



Review of Pharmacy Remuneration and Regulation

September 2016

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to participate in the Review of Pharmacy Remuneration and Regulation by the Australian Government Department of Health.

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DAA interest in this consultation

The Dietitians Association of Australia (DAA) is the peak body for dietitians. DAA is responsible for the Accredited Practising Dietitian (APD) program which is the basis of self-regulation of the profession.

APDs have an interest in pharmacy regulation because pharmacies sell nutrition products. APDs may collaborate with pharmacists to provide integrated multidisciplinary care alongside general practitioners and other allied health practitioners. APDs may also collaborate with pharmacists in health promotion activities.

DAA acknowledges that community pharmacies play a key role in the delivery of primary health care for Australian communities. DAA support a review of the remuneration and regulation of pharmacies to ensure community pharmacies continue to provide beneficial services for Australians. DAA has a particular interest in regulation of the Repatriation Pharmaceutical Benefits Scheme which is used for the dispensing of nutrition products for veteran clients.

Discussion

DAA presents responses to a select number of comments and questions from the consultation paper.

Accountability and Regulation 4.- What regulatory arrangement are necessary to promote high standards of delivery and accountability amongst pharmacies, wholesalers, manufacturers and other entities receiving funding under the PBS, and the data required to monitor and assess these standards of delivery and community outcomes.

DAA supports changes to regulatory arrangements which allow health professionals to prescribe products on the PBS provided this is within their scope of practice in order to enhance equitable and timely consumer access to products. For example, allowing APDs prescribing rights for nutrition products on the Repatriation PBS would facilitate nutrition support with less red tape and more efficient ordering of products to enable timely patient access to products and care. Prescribing nutrition support is currently within the scope for APDs.

Having data to assess community outcomes is important. DAA would like to work with the Department of Health and the Department of Veterans Affairs in reviewing data related to supply of nutrition products on the Repatriation PBS. It appears however that accessing data is difficult as previous requests by DAA for data have not been successful, we understand this is due to the lack of systems to report on product usage.

Question 25- As medicine specialists, what are the professional programs and services that pharmacists should or could be providing to consumers in order to best serve the consumers?

DAA acknowledge that community pharmacies can play a key role in providing healthy lifestyle advice at the level of national dietary and physical activity guidelines. Pharmacists and pharmacy assistants might work with APDs to deliver community based health and well-being programs, or programs to address prevention and management of chronic disease.

Pharmacists acting in scope of practice would recognise when consumers require expert advice from other health professionals, and would refer to such professionals, for example to APDs for expert nutrition advice. Collaboration between pharmacists and other professional groups would facilitate sharing of tools to support multidisciplinary care, for example DAA provides a search function online to find an APD- <http://daa.asn.au/for-the-public/find-an-apd/>.

Question 26- Should there be limitations on some of the retail products that community pharmacies are allowed to sell? For instance, is it confusing for patients if non-evidence based therapies are sold alongside prescription medicines?

Question 115- Does the availability and promotion of vitamins and complementary medicines in community pharmacies influence consumer buying habits?

Question 118- Does the 'retail environment' within which community pharmacy operates detract from health care objectives?

DAA considers it is confusing for patients if non-evidence based therapies are sold alongside prescription medicines. It is reasonable to expect that pharmacists manage any conflicts of interest and provide evidence based advice to consumers, but it is difficult to see how this can be realised in a retail environment in which evidence based and non-evidence based products are collocated. DAA recognise that the public have a choice about the products they choose to purchase for their health. However, pharmacists, as medicine specialists, and also pharmacy assistants should ensure advice provided to consumers is based on current evidence and that products recommended have evidence to support their use. This includes advice regarding vitamins and complementary therapies.