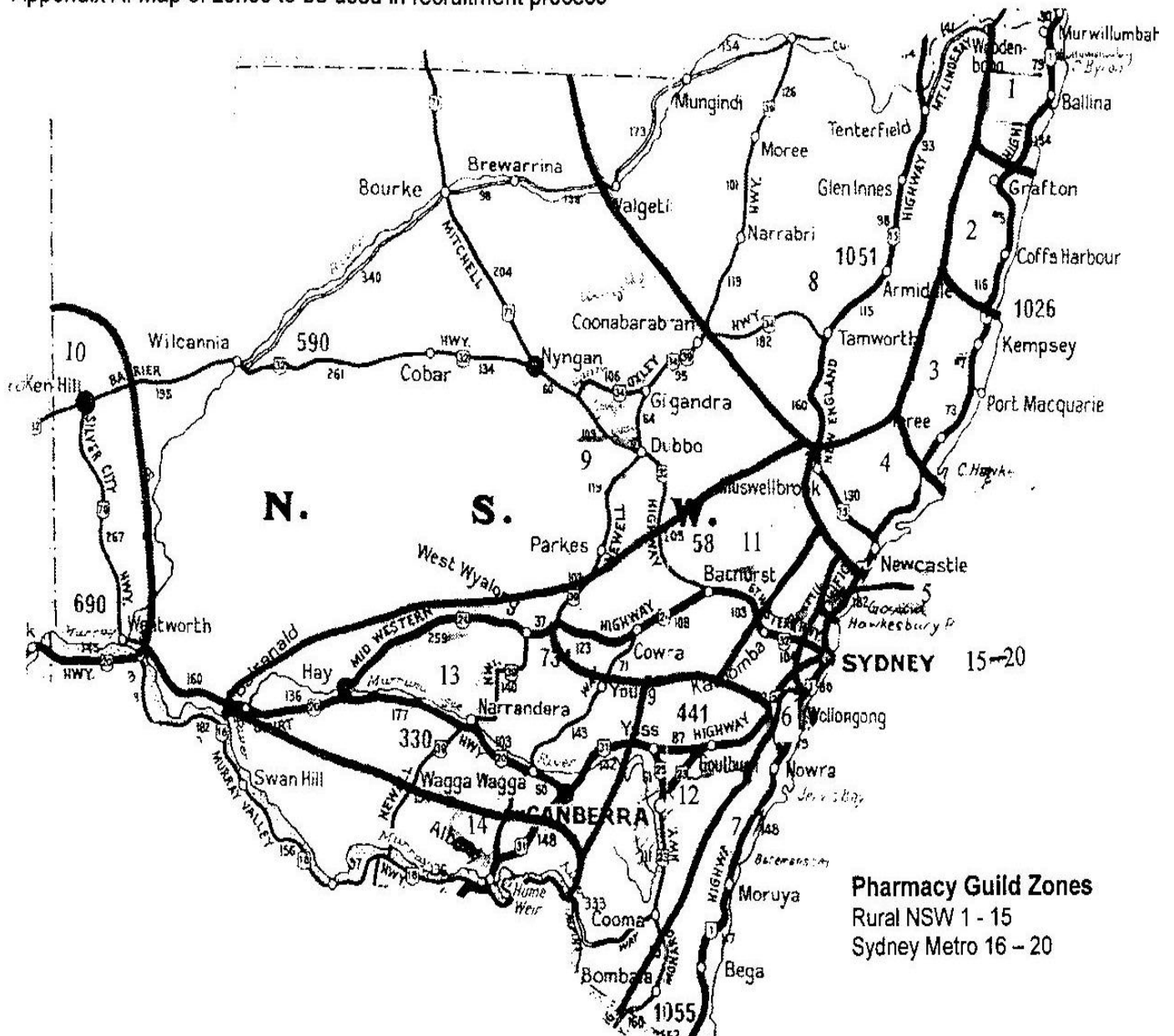
# **SECTION 8**

## **APPENDICES**

## APPENDIX A

### Map of Pharmacy Guild Zones

Appendix A: Map of zones to be used in recruitment process



## APPENDIX B

### Postcodes of Guild Zones & Divisions of General Practice

Guild Zones	Postcodes of Guild Zone	Postcodes of DGP	DGP
1 Far North Coast	2470-2489	2470	New England
		2470-2483	Northern Rivers
		2483-2489	Tweed Valley
2 Mid Coast	2447-2464	2457-2458	New England
		2463-2464	Northern Rivers
		2447-2450	Mid North
		2452-2456	Mid North
		2460	Mid North
		2462	Mid North
	2422	2422	Hunter Rural
	2424	2424	Hunter Rural
3 North Coast	2427-2446	2428-2430	Hunter Rural
		2431	Hastings Macleay
		2439-2441	Hastings Macleay
		2443-2446	Hastings Macleay
		2441	Mid North
4 Newcastle	2420	2420	Hunter Rural
	2423	2423	Hunter Rural
	2264-2335	2301-2335	Hunter Rural
5 Central Coast	2250-2263	2251	Central Coast
		2259	Hunter Urban
		2256-2263	Central Coast
6 Illawarra	2500-2534	2500-2534	Illawarra
7 South Coast	2535-2551	2535	Shoalhaven
		2536-2537	Southeast NSW
		2538-2541	Shoalhaven
		2545-2546	Southeast NSW
		2548-2551	Southeast NSW
8 North & Northwest	2337-2406	2337-2339	Hunter Rural
		2340-2345	Northwest Slopes
		2346-2347	Barwon
		2350-2351	New England
		2352-2355	Northwest Slopes
		2354	New England

Guild Zones	Postcodes of Guild Zone	Postcodes of DGP	DGP
8 North & Northwest (Cont.)	2337-2406	2356	Barwon
		2357	Dubbo
		2358-2360	New England
		2365	New England
		2369-2372	New England
		2379-2383	Barwon
		2385-2388	Barwon
		2390-2391	Barwon
		2394	Barwon
		2395-2396	Dubbo
		2397-2399	Barwon
		2400-2402	Barwon
		2403	New England
		2404-2406	Barwon
9 Central West	2820-2844	2820-2821	Dubbo
		2823-2825	Dubbo
		2827-2831	Dubbo
		2831-2832	Outback
		2833	Barwon
		2834-2835	Outback
		2836	Barrier
		2838-2840	Outback
		2842-2844	Dubbo
	2848-2852	2850	Dubbo
		2852	Dubbo
	2648	2648	Mallee
	2869-2877	2869	Dubbo
		2870-2871	Central West
		2873-2877	Central West
10 Far west	0800-0820		
	2717	2717	Mallee
	2880	2880	Barrier
11 Central Tablelands	2575-2586	2580-2586	Southeast NSW
	2787-2810	2787	Central West
		2790-2795	Central West
		2797-2799	Central West
		2800	Central West
		2803-2810	Central West
	2845-2847	2845-2847	Central West
	2866	2866	Central West
12 Monaro	2575-2586	2575-2579	Southern Highlands
	2600-2619	2600-2619	ACT
	2620-2632	2620-2622	Southeast NSW
		2624-2628	Southeast NSW

Guild Zones	Postcodes of Guild Zone	Postcodes of DGP	DGP
12 Monaro (Cont.)	2620-2632	2630-2632	Southeast NSW

13 Riverina & Southwest Pharmacists' Association	2587-2594	2587	Southeast NSW
		2587-2588	Riverina
		2590	Riverina
		2594	Riverina; Southeast NSW
	2650-2656	2650-2656	Riverina
		2652	Murrumbidgee
	2663-2707	2663	Riverina
		2665	Murrumbidgee
		2666	Riverina
		2668-2669	Central West
		2671	Riverina
		2672	Central West
		2675	Murrumbidgee
		2680-2681	Murrumbidgee
		2700	Murrumbidgee
		2701-2702	Riverina
		2703	Murrumbidgee
		2705-2707	Murrumbidgee
	2711	2711	Murrumbidgee
	2715	2715	Mallee
	2720-2730	2720	Riverina
		2721	Central West
		2722	Riverina
		2725	Riverina
		2726-2727	Central West
		2729-2730	Riverina

14 Murray/Albury	2640-2646	2640-2646	Border
		2642	North East Victoria, Riverina
	2658-2660	2658	Riverina
	2710	2710	Murray Plains
	2713-2714	2713-2714	Murrumbidgee
	2716	2716	Murrumbidgee
	2732		Murray Plains

15 Nepean	2745	2745	Nepean
	2750-2762	2750-2752	Nepean
		2753-2758	Hawkesbury
		2759-2760	Nepean
		2762	Hawkesbury
	2765-2785	2765	Hawkesbury
		2768	Hawkesbury
		2773-2785	Blue Mountains
		2775	Hawkesbury

## **APPENDIX C**

### **Medication Review Training Courses**

#### **1. STAGE 1 TRAINING**

##### **1.1 Content**

This course is suitable for any pharmacist wanting to get accredited to conduct HMR.

The training sessions provide the participants with the following information and skills:

- Introduction; process, business rules, background
- Communication and concordance; interviewing, credibility, negotiation
- Medication review process
- Problem solving
- Application of knowledge and evidence based recommendations
- Report writing
- Pathology; blood, electrolytes and liver function tests
- Referencing
- Cardiovascular medication management
- Ethics
- Support resources
- AACP accreditation process
- HMR case study and discussion

##### **1.2 Trainers**

PSA NSW contracts trainers with vast HMR experience and clinical knowledge. The following trainers delivered sessions for HMR Stage 1 Training.

- Lily Chong
  - ↳ B. Pharmacy, Clinical and Consultant Pharmacist
  - ↳ Marker for Australian Association of Consultant Pharmacy
  - ↳ Tutor and Ethics Workshop Coordinator and Presenter for Pharmacy Graduates
- Timothy Chen
  - ↳ B. Pharmacy Dip.H Pharm, PhD.
  - ↳ Lecturer in Pharmacy Practice, Faculty of Pharmacy, University of Sydney, NSW
- Deane Dight
  - ↳ B. Pharmacy, Clinical and Consultant Pharmacist
- Dr. Suri Nair
  - ↳ GP
- Carlene Smith
  - ↳ B. Pharmacy, Consultant Pharmacist and NSW MMR Facilitator
  - ↳ Mentor with the Australian Association of Consultant Pharmacy



- Bandana Saini
  - ↳ B. Pharmacy, PhD
- Sasha Bennett
  - ↳ B. Pharmacy, Diploma of Hospital Pharmacy, Grad. Cert. of Clinical Pharmacy, Consultant Pharmacist
  - ↳ Associate lecturer in Pharmacy practice, University of Sydney, NSW

### **1.3 Courses Offered**

- 4 Days at University of Sydney
- 2 Days at PSA NSW, St Leonards, Sydney
- 2 Days at a regional location (minimum of 10 participants)
- 8 Weekly x 2 Hour Evening at PSA NSW, St Leonards, Sydney

## **2. PREPARATION FOR STAGE 2 TRAINING**

These courses are designed to facilitate pharmacists who have completed HMR Stage 1 Training in completing the accreditation case studies. Held at the Faculty of Pharmacy at University of Sydney, pharmacists can access a range of comprehensive electronic and book resources as well as professional expertise. Participation in these workshops is not a pre-requisite to accreditation.

- Preparation Stage 2 Training sessions were conducted by Lily Chong and Tim Chen

### **2.1 Courses Offered**

- 2 days at University of Sydney

## **3. ADVANCED TRAINING**

These sessions are designed to meet the needs of both pre-accredited and accredited pharmacists by assisting them to improve on their medication review skills. They provide assistance to pharmacists as they work their way through the 10 accredited case studies and is an opportunity to consult with experienced accredited pharmacists.

Furthermore, the training has the added advantage that it also provides educational support for accredited pharmacists. This is very valuable for pharmacists that are nearing the time of their re-accreditation and without such support might not re-accredit.

The workshops are conducted as Problem Based Learning case studies and cover the following:

- Introduction; getting started, avoiding pitfalls, money matters, OH&S
- Pathology
- Interview techniques and report writing skills
- Using the evidence; how to find the best information

### **3.1 Trainers**

PSA NSW contracts trainers with vast HMR experience and clinical knowledge. The following trainers delivered sessions for Advanced HMR Training.

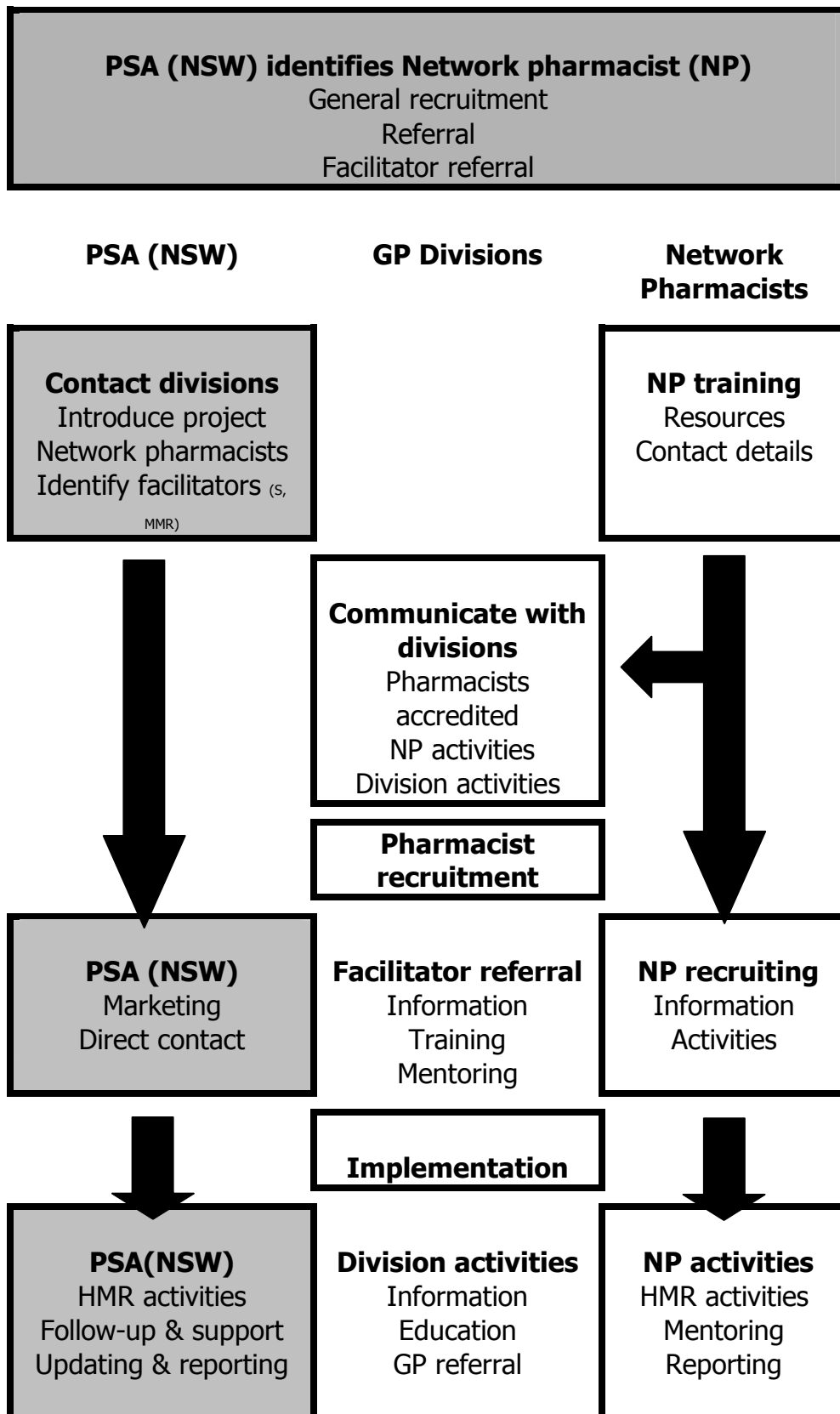
- Lily Chong
  - ↳ B. Pharmacy, Clinical and Consultant Pharmacist
  - ↳ Marker for Australian Association of Consultant Pharmacy
  - ↳ Tutor and Ethics Workshop Coordinator and Presenter for Pharmacy Graduates
- Gwen Higgins
  - ↳ B. Pharmacy, Clinical and Consultant Pharmacist
  - ↳ Program Development and Education Officer (National Prescribing Service)
- Dr. Matthew Meerkin
  - ↳ Pathologist
- Dr. Ping Han
  - ↳ Pathologist

### **3.2 Courses Offered**

- 7 Monthly x 2 Hour Evening at PSA NSW, St Leonards, Sydney
- 2 Days at a regional location (minimum of 10 participants)

## APPENDIX D

### Implementation Protocol



## APPENDIX E

### Practice Support Pharmacist Job Description



Practice Support Project Officer for Practice Support Unit

#### Job Description

Position: Practice Support Project Officer  
Nature of appointment: Contract based appointment  
Organisation: Pharmaceutical Society of Australia (NSW Branch)  
Office location: St. Leonards  
Reports to: Fiona Kelly

The primary goal of the role of Practice Support Project Officer is to develop, implement and evaluate a specified project or pilot program. This will also involve supporting PSA Practice Support field officers as they undertake professional endeavours such as the delivery of a Practice Support pilot program or related project.

#### Primary duties:

- Develop a sound understanding of material related to the project / pilot program and subsequent services that will be delivered as part of practice support for this project / pilot program.
- Assist in the development and implementation of an effective communication network between PSA (NSW), field officers, pharmacists and pharmacy staff, other health professionals and members of specified organisations as required
- Implement a relevant practice change pilot program in pharmacies
- Evaluate practice change pilot programs in pharmacies
- Establish a positive working relationship with pharmacy staff members enrolled in the project / pilot program and field officers delivering the program
- Provide training to field officers, pharmacists or their staff where appropriate
- Provide feedback to PSA field officers, pharmacists and their staff on how to implement processes associated with the pilot / program.
- Measure the success of practice change pilot programs
- Identify, assess and review procedures related to implementation and evaluation

#### General duties:

- Establish a positive working relationship with colleagues and other health professionals as part of implementation of the pilot program

- Coordinate provision of accurate follow-up reports to an advisory committee, Practice Support program managers, field officers, pharmacy owners and / or staff as required
- Identify and communicate impediments to successful implementation of standards or tasks to practice support team immediately

## Essential criteria

The successful candidate must demonstrate:

### Skills

- Good organisational skills
- Good written and oral communication skills
- Ability to communicate well and negotiate effective outcomes
- Ability to coordinate and facilitate meetings
- Ability to establish effective relationships
- Ability to work independently and also as part of a team
- Ability to effectively manage multiple and varied tasks
- Basic word processing and computer related skills
- Basic data collection and data management skills

### Knowledge

- Highly developed understanding of the pharmacy environment in NSW
- Working knowledge of the context of the pilot program and related information

### Qualifications and experience

- Tertiary qualifications in a health related field
- Previous experience with project work

### Desirable criteria

- Previous experience in pharmacy practice research or related area
- Prior work experience in the area related to the project / pilot program
- Prior experience in a training or facilitation role
- Extensive knowledge of database management

## **APPENDIX F**

### **Letters to Guild Zone Leaders, MMR Facilitators & Young Pharmacist Association**

**To:** The HMR facilitator  
**From:** Anita Schwartz  
Project Pharmacist; Pharmaceutical Society of Australia, NSW Branch  
Tel: 9431 1100 email: anitaschwartz@psansw.org.au

**Introducing:**  
**The Rural Pharmacy Project; addressing issues of rural pharmacy practice**

---

Dear Colleague,

My name is Anita Schwartz and I am the Project Pharmacist for a ground-breaking initiative aimed at addressing issues of rural pharmacy practice, implemented by PSA NSW branch.

Developing a sustainable Pharmacy Support Network to address geographical issues associated with quality use of medicines

This is a rural pharmacy project\* that extends to all parts of regional and rural NSW and I would like to invite your participation.

#### **Background**

The Pharmaceutical Society of Australia (PSA) NSW Branch is conducting a research project focusing on the development of rurally-based sustainable Pharmacy Support Networks to address geographical issues associated with quality use of medicines.

The Pharmacy Support Networks will be set-up and implemented by the Network Pharmacist Team, a team of rurally-based pharmacists accredited to conduct HMR/RMMR who will work with PSA and colleagues eg HMR and NPS Facilitators.

The Pharmacy Support Networks are perceived as a potential way of meeting the specific needs of rural pharmacists by addressing issues such as professional isolation. The project will potentially provide opportunities for pharmacists in rural areas to participate in valuable training and networking programs.

#### **Current Phase**

PSA NSW branch is currently recruiting Network Pharmacists and registering rural pharmacists interested in HMR accreditation under the auspices of the project.

Please find enclosed information about the role of the Network Pharmacist; please note this is for your information only and is not intended for general distribution.

Also enclosed is a flyer for general distribution; I would like to request your assistance by sending this to any NSW rural pharmacist who may be interested.

Please contact me if you need more information and thank you for your assistance in this exciting project.

Regards,

**Anita Schwartz**

- Funding for this project has come from the Commonwealth Department of Health and Ageing as part of the Third Community Pharmacy Agreement”.

## **TAKE THE OPPORTUNITY: BECOME A NETWORK PHARMACIST IN RURAL NSW**

The Pharmaceutical Society of Australia (PSA) NSW Branch is recruiting part-time rural pharmacists (average 8 hours/week) to join the Network Pharmacist Team.

This is an exciting and challenging opportunity offering interesting professional diversification and the chance to impact on colleagues and pharmacy practice in rural and remote areas.

Full training, on-going support and benefits will be provided by the entire Practice Support Team of the Pharmaceutical Society of Australia, NSW Branch.

---

### **THE NETWORK PHARMACIST ROLE**

Initially, the role will involve encouraging and supporting pharmacists to both become accredited to conduct Home Medicines Reviews and also to deliver them in rural areas, thereby increasing the uptake of the service.

The role is intended to complement the work of Divisional Facilitators and other colleagues and collaboration wherever possible is considered to be a key aspect.

The initial focus is on Home Medicines Review accreditation, however, it is anticipated that it will broaden to encompass both newly emerging cognitive services and also existing areas of professional practice (eg Pharmacist Only and Pharmacy medicines).

### **PSA is currently recruiting Network Pharmacists**

#### **Selection criteria**

- Resident in the local area that they will support
  - Willing to travel up to 100-150km
  - Knowledge of local area/pharmacists/doctors
- Has own car
- Experience in community or hospital pharmacy practice
- Accredited for HMR/RMMR services
  - Currently delivering HMR/RMMR services (or has experience); can be mentor
- Can provide on average, eight hours or 1 full day a week
- Good communication and facilitation skills, high level of clinical skills
- Committed to promote the delivery of professional services and facilitate quality use of medicines
- Has internet access and basic computer literacy
- Interested to be trained as PSA field officer

#### **Benefits**

- Network Pharmacists will receive:
  - Remuneration for associated costs for training and set-up
  - CPE points for specified grant related activities
  - 1 QCPP CQI point for each 10 hours participation in a Guild-Government grant
  - Additional opportunities for remunerated work eg PSA field work
  - Unlimited access to HMR clinical chat room
  - Ongoing access to clinical expertise
  - Subsidised attendance at PSA events
  - Additional opportunities for personal and professional development
  - Professional satisfaction in making a difference to rural pharmacy practice

### **Training and support for Network Pharmacists**

- 2 day seminar in Sydney OR regional area
  - Travel arrangements and expenses, accommodation, locum costs provided for
  - Focuses on skills to support rural pharmacists in service implementation
  - Details of Network Pharmacist role and how it can be delivered
- Skills-based training to support Network Pharmacists as they deliver this role in their area
- Set-up and administration costs provided for
- Ongoing support provided by PSA (NSW)

**For more information or to register interest in becoming a Network Pharmacist, contact Anita Schwartz at PSA NSW on**

**(02) 9431 1100 or [anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au)**



## APPENDIX G



Network  
Pharmacists

### Enrolment Form (scaled down)



**Pharmaceutical  
Society of Australia**  
(NSW Branch) Ltd

**Do you think HMR Accreditation is too difficult? Do you want local educational workshops?  
Why not consider enrolling in "The Rural Pharmacy Project"**

The Rural Pharmacy Project offers rural pharmacists a unique opportunity to enrol in a support network headed by a local Network Pharmacist who will assist them with Accreditation for and delivery of Home Medicines Review.

Through the Network you will have access to events and activities aimed at smoothing the road to HMR accreditation and delivery. These may include:

- Phone/email support/mentoring
- Networking/group study sessions
- HMR workshops

*Enrolment into the project is **FREE OF CHARGE\***  
**AND** participation in this project and in HMR activities **CAN EARN YOU CQI POINTS***

\*There may be a charge for some events

Contact one of your Network Pharmacists or fill in your details and fax in this form

Network Pharmacist	Phone:	Mobile:
--------------------	--------	---------

OR contact Anita Schwartz at PSA (NSW branch) Tel: (02) 9438 1833 Fax: (02) 9436 2139  
anitaschwartz@psansw.org.au

**(If you are accredited for HMR, why not become a Network Pharmacist? Contact Anita)**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

**No matter what stage of accreditation, your Network Pharmacist can help; please mark the relevant stage/s**

- |   |   |
|---|---|
| <input type="checkbox"/> Interested and not yet started accreditation | <input type="checkbox"/> Completed Stage 1 training only        |
| <input type="checkbox"/> Stage 1 and started old cases (paper)        | <input type="checkbox"/> Stage 1 and started new cases (online) |
| <input type="checkbox"/> Accreditation has lapsed                     | <input type="checkbox"/> Accredited                             |
| <input type="checkbox"/> Not interested in becoming accredited        | Reason/s: _____   |

**Interested in the following? Our support network can set up in your area; please mark your areas of interest**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Phone/email support  | <input type="checkbox"/> Networking sessions                      | <input type="checkbox"/> Group study sessions |
| <input type="checkbox"/> Being mentored   | <input type="checkbox"/> Becoming a mentor                        |   |
| <input type="checkbox"/> Stage 1 HMR workshops (weekend courses)                              | <input type="checkbox"/> Stage 2 HMR workshops (completing cases) |   |
| <input type="checkbox"/> Advanced HMR workshops (interview skills, report writing, pathology) |   |   |
| <input type="checkbox"/> Other: _____   |   |   |

Please complete the following:

- ☐ I understand that this project is voluntary and I can withdraw at any time  
(by contacting your Network Pharmacist or Anita Schwartz at PSA (NSW branch) on 02-9438 1833)
- ☐ I understand that the PSA (NSW branch) may contact me for the purposes of this project and related activities

**Signature:** \_\_\_\_\_

P7

**APPENDIX H**  
**Tax Invoice and Activity Sheet (scaled down)**

<b>Role:</b>	Network Pharmacist / PSA Practice Support Field Officer		
<b>Name:</b>	Alpha Beta		
<b>Address:</b>	9 Delta Pl, Browntown, 2732		
<b>ABN:</b>	11 222 333 444	<b>Registered for GST:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Invoice Number: 090704</b>		<b>Date:</b>	9/07/2004
<b>CLAIMABLE ITEMS</b>			
<b>Date</b>	<b>Description</b>	<b>No. hours/events</b>	<b>Amount</b>
June	Hours spent on Network Pharmacist set-up	3	\$ 105.00
14-Jun-04	S2/S3 workshop (co-trainer)	1	\$ 200.00
	S2/S3 workshop (solo)	0	
<b>Travel expenses (mileage) for Practice Support (not Rural Grant activities)</b>			
<b>Date</b>	<b>Destinations (outward and return journeys)</b>	<b>No. km</b>	<b>Amount</b>
			\$ -
			\$ -
<b>Additional Expenses</b>			
<b>Date</b>	<b>Please specify below and attach receipts to a copy of invoice</b>	<b>No.</b>	<b>Amount</b>
			\$ -
			\$ -
<b>SUB-TOTAL</b>			<b>\$ 305.00</b>
<b>GST (please manually enter GST amount if applicable)</b>			
<b>BALANCE DUE</b>			
<b>DATE</b>	<b>SUMMARY OF ACTIVITIES / CONTACTS / FEEDBACK / INFORMATION - GATHERING</b>		
June	Emailed 3 pharmacists; 2 are enrolled in project and I will mentor them. Visited 6 pharmacies; they are negative about HMR because they don't have the time for accreditation.		
22/06/2004	Went to a PSA CPE event in Greentown and met some local pharmacists; they are really excited about having more CPE events in local areas. They would like more events on clinical topics such as pathology.		
30/06/2004	Met with local HMR Facilitator; we want to organize a HMR Stage 1 workshop.		

## APPENDIX I

### Network Pharmacist Activity Record


Recruitment activity  
Accreditation activity


No. pharmacists informed  
No. pharmacists attended

Description	

#### Record of contacts

Type	Description	No.
PSA (NSW)		
Division		
Other		

#### To do list

Action	PSA		Date complete

#### Follow-up

Action	PSA		Date complete

## APPENDIX J

### Information and Role of Network Pharmacist



Network  
Pharmacists



**Pharmaceutical  
Society of Australia**  
(NSW Branch) Ltd

#### Network Pharmacist Information Sheet

The Pharmaceutical Society of Australia (PSA) NSW Branch successfully applied in 2002 for funds to conduct one of the investigator initiated research grants administered by the Pharmacy Guild of Australia.

*“Developing a sustainable Pharmacy Support Network to address geographical issues associated with quality use of medicines”* is a rural pharmacy project that extends to all parts of regional and rural NSW.

It was conceived as a potential way of meeting the specific needs of rural pharmacists and addressing issues such as professional isolation in these areas.

This project will initially aim to establish a Network Pharmacist Team; a team of rurally-based pharmacists accredited to conduct HMR/RMMR.

The team will work with PSA and pharmacy related colleagues (eg HMR Facilitators) to build a network of rural and remote pharmacists that is ultimately self-sustaining.

The network will provide support for rural pharmacists thereby facilitating the uptake of educational programs and cognitive (professional pharmacy) services such as Home Medicines Review (HMR) in rural and remote pharmacies.

In the initial phase, the project will focus on encouraging and supporting rural pharmacists in both becoming accredited to conduct Home Medicine Reviews and delivery of them.

At a later phase, it is anticipated that this project will extend to encompass both newly emerging cognitive services and also existing areas of professional practice (eg Pharmacist Only and Pharmacy medicines).

This project will potentially provide a number of invaluable opportunities for pharmacists in rural areas to participate in valuable training programs, networking groups and inter-professional collaboration.

The role of Network Pharmacist offers an exciting and challenging opportunity for professional diversification and the chance to impact on colleagues and pharmacy practice in rural and remote areas.

The Pharmaceutical Society, NSW Branch will provide full training and on-going support for Network Pharmacists assisting them to enhance skills and develop infrastructure.

#### 1. What is the role of the Network pharmacist?

The initial focus is on Home Medicines Review accreditation, however, it is anticipated that it will broaden to encompass both newly emerging cognitive services and also existing areas of professional practice (eg Pharmacist Only and Pharmacy medicines).

Initially, the role will involve encouraging and supporting pharmacists to both become accredited to conduct Home Medicines Reviews and also to deliver them in rural areas, thereby increasing the uptake of the service.

The role is intended to complement the work of Divisional Facilitators and other colleagues and collaboration wherever possible is considered to be a key aspect.

The following list is a guide encompassing both the present and possibilities for the future; the role of each Network Pharmacist will evolve according to the specific needs, structure and resources of each area and group of pharmacists.

### **Role of Network Pharmacist**

- Coordination and facilitation
  - One to one and group presentations
  - Collaborate with Divisions of GP in their zone and assist them to employ and support HMR Facilitators if this has not occurred.
  - Work with HMR facilitators to foster inter-professional collaboration and promote optimal delivery of healthcare initiatives
  - Coordinate joint education programs with other bodies eg DGP, NPS
  - Identify and encourage pharmacists to become accredited: attend metropolitan workshops
  - Follow up, for any support, pharmacists who have completed stage 1
  - Coordinate local accreditation workshops
  - Coordinate group sessions to provide time and space for pharmacists to complete cases
  - Liaise with PSA/local facilitators where there is a recognised need for a stage 1 course in the area
  - Recruit participating pharmacists who have completed Stage I into project, follow their progress and provide support
  - Identify and/or facilitate local educational activities related to pharmacists conducting HMRs
  - Record background information on pharmacists recruited into the project (e.g. stage of accreditation) and then record subsequent contact with pharmacists.
  - Participate in concurrent HMR projects as applicable
- Provision of Information on:
  - Accreditation: provide information on courses available; how to claim Rural CPE allowance for travel and accommodation
  - AACP mentoring services
  - PSA activities and practice support services
  - Access to remuneration via pharmacy allowances or payment for cognitive services (e.g. MAS, CMI).
  - Information resource requirements
  - Encourage uptake of HMR by providing information on process, benefits
  - Encourage uptake of other cognitive services by providing information of how to deliver, payment/benefits for pharmacy
- Mentoring and training
  - Provide/refer to mentoring services to encourage completion of accreditation case studies and/or delivery of HMR
  - Train pharmacists to record specific information on HMRs and collect this information every two months (data collection forms will be provided and explained)
  - Training other pharmacists in uptake of cognitive services
- Locum

- Provide locum services to give time to pharmacist to complete case studies
- Negotiated on an individual level between pharmacists
- Locum time limited for HMR accreditation and delivery of service

## **2. Who can be a Network Pharmacist?**

### **Selection criteria**

- Resident in the local area that they will support
  - Willing to travel
  - Knowledge of local area/pharmacists/doctors
- Has own car
- Experience in community or hospital pharmacy practice
- Accredited for HMR/RMMR services
  - Currently delivering HMR/RMMR services (or has experience); can be mentor
- Can provide on average, eight hours or 1 full day a week
  - There is flexibility in time commitment and it is anticipated that this will vary according to project needs.
- Good communication and facilitation skills, high level of clinical skills.
- Committed to promote the delivery of professional services and facilitate quality use of medicines
- Has internet access and basic computer literacy
- Interested to be trained as PSA field officer

## **3. Network Pharmacist training**

- Attend two-day training workshop in Sydney or regional area
- This training will cover all details of the Network Pharmacist role and how it can be delivered in rural and remote areas.
- Skills-based training will also be provided to support Network Pharmacists as they deliver this role in their area.
- PSA (NSW) will cover travel and accommodation costs incurred during training.
- Locum costs for Network Pharmacist training will be made available according to grant stipulations.

## **4. How will Network Pharmacists be rewarded / remunerated for their role?**

- Network Pharmacists will receive:
  - Remuneration for associated costs for training and set-up
  - CPE points for specified grant related activities
  - Pharmacists who work in / own a pharmacy will earn 1 QCIPP CQI point for each 10 hours participation in a Guild-Government grant
  - Additional opportunities for remunerated work eg PSA field work
  - Unlimited access to HMR clinical chat room
  - Ongoing access to clinical expertise
  - Subsidised attendance at PSA events
  - Additional opportunities for personal and professional development
  - Professional satisfaction in making a difference to rural pharmacy practice

## **5. How will PSA (NSW) support Network Pharmacists?**

PSA (NSW) will provide ongoing support for Network Pharmacists.

This will entail

- Support from relevant personnel
- Opportunities for future training or development through initiatives delivered by PSA (NSW).
- This practice support from PSA (NSW) personnel will potentially assist with both the role Network Pharmacist and other pharmacy related activities.

## **APPENDIX K**

### **Article Published in NSW Pharmacist March 2003**

#### **Facilitator support with a new role**

The Pharmaceutical Society of Australia (PSA) NSW Branch successfully applied for a Pharmacy Guild research grant. The project aims to develop a local network of pharmacists who will support rural pharmacists as they undertake to provide the professional pharmacy services such as Home Medicines Review (HMR).

The project will provide exciting opportunities for pharmacists in rural areas to participate in valuable training programs or take up the exciting new professional role of Network Pharmacist.

The Network Pharmacist will involve encouraging and supporting pharmacists to both become accredited to conduct HMR. Establishing a self-sustaining infrastructure linking rural pharmacists with each other and other health professionals and organisational bodies will be both rewarding and challenging.

We are now in the process of recruiting accredited pharmacists in rural areas to fulfil this role. If you or you know of any pharmacists who would be interested in the Network Pharmacist role or Practice Support, please contact Fiona Kelly or Lily Chong at PSA on (02) 9438 1833, email [fionakelly@psansw.org.au](mailto:fionakelly@psansw.org.au) or [lilychong@psansw.org.au](mailto:lilychong@psansw.org.au)

## **APPENDIX L**

### **Article Published in NSW Pharmacist April 2004**

#### **The Rural Pharmacy Project; addressing issues of rural pharmacy practice**

The Pharmaceutical Society of Australia (PSA) NSW Branch successfully applied in 2002 for funds to conduct one of the investigator initiated research grants administered by the Pharmacy Guild of Australia.

“Developing a sustainable Pharmacy Support Network to address geographical issues associated with quality use of medicines” is a rural pharmacy project that extends to all parts of regional and rural NSW.

Funding is provided by the Commonwealth Department of Health under the Third Community Pharmacy Agreement Research and Development Grants (CPA R&D Grants) program.

The project was conceived as a potential way of meeting the specific needs of rural pharmacists and addressing issues such as professional isolation in these areas.

It will initially aim to establish a Network Pharmacist Team; a team of rurally-based pharmacists accredited to conduct HMR/RMMR.

The team will work with PSA and pharmacy related colleagues (eg HMR Facilitators) to build a network of rural and remote pharmacists that is ultimately self-sustaining.

The network will provide support for rural pharmacists thereby facilitating the uptake of educational programs and cognitive (professional pharmacy) services such as Home Medicines Review (HMR) in rural and remote pharmacies.

In the initial phase, the project will focus on facilitating Home Medicine Review accreditation and delivery.

At a later phase, it is anticipated that this project will extend to encompass both newly emerging cognitive services and also existing areas of professional practice (eg Pharmacist Only and Pharmacy medicines).

This project will potentially provide a number of invaluable opportunities for pharmacists in rural areas to participate in valuable training programs, networking groups and inter-professional collaboration.

The role of Network Pharmacist offers an exciting and challenging opportunity for professional diversification and the chance to impact on colleagues and pharmacy practice in rural and remote areas.

The Pharmaceutical Society, NSW Branch will provide full training and on-going support for Network Pharmacists assisting them to enhance skills and develop infrastructure.

Participation in this project can earn CPE and QCPP CQI points.

#### **PSA is currently recruiting Network Pharmacists and rural pharmacists interested in HMR accreditation**

For more information or to register interest, contact Anita Schwartz at PSA NSW Branch on (02) 9431 1100 or [anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au)



## APPENDIX M

### Article Published in NSW Pharmacist July 2004

**Rural Pharmacists: do you think HMR Accreditation is too difficult?  
Would you like easier access to updating clinical knowledge?  
Why not consider enrolling in “The Rural Pharmacy Project”**

The Rural Pharmacy Project offers rural pharmacists a unique opportunity to enrol in a support network headed by a local Network Pharmacist who will assist them with Accreditation for and delivery of Home Medicines Review.

Through the Network you will have access to events and activities aimed at smoothing the road to HMR accreditation and delivery.

Enrolment into the project is **FREE OF CHARGE** however there may be a charge for some events.

**No matter what stage of accreditation, our Network Pharmacists can help;**

- ♦ Interested and not yet started accreditation
- ♦ Stage 1 and started old cases (paper)
- ♦ Accreditation has lapsed
- ♦ Stage 1; completed training only
- ♦ Stage 1 and started new cases (online)
- ♦ Accredited

**If you are interested in any of the following, our support network can set up in your area:**

- ♦ Phone/email support
- ♦ Networking sessions
- ♦ Group study sessions
- ♦ Being mentored
- ♦ Becoming a mentor
- ♦ Stage 1 HMR workshops (weekend courses)
- ♦ Stage 2 HMR workshops (completing cases)
- ♦ Advanced HMR workshops (interview skills, report writing, pathology)

**Contact the Network Pharmacist/s for your area (or Anita at PSA if your area isn't listed below);**

**Check according to the postcode of either your place of residence or work**

<u>Postcodes</u>	<u>Network Pharmacist</u>	<u>Tel.</u>
2470-2489		
2447-2464		
2422, 2424, 2427-2446		
2535-2551		
2337-2406		
2820-2844		
2711, 2715, 2587-2594, 2650-2656, 2663-2707, 2720-2730		

**If you are accredited for HMR, why not become a Network Pharmacist?**

For more information, contact Anita Schwartz at PSA (NSW branch)  
on (02)9438 1833 or [anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au)

## **APPENDIX N**

### **Article Published In Pharmacy News April 2004**

#### **The Rural Pharmacy Project; addressing issues of rural pharmacy practice**

The Pharmaceutical Society of Australia (PSA) NSW Branch successfully applied in 2002 for funds to conduct one of the investigator initiated research grants administered by the Pharmacy Guild of Australia.

“Developing a sustainable Pharmacy Support Network to address geographical issues associated with quality use of medicines” is a rural pharmacy project that extends to all parts of regional and rural NSW.

It was conceived as a potential way of meeting the specific needs of rural pharmacists and addressing issues such as professional isolation in these areas.

This project will initially aim to establish a Network Pharmacist Team; a team of rurally-based pharmacists accredited to conduct HMR/RMMR.

The team will work with PSA and pharmacy related colleagues (eg HMR Facilitators) to build a network of rural and remote pharmacists that is ultimately self-sustaining.

The network will provide support for rural pharmacists thereby facilitating the uptake of educational programs and cognitive (professional pharmacy) services such as Home Medicines Review (HMR) in rural and remote pharmacies.

In the initial phase, the project will focus on facilitating Home Medicine Review accreditation and delivery.

At a later phase, it is anticipated that this project will extend to encompass both newly emerging cognitive services and also existing areas of professional practice (eg Pharmacist Only and Pharmacy medicines).

This project will potentially provide a number of invaluable opportunities for pharmacists in rural areas to participate in valuable training programs, networking groups and inter-professional collaboration.

The role of Network Pharmacist offers an exciting and challenging opportunity for professional diversification and the chance to impact on colleagues and pharmacy practice in rural and remote areas.

The Pharmaceutical Society, NSW Branch will provide full training and on-going support for Network Pharmacists assisting them to enhance skills and develop infrastructure.

Participation in this project can earn CPE and QCPP CQI points.

#### **PSA is currently recruiting Network Pharmacists and rural pharmacists interested in HMR accreditation**

For more information or to register interest, contact Anita Schwartz at PSA NSW Branch on (02) 9431 1100 or [anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au)

Funding for this project has come from the Commonwealth Department of Health and Ageing as part of the Third Community Pharmacy Agreement.

## **APPENDIX O**

### **Article Published In Australian Pharmacist May 2004**

#### **Addressing issues of rural pharmacy**

In 2002, the PSA NSW Branch successfully applied to conduct a research project aimed at developing a sustainable pharmacy support network to address geographical issues associated with quality use of medicines.

The project was conceived as a potential way of meeting the specific needs of rural pharmacists and addressing issues such as professional isolation, and seeks to establish a network pharmacist team of rural pharmacists accredited for HMR/RMMR in rural NSW.

The team will work with PSA and colleagues (e.g. HMR Facilitators) to build a rural pharmacist network that is ultimately self-sustaining. The network will provide support for rural pharmacists thereby facilitating the uptake of educational programs and cognitive (professional pharmacy) services such as Home Medicines Review (HMR) in rural pharmacies.

Initially, the project focuses on facilitating Home Medicine Review accreditation and delivery. A later phase will extend this to include emerging cognitive services and existing areas of professional practice (e.g. Pharmacist Only and Pharmacy medicines).

The project potentially provides valuable opportunities for rural pharmacists to participate in training programs, networking groups and inter-professional collaboration.

The Network Pharmacist role offers an exciting and challenging opportunity for professional diversification and the chance to impact on colleagues and pharmacy practice in rural areas.

PSA NSW Branch will provide full training and continuing support for Network Pharmacists - assisting them to enhance skills and develop infrastructure.

Participation in this project can earn CPE and QCPP CQI points.

#### **PSA is currently recruiting Network Pharmacists and rural pharmacists interested in HMR accreditation**

For more information contact Anita Schwartz at PSA NSW Branch on (02) 9431 1100 or [anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au)

Funding for this project has come from the Commonwealth Department of Health and Ageing as part of the Third Community Pharmacy Agreement.

## APPENDIX P

### Flyers Sent to Pharmacies, MMR Facilitators, Guild Lone Leaders and Distributed at PSA Events (scaled down)



Network  
Pharmacists



Pharmaceutical  
Society of Australia  
(NSW Branch) Ltd

#### TAKE THE OPPORTUNITY BECOME A NETWORK PHARMACIST IN RURAL NSW

The Pharmaceutical Society of Australia (PSA) NSW Branch is recruiting part-time rural pharmacists (average 8 hours/week) to join the Network Pharmacist Team.

This is an exciting and challenging opportunity offering interesting professional diversification and the chance to impact on colleagues and pharmacy practice in rural areas.

Full training, on-going support and benefits will be provided by the entire Practice Support Team of the Pharmaceutical Society of Australia, NSW Branch.

#### WHAT IS THE NETWORK PHARMACIST TEAM?

A team of rurally-based pharmacists accredited to conduct HMR/RMMR who will work with PSA and colleagues eg HMR Facilitators to build regional Pharmacy Support Networks aiming to meet professional and educational needs of rural pharmacists.

Initially, Network Pharmacists will focus on providing support to rural pharmacists to both become accredited to conduct Home Medicine Reviews and to deliver them. Their role can broaden to encompass other areas of continuing education and professional practice according to local needs.

Funding for this project has come from the Commonwealth Department of Health and Ageing as part of the Third Community Pharmacy Agreement.

#### BENEFITS

As a Network Pharmacist you will receive:

- Remuneration and associated costs for training and set-up
- CPE points for specified grant related activities
- 1 QCPP CQI point for each 10 hours participation in a Guild-Government grant
- Additional opportunities for remunerated work eg PSA field work
- Unlimited access to HMR clinical chat room
- Ongoing access to clinical expertise
- Subsidised attendance at PSA events
- Additional opportunities for personal and professional development
- Professional satisfaction in making a difference to rural pharmacy practice

#### TRAINING

- 2 day seminar in Sydney or a regional area
- Travel arrangements + expenses, accommodation, locum costs (2 days) provided

#### DON'T DELAY! REGISTER YOUR INTEREST NOW

Contact Anita Schwartz on (02) 9431 1100 or [anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au)  
OR Fax back to 02 9436 2139

☐ I am interested in becoming a Network Pharmacist  
☐ I would like more information on assistance for HMR Accreditation  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

## **APPENDIX Q**

### **Article Published in MMR Facilitator Newsletter March 03**

#### **EXCITING NEW OPPORTUNITIES FOR FACILITATORS & RURAL PHARMACISTS**

The Pharmaceutical Society of Australia (PSA) NSW Branch successfully applied in 2002 for funds to conduct one of the investigator initiated research grants administered by the Pharmacy Guild of Australia. This project is commencing this year with a primary main aim of developing a local network of pharmacists who will support rural pharmacists as they undertake to provide the professional pharmacy services such as Home Medicine Reviews (HMR). This project was conceived as a potential way of meeting the specific needs of rural pharmacists and addressing issues such as professional isolation in these areas.

This project will potentially provide a number of exciting opportunities for pharmacists in rural areas to participate in valuable training programs or take up the challenging and exciting new professional role of network pharmacist. This role will initially involve encouraging and supporting pharmacists to both become accredited to conduct HMRs and also as they deliver HMRs once accredited. PSA (NSW Branch) would welcome your involvement and would gladly support you or any other pharmacists who would like to be involved with the set up a self-sustaining infrastructure linking rural pharmacists with each other and other health professionals and organisational bodies.

We are now in the process of recruiting accredited pharmacists in rural areas to fulfil this role. This is a part-time role and is anticipated to involve 1 day a week. If you or you know of any pharmacists who would be interested in this or in gaining training to deliver support services, please contact Fiona Kelly or Lily Chong at PSA on (02) 9438 1833, email [fionakelly@psansw.org.au](mailto:fionakelly@psansw.org.au) or [lilychong@psansw.org.au](mailto:lilychong@psansw.org.au) respectively. We are also looking for rural pharmacists who would be interested in receiving practice support to become accredited to conduct HMR and if you know any pharmacists who may be interested, please contact Fiona or Lily at PSA (NSW Branch).

## APPENDIX R

### Network Pharmacist Training Program

Location: PSA (NSW) 82 Christie St, St Leonards (9431 1121)

**Day 1- Tuesday 27<sup>th</sup> January**

**Start: 10.00am**

**Finish at 6.00pm.**

Topic	Presenter/s	Time
<b><i>Practice Support</i></b> <ul style="list-style-type: none"> <li>▪ The evolution of Practice Support in NSW</li> <li>▪ Goals for 2004 and beyond</li> <li>▪ Practice Support and rural areas</li> <li>▪ Practice Support, Network Pharmacists and the grant</li> </ul>	Fiona Kelly	10.00am
<b>Morning tea</b>		11.30am
<b><i>Overview of the grant</i></b> <i>'Developing a sustainable Pharmacy Support Network to address geographical issues associated with quality use of medicines '</i> <ul style="list-style-type: none"> <li>▪ Aims and objectives</li> <li>▪ Overview of implementation</li> <li>▪ Role of the Network Pharmacist</li> <li>▪ Overview of evaluation</li> </ul>	Fiona Kelly	11.45am
<b><i>HMR: the process and pharmacist resources</i></b> <ul style="list-style-type: none"> <li>▪ Overview of HMR business rules</li> <li>▪ Overview of resources available and organizational support available</li> <li>▪ Accreditation and process related issues (including case studies)</li> </ul>	Carlene Smith Lily Chong	12.45pm
<b>Lunch break</b>		1.45pm
<b><i>HMR: the process and pharmacist resources (Cont.)</i></b> <ul style="list-style-type: none"> <li>▪ Overview of HMR business rules</li> <li>▪ Overview of resources available and organizational support available</li> <li>▪ Accreditation and process related issues (including case studies)</li> </ul>		2.30pm
<b>Afternoon tea (during session)</b>		3.30pm
<b><i>PSA (NSW) HMR Practice Support</i></b> <ul style="list-style-type: none"> <li>▪ Overview of HMR support program</li> <li>▪ Description of individual resources and programs</li> </ul>	Lily Chong	4.45pm

**Day 2- Wednesday 28<sup>th</sup> January****Start: 9am Finish at 4.00pm.**

<b>Topic</b>	<b>Presenter/s</b>	<b>Time</b>
<i>Mentoring pharmacists to HMR accreditation</i> <ul style="list-style-type: none"><li>▪ The process of mentoring</li><li>▪ Group and individual mentoring</li><li>▪ Assessing the needs of pharmacists</li><li>▪ The process of change</li><li>▪ Case studies</li></ul>	Carlene Smith Lily Chong Fiona Kelly	9.00am
<b>Morning tea</b>		11.00am
<i>Mentoring pharmacists to HMR accreditation (Cont.)</i> <ul style="list-style-type: none"><li>▪ The process of mentoring</li><li>▪ Group and individual mentoring</li><li>▪ Assessing the needs of pharmacists</li><li>▪ The process of change</li><li>▪ Case studies</li></ul>	Carlene Smith Lily Chong Fiona Kelly	11.15am
<b>Lunch</b>		1.15pm
<i>The research grant –implementation and evaluation</i> <ul style="list-style-type: none"><li>▪ Role of the network pharmacist in data collection</li><li>▪ Data collection tools</li><li>▪ Reporting and communication</li><li>▪ Remuneration</li></ul>	Fiona Kelly	2.00pm
<b>Afternoon tea (during session)</b>		3.00pm
<i>The research grant –evaluation</i> <i>Review of training</i>	Fiona Kelly	

## **APPENDIX S**

### **Article Published in NSW Pharmacist February 2004**

#### **Launching the PSA (NSW) rural pharmacy project: find out how rural networking can help you**

PSA (NSW) is part of an exciting rural pharmacy project that extends to all parts of regional and rural NSW. The project is called “Developing a Sustainable Pharmacy Support Network to address geographical issues associated with Quality Use of Medicines and is supported by a grant from the Third Community Pharmacy Agreement research and Development Grants Program. This project aims to set up infrastructure across NSW that will support pharmacists with delivery of professional services through local delivery of continuing professional education and support. We also aim to support existing pharmacy roles and meet the varied needs of rural pharmacists.

At PSA (NSW) we are very excited to have already recruited a number of enthusiastic and dedicated pharmacists into this project. Their recent participation in the project training program clearly demonstrated their high level of skill and commitment. A Network Pharmacist will be available in your area to support you with activities such as HMR accreditation and increase access to quality training activities for you and your staff.

The initial focus of this project will be to assist pharmacists to become HMR accredited. IF you are interested in hearing more about this project and how it can help you, please email Anita Schwartz at [anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au) or call (02) 9431 1100



## **APPENDIX T**

**Article Published in NSW Pharmacist November 2004**

### **THE RURAL PHARMACY PROJECT**

**Network Pharmacists helping rural pharmacists with Home Medicines Review (HMR) training and clinical updates**

#### **What Does This Project Provide?**

Our Network Pharmacists can help you to become accredited for HMR and help you stay updated with clinical knowledge.

- ? If you've thought about starting the process to HMR accreditation, we can bring training courses to your area
- ? Have you done HMR Stage 1 training but somehow didn't finish the case studies?
  - ↳ A Network Pharmacist can help with mentoring or arranging group study sessions
- ? Are you a pharmacist who would like more access to clinical updating sessions? We can organize workshops, lectures or small group learning sessions
  - ↳ During 2004, our Network Pharmacists have organized HMR workshops in Armidale and Ballina
  - ↳ We are planning two more; one in Port Macquarie and one in Wagga Wagga

#### **Is there a Charge To Join The Project?**

Joining the project is FREE OF CHARGE

#### **Who Do I Contact For More Information?**

Anita Schwartz; PSA (NSW Branch) on 9431 1126 or [anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au)



## APPENDIX U

### Flyer For PSA (NSW) Events



**Do you think HMR Accreditation is too difficult?; Do you want educational workshops locally?**

**Why not consider enrolling in “The Rural Pharmacy Project”**

The Rural Pharmacy Project offers rural pharmacists a unique opportunity to enrol in a support network headed by a local Network Pharmacist who will assist them with Accreditation for and delivery of Home Medicines Review.

Through the Network you will have access to events and activities aimed at smoothing the road to HMR accreditation and delivery. These may include:

- Phone/email support/mentoring
- Networking/group study sessions
- HMR Workshops

*Enrolment into the project is **FREE OF CHARGE**\**

**AND participation in this project and in HMR activities CAN EARN YOU CQI POINTS**

\*There may be a charge for some events

**Enrol now; fill in this form then fax or email your details**

Name:			Email:		
Address:			Postcode:		
Phone:		Fax:		Mobile:	
<b>No matter what stage of accreditation, your Network Pharmacist can help; please tick as applicable:</b>					
<input type="checkbox"/> Interested and not yet started accreditation		<input type="checkbox"/> Completed Stage 1 training			
<input type="checkbox"/> Completed Stage 1 and started old cases (paper)		<input type="checkbox"/> Completed Stage 1; started new cases (online)			
<input type="checkbox"/> Accredited		<input type="checkbox"/> Accreditation has lapsed		<input type="checkbox"/> Not interested in becoming accredited because:	
<b>Interested in the following? Our support network can set up in your area; please mark your areas of interest</b>					
<input type="checkbox"/> Phone/email support		<input type="checkbox"/> Networking sessions		<input type="checkbox"/> Group study sessions	
<input type="checkbox"/> Stage 1 HMR workshops (weekend courses)		<input type="checkbox"/> Stage 2 HMR workshops (completing cases)			
<input type="checkbox"/> Advanced HMR workshops (interview skills, report writing, pathology)				<input type="checkbox"/> Becoming a mentor	
<input type="checkbox"/> Other:					
<b>Please complete the following:</b>					
<input type="checkbox"/> I understand that this project is voluntary and I can withdraw at any time					
<input type="checkbox"/> I understand that the PSA (NSW branch) may contact me for the purposes of this project and related activities					
Signature:			Date:		

**Send to Anita Schwartz at PSA (NSW Branch):**

**Fax (02) 9436 2139 or email [anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au)**

**Phone Anita on (02) 9431 1100 for more information**

**Or contact a Network Pharmacist (please turn over)**

## Contact the Network pharmacist/s for your area

Check according to the postcode of either your place of residence or work  
(Or Anita at PSA if your area isn't listed below)

Postcodes	Network Pharmacist/s	Tel:
2470-2489		
2447-2464		
2422, 2424		
2427-2446		
2535-2551		
2337-2406		
2820-2844, 2848-2852		
2869-2877		
2711, 2715, 2587-2594		
2650-2656, 2663-2707, 2720-2730		

## If you are accredited, why not become a Network Pharmacist?

PSA NSW (Branch) would like to appoint additional Network Pharmacists to cover the following areas:

Area	Postcodes
South Coast	2535-2551
Central West	2820-2844, 2848-2852, 2869-2877
Far West	0800-0820, 2648, 2717, 2880
Central Tablelands	2787-2810, 2845-2847, 2866
Monaro	2575-2586, 2600-2632
Riverina & SW Pharmacists Association	2711, 2715, 2587-2594, 2650-2656, 2663-2707, 2720-2730
Murray/Albury	2710, 2716, 2732, 2640-2646, 2658-2660, 2713-2714

Contact Anita at PSA (NSW Branch) on 9431 1100 or

[anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au)

Or tick the box, fill in your details and fax back this form to 9436 2139

☐ I am interested in the role of Network Pharmacist; please send me more information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

## **APPENDIX V**

### **Telephone Survey September 2004 (To determine the perceived impact of mentoring on the accreditation process)**

#### Suggested greeting:

“Hello, I’m XX calling from the Pharmaceutical Society in Sydney. I’m following up on our Home Medicines Review Workshops held in 2003 and 2004.  
Would you mind answering a few questions questions?”

#### Question 1

Are you now accredited to conduct Home Medicines Review?

#### If YES to Question 1

##### Question 2

How long after you did the Home Medicines Review workshop, did you become accredited?

##### Question 3

What difficulties did you experience in completing the accreditation process?

##### Question 4

Would having a mentor have made the process easier?

#### If NO to Question 1

##### Question 2

What are the reasons that you did not become accredited?

##### Question 3

Would having a mentor lead you to consider becoming accredited?

##### Question 4

Would you like some information about becoming accredited?

#### Suggested closing:

“Those are all the questions; thank you for your time; if you’d like more information or assistance with courses for Home Medicines Review and updates for accredited pharmacists, please contact Anita at PSA (NSW) on 9341-1126

## **APPENDIX W**

### **Telephone Survey November 2004 (To Determine Network Pharmacists Satisfaction With Infrastructure and Support)**

#### **Question 1**

Have you found PSA (NSW) support of your role adequate (Rate 1 to 5)

#### **Question 2**

Have the resources you received from PSA (NSW) been useful (Rate 1 to 5)

#### **Question 3**

What other resources would you have preferred?

#### **Question 4**

What other type of support would you need to continue?

#### **Question 5**

Have you seen any benefits form the project?

#### **Question 6**

What did the training prepare you for?

#### **Question 7**

Have you made contact with other Network Pharmacists?

#### **Question 8**

Have you made contact with other Health Professionals?

## **APPENDIX X**

### **Telephone Survey December 2004 (To Determine How Many PSA (NSW) Training Course Attendees Became Accredited, In How Long and How Many HMRs Have They Conducted Since Accreditation)**

#### Suggested greeting:

“Hello, I’m XX calling from the Pharmaceutical Society in Sydney. I’m following up on our Home Medicines Review Workshops held in 2003 and 2004.  
Would you mind answering a few questions questions?”

#### Question 1

Are you now accredited to conduct Home Medicines Review?

#### If YES to Question 1

##### Question 2

How long after you did the Home Medicines Review workshop, did you become accredited?

##### Question 3

How many HMRs have you conducted since?

#### If NO to Question 1

##### Question 2

What are the reasons that you did not become accredited?

#### Suggested closing:

“Those are all the questions; thank you for your time; if you’d like more information or assistance with courses for Home Medicines Review and updates for accredited pharmacists, please contact Anita at PSA (NSW) on 9341-1126

## APPENDIX Y

### Network Pharmacist Evaluation of Training

1. What are the key messages you have taken away from this training course?
2. What will your main objectives be as you start to implement this role?
3. What was the best part of this training program?
4. What was the least helpful part of the program?

Please tick the column that is most appropriate:

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
1. The objectives of the training were met					
2. The training was relevant to the Network Pharmacist Role					
3. I gained useful information about the process of accreditation and Medication Review					
4. I gained useful information about PSA (NSW) Practice Support					
5. I gained useful information about MR resources					
6. I gained useful information about the process of mentoring					
7. I gained new skills relevant to the process of mentoring					
8. After the training I feel confident about assisting pharmacists through the accreditation					
9. After the training I feel confident about recruiting pharmacists into the project					

5. What could be done to improve the training program?
6. What other topics would you like to include in the training program?

## APPENDIX Z

### Pre-training Data Collection



Network  
Pharmacists

### TAKING THE OPPORTUNITY - BECOMING A NETWORK PHARMACIST IN RURAL NSW



Welcome to the Network Pharmacist Team; it's great to have you on board this exciting and innovative project.

In order to finalise arrangements for your training session, we require more information.

Please fill in the following form and fax it back; if you prefer, please send us your resume.

Thank you and I look forward to seeing you in Sydney.

**Anita Schwartz**

(02) 9431 1100; Fax: (02) 9436 2139 [anitaschwartz@psansw.org.au](mailto:anitaschwartz@psansw.org.au)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

If not yet selected, please tick the training session of choice: ☐ Thurs/Fri 25<sup>th</sup>/26<sup>th</sup> March 04 ☐ Mon/Tue 29<sup>th</sup>/30<sup>th</sup> March 04

Do you require airline flights? ☐ Yes, from airport: ☐ No  
(Arranged by PSA)

Do you require accommodation? (Arranged by PSA) ☐ Yes ☐ No

Please describe any special dietary requirements: \_\_\_\_\_

Describe how much experience you have conducting HMR: \_\_\_\_\_

Please provide a brief history of work experience: \_\_\_\_\_

Describe your experience, if any of training/ teaching / tutoring / mentoring: \_\_\_\_\_



## APPENDIX AA

### Expression of Interest Form (scaled down)



Network  
Pharmacists



**Pharmaceutical  
Society of Australia**  
(NSW Branch) Ltd

Network pharmacist expression of interest form for PSA (NSW) Practice Support programs

As you may be aware, PSA (NSW) has taken a new direction in relation to providing practice support to pharmacists in the areas of accreditation for and delivery of cognitive services.

Subsequently, PSA (NSW) is looking for pharmacists across the state with an interest in providing practice support to their colleagues and promoting quality use of medicines (QUM).

Below is a list of current and impending Practice Support programs and associated modules of delivery please indicate any program(s) or modules where you have an interest in future delivery on behalf of PSA (NSW).

Please note that comprehensive training (workshop and onsite) and ongoing support are provided for all Practice Support activities.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

Program description	Individual module / workshop	Expression of interest (Please tick)
<b>Pharmacist Only and Pharmacy Medicine Support Program</b> This support program provides pharmacists and their assistants with a comprehensive, systematic approach to the sales of pharmacist only and pharmacy medicines. It includes both workshop and onsite training.	S2/S3 workshops	
	Pharmacy assistant Training	
	Pharmacy pseudo-patient* programs	
<b>Pharmacy Self-Care Program</b> An internationally renowned program, Pharmacy Self Care provides high quality consumer information and pharmacy training resources.	Onsite pharmacy training visits	
<b>Home medicines review Support Program</b> PSA (NSW) has developed a range of resources and training to support pharmacists as they seek HMR accreditation and as they begin to deliver HMRs as a cognitive service. During 2004 a range of new training workshops will be developed to meet the changing needs of accredited pharmacists.	Group case meetings	
	Accredited pharmacist training workshops	
	Statewide mentoring	
<b>Consumer Medicines Information Support Program</b> This program will be developed during 2004 and will involve delivery of workshop training and also onsite pharmacy based training	Workshop training (6 hour workshop)	
	On-site pharmacy training	

\*Pseudo-patient programs also referred to as mystery shopper programs have been used in a number of pharmacy based studies to facilitate implementation of pharmacy protocols and to provide positive and relevant training within the workplace using techniques such as coaching and positive reinforcement.