



Australian Government
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The Pharmacy
Guild of Australia

Investigating the Integration of Complementary Medicines in Community Pharmacy

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EXECUTIVE SUMMARY

Acknowledgement

The 'Investigating the Integration of Complementary Medicine into Community Pharmacy Practice' team consisted of:

- Dr Lesley Braun (Project supervisor and Associate Investigator)
- Professor Michael Dooley (Chief Investigator)
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- Assoc Professor Jenny Wilkinson (Associate Investigator)
- Susan Poole (Associate Investigator)
- Dr Michael Bailey (Statistician)

The research team would like to thank the Members of the Advisory Group for their enthusiasm and valuable input:

- Jaclyn Baker (Pharmaceutical Society of Australia representative)
- Tania Tobias (Community pharmacist)
- Grant Bennett (Community pharmacist and Pharmacy Guild member)
- Gus DeGroos (Consumer representative)

The research team also appreciates the support of our research assistants for their tenacity and commitment:

- Jacqueline Smart (Victoria)
- Kaye Sheppard (Gold Coast)
- Nerida Deans (Wagga Wagga)

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The Pharmacy Guild of Australia manages the Fourth Community Pharmacy Agreement Research & Development which supports research and development in the area of pharmacy practice. The funded projects are undertaken by independent researchers and therefore, the views, hypotheses and subsequent findings of the research are not necessarily those of the Pharmacy Guild.

Executive Summary (max. 3 pages):

Background

Community pharmacy is one of the main suppliers of complementary medicines (CMs) in Australia and is the primary outlet for approximately 40% of the total money spent on this sector which has been estimated at between \$800 million and \$1.3 billion annually. Despite being a major outlet for CMs there is a paucity of information about the attitudes, information needs and CMs utilisation patterns of community pharmacy customers, and whether there is any disparity between customer needs and the adequacy of community pharmacists to fulfil these needs.

The widespread use of CMs within the general community, the potential of these products to provide both health benefits and risks, and the important role of community pharmacists as advocates of appropriate use of medicines makes it imperative to identify how CMs are currently used within the community pharmacy setting. It is also important to identify areas which would benefit from modification or further development to improve pharmacists' delivery of QUM and ultimately patient safety and wellbeing.

Aim

The primary aim of this project was to investigate the integration of CMs into community pharmacy practice, taking into account the behaviours and perceptions of customers, pharmacists and pharmacy assistants and naturopaths/natural therapists.

Methodology

The study consisted of six phases

1. Pharmacy customer questionnaire (1121 completed from Victoria, NSW and Queensland)
2. Pharmacist focus groups
3. National pharmacist questionnaire (736 completed)
4. Pharmacy assistant focus group
5. Pharmacy assistant questionnaire (112 completed)
6. National naturopath and Western herbalist questionnaire (479 completed)

Key Findings

Community pharmacy customers prefer to purchase CMs from their community pharmacy, with 60% indicating pharmacy as their preferred supplier. However, the primary reason for this was convenience and product availability, not because of the service they receive.

In most cases, the pharmacist does not participate in CM sales as many customers self-select or purchase CMs based on the recommendation of pharmacy assistants, medical practitioners and naturopaths/herbalists. Customers expect more interaction with pharmacists. They also want effective CMs to have a 'tick of approval' (87%) and be accompanied by more detailed product information (82%). Less than half of the pharmacy customers taking CMs were convinced their pharmacist provided useful information (48%). Over half (58%) thought that pharmacies stocking CMs should employ a CM practitioner.

Pharmacists perceive that they have a professional responsibility to provide customers with information, advice and make recommendations about CM products (>80% of respondents). However many don't feel equipped to do so.

Most pharmacists have not received formal CM training through the tertiary education system (72%) and rely on self-education (73%). In pharmacies employing a CM practitioner, even fewer pharmacists were involved in advising on CMs. Only 53% of pharmacists 'always' or 'often' asked patients presenting with prescriptions about use of CMs. Most pharmacists (92%) believe they should be playing a greater role in providing CM-drug interaction information. The majority of pharmacists (85%) believe that additional CM training is required; 53% prefer short

online courses, 45% face-to-face seminars and 43% self-directed learning through journals. The preferred providers were PSA or Pharmacy Guild (60%) and the NPS (46%).

Pharmacy assistants reported that they most frequently recommend CMs in the pharmacy (69%), followed by pharmacists (58%), specially trained CM assistants (21%) and in-store naturopaths (13%). The majority (86%) of pharmacy assistants had received training in CM, most frequently from product manufacturers (65%). Most pharmacy assistants with CM training (88%) were confident advising customers and perceived that they knew more about specific CMs than those without training, however, their objective knowledge score was not higher than those without training.

Eighteen percent of the community pharmacists reported that their pharmacy currently employs an in-store naturopath. Of these, 88% described the service provided by naturopaths as valuable or somewhat valuable. Approximately half of community pharmacists stated that they would consider employing a naturopath in-store; and 84% stated that having appropriate tertiary qualifications was important to this consideration. Twenty four percent of surveyed naturopaths had previously worked in community pharmacy, and for most it was a generally positive experience; however major issues are the focus on sales and the integration of different paradigms of health care.

This study has demonstrated the importance of CM as a part of contemporary community pharmacy practice and highlights the need for appropriate education, practice guidelines and resourcing for not just pharmacists but also pharmacy assistants and in-store CM practitioners.

Recommendations

Recommendation ONE: *The role of the pharmacist and pharmacy assistant with regards to QUM and the incorporation of CM must be clearly defined by the relevant professional bodies (i.e. Pharmacy Guild, PSA and SHPA). (See page 27 of final report).*

Recommendation TWO: *Ongoing education programs, ratified by the relevant professional bodies, to be developed, delivered and evaluated, which will encourage the incorporation of CMs within routine medication history taking by pharmacists. (See pages 27 and 28 of final report).*

Recommendation THREE: *Each pharmacy premises should be required to hold two resources from the NPS recommended list of high quality CM resources to promote QUM. (See pages 28 and 29 of final report).*

Recommendation FOUR: *Evidence based CM information should be incorporated into all relevant professional pharmacy resources. . (See pages 28 and 29 of final report).*

Recommendation FIVE: *A consumer orientated educational program be developed, implemented and evaluated which aims to improve consumers understanding of the differentiation between products denoted with an AUST L . (See pages 28 and 29 of final report).*

Recommendation SIX: *The PSA position statement on CM should be updated to reflect evidence based principles and include educational and practice goals. (The AMA position statement could be used as a guide). (See page 29 of final report).*

Recommendation SEVEN: *All undergraduate curriculum and competency based assessments associated with implementation and/or evaluation of QUM principles in pharmacy practice should include CMs as a component. Education should not be limited to adverse drug reactions and interactions, but also include evidence based information about potential benefits of CMs to improve patient outcomes. (See page 29 of final report).*

Recommendation EIGHT: *Ongoing professional educational opportunities must be made available for the existing pharmacy workforce, both pharmacists and pharmacy assistants, so CMs can be incorporated into current QUM practice (See pages 29 and 30 of final report).*

Recommendation NINE: *Pharmacy practice guidelines need to be established which promote QUM in settings where pharmacists and naturopaths/natural therapists are currently working together. These may include advice about the employment and credentialing of naturopaths/natural therapists, defining the roles and responsibilities of both parties, issues about sharing patient records, inter-referrals, communication and scope of practice. Guidelines should be developed in conjunction with appropriate representation from the naturopathic workforce. (See pages 30 and 31 of final report).*

Recommendation TEN: *Further research is required to develop and evaluate a best-practice integrative model in community pharmacy involving appropriately trained naturopaths/natural therapists. (See page 31 of final report).*

Recommendation ELEVEN: *An educational program should be developed, implemented and evaluated which encourages consumers of CMs to report actual and suspected adverse reactions to pharmacists and other health care professionals. (See pages 31 and 32 of final report).*

Recommendation TWELVE: *Further research is required to identify the incidence and nature of adverse reactions to CMs in the community. Specific research should be undertaken to determine suitable methods to support the reporting of these events through community pharmacies. (See pages 31 and 32 of final report).*

Study limitations

Several study phases relied on the collection of self-administered surveys. It is possible that people with an interest in the area of complementary medicine and with stronger positive or negative views about the topic may have been more likely to participate. Although all surveys were anonymous, responses may be biased by what respondents considered socially desirable answers.

The nature of the survey instrument limits the potential participants to those with who are able to read and comprehend the survey questions and who can read and write English. The results only reflect the views of individuals who visited community pharmacies in the three states and had the time to stop and speak with the research assistant distributing the survey. Nevertheless the comparability of the data to other published reports of CM use by the Australian general public suggests that this is not a significant factor.

While language and comprehension difficulties are unlikely to affect the professional group's ability to participate, respondents' knowledge of both the investigators and the funding source for the project may have influenced responses, however there is no evidence to suggest that this is a significant effect. The sample size in this study, particularly for the pharmacy assistant group, was small relative to the total population in each group and this limits the broader inferences that can be drawn from the data.

All data collected in this study was retrospective in nature and the recall of CM use, advising and referral activity and whether or not adverse reactions had been reported may suffer from recall bias. It is suggested that based on the findings of this study prospective data, particularly on adverse effects, be collected.

