Pilot Handbook

Queensland Community Pharmacy Scope of Practice Pilot

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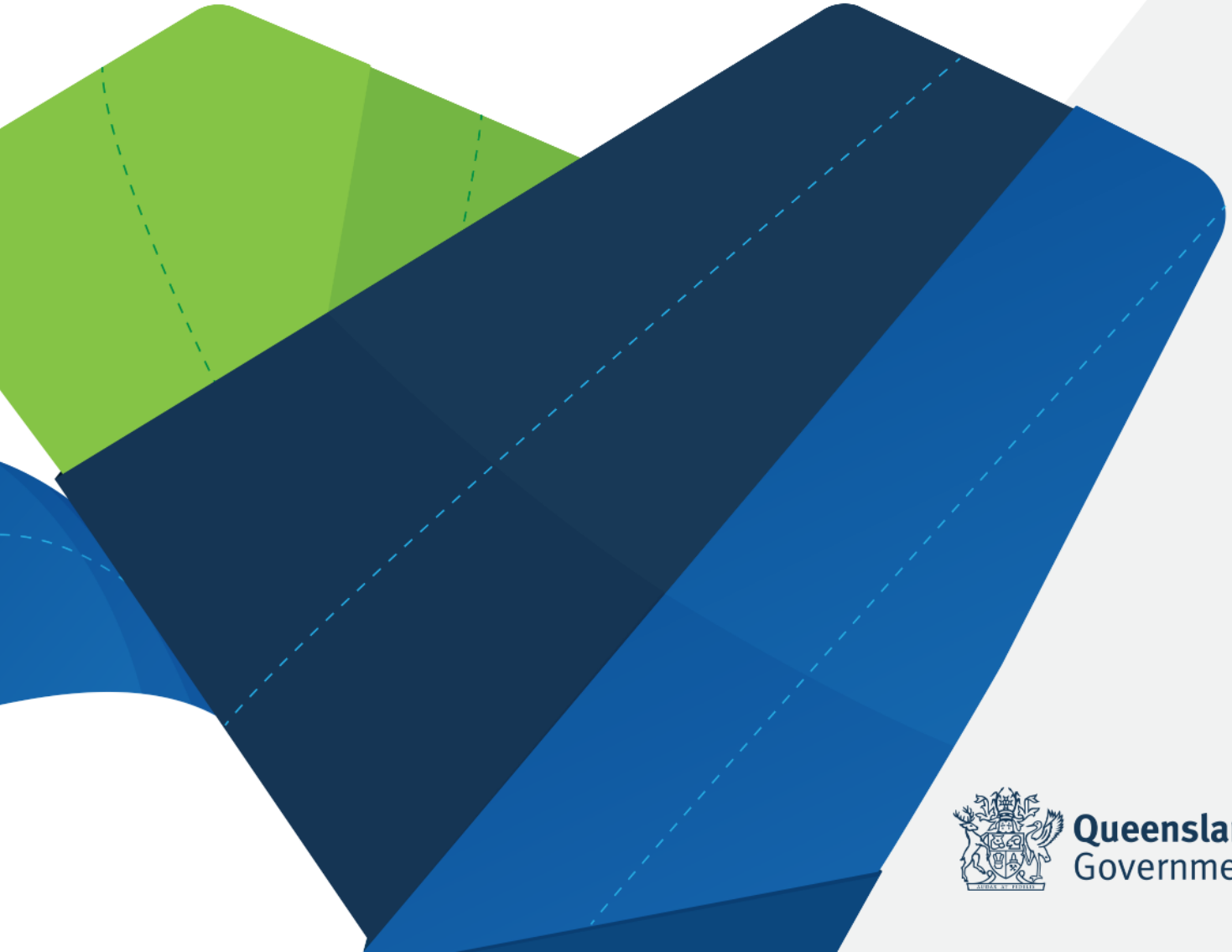

Queensland Government

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Document version number	Date	Comments
Version 1.0	19.03.2024	Approved
Version 1.1	09.07.2024	Updated to reflect the introduction of the Queensland Community Pharmacy Hormonal Contraception Pilot
Version 1.2	16.10.2024	Administrative update

1 Overview

1.1 Document purpose

The Queensland Community Pharmacy Scope of Practice Pilot Handbook (the **Handbook**) provides pharmacists and pharmacy staff who are participating in the Queensland Community Pharmacy Scope of Practice Pilot (the **Scope of Practice Pilot**) with a reference guide to information and resources which support their participation in the Scope of Practice Pilot.

The Handbook provides information regarding participation requirements, patient eligibility and management, and other operational requirements and processes. It aims to support the provision of safe and high-quality services, in accordance with the legislative provisions that enable service delivery for the Scope of Practice Pilot.

The Handbook is a living document and will be updated as revisions are made to improve content and processes. When updates to the Handbook are made, the version on the Queensland Community Pharmacy Pilots website will be replaced.

2 Conditions of participation

To ensure pilot services are delivered to a high-quality and safe standard, participating pharmacies and pharmacists are required to adhere to the conditions of participation. In addition, there are criteria that patients must meet to be eligible to receive a service as part of the Scope of Practice Pilot.

2.1 Participation requirements: pharmacies and pharmacists

Prior to providing services as part of the Scope of Practice Pilot, pharmacies and pharmacists must receive authorisation from Queensland Health.

The requirements that must be met by pharmacies and pharmacists to be authorised to participate in the Scope of Practice Pilot are outlined in the Participation Requirements. Additional information regarding the room requirements component is detailed at Appendix A: Room requirements.

Pharmacy owners, or an authorised delegate, are required to complete the registration form on behalf of their pharmacy, as well as on behalf of the participating pharmacists working within their pharmacy/ies.

The pharmacy owner, or an authorised delegate, must provide a number of declarations throughout the registration process, in relation to the readiness of the pharmacy and the pharmacists that intend to provide pilot services at that pharmacy. Pharmacies and

pharmacists will be authorised by Queensland Health to commence delivery of pilot services following the successful completion of the registration process.

The Queensland Community Pharmacy Pilots website provides information related to the registration process for pharmacy owners and pharmacists seeking to participate in the Queensland Community Pharmacy Scope of Practice Pilot as well as access to the registration form.

Pharmacy owners (or authorised delegates) with a pharmacy that has already been authorised to participate in the Scope of Practice Pilot should email the Pilot Coordination Team at qld-pharmacyscopepilot@health.qld.gov.au if they wish to register additional pharmacists to participate in the Scope of Practice Pilot, at that pharmacy.

Participating pharmacists and pharmacy owners are responsible for ensuring that participation requirements are met and maintained for the duration of pilot service delivery.

A Check-in process has been developed to provide ongoing assurance that mandatory requirements are being met and to identify areas for ongoing improvement of pilot services. More detail about the Check-in process can be found in Section 10.1.

2.2 Patient eligibility

To receive a service as part of the Scope of Practice Pilot, patients (and/or substitute decision-makers) must comply with the following requirements:

- Be physically present at the pharmacy for the consultation.
- Provide informed financial and clinical consent to participate in the pilot service.
- Provide consent to participate in the evaluation for the Scope of Practice Pilot, including agreeing to having their administrative health service data analysed for evaluation purposes and to be contacted to participate in surveys about the Scope of Practice Pilot.

Prior to a patient being booked in for a consultation, pharmacy staff are required to determine if a patient is eligible to receive a service that is within the scope of the Scope of Practice Pilot. This includes understanding patient details that may prevent participation, such as age, pregnancy status, existing comorbidities etc. These details are outlined as 'red flags' and 'refer when' criteria in the clinical practice guidelines and clinical protocols for each condition. The clinical practice guidelines and clinical protocols for each condition can be found on the Queensland Community Pharmacy Pilots website.

Patients (and/or substitute decision makers) must also be provided with information regarding the financial, clinical and evaluation implications of participating in the Scope of Practice Pilot, as per the patient consent information sheets. More detail can be found in Section 3.

Should a situation occur where a patient who is clearly ineligible has been booked into a consultation then they should not be billed any fees. Where a patient has decided not to proceed with receiving some part of a service or becomes ineligible during the consultation, they may still be required to pay for services that have already been provided.

3 Patient consent

3.1 Patient consent

Informed consent is an essential component of person-centred healthcare and ensures that a patient has sufficient information about the proposed treatment to understand and make an appropriate decision about their care. Further information about informed consent can be found in the Queensland Health *Guide to Informed Decision-making in Health Care*.

To participate in the Scope of Practice Pilot, patients (and/or their substitute decision maker) must provide three types of consent prior to receiving pilot services: 1) clinical consent, 2) financial consent and 3) evaluation consent. All three types of consent are to be recorded in the Pilot Clinical Information System (Pilot CIS).

The consent process is supported by patient consent information sheets that are located on the Queensland Community Pharmacy Pilots website.

It is the responsibility of the participating pharmacist to ensure that all three types of consent have been communicated by the patient and recorded in the Pilot CIS prior to commencing the consultation.

3.1.1 Clinical consent

Prior to receiving a pilot service, patients (and/or their substitute decision maker) must be made aware of the scope of the pilot service being provided, including potential tests or treatments involved and the risks and benefits of the service.

Information that should be discussed as part of obtaining informed clinical consent includes:

- The scope of the service that may be delivered and what is involved in the service.
- Consent for the participating pharmacist to confidentially record and store patient information in the Pilot CIS.
- Consent for the participating pharmacist to share information as necessary with other members of the patient's health care team including with their usual General Practitioner (GP) or care provider.
- Advice that prescriptions issued under the Queensland Community Pharmacy Pilots may not be able to be dispensed outside of Queensland.

Where a patient has nominated a usual GP or care provider, the participating pharmacist should obtain consent from the patient prior to sharing the service consultation summary.

Patients have the right to change their mind regarding clinical consent for some or all of their treatment at any time, including after providing initial consent. Patients may also refuse consent for the sharing of their information with other practitioners. The patient's decision to withdraw or refuse consent should be documented in their clinical record in the Pilot CIS.

3.1.2 Financial consent

Prior to receiving a pilot service, patients (and/or their substitute decision maker) must be made aware of the costs associated with the service being provided, including the consultation fee and any other costs associated with the service.

Information that should be discussed as part of obtaining financial consent includes:

- An estimate of the consultation fee.
- Other potential cost associated with the service such as the cost of consumables, prescribed medicines, and additional investigations that may be required. Pharmacy staff should advise patients that any medicines prescribed as part of the Queensland Community Pharmacy Pilots will be charged as a private prescription, are not subsidised by the Pharmaceuticals Benefits Scheme (PBS), and do not count towards the PBS Safety Net.
- An indication of whether a follow-up consultation may be required and an estimate of what this would cost.
- Other options for accessing care at a lower or no cost (e.g., through a GP or Aboriginal Community Controlled Health Service (ACCHO)).

All consultation fees charged must align to the Queensland Community Pharmacy Pilots fee schedule outlined in Section 4.

It Is essential that patients (and/or their substitute decision maker) are explicitly made aware and understand that the consultation with a participating pharmacist and any medicines prescribed or pathology tests requested are not subsidised by the Medicare Benefits Schedule (MBS) or the PBS. All components of consultation, medicine and consumable costs for the Queensland Community Pharmacy Pilots services are out of pocket expenses and must be paid in full by the patient.

A patient may retract their financial consent, including after providing initial consent. Patients should be made aware that if they decide not to proceed with receiving some part of a service, they may still be required to pay for services that have already been provided.

The clinical and financial consent information sheet can be found on the Queensland Community Pharmacy Pilots website.

3.1.3 Evaluation consent

Prior to receiving a pilot service, patients (and/or their substitute decision maker) must be informed of the pilot service evaluation and asked to provide evaluation consent. All patients (and/or their substitute decision maker) should receive a copy of the evaluation consent information sheet.

Information that should be discussed as part of obtaining evaluation consent includes:

- That routinely collected administrative health service data necessary to ensure the appropriate monitoring of the quality and safety of the Queensland Community Pharmacy Pilots will be used for evaluation purposes. This includes routinely collected activity records and analysis of routinely collected data by Queensland Health and the Commonwealth Government about health services received before and after participation in the Queensland Community Pharmacy Pilots. **Patients must provide consent for the use of their data for the evaluation, to be eligible to receive a pilot service.**

- Consent for the patient's contact details to be shared with the evaluation team so that follow-up surveys can be sent, and the evaluation team can contact the patient (and/or their substitute decision maker) regarding other evaluation activities. **Patients must provide consent to be contacted to be eligible to receive a pilot service. Patients do not have to participate in any of the evaluation activities if contacted.**

- Once they receive a service, patients will be invited to participate in a range of evaluation activities as part of the Queensland Community Pharmacy Pilots. Consent for participation in these additional evaluation activities will be collected directly by the evaluation team at the point of contact. **Patients do not have to participate in any of the evaluation activities if contacted.**

A checklist of the key points to cover with the patient in relation to the evaluation consent is provided as a guide at Appendix C: Evaluation consent checklist.

Once patients (and/or their substitute decision maker) have been provided the information relating to evaluation consent, the pharmacy staff will confirm this consent in the Pilot CIS. In doing so, pharmacy staff are declaring that the patient (and/or their substitute decision maker) has understood key aspects of the evaluation information outlined above and in the evaluation consent information sheet.

Section 11 provides further details about evaluation activities.

4 Consultation fee schedule

Consultation fees for pilot services have been determined based on the complexity and duration of the service being provided. Participating pharmacies and pharmacists are required to adhere to the fee schedule, set out in Table 1.

Table 1: Consultation fee schedule

	Brief consultation	Standard consultation	Long consultation
Duration	<10 minutes	Between 10 and 20 minutes	>20 minutes
Description	Consultation for a patient presenting with an obvious problem characterised by the straightforward nature of the consultation that requires a short patient history, and if required, limited examination and management.	Consultation for a patient presenting with clinical signs and symptoms with an easily identifiable underlying cause that requires a standard consultation including any of the following: taking a history, undertaking clinical examination, arranging any necessary investigation, implementing a management plan, and providing appropriate preventative healthcare.	Consultation for a patient presenting with multiple clinical signs and symptoms that requires a more detailed consultation including any of the following: taking a history, undertaking clinical examination, arranging any necessary investigation, implementing a management plan, and providing appropriate preventative healthcare.
Price	$18.85	$35.45	$68.10

Time taken to complete the following activities should not be included in the consultation time:

- writing clinical notes and completing forms, reports, or other documentation
- uploading records into the Pilot CIS
- talking to carers or relatives when the patient is not present.

The Pilot consultation fees outlined in Table 1 do not include any taxes, fees or charges (such as GST).

Consultation fees will be subject to annual fee indexation which will occur in line with MBS fee indexation.

5 Scope of Practice Pilot services overview

5.1 Transition from usual care to Scope of Practice Pilot care

Pharmacists have a strong reputation for delivering health care advice and support to their patients as well as providing information about the safe and effective use of medicines. This forms part of their everyday pharmacy service.

Usual care is defined as the standard scope of practice pharmacists deliver as usual business, outside of the Scope of Practice Pilot scope. In defining and understanding the difference between usual care and Scope of Practice Pilot care and what the transition involves, it is important to acknowledge that not all customers seeking pharmacist advice will wish to participate in the Scope of Practice Pilot.

A pharmacist's duty of care prevails for all pharmacy customers and usual pharmacy services and care should continue to be provided when the patient is offered pilot services but chooses not to participate. The transition to pilot services should only proceed when the patient has been made aware of the pilot services and has provided all three types of consent.

5.2 Scope of Practice Pilot services

The *Extended Practice Authority - Community Pharmacy Scope of Practice Pilot* (Pilot EPA) provides the legislative mechanism for the Scope of Practice Pilot. Pilot services fall into two categories which are set out in the Pilot EPA:

- **Medicines management** including therapeutic adaptation, substitution and continued dispensing.
- **Prescribing** including autonomous prescribing for acute common conditions and health and wellbeing services, and protocol-based prescribing as part of a chronic disease management program.

5.2.1 Medicines management

These services enable participating pharmacists to amend and dispense a prescription for the purpose of therapeutic adaptation or substitution of a medicine, and sell an S4 medicine for the purpose of continued dispensing.

Patients must be advised prior to receiving a service for therapeutic adaptation, substitution or continued dispensing that they will be required to pay for the full cost of the medicine without any PBS subsidy applied.

5.2.1.1 Therapeutic adaptation

Participating pharmacists can amend the details of a prescribed medicine to change or adapt a drug dosage or formulation, based on determination of clinical need and patient safety. Participating pharmacists can change the formulation, strength, or instructions for use of a prescribed Schedule 4 medicine without prior approval from the original prescriber, provided the formulation change is therapeutically equivalent and allows for equivalent dosing.

Examples of this include:

- Changing prescribed formulation from a capsule to a liquid for patients with swallowing difficulties.
- Changing from an autohaler to a metred dose inhaler (puffer) plus spacer.
- Changing a sustained release preparation to an immediate release preparation if the patient is crushing the medication to enable adherence.

5.2.1.2 Therapeutic substitution

Participating pharmacists may substitute one medicine for another belonging to the same therapeutic class with expected dose equivalence, without prior approval of the original prescriber.

Examples of this include:

- Substituting budesonide 200 micrograms twice daily with fluticasone propionate 100 micrograms twice daily for the maintenance treatment of asthma.
- Substituting rosuvastatin 20mg daily for atorvastatin 40mg daily for daily management of dyslipidaemia.

5.2.1.3 Continued dispensing

Participating pharmacists may sell a manufacturers pack quantity of Schedule 4 medicines, where the patient is unable to obtain a prescription, and where:

- The medicine has been previously supplied within the last six months.
- The patient's condition is stable and there is an immediate and ongoing need for the supply.
- The medicine is safe and appropriate. The medicine has not been supplied in the past 12 months without a prescription.

In line with restrictions outlined in the *Medicines and Poisons Regulation (2021)*, diversion-risk and restricted medicines are not in scope for the Scope of Practice Pilot, including for therapeutic adaptation and substitution and continued dispensing.

5.2.2 Prescribing

A participating pharmacist may prescribe a medicine to a patient in accordance with the Pilot EPA where this is required for the management of the patient's condition. All prescribing must be completed as part of a consultation and must have a corresponding clinical record within the Pilot CIS. Where a medicine is prescribed, the clinical record must include:

- relevant patient history
- an assessment of the condition that requires the prescribed medicine
- the management plan for treating that patient's condition, including the prescribed medicines' name, strength, formulation, instructions for use and amount.

When selecting a medication to manage the patient's condition, the medicine must be mentioned within the relevant section of the current online version of the Therapeutic Guidelines and must be prescribed in accordance with any restrictions stated within the relevant Scope of Practice Pilot clinical practice guidelines or clinical protocols.

Additional information related to prescribing may be mentioned within the relevant clinical practice guidelines or clinical protocols. Participating pharmacists must be aware of any restrictions that impact the prescribing of medicines for the pilot service.

Prescriptions must be compliant with all other requirements outlined within the *Medicines and Poisons (Medicines) Regulation (2021)* and *Medicines and Poisons Act 2019*. Refer to the *Writing Lawful Prescriptions* factsheet for information.

Prescriptions for services delivered through the Scope of Practice Pilot will be generated from the Pilot CIS. Participating pharmacists may choose to generate an electronic or paper prescription for the patient. Scope of Practice Pilot prescriptions will be provided to patients and can be presented at any pharmacy to be dispensed including the pharmacy where the Scope of Practice Pilot care was delivered. For both paper and electronic prescriptions, verification of the participating pharmacist prescriber is confirmed via the eRx Script Exchange, using the barcode located on the script.

Patients prescribed medicines who may be travelling interstate should be advised that their prescription may not be able to be dispensed outside of Queensland.

Clinical practice guidelines and clinical protocols have been developed to support the delivery of pilot services that involve prescribing. These guidelines and protocols have been informed by and developed in alignment with the Therapeutic Guidelines, the Australian Medicines Handbook (AMH), and other relevant resources.

6 Clinical record keeping

Clear, thorough, and timely clinical documentation is critical to delivering and facilitating safe and quality healthcare services and is proven to improve patient outcomes by ensuring that essential information about a patient's care is available to all members of the patient's care team.

Ensuring the completeness and accuracy of documentation in the clinical record is important for good clinical communication across care providers and forms the basis of safe transitions of care between treating clinicians and with the patient and their carer/family.

Quality clinical documentation also ensures that the participating pharmacist is protected in the event of any complaint or allegation about the care provided. If the documentation is missing or incomplete, the participating pharmacist may be at risk of being unable to support their clinical decision-making or explain the action taken.

A bespoke Pilot CIS has been developed for collecting, storing, and sharing patient records. Every patient seen through the Scope of Practice Pilot must have a clinical record that supports effective patient care during and following the consultation and enables collaborative communication and/or referral between healthcare providers.

Participating pharmacists are required to **finalise all clinical records within 24 hours of the consultation** to ensure clarity and completeness of the clinical documentation. It is important to avoid saving clinical records as drafts, as this helps maintain quality and safety standards for the Scope of Practice Pilot. In addition, **draft records may not be compliant with professional and legal requirements**. Pharmacists should implement a process to review and finalise clinical records at the end of each day.

High-quality clinical documentation should be informed by the principles outlined in Table 2 which have been adapted from the *Australian Commission on Safety and Quality in Healthcare*.

Table 2: Principles of high-quality clinical documentation

Principle	Outcome
Person-centred	• The patient's goals for their care are reflected in the care provided. • Documentation is tailored to the care needs of the patient, taking into consideration what practical information is needed to support safe care.
Compliant	• Privacy and confidentiality requirements are met. • Patient consent documentation requirements are met.

	• Standardised terminology and approved abbreviations are used for both general health terms and medications.
Complete, accurate and readable	• Relevant information is captured, including clinical history, the results of diagnostic tests, treatment plan and information and advice (including communication with other healthcare practitioners). • Documentation is accurate, objective and shows respect for the patient. • Documentation can be understood by other health practitioners. This includes the patient's management plan and any other details in the clinical record necessary to facilitate continuity of care.
Integrated and up to date	• Relevant information is shared with other health practitioners securely and in a timely manner. • Consultation summary documentation is provided to the patient where relevant. • Information is up to date. Clinical records, consultation summaries and referrals are completed contemporaneously with the consultation.
Accessible	• The needs and the capabilities of those who will use the information are considered, including language barriers. This may include the patient and their family and/or carer. • Documents are available to patients and clinicians that need them, when they need them (physical accessibility).

6.1 Data privacy

Participating pharmacists are required to comply with *Queensland health record legislation*, to ensure that clinical records are held securely and that unauthorised access to such records is prevented, including protecting the privacy and integrity of electronic records. Participating pharmacists must also comply with relevant State and Commonwealth legislation and guidelines pertaining to the privacy and confidentiality of personal information.

Pharmacy staff must also recognise that patients have a right to access information contained within their clinical record and should facilitate access to the required information in a timely manner where appropriate.

It is a pharmacy owner's responsibility to ensure that all participating pharmacists and pharmacy staff uphold the privacy and confidentiality of collected and stored data and ensure that only authorised staff have the ability to view, input, amend and distribute clinical information collected as part of a Scope of Practice Pilot consultation.

6.2 Patient clinical record

The patient clinical record will include general administrative, patient-specific and consultation specific information that is taken prior to, during and following consultation.

Patient clinical records must be contained within the Pilot CIS. In the event that the Pilot CIS is unavailable due to unexpected system downtime, a paper clinical record should be used. A template that can be used for this purpose has been included at Appendix B: Paper clinical record.

It should be noted that in the event of the Pilot CIS being unavailable, participating pharmacists will not be able to generate Scope of Practice Pilot prescriptions.

6.2.1 Clinical documentation for medication management services

Participating pharmacists must ensure all medicine management services are documented in the Pilot CIS. The Pilot EPA requires the following information to be included within the clinical record when providing a medication management service:

- the patient's personal details including their name and address
- a record of the patient's financial, clinical and evaluation consent
- the reason for providing the medication management service inclusive of any clinical decision making
- details of the original medicine and the medicine supplied (if different to the original medicine).

Example documentation for medication management services is detailed within Table 3, Table 4 and Table 5, as a guide.

Table 3: Consultation specific record keeping for therapeutic adaptation

Field	Example information
Clinical note	On Fluticasone for COPD. Patient reports throat irritation using DPI device. Concerns regarding correct use. No signs/symptoms of oral thrush. Nil reported respiratory distress or recent decline in function. Nil other concerns with management of COPD and respiratory health.
Details of the original medicine	Fluticasone priorionate Accuhaler 250mcg/dose 1 dose BD Qty 1
Details of the new medicine	Fluticasone priorionate pMDI 250mcg/dose 1 puff BD via spacer Qty 1

Notification and referrals	GP notified of change.
Reason for adaptation/substitution	Reviewed inhaler technique. Incorrect technique. May not be receiving full dose. Trial pressurised MDI+spacer at same dose.

Table 4: Consultation specific record keeping for therapeutic substitution

Section	Example information
Clinical note	Presented with prescription for Rosuvastatin 20mg - currently on backorder for >2/52 with no ETA. Medicine not available locally.
Details of the original medicine	Rosuvastatin 20mg 1 tablet in the morning Qty 30
Details of the new medicine	Atorvastatin 40mg 1 tablet in the morning Qty 30
Notification and referrals	Nil provided. Patient did not want a notification provided to GP, will discuss at next appointment.
Reason for adaptation/substitution	Patient consented to change therapy to Atorvastatin 40mg to continue treatment while Rosuvastatin is short. AMH information to support therapeutic equivalence of statin medicines.

Table 5: Consultation specific record keeping for continued dispensing

Field	Required information
Clinical note	Patient requested supply of allopurinol 300mg tablets. 3/7 supply remaining and unable to see GP. No reported changes to dose or condition or acute flares in over 4/12. Supplied standard pack (60 tabs) of Allopurinol.
Details of the original medicine	Allopurinol 300mg tablets, Take one tablet every morning
Details of the medication supplied	Allopurinol 300mg tablets, Take one tablet every morning. Qty 60.
Notification and referrals	GP notified.

6.2.2 Clinical documentation for prescribing services

Participating pharmacists are required to complete a clinical record where a consultation is provided for an acute common condition, health and wellbeing service, or for a chronic disease management program. A comprehensive clinical record is required to detail the following information:

- the patient's personal details including their name and address

- a record of the patient's financial, clinical and evaluation consent
- the patient's medical history relevant for the management of the condition
- details of the assessment conducted, including examinations, investigations, measurements, including if pathology was requested
- diagnosis or working diagnosis made
- the management plan including all interventions provided for the patient, including therapeutic and non-therapeutic management
- all referrals or notifications made to other healthcare professionals
- any plans made for clinical review and follow-up with the patient.

Example clinical documentation is detailed within Table 6 and Table 7 as a guide.

Table 6 provides an example clinical consultation record for a general consultation for a 5-year-old male with Acute Otitis Media.

Table 6: Example clinical consultation record for a general consultation

Field	Example information
Past medical history	Nil significant.
Past surgical history	Nil.
Medication history	No regular medicines. Paracetamol and ibuprofen prn for pain. Vaccinations up to date.
Allergies and adverse reactions	Nil known.
Smoking, alcohol and recreational drugs history	Nil.
Relevant family history	No family history of ear conditions or hearing loss.
Relevant work, hobbies and other information	Swimming.
New service or follow-up service	New service.
Presenting symptom	Ear pain.
Subjective assessment	Mother reports pulling at right ear with 38C temp for 2/7. Recent Hx of URTI symptoms since resolved 5/7 ago. Eating/drinking normal or slightly less. Slight improvement in pain today. Discharge present from affected ear since this morning.

Field	Example information
	Nil issues with speech, learning or developmental delay, other ear conditions/recurrent infections. Up to date with recommended hearing tests.
Objective assessment (including measures)	Temp: 38° C, HR: 98 bpm, RR: 28, Weight 19kg (Mother estimated). Ears in normal position with no redness/swelling. Nil enlarged/tender cervical lymph nodes or mastoid area. Yellow cloudy discharge present in right ear. Both ear canals normal, no redness. TM visualised both ears. Right ear TM red/inflamed with decreased mobility, very small visible perforation present. Nil retraction of TM, no perforation visible in attic region. TM in left ear appears normal and mobile.
Diagnosis	AOM with small perforation.
Treatment and plan	Agreed plan: • Prescribed amoxicillin 300mg TDS for 5 days as per TGs. • Continue with paracetamol/ibuprofen prn for pain. • Factsheet on ear hygiene and dry mopping. • Advised avoid swimming and water exposure until perforation has fully healed (at least 1 week). • Follow-up with GP within 5 days. Advised to arrange urgent follow if symptoms worsen.
Follow-up and clinical review	Not required.
Notification and referrals	Referral provided.

Table 7 provides an example clinical consultation record for a general consultation for a 19-year-old female requesting a service for acne (and ongoing hormonal contraception).

Table 7: Example clinical consultation record for a general consultation

Field	Example information
Past medical history	Nil.
Past surgical history	Nil.
Medication history	Levlen-ED (ethinylestradiol/levonorgestrel) OD. Recently trialled Benzol peroxide. Up to date with vaccines including HPV.

Field	Example information
Allergies and adverse reactions	Nil known.
Smoking, alcohol and recreational drugs history	1 or 2 drinks/month, up to 6 std drinks per occasion.
Relevant family history	Mother had acne in early 20s. No FHx of blood clotting disorders.
Obstetric history	Nil.
Relevant sexual activity	Sexually active, stable relationship 7/12. OCP for contraception.
Relevant work, hobbies and other information	Uni student, recently commenced work in a supermarket deli.
New service/follow-up	New service.
Presenting symptom	Contraception oral. Skin symptom/complaint other.
Subjective assessment	Acne since early teens. Noted COC improved acne initially but now worsening last 1/12 since starting work. Trialled OTC Benzac for 3/52 but ceased, nil improvement. Current skincare sun protection and moisturiser at night. Requested new prescription for the COC. Last prescribed COC 11/12 ago. Stable on COC last 3 years. Normal menstrual cycle, nil significant symptoms. No signs of androgenisation/hirsutism. Nil reported Hx of STI's. Nil other genitourinary symptoms present. Likely low STI risk.
Objective assessment (including measurements)	Weight: 64kg Height: 165cm BMI: 24.6 Blood pressure: 110/70 mmHg. Acne localised to face /neck - multiple open and closed comedones, some areas contain inflammatory papules/pustules. No visible cysts or scarring.
Diagnosis	Moderate acne.
Treatment and plan	Acne Restart benzoyl peroxide add topical retinoid for acne. Prescribed benzoyl peroxide/adapalene 2.5%/0.1% apply once daily (30g, nil repeats). Advised side effects, importance of sun protection, management of irritation, importance of COC while using adapalene. To advise if considering stopping COC. Contraception (service available under the Queensland Community Pharmacy Hormonal Contraception Pilot) Discussed contraceptive preference to continue COC.

Field	Example information
	Prescribed ethinylestradiol/levonorgestrel 150microg/30microg 1 tablet daily (112 tablets, 1 repeat). Discussed of importance of STI screening.
Follow-up/clinical review	Review acne in 6 weeks. Consult summary to GP.

6.2.3 Clinical photography

Participating pharmacists may wish to utilise clinical photography to capture physical aspects of a patient's condition in order to track changes over time. Patients (and/or their substitute decision maker) should consent to the capture and storage of the clinical images and participating pharmacists must document this consent within the patient's clinical record in the Pilot CIS.

As part of the consent process, participating pharmacists must discuss the purpose of capturing a clinical image, provide an explanation as to how the clinical image will be used, outline who will have access to the image and where the image will be stored.

All clinical images that are captured must be done so in accordance with relevant *privacy legislation* and guidelines. Participating pharmacists must only use clinical images for the purpose they were collected and in accordance with the patient's consent. Clinical images may be uploaded as attachments within the clinical record in the Pilot CIS.

7 Professional communication

7.1 Consultation summary

Timely and comprehensive sharing of information with other members of the patient's health care team is critical for ensuring continuity of safe and high-quality care for the patient and supports reduction in duplication of tests and investigations.

Following a consultation, a consultation summary should be provided to the patient and, with patient consent, electronically shared with the patient's usual GP or care provider(s) via secure messaging within the Pilot CIS. Where this is not possible, alternative secure transfer of patient information may be used. Ideally, this communication should occur within 48 hours of the consultation.

Where a GP or usual care provider is not nominated, the patient should be provided with a digital or hardcopy of the consultation summary, to be given to the care practitioner of their choice.

The consultation summary can be generated within the Pilot CIS and must include relevant details including personal and clinical patient information, relevant history, presenting symptoms, information on the treatment plan and advice on ongoing care and management of the patient.

7.2 Referrals

Patients accessing pilot services may require referral to other healthcare providers for further investigation, treatment or management including collaborative management. The clinical practice guidelines and clinical protocols provide guidance and criteria to aid clinical decision-making in determining when a patient may require a referral.

A referral may occur concurrently with commencement and/or ongoing management of the patient by the participating pharmacist. Alternatively, a referral may result in the transfer of care for the patient to another healthcare provider. Timely and comprehensive referrals are critical to ensuring continuity of safe and high-quality care for the patient.

A copy of the referral should be shared with the patient. Where possible referrals should be sent to the nominated provider via secure messaging within the Pilot CIS. Where this is not possible, alternative secure transfer of patient information may be used. Where a usual care provider is not nominated, the patient should be provided with a digital or hardcopy of the referral to be given to the care practitioner of their choice.

Where the relevant clinical practice guideline or clinical protocol requires a referral to be made, the participating pharmacist must ensure that a written referral is provided to the patient and/or their designated primary care provider.

The referral/s can be generated within the Pilot CIS and must include patient identification details, referring practitioner details, relevant clinical information about the condition, treatment provided including any medication prescribed or changed and the reason for the referral.

8 Pathology testing

Pathology testing has been identified as potentially being required to support the pharmacist management of care for three pilot services. These tests have been outlined in Table 8.

Pharmacists may choose to use the iMedical Online Pathology Test online service for requesting pathology tests. Pathology test results and any planned follow-up action must be appropriately captured and documented in the patient's clinical record within the Pilot CIS.

Table 8: Pathology testing

Relevant pilot service	Test description	Indication(s)	Measurement conducted
Cardiovascular disease risk reduction program, Management of weight and obesity	Biochemistry profile	Screening for type 2 diabetes (blood glucose) Screening for kidney disease To support prescribing pharmacotherapy	Sodium, Potassium, Chloride, Bicarbonate, Creatinine, Urea, Glucose, Total Protein, Albumin, Total Bilirubin, Direct Bilirubin, Urate, ALT, AST, ALP, GGT, LD, Calcium, Phosphate, Magnesium
Cardiovascular disease risk reduction, Management of weight and obesity	Glycated haemoglobin	Screening for type 2 diabetes	HbA1c (%)
Cardiovascular disease risk reduction program, Management of weight and obesity	Lipid profile (Cholesterol and Triglycerides)	Assessment of cardiovascular risk	Total cholesterol; HDL cholesterol; LDL cholesterol (calculated); VLDL cholesterol (calculated); Triglycerides
Cardiovascular disease risk reduction	Creatine Kinase	To support prescribing pharmacotherapy	Creatinine kinase
Cardiovascular disease risk reduction	Liver function	To support prescribing pharmacotherapy	Protein; Albumin; Liver enzymes (AST, ALT, ALP, GGT); Total bilirubin; Direct bilirubin; Globulin (calculated)

Relevant pilot service	Test description	Indication(s)	Measurement conducted
Cardiovascular disease risk reduction	Urine albumin/ creatinine ratio	Screening for kidney disease	Albumin/Creatinine Ratio; Microalbumin; ACR; AER; Alb/Cr; Albumin Clearance; Albuminuria Screen
Cardiovascular disease risk reduction	Full blood count and complete blood examination	To support prescribing pharmacotherapy	White Cell Count (WCC, WBC), Eosinophils, Red Cell Count (RCC, RBC), Haemoglobin (Hgb, Hb), Haematocrit (Hct/Packed Cell Volume (PCV)], Mean Cell Volume (MCV), Platelet Count (Plt)]; FBC; FBE; Sezary Cells; CBE
Cardiovascular disease risk reduction	Vitamin B12	To support prescribing pharmacotherapy	Vitamin B12 level
Travel Health	Microbial antibody testing: • Hepatitis A • Hepatitis B • Measles • Mumps • Rubella • Varicella	Assess vaccination status for vaccine preventable diseases	Serology and immune status for the chosen vaccine preventable disease

8.1 Point of Care testing (PoCT)

All PoCT instruments used for the Scope of Practice Pilot, including but not limited to consumables, reagents, controls, and software, must be listed on the *Australian Register of Therapeutic Goods*.

Pharmacies must have documented processes for ensuring that PoCT is completed to an acceptable standard and that results are actioned appropriately.

Where PoCT is performed for a patient, the result must be documented within the patient's clinical record in the Pilot CIS, including (where appropriate) the date and time the test was performed, the validity of the result, and the identification of the PoCT instrument used.

Where there are concerns related to the validity of the result, these should be documented within the patient's clinical record along with a plan to retest (either through PoCT or laboratory testing).

Confirmatory pathology testing (through a laboratory) is required for confirmation of a result that is diagnostic (e.g., fasting blood glucose results >7 mmol/L).

Staff performing PoCT must be aware of the reference ranges for each test conducted and the implication of a result outside of the reference range.

Relevant standards and resources to support with PoCT are provided below.

- *Australasian Association of Clinical Biochemists – Point of Care Testing Implementation Guide*
- *Royal Australian College of General Practitioners – Standards for point-of-care testing*
- *Department of Health and Aged Care | Requirements for Point of Care Testing (Second Edition 2021)*

9 Clinical incident and feedback management

Ensuring that lessons learned are captured, communicated, and applied is an important part of creating a system that enables continuous improvement and informs better clinical practice and service delivery. This includes having a culture that encourages patients and staff to report incidents and share learnings.

9.1 Feedback and incident reporting

Feedback from participating pharmacists, pharmacy staff, health practitioners and consumers regarding their experience of the Scope of Practice Pilot is strongly encouraged to support continuous improvement of pilot service delivery. The Queensland Community Pharmacy Pilots Quality and Safety Framework articulates a systems approach to understanding and analysing clinical incidents.

A process for monitoring and maintaining an effective feedback and incident management system within the Scope of Practice Pilot has been developed to provide an accessible, responsive, and fair process for consumers, providers and all stakeholders involved.

The Queensland Community Pharmacy Pilots online feedback and incident form, located on the Queensland Community Pharmacy Pilots website, has been designed for consumers and stakeholders to provide general feedback, report a clinical incident, give a compliment, or make a suggestion for improvement. Complaints and incidents are also able to be reported via the Office of the Health Ombudsman (OHO) and the Australian Health Practitioners Regulation Agency (Ahpra).

This online feedback and incident reporting mechanism is in addition to existing business as usual feedback and incident management policies and processes for the pharmacy.

The process for participating pharmacists and/or pharmacy owners to report feedback or incidents is outlined in Section 10.3.2.

The Pilot Coordination Team will register submissions received via the online feedback and incident form or via email into a central register where they are triaged, reviewed and managed through the appropriate avenue.

Through the triage and review processes, submissions will be categorised as:

- Compliments – are communicated back to the participating pharmacy/pharmacist and noted in reporting.
- Suggestions for improvement – are assessed for potential improvements for the Scope of Practice Pilot, and/or communicated back to the pharmacy if relevant.

- Complaints – are referred (if appropriate) to the relevant participating pharmacy for management via local policies and processes. Depending on the nature of the complaint, it may also be referred to other quality and safety pathways for action and resolution, including to the Queensland Community Pharmacy Pilots Quality and Safety Subcommittee.

- Clinical incidents –are managed through the appropriate quality and safety pathway, depending on the nature of the incident. This may include referral to the Queensland Community Pharmacy Pilots Quality and Safety Subcommittee or to the OHO.

All feedback and incident reports are used to inform quality and safety management and reporting and continual quality improvement processes, as well as to inform the evaluation of the Scope of Practice Pilot.

10 Pilot administration and support

The Pilot Coordination Team provides support to participating pharmacists and pharmacies and ensures that reporting requirements for the Scope of Practice Pilot are met.

In addition to providing support for Scope of Practice Pilot related queries and questions, the Pilot Coordination Team is responsible for conducting the Check-in process and maintaining up to date information on the Queensland Community Pharmacy Pilots website.

The sections below provide an overview of what support to expect and the resources available to pharmacies and pharmacists for the duration of the Scope of Practice Pilot.

10.1 Check-in process

The approach to conducting the Check-in process aims to create minimal workload for pharmacies and pharmacists while ensuring a regular and comprehensive assessment of compliance with service delivery and operational requirements. There are several components to the Check-in process for both participating pharmacists and pharmacy owners that are highlighted in Table 9.

Table 9: Stages of the Check-in process

Stage	Description	What should you expect
Selection and notification	A list of pharmacies who will participate in the Check-in process for the given month, will be generated based on the time since the pharmacy has received authorisation. The cadence which each pharmacy will be selected to participate in the Check-in process for the Scope of Practice Pilot is 3, 12 and 24-months following authorisation.	As part of this process, the pharmacy owner and participating pharmacists will receive a notification email that the pharmacy has been selected. The email will invite you to work with the Pilot Coordination Team to find a suitable time to conduct the Check-in conversation. Within the notification email, you will be provided with a link to the **Pilot evaluation survey for completion** and requested to provide an **image/s of your private consultation room**.
Compliance Check	A review will be undertaken to ensure that the participation requirements continue to be met, including having a private consultation	This will be done as pre-work by the Pilot Coordination Team ahead of the Check-in conversation.

	room and AHPRA registrations.	
Patient record auditing	A sample of patient records will be selected to be reviewed for alignment with the clinical practice guidelines and clinical protocols and completeness of the clinical record.	The outcome of the patient record audit will be included in the post-Check-in summary.
Check-in conversation	Check-in conversations provide a proactive approach to understanding the operational impacts, challenges and experience of delivering pilot services.	These sessions will be scheduled for approximately 30 minutes and will be either through teams or in-person with a member of the Pilot Coordination Team. A number of topics will be discussed during the Check-ins, to understand if you have any concerns or require any additional support.
Post-Check-in summary	A summary of the Check-in will be generated for each pharmacy.	You will receive a copy of the summary through email and will have the opportunity to clarify or discuss any component of the summary with the Pilot Coordination Team.

10.2 Pilot Website

The Queensland Community Pharmacy Pilots website has been established to assist with the management of information and resources. The Queensland Community Pharmacy Pilots website provides access to the registration process and a range of pilot resources.

10.3 Registration process

A Registration Information Pack has been developed to support pharmacy owners in completing the registration process. This document outlines what is involved in completing the registration form, details the information that will be requested as part of the registration process and answers a number of frequently asked questions.

Pharmacists wishing to participate in the Scope of Practice Pilot should work with the relevant pharmacy owner to confirm adherence to the participation requirements and to complete the registration process.

10.3.1 Accessing Scope of Practice Pilot resources

Resources that have been developed to assist with the delivery of pilot services are located on the Queensland Community Pharmacy Pilots website. It is important to note that printed versions of these documents are uncontrolled and that documents located on the website may be updated throughout the Scope of Practice Pilot.

Resources that are available on the Queensland Community Pharmacy Pilots website include:

- The Scope of Practice Pilot Handbook (this document)
- The Clinical Practice Guidelines and Clinical Protocols
- In-store promotional resources
- Queensland Community Pharmacy Pilots Registration Information Pack
- The clinical and financial consent information sheet.

10.3.2 Reporting a clinical incident

Participating pharmacists and/or pharmacy owners are required to report the following via email to the PCT at qld-pharmacyscopepilot@health.qld.gov.au:

- all clinical incidents relating to the Pilot that are reported to a pharmacist's indemnity insurer; and
- any instances where the OHO or Ahpra are investigating a clinical incident or complaint about a pilot service.

Reporting of clinical incidents via email to qld-pharmacyscopepilot@health.qld.gov.au is essential to ensure central visibility of all clinical incidents relating to the Scope of Practice Pilot.

10.3.3 Participating pharmacies look-up directory

The 'Participating pharmacies look up directory' is an online tool that allows consumers to search for pharmacies that are taking part in the Scope of Practice Pilot. This directory is located on the Queensland Community Pharmacy Pilots website.

The Participating pharmacies look-up directory includes the phone number and address of the pharmacy, and a link to the Scope of Practice Pilot booking portal for that pharmacy, if provided through the registration process. If a pharmacy owner wishes to update the details that are displayed on the Participating pharmacies look-up directory, they can contact the Pilot Coordination Team via email to qld-pharmacyscopepilot@health.qld.gov.au.

Pharmacists are responsible for reporting all changes to relevant details or their participation in the Scope of Practice Pilot, for the duration of the Pilot. If a participating pharmacist stops providing pilot services, it is the responsibility of the pharmacist to report this to the Pilot Coordination Team via email to qld-pharmacyscopepilot@health.qld.gov.au . This is important so that pharmacies who are no longer providing pilot services do not appear in the Participating pharmacies look-up directory.

10.4 Key contacts

There are a number of key contacts available for participating pharmacists and pharmacies to access support throughout the delivery of pilot services, as summarised in Table 10.

Table 10: Key contacts for pilot service-related queries and issues

Contact	Key Contact	Contact Details	Support Provided
Queensland Health	Pilot Coordination Team	E: qld-pharmacyscopepilot@health.qld.gov.au	Primary point of contact for queries and further information.
Clinical Information System provider	MedAdvisor Qld support	P: 1300 909 917	Technical support with the booking system and Pilot CIS used for pilot services.
Pilot evaluation team	Pilot Evaluation Team	E: QCPSPPevaluation@deloitte.com.au P: (07) 3003 8230	Primary point of contact for questions relating to the evaluation and ongoing monitoring of the Pilot.

11 Evaluation

Queensland Health has commissioned an external evaluation of the Scope of Practice Pilot. The evaluation is being conducted by an external evaluation team (Deloitte in partnership with Griffith University academics). The evaluation has received ethical approval through Griffith University's Human Research Ethics Committee.

This mixed-methods evaluation will collect and analyse data from a range of sources, including activity and administrative records and additional data collected from all stakeholders involved in the delivery of the Scope of Practice Pilot. Stakeholders include participating pharmacists, participating pharmacy owners/managers, patients, other healthcare practitioners, and other relevant stakeholders (e.g., peak bodies, government, and consumer representative groups).

The following section provides an overview of the additional data that is collected by the evaluation team from pharmacists, pharmacy owners, and patients who choose to participate in the evaluation activities.

All data collected for the evaluation is kept private and stored in secure online environments, held by Deloitte and Griffith University. This information is only accessible to the evaluation team. More information about risks, privacy, and data storage is outlined in the evaluation information sheet.

There are a range of other stakeholders who may be consulted as part of the evaluation (see Table 11).

Table 11: Consultations for other stakeholders

Group	Purpose
Other Healthcare Practitioner Survey	To collect information about their experiences of the Pilot.
Other key stakeholder consultations	To collect insights from other key stakeholders, including peak bodies, and other representative groups.

If you have any questions about evaluation activities, please contact the evaluation team directly using the details provided in Section 10.4.

11.1 Evaluation data collection – pharmacists and pharmacy owners/managers

There are a number of opportunities for participating pharmacists and pharmacy owners to contribute their views about the Scope of Practice Pilot to the evaluation team. These are outlined in Table 12 which describes the purpose and timeframe of each evaluation activity.

While participating pharmacists, pharmacy owners and other pharmacy staff will be invited to complete all of the following evaluation activities, you can choose whether or not to participate in one or all of these evaluation activities.

Table 12: List of pharmacist evaluation activities

Evaluation activity	Purpose	Timeframe
Post Training survey	To collect data about to what extent the training was a barrier or enabler to delivery of pilot services and participating pharmacist's experiences of training.	Six weeks after authorisation to commence pilot services.
Pharmacy Pilot survey	To collect data about participating pharmacists, pharmacy owners/managers and other pharmacy staff experiences with the delivery of pilot services.	Surveys will be sent as part of the Check-in process (see Section 10.1).
Option for follow-up interviews/focus groups	An optional interview with the evaluation team to provide further feedback about experiences in the Scope of Practice Pilot. Participating pharmacists, pharmacy owners/managers and other pharmacy staff can express interest in these follow-ups by indicating their interest as part of the pharmacist pilot survey.	Interviews will be offered after the Pharmacy Pilot survey.
Formal withdrawal survey	Captures participating pharmacists' self-reported reasons for withdrawing from the Scope of Practice Pilot (or from pilot training).	Once a participating pharmacist has withdrawn.

11.2 Evaluation data collection – patients

A condition for participation in the Scope of Practice Pilot is that patients are required to consent to the provision of routinely collected activity data for evaluation purposes. This includes the collection and analysis of data relating to the services patients receive, along with data about a patient's health service utilisation more broadly (e.g., MBS, PBS, and hospitalisation data). The evaluation team ensures that appropriate privacy and security processes are in place to access this information, in line with ethical guidelines.

Patients will also be sent a Patient Experience Survey within seven days following each pilot service consultation. These surveys will collect information regarding the patient's experience accessing care under the Scope of Practice Pilot (booking, convenience, cost etc) and the care that they received (interactions with pharmacy staff, confidence and trust and patient centred care). Patients will also be able to provide further feedback and insights about the Pilot services through the opportunity to participate in other evaluation activities.

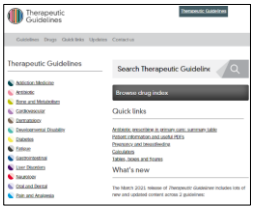
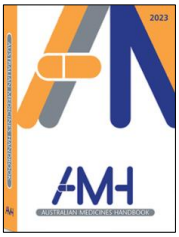
12 Key documents and resources

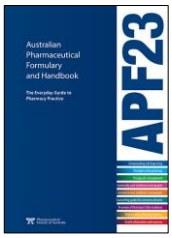
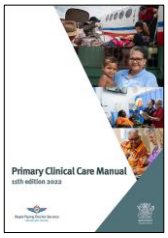
The delivery of pilot services is supported by key documents and resources which can be used by participating pharmacies and pharmacists to support effective and high-quality service delivery.

In addition, there are a number of resources that have been used to inform the Scope of Practice Pilot clinical practice guidelines and clinical protocols and may be useful to reference throughout pilot service delivery.

These resources are summarised in Table 13.

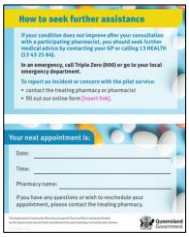
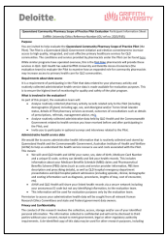
Table 13: Key resources and documents

Resource	Description
	Relevant Queensland Legislation Medicines and Poisons (Medicines) Regulation 2021 Extended Practice Authority – Community pharmacy scope of practice pilot
	**Pilot clinical practice protocols and clinical guidelines** The clinical practice protocols and clinical guidelines guide participating pharmacists' management of each condition and program within the Scope of Practice Pilot. This includes detailing the parameters of the intervention or service.
	**Therapeutic Guidelines** The Therapeutic Guidelines is an online data base that provides practical treatment advice to assist practitioners with decision making at the point-of-care.
	**Australian Medicines Handbook and the AMH Children's Dosing Companion** The AMH is an independent, evidence-based, national drug reference, for health practitioners concerned with the quality use of medicines.

Resource	Description
	**Australian Pharmaceutical Formulary and Handbook (APF)** The APF contains information related to medicines, medicines safety, good dispensing practice, complementary medicines, drug interactions, managing missed doses of contraceptives, wound management and laboratory tests used in clinical practice.
	**Monthly Index of Medical Specialities (MIMS) Australia** MIMS is an online database that provides comprehensive and trusted medicines information to Australian health care professionals.
Australian **Immunisation** Handbook	**The Australian Immunisation Handbook** The Australian Immunisation Handbook is an online resource that provides clinical guidelines for healthcare professionals and others about the safest and most effective use of vaccines.
	**The Primary Clinical Care Manual (PCCM)** The PCCM is the principal clinical reference for health professionals working in rural, remote, and isolated health care settings. The PCCM is reflective of the most recent evidence, which is adapted to the rural, remote, and isolated context.
MSD MANUAL	**MSD Manual for the Professional (the Merck Manual)** The Merck Manuals are medical reference resources that cover a number of medical topics, including disorders, tests, diagnoses and drugs. The Merck Manual has been used in developing the advice provided in the clinical practice guidelines and clinical protocols.

The resources developed to support and effectively inform consumers on the services available as part of the Queensland Community Pharmacy Pilots are listed in Table 14. Digital versions of these resources are available on the Queensland Community Pharmacy Pilots website.

Table 14: Consumer resources

Resource	Description
	**Pilot information sheet** The Pilot information sheet provides simple, succinct, and clear information on what the Pilot is, the services provided and associated costs.
	**Pilot appointment card** The Pilot appointment card provides succinct and clear information on how to seek further assistance as well as giving patients a physical option for pharmacy staff to record details of their next Pilot service appointment.
	**Pharmacy posters** Pharmacy posters provide simple, succinct, and clear information on what the Pilot is, the services provided and associated costs. The poster is recommended to be used as external signage and throughout the pharmacy.
	**Clinical and financial consent information sheet** The clinical and financial consent information sheet provides information about what constitutes clinical and financial consent, and what information the patient should understand prior to providing clinical and financial consent.
	**Evaluation consent information sheet** The evaluation consent information sheet provides information about the evaluation process and the evaluation activities patients will be required to participate in as part of accessing a pilot service.

Appendix A: Room requirements

Pilot services must be delivered in a private consultation room for patient privacy and to ensure confidential conversations and patient examinations can be conducted.

The Quality Care Pharmacy Program (QCPP) outlines a number of minimum standards for a consultation area[1]. These requirements are for a consultation area that:

- Allows for confidential sit-down consultations between the participating pharmacist and patient and/or substitute decision maker.
- Allows the participating pharmacist and patient and/or substitute decision maker to talk at normal speaking volumes without being overheard by others.
- Is not within the dispensary.

In addition to the QCPP standards for a consultation area, the room requirements to deliver pilot services are detailed in Table 15.

Table 15: Pilot service room requirements

Category	Requirement
Infrastructure	Sufficient floor area within the consultation room for the required equipment and furniture to deliver care effectively and comfortably to the patient
	Room is suitably enclosed and sound-proof to ensure patient privacy and confidentiality
	Room has sufficient lighting to effectively examine the patient and conduct the consultation
	Room maintains a comfortable ambient temperature
	Room has access to hand washing facility (including sink) to ensure appropriate infection control measures are achievable
	Room has flooring that is easy to clean
	Room has appropriate storage space to safely and hygienically store clinical and non-clinical consumables
Information and	Room has a computer with the Pilot Clinical Information System available and accessible during the consultation

[1]Professional Service Area, Quality Care Pharmacy Program, 2020.

Category	Requirement
Communication Technology	Room has a printer or access to a proximal printer to be able to provide physical documentation to the patient
Equipment	Room contains an examination table, or all-purpose fully reclinable bed-chair, that is suitable for patient examinations and procedures
	Room contains a desk and office chair for participating pharmacists that has appropriate space for a computer and to appropriately conduct the consultation
	Room contains adequate seating for the patient and a guardian/carer
	Room has a hand sanitising station that can be used by the participating pharmacist and patient (alcohol concentration of between 60% and 80% volume per volume ethanol or equivalent)
	Room has safe and sanitary disposal bins for sharps and other consumables as well as the relevant process in place for waste management
	Room has a First Aid kit, an emergency response protocol, an anaphylaxis response kit and ready access to the Australian Immunisation Register to manage adverse events. Additionally, access to an Automated External Defibrillator (AED) is preferred but not mandatory.
	Room has a height measurement device
	Room has a scale or weighing machine
	Room has specimen collection equipment for point-of-care pathology and in accordance with Acute Minor Wound Management Clinical Practice Guideline
Resources	Access to the Pilot Handbook
	Access to the Clinical practice guidelines and clinical protocols
	Access to patient resources to be provided during and following consultation

Appendix B: Paper clinical record

Please note that this paper clinical record is only to be used in the absence of the Clinical Information System (CIS). All details must be entered into the CIS when available and this paper patient clinical record must be appropriately destroyed.

An editable version of this form is available on the Queensland Community Pharmacy Pilots website

Consultation Date:	Pharmacist:	Does the patient still consent: Y/N

Patient information:			
First name:	Last name:	Date of Birth:	Sex assigned at birth:
Address:	Suburb:	State:	Post code:
Medicare number: □□□□□□□□□□/□□/□□		Medicare expiry:	
Mobile number:		Email:	

Emergency contact:			
First name:	Last name:	Relationship:	Contact Number:

Medical and social history:
Past medical history:
Past surgical history:
Allergies and known adverse medication reactions:
Current medications:

Clinical service:	
New or follow-up service:	
Presenting symptoms:	
Subjective assessment:	Objective assessment:

Measures (observations):				
Weight (kg):	Height (cm):	BMI (KG/M2):	Waist circumference:	Temperature:
Systolic blood pressure (mmHg):	Diastolic blood pressure (mmHg):	Heart rate (beats/min):	O2 saturation (%):	

Measures (respiratory function):					
FEV1 (in litres):	FVC (in litres):	FEV:FVC ratio (%):	PEF (L/min):	Asthma control test (5-25):	COPD Assessment test (0-40):

Measures (lipid profile):			
Total cholesterol (mmol/L):	HDL-C (mmol/L):	LDL-C (mmol/L):	Triglycerides (mmol/L):

Measures (glycaemic control):					
hbA1c (mmol/mol):	HbA1c (%):	Blood glucose-Fasting (mmol/L):	Blood glucose- 1 hour post OGTT (mmol/L):	Blood glucose- 2 hour post OGTT (mmol/L):	Blood glucose-Random (mmol/L):

Measures (renal measures):			
Creatinine (urinary) mmol/L:	Albumin (urinary) g/L:	Urinary Albumin-to-Creatinine Ratio (uACR) (mg/g):	Egfr (mL/min/1.72m2):

Pathology:	
Pathology required: Y/N	Pathology test(s) ordered:

Clinical service:
Diagnosis:
Treatment:

Consultation outcome:		
Consultation length: Brief, standard, long	Clinical service type:	
Prescribed Pilot medication: ☐	OTC treatment: ☐	Non-pharmacological management: ☐
Counselling and education: ☐	No intervention: ☐	Other (please specify):

Appendix C: Evaluation consent checklist

Patient consent will be confirmed by participating pharmacists during patient visits. This will occur at the beginning of a consultation. It is important that participating pharmacists understand that this means they are confirming that patients consent to the following declarations (see Table 16).

Please see link for the full evaluation consent information sheet. A printed copy could be useful to show patients at the point of collecting evaluation consent.

Table 16: Points for patient consent declaration

Patient consent points
I understand that the evaluation will include the analysis of my Pharmacy activity data;
I agree that all of my questions related to the pilots and the evaluation have been answered to my satisfaction;
I understand the risks involved;
I understand that there will be no direct benefit to me from my participation in this research;
I understand that my participation in the pilots is voluntary;
I understand that my participation in this research will not be disclosed to anyone outside the independent evaluation team;
I understand that if I do choose to participate or not to participate in follow-up evaluation activities (e.g., survey or interviews), it will have no effect on my relationship with Queensland Health, Deloitte, Griffith University, or any health service provider;
I understand that if I have any additional questions, I can contact the research team;
I understand that my name and other personal information that could identify me will be de-identified in reports, publications or presentations resulting from this research;
I understand that I can contact the Manager, Research Ethics, at Griffith University Human Research Ethics Committee if I have any concerns about the ethical conduct of the project; and
I agree to participate in the pilots and agree to: • Being contacted to participate in surveys regarding the pilots • My administrative health service data to be analysed for evaluation purposes.

Glossary

Table 17: Glossary

Acronym	Description
Ahpra	Australian Health Practitioners Regulation Agency
AMH	Australian Medicines Handbook
COPD	Chronic Obstructive Pulmonary Disease
EPA	Extended Practice Authority
GP	General Practitioners
MBS	Medical Benefits Scheme
MIMS	Monthly Index of Medical Specialties
OHO	Office of the Health Ombudsman
PBS	Pharmaceutical Benefits Scheme
PCCM	Primary Clinical Care Manual
Pilot CIS	Pilot Clinical Information System
PoCT	Point of Care Testing
QCPP	Quality Care Pharmacy Program