

A partnership approach to pharmacy services

Appropriate, safe and effective medication administration depends on working together, write DR MEG POLACSEK and DR AMY PAGE.



Across health and aged care, pharmacists are important members of the care team. While stakeholders at various levels are working hard to implement the government's commitment to embed pharmacists in residential aged care, it's important to bring together different perspectives, evidence and experiences.

As Australia's peak body linking research, policy and practice, the Australian Association of Gerontology has been engaging its members in the complex conversation on how to prepare, support and manage the integration of pharmacists into residential aged care.

AAG has also met with representatives of the Pharmaceutical Society of Australia, which represents the nation's pharmacists across all practice settings.

In a stakeholder meeting with the AAG Victorian Division industry partnerships sub-committee, the PSA shared ideas for a community of practice to support pharmacists who will be working in aged care and who may not have the opportunity to connect with other pharmacists.

This kind of initiative is sure to help the adoption of the new model. From our conversations with different stakeholders, there is agreement on several key messages:

- appropriate, safe and effective medication administration depends on a partnership approach
- pharmacists' knowledge and expertise are highly valued by aged care providers
- all stakeholders need more clarity on aspects of the on-site pharmacist model
- attracting, training and retaining pharmacists in residential aged care will be challenging.

PSA recently shared the outcomes of the Pharmacists in Residential Aged Care Facilities (PiRACF) study conducted over 2020-21, which found that on-site pharmacists reduced inappropriate medication use by 50 per cent.

In addition, a double-blind study of deprescribing in aged care, known as the Opti-Med study, found that an average of 2.7 medicines per resident could be reduced over 12 months.

The evidence in favour of pharmacists in improving the safety and wellbeing of residents is clear. Pharmacists' expertise also takes pressure off staff. However, most stakeholders know that attracting, recruiting and retaining pharmacists to residential aged care will be a major challenge.

In a recent academic paper, Australian experts in the field reported on pharmacists' interest and preparedness to work as on-site pharmacists in residential aged care. Pharmacists were



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asked in a national survey what might influence their interest in working in residential aged care and how prepared they felt to take on the role.

The findings showed that pharmacists wanted more clarity from policymakers on aspects of the role, and that aspects of the role needed more attention.

These included the structure and support of the role, flexibility for different practice and opportunities for career progression.

In addition to the employment model, survey respondents raised the importance of ensuring that pharmacists have the appropriate education, skills and experience to prepare for – and succeed in – the on-site role.

In short, we need to work together to:

- encourage pharmacists to take on the new role
- ensure that pharmacists receive a supportive welcome and effective integration into the care team
- educate aged care staff on the role and value of on-site pharmacists, and clarify each team member's responsibilities
- support pharmacists to understand the aged care setting and how to best engage with the multi-disciplinary care team, including personal carers, nurses, doctors and lifestyle staff.

Other variables that need attention include differences in the availability of pharmacists in non-metropolitan areas, and how people from diverse cultural and linguistic backgrounds might be better informed and engaged under this new model.

With most older Australians receiving services in their own homes, rather than in residential settings, attention should also turn to improving pharmacy services in the community.

In particular, we need to strengthen the way we support medication management during major transitions, including from home to hospital and back, and from home or hospital to residential aged care. As with any major initiative, information and consultation are crucial to the success of this program.

While we acknowledge the engagement between government and peak bodies, it is unclear to what extent residents, families and other members of the care team have been consulted.

Aside from senior management, it is also unclear how much other members of residential aged care teams have been involved in taking this model from policy into practice.

However, it is critical that all of these stakeholders are informed and listened to if we want to get the most out of this initiative. **Dr Meg Polacsek is communications, advocacy and grants manager of AAG, and Dr Amy Page is a clinical pharmacist and researcher, and president of PSA's Victorian branch ■**