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HCCA Submission to the National Review of Pharmacy Remuneration and Regulation

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Background

The **Health Care Consumers' Association (HCCA)** was incorporated in 1978 to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation
- consultations
- training in health rights and navigating the health system
- community forums
- information sessions about health services, and
- advocating for issues of concern to consumers

1. General comments

HCCA commends the Panel for the Review on its broad and inclusive stakeholder consultation strategy, which included public meetings in major cities, country towns and indigenous settlements around Australia. It is critical to gaining insight into consumer needs and values in order to shape future planning for medicines policy in Australia.

The National Safety and Quality Health Service (NSQHS) Standards (2012)[1] provide a nationally consistent statement about the level of care that consumers can expect from health services. The NSQHS Standards were developed by the Australian Commission for Safety and Quality in Health Care (ACSQHC) to drive the implementation of safety and quality systems and improve the quality of health care in Australia. While at this point in time there is no mandate for applying the NSQHS Standards to community pharmacy, this comprehensive guidance sets a general standard for consumers' experience in and expectations of health care. Of particular relevance are Standard 2: Partnering with Consumers and Standard 4: Medication Safety.

The intention of Standard 2 is to create a health services that are responsive to patient, carer and consumer input and needs. Evidence demonstrates that partnering with consumers has significant benefits including better patient experiences and improvements in clinical quality and patient outcomes. Consumer-centred care, based on partnerships with patients, families, and carers, is one of the three

[1] National Safety and Quality Health Service Standards, Australian Commission for Safety and Quality in Health Care, 2012: accessed at http://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards/

dimensions in the Australia Safety and Quality Framework for Health Care, and is reflected in both national and international health care quality policies and programs.

The intention of Standard 4 is to ensure that competent clinicians safely prescribe, dispense and administer appropriate medicines to informed patients and carers. Medicines are the most common treatment used in health care – but because they are so commonly used, medicines are associated with a higher incidence of errors and adverse events than other healthcare interventions. These events can be costly to both consumers and our health care system, and are often potentially avoidable. Pharmacists are one of the best-placed health care professions to oversee the medication management process, provide professional advice and to partner with consumers in the quality use of medicines.

The National Medicines Policy (1999)[2] still provides a useful framework for considering the issues and the role of pharmacy in our health care system. The purpose of this policy is "to improve positive health outcomes for all Australians through their access to and wise use of medicines". The central objectives of the National Medicines Policy are based on active and respectful partnerships amongst its stakeholders, taking into account elements of social and economic policy. This recognises that medicines policy does not sit in a vacuum, but interacts with other policy issues and decision-making. The four central objectives are:

- timely access to the medicines that Australians need, at a cost individuals and the community can afford;
- medicines meeting appropriate standards of quality, safety and efficacy;
- quality use of medicines; and
- maintaining a responsible and viable medicines industry.

National Medicines Policy also recognises the fundamental role consumers have in reaching these objectives, and that all stakeholders need to be committed to ensuring consultation with consumers when considering new arrangements.

As mentioned in the section "Consumer Experience" (p43 of the Discussion Paper), consumer needs and values in relation to medicines are widely variable, and can depend on their individual circumstances and requirements. As such, it is likely that the range of consumer attitudes, expectations and priorities will equate to a flexible system (or a number of models) of pharmacy services that will meet consumer needs into the future.

[2] National Medicines Policy, Commonwealth of Australia, 1999: accessed http://www.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf

Our specific comments to the Discussion Paper and the Review are made in this context. These include comments from our membership, with whom we consulted in developing our response.

We note that the Discussion Paper was extensive, along with more than 100 possible questions to answer. This reflects the complexity of the issues. Whilst it was discussed at the Review's Canberra public consultation forum that submissions did not need to comment on all questions outlined in the Discussion paper, this was not made clear in the paper itself. The very length of the paper and number of discussion questions may have limited the number of consumers who were able to read the paper and engage with the issues, perhaps meaning that some consumers and organisations may have felt it was beyond their capacity to formulate submissions to this Review.

2. Specific Issues

2.1.1 - PBS Safety Net

The purpose of the PBS Safety Net is to protect patients and their families who require a large number of PBS items (reference in Discussion Paper p47), providing financial support for consumers who reach a certain threshold of out-of-pocket payments for PBS medicines. However, unlike the Medicare Safety Net, access to the PBS Safety Net is not automatically calculated and relies on a complicated system of manual data collection that primarily relies on the knowledge and health literacy of the consumer. In essence, this equates to a great disparity in accessing the PBS Safety Net. HCCA believes that it is likely that a large number of consumers around Australia who could most benefit from access to the PBS Safety Net are consumers with multiple chronic illnesses and who are least able to understand and manage their own access to the scheme. A consumer commented:

> *"The Safety Net, which requires that a patient is responsible for keeping a record of their expenditure on PBS scripts wherever they are dispensed, is cumbersome and not understood well by consumers, particularly those from CALD, indigenous or refugee communities and the homeless and disadvantaged".*

Another issue with the PBS Safety Net is that the threshold for out-of-pocket costs can be up to $1,475.70 per calendar year, which may still present a barrier for access to the safety net concession card, as there is currently no mechanism by which to spread the costs of PBS medicines more evenly throughout the year (particularly relevant to consumers with chronic and complex conditions who often have ongoing medication requirements). A consumer commented that:

> *"It [the PBS Safety Net] penalises those with chronic illnesses, as they have to start from scratch each year to qualify and keep records of scripts dispensed at*

several pharmacies (some out of State). It should be possible to gather this information automatically on community pharmacy computers around Australia in the same way as Medicare data is obtained by the Government. Also, chronic disease sufferers who have a recognised condition requiring several drugs per month to control, should be given a Safety Net Card at the beginning of each year. The Government introduced discounting of the co-payment by $1 in 2015 but did not explain to consumers that this would result in them taking longer to reach the qualifying amount for a Safety Net Card. Removing the cap on discounting entirely would only result in more consumer confusion surrounding the Safety Net Card".

While the discounting of the co-payment may be an appealing innovation to some consumers, the complexity of the PBS Safety Net system is such that we believe many consumers, and perhaps those who would most benefit from access to a concession, might find it difficult to undertake the financial calculations necessary to work out the practical actions needed to provide the best personal outcome on cost. The flow-on effects in our health system include consumers delaying (or not proceeding with) care/medication, risking deterioration in health that may result in emergency presentations, hospital admissions, other high cost care to the health system, and of course a poor outcome for the consumer and those around them.

To address consumer access, particularly for those consumers on low incomes, where cost is a significant barrier to the quality use of medicines, we suggest that consideration be given to a strategy for some consumers where a subsidy is spread over a 12 month period. Such a system would provide up-front financial assistance and relieve the undue stress on consumers of large out-of-pocket expenses on PBS medicines. This could be a real improvement on the current PBS Safety Net arrangements for consumers with chronic and complex conditions who need a range of medicines on an ongoing basis.

2.1.2 – Co-payments and access

An effect of increasing PBS co-payments is reduced access to medicines for consumers. The increasing financial pressures of the out-of-pocket costs of health care result in decisions such as being selective about which medicines to get dispensed, or adjusting doses and frequency to make medicines last longer. This is not consistent with the quality use of medicines, and can result in some of the flow-on effects to our health system described above.

2.1.3 – Timeframe for supply of PBS medicines

In consultation for our submission to this review, there have been suggestions from consumers that a way to relieve some of the health care burden on the system and for consumers may be to introduce some form of expanded dispensing. One member commented:

> *"I have a problem with the current Govt edict which requires that a pharmacists dispense only one month's medication at a time (except under exceptional circumstances). This creates too much inconvenience. It would be reasonable to allow say 2,3 months' supply at a time"*

It would be reasonable to suggest that General Practitioners (GPs) could have the option to provide for a longer supply of long-term medicines, for example in the case of chronic conditions. Such a system could potentially reduce PBS expenditure (where larger pack size reduces costs), reduce pressure on consumer need to call their GP or schedule a visit for prescriptions, and minimises the need for frequent pharmacy visits. This could be for consumers who are on a regular and established regime of medications, and who had undertaken a medication review.

2.1.4 – Access by location, including rural and remote areas

It is important that consumers in rural and remote areas are not disadvantaged in accessing PBS medicines. The Community Service Obligation (CSO) for Pharmaceutical Wholesalers was established in 2006 under the 5th Community Pharmacy Agreement and has continued under the 6th Community Pharmacy Agreement. The purpose of the CSO is to ensure there are arrangements in place for all Australians to have access to the full range of PBS medicines, via their community pharmacy, regardless of where they live and usually within 24 hours. The introduction of this policy can give consumers some confidence about their ongoing access to PBS medicines.

However, there are other disadvantages still instilled in the system, such as inequalities that can occur because of the pharmacy location rules. For example, a second provider number can be given to a pharmacy owner to establish a second pharmacy in the same town, potentially resulting in the closure of another established pharmacy, with the net effect of reducing competition. This may not be a better outcome for consumers. Also, access for consumers in rural and remote areas could be improved by making better use of telemedicine/e-health resources to perhaps improve access to services like advice about medicines and medication reviews.

For the ACT, the number of people per pharmacy (p12 of the Discussion Paper) shows that the population of the ACT is under-served. We have 5,267 people per pharmacy, compared with the national average of 4,303 people per pharmacy. Only the Northern Territory has a higher number of people per pharmacy. HCCA urges a reconsideration of the pharmacy location rules as means of improving pharmacy access for consumers.

2.2 - Quality, Safety and Efficacy of Medicines

The Review Discussion Paper (p47) suggests that there is concern from some consumers about the evidence-base of products sold by community pharmacies, beyond prescription medicines. These are products such as vitamins, complementary medicines, skin care etc. There is a wide range of views on this matter within our membership. While some people are supportive of the needs of pharmacists as small business to be able to make a profit, others are deeply concerned about the sale of medicines and complementary therapies that do not have an evidence base or proven efficacy.

Pharmacies play a key role in our health system they are trusted source of health care advice. Consumers often go to a pharmacy as a first point of contact. This is particularly important for places like the ACT where it can be difficult to get a GP appointment, and where there is an increased number of people per pharmacy, compared with the national average. It is also especially important for pharmacies in rural towns coping with a small customer base where they provide a significant health service to their communities, which are sometimes otherwise underserviced for health care.

However, the sale of complementary medicines and therapies that do not have an evidence-base undermines the confidence that consumers have for the professional role of a pharmacist. Also, consumers commented that the regulation of advertising of therapeutics in Australia is weak, with many 'cures' or 'treatments' for over-the-counter products having a poor evidence base yet still being advertised to consumers as "effective". One consumer shared their recent experience:

> *"I find it hard to reconcile that my local pharmacy is focusing on my health needs rather than their bottom line when I am bombarded by marketing collateral from companies promoting products like Ease-a-Cold. When my daughter was sick recently with a head cold and nasty cough, we went to the local pharmacy to see if there was an over the counter medicine to relieve the symptoms. The front of the pharmacy had posters suspended from the ceiling and cardboard stands for product placement promoting Ease-a-Cold. The Registered pharmacist heavily promoted the product and told me, in response to my request for information on evidence of the efficacy of Echinacea, that there were studies that were very clear about the benefits of Echinacea on symptom relief for the common cold as well as boosting the immune system and helping the body fight infection. It made me question whether there were any sales targets that had to be made so they would derive a financial benefit."*

The Pharmacy Board's Code of Conduct[3] is one of the guiding documents for pharmacists in the good practice of their profession. In Section 2.2 on Good Care it says:

[3] Pharmacy Board of Australia Code of Conduct, March 2014: accessed at http://www.pharmacyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx

> *"Good practice involves: n) practising in accordance with the current and accepted evidence base of the health profession, including clinical outcomes…. [and] p) facilitating the quality use of therapeutic products based on the best available evidence and the patient or client's needs".*

This stresses the importance of the evidence-base for pharmacists in the practice of their profession. The Pharmacy Board's Code of Conduct also deals with Conflicts of Interest (Section 8.11, p20), saying:

> *"Patients or clients rely on the independence and trustworthiness of practitioners for any advice or treatment offered. A conflict of interest in practice arises when a practitioner, entrusted with acting in the interests of a patient or client, also has financial, professional or personal interests or relationships with third parties which may affect their care of the patient or client"*.

In light of the Pharmacy Board's Code of Conduct, we question whether it is appropriate for pharmacies to be promoting to consumers therapeutic products that lack a clear evidence base, especially where they may be acting in the interests of third parties (such as a supplier or manufacturer of a product), rather than in the interest of the consumer. Similar issues were highlighted in the ABCs popular consumer show 'The Checkout'[4]. We note that the Discussion Paper (p7) mentions that pharmacies located in shopping centres may have a greater emphasis on front-of-store sales. As such, we suggest that the professional role of pharmacists, who are entrusted with acting in the interest of their patients, needs to be considered, perhaps as part of reviewing the pharmacy location rules.

HCCA believes that upholding the National Medicines Policy principle of the quality, safety and efficacy of medicines, does require the setting of a maximum ratio of retail space to professional area within pharmacies. This will help community pharmacies to maintain the atmosphere of a health care setting for community pharmacies receiving remuneration for dispensing PBS medicines. Some consumers felt that choice and convenience of product range in pharmacies was important to them too, but of primary importance was the knowledge of having access to the professional advice of a pharmacist when they needed it.

Another consumer mentioned regulation and issues with online pharmacies sourcing pharmaceuticals from overseas. These products may not always comply with Australia's regulatory systems under the Therapeutic Good Administration for the quality, safety and efficacy of medicines, and there would be value in making this clear to consumers.

2.3 - Quality Use of Medicines

[4] The Checkout, ABC Television (Series 4, Ep 8): accessed http://iview.abc.net.au/programs/checkout/LE1502H008S00

2.3.1 – Consumer Medicine Information and Health Literacy

The introduction of Consumer Medicine Information (CMI) in the late 1990s was significant for consumers and the quality use of medicines. However, CMI remains inconsistently given to consumers. This is despite the inclusion of a specific payment to pharmacists to provide CMI to consumers under earlier Community Pharmacy Agreements. As such there has been no single group of health professionals to take full responsibility for the discussion and delivery of CMIs to consumers. Commitment to the quality use of medicines in Australia should ensure that CMI is part of best-practice pharmaceutical service provision in Australia – not that CMI is only given when a consumer is sufficiently health-literate to request a copy.

One issue is that pharmacists make assumptions about the information needs of consumers, and this impacts on their behaviour and interactions. One member described her experience of dispensing HRT. It was the first time she had had the medicine dispensed but no CMI was given. As she is middle aged she felt that the young male pharmacist had assumed that she knew about the medicine. She asked specifically for the CMI and told them it was the first time she had filled a script for this and her comments were met with a surprised expression. The supply of CMI should not be an exceptional request when a prescription medicine is dispensed – delivery of CMI to consumers should be part of every transaction.

A consumer commented:

> *"The most important thing from a consumer perspective is that, when started on a new medication by GP or Specialist, the consumer or carer is given by the pharmacist a simple explanation of the drug action or purpose together with a warning about possible side-effects and interactions with other drugs that the patient may be taking (including OTC products) and that this should be accompanied by a CMI where available so that the consumer or carer has the opportunity to ask questions about the medication. This should not be optional, despite the busyness of the dispensary, and should be provided by a registered pharmacist and not a shop assistant, so that the opportunity to answer questions is provided as a part of the dispensing process. PSA guidelines should be followed in both the handing out of CMI and giving of professional advice. In 20 years time the customer will probably be standing in front of a computer screen, the script will be sent from doctor and dispensed electronically and all information will be displayed on the screen with an auditory message and also stored on the consumers smart phone with instructions for monitoring automatically."*

We propose that consumers should be able to expect as a matter of course that whenever a prescription medicine is dispensed by pharmacy, they will also receive a copy of the CMI and have an opportunity to discuss this information with the pharmacist.

Ideally, the CMI needs of all consumers could be met, including improved access such as for those with vision impairment and those from culturally and linguistically diverse (CALD) background consumers, who need additional help using interpreter services and translated information to avoid the risks of medicines misuse. Medicines can help improve the health of consumers when they are taken correctly and the consumer is well informed. There are significant barriers for patients from CALD backgrounds to understanding the use of medicines. A number of CALD consumers, particularly older people, have expressed their concerns to HCCA about not being able to understand medication labels as well as receiving insufficient information about their medications. As a result, some consumers choose not to take their medication, leading to health deterioration. For many consumers with CALD backgrounds, establishing trust in pharmacists to provide appropriate advice in using medicines is important to ensure positive health outcomes. HCCA also recognises the 'digital divide' and that while the increasing use of technology may provide many benefits for consumers and health services, there are vulnerable sections of our society for which these solutions are not an option.

2.3.2 – Medication Reviews - Community Pharmacy and RACFs

Medication reviews are commonly recognised as a key component of care for the quality use of medicines. However, consumer access to medication reviews can be a problem.

For example, one of our members provided the following comments:

> *"When patients with a chronic illness are discharged from hospital they often go home with a recommendation for a medication review but no knowledge of how to go about this and their GP may not get the Discharge Summary for up to 2 weeks after the day of discharge. If their local pharmacy does not do medication reviews they are likely to be told that they are not entitled to one, or that they had one 6 months ago and are not entitled to another for 18 months. Patients with chronic illness frequently present to hospital up to 5 times a year and are often discharged on new medication or changed dosage regime, and therefore need and would benefit from a medication review. They may have generic medications at home which look different to those supplied by the hospital, and may be at risk of doubling up, or there may be specific instructions about when to take new medication which need to be reinforced with the patient or carer. Medication reviews need to be made available to patients with chronic illness without restriction and accredited pharmacists encouraged to talk with customers who they know have recently been discharged from hospital."*

This is also a problem for medication reviews in Residential Aged Care Facilities (RACFs), where access to GPs and community pharmacy services is often difficult. RACFs are where some of our most vulnerable consumers reside, yet perhaps have most to gain from medication review, given their frequently fragmented care. RACF

residents, many of whom have chronic illnesses, are hospitalized and then discharged without a discharge summary. Without timely GP access for RACF residents, it is vital that an accredited pharmacist can undertake a medication review in conjunction with the hospital pharmacy at this point.

HCCA is aware that the policies around medication reviews and their timing are not necessarily well-understood amongst health professionals. Medication Reviews can be an excellent tool for consumers to partner in their care, improve their health literacy and help to ensure the quality use of medicines.

2.3.3 – Professional Services from Community Pharmacy

We know that consumers want to better communication and coordination between their pharmacist and GP. This improves patient safety in health care and supports self-management. Consumers do not want further fragmentation of our health care.

There is an increasing focus on the commercial elements of community pharmacies. The Pharmaceutical Society of Australia (PSA) has developed the Health Destination Program[5] in partnership with some of the key players in the pharmaceutical industry. The Program recently received the 2016 Pharmacy Practice Improvement Program Award at the 76th World Congress of Pharmacy and Pharmaceutical Science in Buenos Aires, Argentina. The PSA conducted the Health Destination Pharmacy Trial in 2013 with 14 pharmacies of different sizes, staff mix and locations. The main promotional point from the PSA promotes the positive impact this has on the bottom line of pharmacies who participated. It is outlined that implementing the initiative gives consumers greater access to a wide range of minor ailment and professional pharmacist services while increasing customer loyalty and consumer use of pharmacies as a healthcare destination. On the Program's website they report that pharmacies who participated and implemented the changes during the trial:

> *"reported an increase in net profit after only 9 months. These pharmacies experienced a range of net profit increases from $24K to $163K, with an average increase of $79K"*

They also report a 15% increase in average sale per consumer and 240% increase in number of clinical interventions provided.

We need an equal focus on improving consumer experience, increased confidence in managing health and medications as well as a reduction in the frequency of medication errors. As consumers we want to see that trials of pharmacy programs and professional services have resulted in an increase in appropriate clinical interventions that have had a positive impact on health outcomes for consumers.

[5] For more information see: http://www.healthdestinationpharmacy.com.au/trial/

Increased activity in pharmacy is not a proxy for quality and improved patient outcomes.

As mentioned in our general comments, consumer needs and values in relation to medicines are widely variable. There was a range of views as to the role of pharmacy in the community, and the professional services they might provide. For example, a consumer said:

> *"Pharmacists should not be used as a "back door" way of reducing the load on the medical profession or Medicare, so they should not be providing any type of medical services (i.e. services currently provided by doctors). I regard it as OK for them to ring one's treating doctor if they are concerned about medication that Dr has prescribed, but not change treatment as they think fit".*

Another consumer said:

> *"There are a number of professional services that some community pharmacists are already providing, including diabetes management and advice on diet and BP, sleep apnoea and vaccination and there is a community demand to increase the availability of these services. There is also an increasing availability of medical applications for smart phones which store BSL, BP, weight and other test results and can email these to the doctor for review and follow-up if necessary. This cuts down on routine or unnecessary visits to the doctor. Mobile phones could also be used to record patient medication list and medical history, and these could be available to community pharmacists to use in reviewing changes to medication, hospital discharge medication and RACF medication changes."*

A current and popular service, allowed for under the Fair Work Act 2009, enables pharmacists to issue certificates as proof of legitimate absence from work for conditions that fit within their scope of expertise. The Pharmacy Guild of Australia has issued advice to members about this practice. We have heard anecdotal reports that pharmacists are reluctant to issues these certificates because they feel that they lack the required diagnostic skills and fear being sued. When this was introduced it was aggressively opposed by the Australian Medical Association. Consumers welcomed the move as it made it easier to comply with work requirements to provide a certificate. There are many places in Australia where it is difficult to access a same-day GP appointment in order to obtain a certificate, and the ACT is one such place. There are matters of patient safety to consider and we are unsure of how the issuing of these certificates is monitored to ensure consistency with the scope of practice of pharmacists. We also know of variation in charges for these services in the ACT, for instance, a sick-leave certificate from Bounce Pharmacy in the

Canberra Centre, Civic is $25, whereas the same thing at the O'Connor Pharmacy costs $30[6]. This may be confusing for consumers.

There is the potential for better use of professional programs in pharmacy to improve patient access and outcomes, and to expand the range of services offered by pharmacists. The professional programs under the Community Pharmacy Agreements have historically provided little transparency and accountability in return for significant government expenditure. This is an area for improvement and a great opportunity for pharmacy to improve the delivery of patient care, clinical outcomes and the quality use of medicines in Australia.

2.3.4 – Pharmacy-led Vaccination Programs

The complex issues surrounding pharmacy-led vaccination programs are of great interest to our members. HCCA recognises increasing promotion and improving accessibility of vaccinations through community pharmacy could improve public health outcomes through the prevention of preventable infection and associated morbidity.

A considerable number of our members provided comment on a recent discussion paper relating to pharmacy-led vaccination programs by the ACT government. There was overall support for the proposed pharmacist vaccination program in the ACT. That said, many members raised serious concerns regarding possible risks involved and had questions regarding, quality and safety, privacy and respect and out-of-pocket cost to consumers. Whilst we advocate for greater access to health care, including preventative medicine such as vaccination, it is crucial that consumers are assured of high quality care, including protecting our privacy. This issue of privacy may be a considerable problem when looking at the delivery of vaccinations in community pharmacies.

Many raised concerns and caveats for the program and three individuals directly opposed the proposal in full. One consumer said

> *"I think this is a good proposal on the whole. It ought to increase public awareness of vaccination and may increase overall uptake of vaccination, both of which are desirable in public health terms. I think it would be a good idea to limit the program to influenza vaccination initially (as is suggested in the proposal), with expansion to other vaccines being dependent on a satisfactory evaluation of the influenza vaccination program (I suggest based on 2 years data)."*

Another member said:

[6] Refer to: http://www.capitalchemistoconnor.com.au/health-services/leave-certificates/

"I think any measure to spread the penetration of vaccination through the population is good as long as the person administering the vaccine is sufficiently trained, good records kept and all other safeguards applied."

Reasons for not supporting the program focused on three major areas; pharmacy infrastructure and privacy, scope of practice of pharmacists and out-of-pocket costs to consumers. These are expanded on in our submission to the ACT Government on ACT Pharmacist Vaccination Program which is available on the HCCA website[7].

2.4 - A responsible and viable medicines industry in Australia

The National Medicines Policy makes it clear that the first three objectives require the continued existence of a responsible and viable medicines industry in Australia. A coordinated approach to industry policy and health policy helps to provide a consistent and supportive environment for the industry, and appropriate returns for the research and development, manufacture, and supply of medicines.

Industry must recognise that consumers are at the centre of medicines policy in Australia. As such, clear and direct communication about the nature and benefits of their products is important, both to consumers and to health professionals. National Medicines Policy suggests three means of communication for enhancing the health outcomes of consumers in Australia – Consumer Medicine Information, educational materials, and responsible advertising.

References

HCCA Submission to the ACT Government on the ACT Pharmacist Vaccination Program: available on the Health Care Consumers Association (HCCA) website at http://www.hcca.org.au/index.php/component/rsfiles/download.html?path=HCCA%20Submissions%202015/HCCA%20comment%20on%20Discussion%20Paper%20-%20ACT%20Pharmacist%20Vaccination%20Program%20October%2029%202015.pdf

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[7] Refer to: http://www.hcca.org.au/index.php/component/rsfiles/download.html?path=HCCA%20Submissions%202015/HCCA%20comment%20on%20Discussion%20Paper%20-%20ACT%20Pharmacist%20Vaccination%20Program%20October%2029%202015.pdf