

# ***Programme Specific Guidelines***

## ***Pharmacy Practice Incentives (PPI)***

*Current as at February 2014*



**Australian Government**  
**Department of Health**



**The Pharmacy  
Guild of Australia**

## **Pharmacy Practice Incentives**



### **Table of Contents**

|   |    |
|---|----|
| 1. Introduction .....   | 3  |
| 2. Purpose of this Document .....                             | 3  |
| 3. Currency of these Guidelines .....                         | 3  |
| 4. Eligibility Criteria .....                                 | 4  |
| 5. Pharmacy Accreditation .....                               | 4  |
| 6. Audit Requirements .....                                   | 4  |
| 7. Registration .....   | 4  |
| 8. Payments .....   | 5  |
| 9. Community Pharmacy Service Charter.....                    | 5  |
| 10. Customer Service Statement .....                          | 5  |
| 11. Dispute Resolution .....                                  | 6  |
| 12. Dose Administration Aids (DAAs) .....                     | 6  |
| 13. Clinical Interventions.....                               | 7  |
| 14. Staged Supply .....                                       | 9  |
| 15. Primary Health Care.....                                  | 9  |
| 16. Community Services Support .....                          | 10 |
| 17. Working with Others.....                                  | 13 |
| 18. Change in Eligible Community Pharmacy Circumstances ..... | 14 |
| 19. Educational Resources and Training.....                   | 15 |
| 20. Information and Resources.....                            | 15 |

This document must be read in conjunction with the 5CPA General Terms and Conditions.  
All definitions in the 5CPA General Terms and Conditions apply in these Programme Specific Guidelines.

## 1. Introduction

- 1.1 Funding of \$344 million is provided under the Fifth Community Pharmacy Agreement (5CPA) for the Pharmacy Practice Incentive (PPI) Programme. The PPI Programme and its six priority areas recognise the beneficial health outcomes that can be achieved through the delivery of quality Services to an agreed standard in Community Pharmacy.

| Pharmacy Practice Incentives (PPI) Programme<br>Six Priority Areas |                        |               |                     |                            |                     |
|--|------------------------|---------------|---------------------|----------------------------|---------------------|
| Dose Administration Aids   | Clinical Interventions | Staged Supply | Primary Health Care | Community Services Support | Working with Others |

The PPI Programme has been designed to ensure that patients receive the highest quality of care, information, advice and services through a robust quality framework. PPI payments will be provided to Eligible Community Pharmacies over the period of the 5CPA for the:

- a) demonstrated delivery of agreed quality Services to patients that are designed to improve their quality use of medicines; and
- b) demonstrated achievement of defined outcomes, as set out in this document, in relation to the delivery of quality Services to patients.

- 1.2 The PPI Programme will run for the same period as the 5CPA. Accordingly the PPI Program and its six priority areas will terminate on 30 June 2015.

## 2. Purpose of this Document

- 2.1 This document sets out the obligations to be undertaken by Eligible Community Pharmacies which will enable them to receive incentive payments for their participation in one or more of the following PPI priority areas:

- 1) Dose Administration Aids
- 2) Clinical Interventions
- 3) Staged Supply
- 4) Primary Health Care
- 5) Community Services Support
- 6) Working with Others

## 3. Currency of these Guidelines

- 3.1 Should these Programme Specific Guidelines require amendment the Guild will issue an amendment notice to all Eligible Community Pharmacies participating in this Programme. The amendment/s will take effect seven days from the date appearing on the amendment notice issued by the Guild. The current version of these Programme Specific Guidelines will state the 'take effect date' as detailed in the corresponding amendment notice and be available at all times at: [www.5cpa.com.au](http://www.5cpa.com.au)
- 3.2 It is your responsibility to ensure Your Eligible Community Pharmacy is operating under the current version of these Programme Specific Guidelines.
- 3.3 No claim will be entertained for loss of payment or any other loss as a result of the Eligible Community Pharmacy failing to operate under the current version of the Programme Specific Guidelines.



## 4. Eligibility Criteria

- 4.1 To be eligible to participate in the PPI Programme a pharmacy must:
- be a Section 90 Pharmacy;
  - be accredited by an approved Pharmacy Accreditation Program;
  - agree to publicly display and comply with the Community Pharmacy Service Charter and Customer Service Statement; and
  - register for one or more of the PPI priority areas online at [www.5cpa.com.au](http://www.5cpa.com.au) and continue to meet the above Eligibility Criteria while participating in any priority areas of the PPI Programme outlined in clause 2.
- 4.2 The Eligible Community Pharmacy must notify the Guild immediately when it becomes aware of any circumstance, event or fact which may affect the Eligible Community Pharmacy's eligibility to participate in the PPI Programme.
- 4.3 Failure to maintain compliance with any or all of the above Eligibility Criteria may result in the Eligible Community Pharmacy being ineligible to participate in the PPI Programme.

## 5. Pharmacy Accreditation

- 5.1 Eligible Community Pharmacies registered for the PPI Programme must have a current accreditation status and meet the accreditation requirements of an approved Pharmacy Accreditation Program for each PPI priority area selected for the duration of their registration, in order to be eligible to receive ongoing incentive payments against those priority areas. Currently the Quality Care Pharmacy Program (QCPP) is the only organisation approved to accredit Community Pharmacy in Australia.
- 5.2 If an Eligible Community Pharmacy's accreditation status lapses during the period 1 July 2011 to 30 June 2015, the Community Pharmacy will not be eligible to participate in the PPI Programme or receive incentive payments for the period its accreditation is lapsed.
- 5.3 If your pharmacy is not currently accredited or you are unsure of your current accreditation status please contact QCPP on **1300 363 340** or email: [help@qcphp.com](mailto:help@qcphp.com)

## 6. Audit Requirements

- 6.1 The Eligible Community Pharmacy must retain records for two years from the date of lodging a PPI Claim to substantiate the data contained in the Claim.
- 6.2 Eligible Community Pharmacies participating in the PPI Programme will be subject to random audits by the Australian Government to ensure that the Services being provided are provided in accordance with 5CPA General Terms and Conditions and these Programme Specific Guidelines. Eligible Community Pharmacies that do not provide Services or do not provide the Services in accordance with the 5CPA General Terms and Conditions and these Programme Specific Guidelines may no longer be able to participate in the PPI Programme or be eligible to receive PPI Programme payments.

## 7. Registration

- 7.1 Eligible Community Pharmacy Registration is available at [www.5cpa.com.au](http://www.5cpa.com.au). Registration is open for the life of the 5CPA.
- 7.2 Community Pharmacies can register for as many of the PPI Programme priority areas as they deem appropriate.
- 7.3 An Eligible Community Pharmacy will not be registered until the Eligible Community Pharmacy receives email notification from the 5CPA Registration and Claiming Portal confirming the registration has been successfully accepted.
- 7.4 It is the responsibility of the owner/pharmacist manager of the Eligible Community Pharmacy to ensure that the pharmacy's PPI registration is up to date at all times including the PPI priority areas the pharmacy is providing and the pharmacy's current PBS approval number.



- 7.5 If an Eligible Community Pharmacy's PPI registration is not up to date as outlined in clause 7.4, PPI payments may be delayed or rejected.

## 8. Payments

- 8.1 The Eligible Community Pharmacy will be eligible for payment by the Guild following written notification from the 5CPA Registration and Claiming Portal confirming its registration and subject to meeting 5CPA General Terms and Conditions and eligibility requirements under the latest approved version of these Programme Specific Guidelines.
- 8.2 If the Guild seeks further information, clarification or substantiation, the Eligible Community Pharmacy agrees to respond within the time frame nominated by the Guild.
- 8.3 If the information provided by the Eligible Community Pharmacy does not satisfy the Guild, it is not obliged to make a payment.
- 8.4 If an Eligible Community Pharmacy fails to comply with the 5CPA General Terms and Conditions and/or these Programme Specific Guidelines, clause 5 of the 5CPA General Terms and Conditions will apply and the Guild and the Australian Government may at their discretion pursue debt recovery.
- 8.5 Under the following PPI priority areas, Eligible Community Pharmacies may apply consumer charges to services that do not attract a 'fee for service' payment from Commonwealth or State based funding:
- a) DAAs
  - b) Primary Health Care services (elements)
  - c) Community Services Support services (elements)
  - d) Staged Supply services

Eligible Community Pharmacies may NOT apply additional consumer charges for Clinical Interventions.

## 9. Community Pharmacy Service Charter

- 9.1 The Eligible Community Pharmacy must publicly display and comply with the Community Pharmacy Service Charter (Charter).
- 9.2 All community pharmacies have been provided with a copy of the Charter. For further information on the Charter visit [www.5cpa.com.au](http://www.5cpa.com.au) or to obtain Charter resources contact: [support@5cpa.com.au](mailto:support@5cpa.com.au) or phone: **1300 555 262**.

## 10. Customer Service Statement

- 10.1 The Charter includes a Customer Service Statement. Eligible Community Pharmacies must publicly display (as far as practical, at the entry point of the pharmacy) the Customer Service Statement.
- 10.2 The Customer Service Statement is specific to individual Eligible Community Pharmacies and must include:
- a) the Eligible Community Pharmacy's name
  - b) opening hours and alternative/afterhours services
  - c) pharmacy phone, fax and email (and website address if available)
  - d) the services the Eligible Community Pharmacy provides
  - e) the statement 'This pharmacy is approved to supply subsidised medicines under the Pharmaceutical Benefits Scheme (PBS) in accordance with Section 90 of the National Health Act 1953.'
  - f) a statement advising customers how they are able to make a complaint or comment about this pharmacy
- 10.3 A sample Customer Service Statement and a template are available online at [www.5cpa.com.au](http://www.5cpa.com.au).



## 11. Dispute Resolution

- 11.1 Any disputes relating to participation or eligibility under the PPI Programme must be made in writing to the Guild at the following address:  
Pharmacy Practice Incentive Programme  
The Pharmacy Guild of Australia  
PO Box 7036  
Canberra Business Centre, ACT, 2610  
Fax: 02 62701888
- 11.2 All disputes relating to participation under the PPI Programme will be reviewed jointly by the Australian Government and the Guild.

## 12. Dose Administration Aids (DAAs)

- 12.1 For the purposes of the PPI Programme a DAA is defined as a well-sealed, tamper-evident device that allows individual medicine doses to be organised according to the prescribed dose schedule. There are a number of commercially available products on the market.
- 12.2 An incentive payment will be paid four times per year to Eligible Community Pharmacies participating in this priority area that meet the Programme requirements and QCPP accreditation requirements when providing a DAA service.

### Claim and payment criteria

- 12.3 An Eligible Community Pharmacy is entitled to claim incentive payments four times a year for providing DAAs which must meet the following criteria:
- the patient's medicine/s in the DAA are dispensed and packed by the claiming Eligible Community Pharmacy in accordance with the quality Standard in the pharmacy; **or**
  - the patient's medicine/s in the DAA are dispensed by the claiming Eligible Community Pharmacy but are packed at another site (DAA packing warehouse, another pharmacy, etc) which meets the pharmacy approval authority requirements in the relevant state or territory as well as the relevant quality Standard; and
  - the DAA patient is not living in a Government funded Residential Aged Care Facility (RACF) or a correctional facility.
- 12.4 Eligible Community Pharmacies can lodge a claim for DAAs via the 5CPA Registration and Claiming Portal available at [www.5cpa.com.au](http://www.5cpa.com.au)
- 12.5 In the Claim, Eligible Community Pharmacies must provide the total number of eligible DAA patients for the eligible Claiming Period. This number is calculated by:
- taking the total number of eligible DAA patients (as stated in clause 12.3) that received a DAA service during each week; and
  - adding these weekly totals together for the eligible Claiming Period.
- This will give you the total number to be claimed.
- 12.6 Claims for the DAA priority area must be lodged with the Guild in accordance with the following time frames:

| Eligible Claiming Periods                   | Claim Due Date |
|---|----------------|
| 1 January to 31 March (approx. 13 weeks)    | 14 April       |
| 1 April to 31 May (approx. 9 weeks)         | 14 June        |
| 1 June to 30 September (approx. 17 weeks)   | 14 October     |
| 1 October to 31 December (approx. 13 weeks) | 14 January     |

Note: Claims received by the Guild after the Claim Due Dates for the corresponding eligible Claiming Periods in the table above will be rejected.

- 12.7 Amendments to a lodged Claim can be requested by contacting the Guild as outlined under clause 11. Amendments to a Claim will not be accepted after the Claim Due Date.
- 12.8 Under section 137.1 of the Criminal Code, giving false and misleading information to the Commonwealth is a serious offence.
- 12.9 The Guild and the Australian Government will jointly assess the payment amount the Eligible Community Pharmacy is entitled to receive for the DAA priority area based on the number of services and pharmacy size (e.g. prescription volume). The Eligible Community Pharmacy claimable prescription volume will be sourced from the Department of Human Services records.
- 12.10 If an Eligible Community Pharmacy meets the Eligibility Criteria outlined in clause 4 for only a portion of a full claiming period, then the pharmacy can lodge a single Claim showing the number of patients per week that received a DAA service from the first day of the following month after eligibility has been achieved.
- 12.11 Payment for this priority area is retrospective and the Eligible Community Pharmacy must retain evidence for two years as specified in clause 6.1 to substantiate that the pharmacy met the Programme requirements and QCPP accreditation requirements when providing a DAA service.

### 13. Clinical Interventions

- 13.1 For the purposes of the PPI Programme a Clinical Intervention is a professional activity undertaken by a Registered Pharmacist directed towards improving quality use of medicines and resulting in a recommendation for a change in a patient's medication therapy, means of administration or medication-taking behaviour.
- 13.2 An incentive payment will be paid four times per year to Eligible Community Pharmacies participating in this priority area that meet the Programme requirements and QCPP accreditation requirements when providing a Clinical Intervention service.
- 13.3 A Clinical Intervention must relate to a medicine and must be recorded using the D.O.C.U.M.E.N.T. classification system. However, it does not include generic medicine substitution, routine prescription-related counselling, CMI provision or professional activities directed towards improving QUM undertaken during HMR, RMMR, MedsCheck or Diabetes MedsCheck services.
- 13.4 It is the responsibility of the owner/manager of each Eligible Community Pharmacy to ensure all pharmacists, performing and recording Clinical Interventions on behalf of an Eligible Community Pharmacy, abide by the definition of a Clinical Intervention as detailed in the [PSA Standards and guidelines for pharmacists performing clinical interventions](#).

#### Claim and payment criteria

- 13.5 An Eligible Community Pharmacy is entitled to claim incentive payments four times a year for performing and recording clinical interventions using the D.O.C.U.M.E.N.T. classification system in accordance with the [PSA Standard and guidelines for pharmacists performing clinical interventions](#). However, incentive payments will not be made for interventions delivered under the M.E.N. components of the classification system.
- 13.6 The Eligible Community Pharmacy must record the following data for each Clinical Intervention delivered under the D.O.C.U.T. components of the classification system.
- a) date
  - b) Registered Pharmacist
  - c) patient identifier (does not need to be patient name)
  - d) patient age range (not specific age)
  - e) patient gender
  - f) medicines involved
  - g) clinical notes detailing the intervention and any relevant medical history
  - h) classification of the intervention



- i) recommendations/follow-up actions
- j) any communications with other health care professionals or the consumer/agent, and
- k) any other relevant information.

Note: Only de-identified information is required for audit purposes.

Either an electronic or paper based system may be used to record clinical interventions. A paper based template is available in the PSA Standard and guidelines for pharmacists performing clinical interventions available at [www.5cpa.com.au/resources](http://www.5cpa.com.au/resources).

- 13.7 Eligible Community Pharmacies must provide the total number of clinical interventions recorded under D.O.C.U.T. on their Claim for the eligible Claiming Period. This number is calculated by:
- a) adding together the number of Clinical Interventions delivered in the pharmacy under the D.O.C.U.T. components of the D.O.C.U.M.E.N.T. classification system, during each eligible Claiming Period; and
  - b) it should be noted that when using the D.O.C.U.M.E.N.T. classification system, Clinical Interventions under the M.E.N. components cannot be claimed and should not be included on the Claim.
- 13.8 Eligible Community Pharmacies can lodge a claim for Clinical Interventions via the 5CPA Registration and Claiming Portal available at [www.5cpa.com.au](http://www.5cpa.com.au)
- 13.9 Claims for the Clinical Interventions priority area must be lodged with the Guild in accordance with the following time frames:

| Eligible Claiming Periods                   | Claim Due Date |
|---|----------------|
| 1 January to 31 March (approx. 13 weeks)    | 14 April       |
| 1 April to 31 May (approx. 9 weeks)         | 14 June        |
| 1 June to 30 September (approx. 17 weeks)   | 14 October     |
| 1 October to 31 December (approx. 13 weeks) | 14 January     |

Note: Claims received by the Guild after the Claim Due Dates for the corresponding eligible Claiming Periods in the table above will be rejected.

- 13.10 Amendments to a lodged Claim can be requested by contacting the Guild as outlined under clause 11. Amendments to a Claim will not be accepted after the Claim Due Date.
- 13.11 Under section 137.1 of the Criminal Code giving false and misleading information to the Commonwealth is a serious offence.
- 13.12 The Guild and the Australian Government will jointly assess the payment amount the Eligible Community Pharmacy is entitled to receive for the DAA priority area based on the number of services and pharmacy size (e.g. prescription volume). The Eligible Community Pharmacy claimable prescription volume will be sourced from the Department of Human Services records.
- 13.13 If an Eligible Community Pharmacy meets the Eligibility Criteria outlined in clause 4 for only a portion of a full claiming period, then the pharmacy can lodge a single Claim showing the number of patients per week that received a DAA service from the first day of the following month after eligibility has been achieved.
- 13.14 Payment for this priority area is retrospective and the Eligible Community Pharmacy must retain evidence for two years as specified in clause 6.1 to substantiate that the pharmacy met the Programme requirements and QCPP accreditation requirements when providing a Clinical Intervention service.





## 14. Staged Supply

- 14.1 For the purposes of the PPI Programme Staged Supply is the provision of PBS medicines in instalments where requested by the prescriber.
- 14.2 Staged Supply instalments may be made daily, weekly or as directed by the prescriber.
- 14.3 Staged Supply services specifically exclude medicines supplied under the Section 100 Opioid Dependence Treatment Program.
- 14.4 An incentive payment will be paid annually to Eligible Community Pharmacies participating in this priority area that meet the Programme requirements and QCPP accreditation requirements for offering a Staged Supply service.

### Payment Criteria

- 14.5 Payment for this priority area is prospective and to be eligible for payment under the Staged Supply priority area the Eligible Community Pharmacy is required to:
- retain evidence as specified in clause 6.1 to demonstrate that the Eligible Community Pharmacy has met the requirements detailed in this clause 14, and
  - provide the required evidence at the Eligible Community Pharmacy's next accreditation assessment.
- 14.6 It is the responsibility of the Eligible Community Pharmacy owner/pharmacist manager to ensure evidence is retained to demonstrate that the pharmacy has met the Staged Supply requirements.
- 14.7 To be eligible to receive annual incentive payments for Staged Supply, Eligible Community Pharmacies must complete their QCPP accreditation or anniversary year requirements, no later than 120 days after the pharmacy's accreditation or anniversary date each year.
- 14.8 Eligible Community Pharmacies that do not complete their QCPP accreditation or anniversary year requirements within 120 days of the pharmacy's QCPP accreditation or anniversary date each year will not be eligible to receive an annual PPI payment for the corresponding year.

## 15. Primary Health Care

- 15.1 Primary Health Care includes five elements. Within these elements Eligible Community Pharmacies can provide various services. Eligible Community Pharmacies who are participating in this priority area must provide **at least three services** (in accordance with QCPP requirements) as outlined in clause 15.2 below and as further defined within this clause 15.
- 15.2 The Primary Health Care elements and services are:

| Elements                    | Services                  |                          |
|-----------------------------|---------------------------|--------------------------|
|                             | Screening/Risk Assessment | Disease State Management |
| 1. Diabetes                 | ✓                         | ✓                        |
| 2. Respiratory              | ✓                         | ✓                        |
| 3. Cardiovascular disease   | ✓                         | ✓                        |
| 4. Mental health conditions | ✓                         | ✓                        |
| 5. Health Promotion         | ✓                         |                          |

Note: An Eligible Community Pharmacy may choose to provide a Screening/Risk assessment service AND Disease State Management service for the SAME disease state (element) and this will be accepted as providing two services. In this example, the same Eligible Community Pharmacy must have also provided at least one other service under at least one other element such as Health Promotion or another disease state to be eligible for the Primary Health Care incentive payment.

- 15.3 It is expected that the number of elements to be provided will increase over the life of the 5CPA. In accordance with clause 3 Eligible Community Pharmacies will be advised in writing of any change to the PPI Program requirements outlined in these Guidelines.

- 15.4 A Disease State Management service is a consumer-centred process that focuses on managing the health of consumers living with chronic conditions, with the objective of reducing risk factors through monitoring, counselling, education, and enhancing consumer self-management. The service goes beyond 'normal counselling'.
- 15.5 A Screening and Risk Assessment service involves identifying consumers who are at a high relative or absolute risk of developing a health condition, or people who are currently undiagnosed. This may be achieved through clinical tests, questions, discussion of risk factors or other risk assessment tools.
- 15.6 A Health Promotion is where the pharmacy actively engages consumers and the community to promote health and wellbeing at a population or group level. Health promotion includes strategies such as health education, health counselling, provision of health information and skills development.
- 15.7 An incentive payment will be paid annually to Eligible Community Pharmacies who are participating in this priority area that meet the Program requirements and QCPP accreditation requirements when providing Primary Health Care services as outlined in this clause 15.

### Payment Criteria

- 15.8 Payment for this priority area is prospective and to be eligible for payment under the Primary Health Care priority area the Eligible Community Pharmacy is required to:
- a) provide **at least three services** under Primary Health Care as detailed in this clause 15
  - b) retain evidence of the services provided for two years as specified in clause 6.1 to demonstrate that the Eligible Community Pharmacy has provided **at least three services** under Primary Health Care as detailed in this clause 15, and
  - c) provide the required evidence at the Eligible Community Pharmacy's next accreditation assessment.
- 15.9 It is the responsibility of the Eligible Community Pharmacy owner/pharmacist manager to ensure evidence is retained to demonstrate that the number of elements and/or services provided under Primary Health Care has met the programme requirements each year.
- 15.10 To be eligible to receive annual incentive payments for Primary Health Care, Eligible Community Pharmacies must complete their QCPP accreditation or anniversary year requirements, no later than 120 days after the pharmacy's accreditation or anniversary date each year.
- 15.11 Eligible Community Pharmacies that do not complete their QCPP accreditation or anniversary year requirements within 120 days of the pharmacy's QCPP accreditation or anniversary date each year will not be eligible to receive an annual PPI payment for the corresponding year.

## 16. Community Services Support

- 16.1 Eligible Community Pharmacies participating in this priority area must provide **at least three** of the eight Community Services Support elements (in accordance with QCPP requirements) as outlined in clause 16.2 below and as further defined within this clause 16.
- 16.2 The Community Services Support elements are:
- 1) Needle and Syringe Programs
  - 2) Opioid Substitution Programs
  - 3) National Diabetes Services Scheme (NDSS) Access Point
  - 4) Pharmacy Delivery Service
  - 5) Mental Health First Aid Training (for pharmacists and staff)
  - 6) Return of Unwanted Medicines (RUM)
  - 7) Staff Training (including certificate III or IV training in Community Pharmacy)
  - 8) eHealth



- 16.3 It is expected that the number of elements to be provided will increase over the life of the 5CPA. In accordance with clause 3 pharmacies will be advised in writing of any change to the PPI Programme requirements outlined in these Guidelines.
- 16.4 Needle and Syringe Programmes are an in-pharmacy harm minimisation service designed to reduce drug-related harm, through methods such as supply of sterile injecting equipment and safe sharps disposal. These services aim to reduce the spread of blood borne diseases such as hepatitis and HIV.
- 16.5 Opioid Substitution Programmes are an in-pharmacy harm minimisation service which involves using either methadone, buprenorphine or buprenorphine/naloxone combination as a substitute drug in the medical treatment of patients who are dependent on heroin and other opioids. These programmes aim to reduce the risks and harms associated with drug use, and to improve the quality of life of patients. Methadone programs involve a regular pick-up, with the medicine being administered orally on the premises.
- 16.6 The NDSS is an initiative of the Australian Government administered by Diabetes Australia. The NDSS delivers diabetes-related products at subsidised prices and provides information and support services to people with diabetes. NDSS Access Points are appointed by NDSS Agents to perform certain functions in relation to the Scheme.
- 16.7 Pharmacy Delivery Services are where it may be necessary for a pharmacy to deliver medicines to patients outside the pharmacy premises. This service is delivered by staff employed by the pharmacy and excludes contractors.
- 16.8 Mental Health First Aid is the help provided to a person developing a mental health problem or in a mental health crisis, until appropriate professional treatment is received or until the crisis resolves<sup>i</sup>. Mental Health First Aid strategies are taught in training programs developed by Mental Health First Aid™ Australia (MHFA). Training may be delivered by various approved training providers.
- 16.9 RUM is an in-pharmacy service for the collection and disposal of unwanted and out-of-date medicines returned by consumers. This service allows medicines to be disposed of in a safe and responsible manner. RUM may also be considered a harm minimisation service as surplus medicines in a home may result in the consumer taking an incorrect regimen or accidental consumption by children.
- 16.10 Staff Training involves training in both *Pharmacy Medicines* and *Pharmacist Only Medicines* and Certificate III and IV in Community Pharmacy.
- a) *Pharmacy Medicines* and *Pharmacist Only Medicines* training  
Staff members of Eligible Community Pharmacies that handle the sale of *Pharmacy Medicines* and *Pharmacist Only Medicines* (S2 and S3) must undertake recognised training in the handling of these medicines. Ongoing pharmacy accreditation requires a minimum of three hours of Refresher Training per annum following the achievement of the requirements for initial training.
- b) Certificate III and IV in Community Pharmacy  
Eligible Community Pharmacies that employ **up to eight** Full Time Equivalent (FTE) non-pharmacist staff are required to demonstrate that **at least one** FTE has completed or is actively working towards completing a Certificate III or IV in Community Pharmacy.  
  
Eligible Community Pharmacies that employ **eight or more** Full Time Equivalent (FTE) non-pharmacist staff are required to demonstrate that **at least two** FTE have completed or are actively working towards completing a Certificate III or IV in Community Pharmacy.
- 16.11 eHealth in community pharmacy includes the use of appropriate dispensing software, broadband internet connectivity, Department of Human Services PBS Online claiming and an electronic Prescription Exchange Service (PES). As required under the 5CPA, community pharmacies will also use and contribute to a Patient Controlled Electronic Health Record (PCEHR) in future. Involvement in eHealth ensures access to the most up to date information on medicines, patients and health information, allowing for improved medication management and better patient outcomes.

i. Kitchener & Jorm, 2002

- 16.12 An incentive payment will be paid annually to Eligible Community Pharmacies who are participating in this priority area that meet the Programme requirements and QCPP accreditation requirements when providing Community Services Support services.

### Payment Criteria

- 16.13 Payment for this priority area is prospective and to be eligible for payment under the Community Services Support priority area the Eligible Community Pharmacy is required to:
- provide **at least three** elements under Community Services Support as detailed in this clause 16
  - retain evidence of the elements provided for two years as specified in clause 6.1 to demonstrate that the Eligible Community Pharmacy has provided **at least three** elements under Community Services Support as detailed in this clause 16, and
  - provide the required evidence at the Eligible Community Pharmacy's next accreditation assessment.
- 16.14 It is the responsibility of the Eligible Community Pharmacy owner/pharmacist manager to ensure evidence is retained to demonstrate that the number of elements provided under Community Services Support has met the programme requirements each year.
- 16.15 To be eligible to receive annual incentive payments for Community Services Support, Eligible Community Pharmacies must complete their QCPP accreditation or anniversary year requirements, no later than 120 days after the pharmacy's accreditation or anniversary date each year.
- 16.16 Eligible Community Pharmacies that do not complete their QCPP accreditation or anniversary year requirements within 120 days of the pharmacy's QCPP accreditation or anniversary date each year will not be eligible to receive an annual PPI payment for the corresponding year.

### Participating in ETP and the ePSI Payment

- 16.17 Funding is provided under the 5CPA for the Electronic Prescription Scanning Incentive (ePSI) for one year only (2014). The objective of the ePSI is to encourage pharmacies to scan the barcodes on all available electronic prescriptions.
- 16.18 The ePSI supports the Electronic Transfer of Prescriptions (ETP) as the foundation for other key eHealth initiatives such as the Personally Controlled Electronic Health Record (eHealth Record or PCEHR) system.
- 16.19 ETP is concerned with the safe and secure transfer of prescription information between a Prescriber (doctor, specialist, dentist, optometrist, nurse practitioner etc.) and a Community Pharmacy using a Prescription Exchange Service (PES).
- 16.20 To enable ETP pharmacies are required to register with a PES.
- 16.21 To register with a PES, a pharmacy is required to have a compatible pharmacy dispensing system. The pharmacy dispensing system may dictate which PES a pharmacy registers with, as not all systems are integrated with each PES. For more information visit: [www.5cpa.com.au/initiatives-programs/ehealth/etp-education-program](http://www.5cpa.com.au/initiatives-programs/ehealth/etp-education-program)

### ePSI Eligibility

- 16.22 To be eligible for the ePSI payment an Eligible Community Pharmacy needs to be eligible for the PPI Community Services Support priority area and meet (or exceed) the specified ETP Scan Rate(s).
- 16.23 The ETP Scan Rate is calculated during the review period by dividing the total number of ETP barcoded original prescriptions scanned by the total number of original prescriptions dispensed (excluding private prescriptions and repeat prescriptions) as shown by the formula below.

$$\frac{\text{Total ETP barcoded Originals Scanned}}{\text{Total Original Prescriptions Dispensed (in the review period)}}$$



- 16.24 The required ETP Scan Rate will be assessed based on information that is already transferred to the Department of Human Services as part of an Eligible Community Pharmacy's PBS claim.
- 16.25 A Community Pharmacy that is eligible for PPI Community Services Support and meets (or exceeds) the required ETP Scan Rates will receive:
- \$850 for meeting the requirements of PPI Community Services Support to be paid upon finalisation of their QCPP accreditation each year – this is the pharmacy's annual payment for PPI Community Services Support and is unchanged
  - ePSI payment 1 for achieving the ETP Scan Rate in the first review period
  - ePSI payment 2 for achieving the ETP Scan Rate in the second review period

## 17. Working with Others

- 17.1 All Registered Pharmacists that are employed by the Eligible Community Pharmacy for more than two FTE days per week, must document specific cases where they have undertaken inter-professional collaboration with other recognised health professionals from **at least three** different health professional groups as defined by the Australian Health Practitioner Regulation Agency (AHPRA) or allied health professional groups as recognised by the Medicare Benefits Schedule (MBS), in accordance with QCPP requirements. A **Working with Others – Basics** factsheet listing the recognised health professional groups is available at [www.5cpa.com.au/PPI](http://www.5cpa.com.au/PPI)
- 17.2 The collaborations must be clearly documented, recording the outcome/s from the collaboration, relate to a health issue and be in the interest of the care of a patient or patients.
- 17.3 The collaboration shall not relate to any social/commercial supply type arrangement.
- 17.4 Examples of service areas where inter-professional collaboration might occur include:
- MedsCheck/Diabetes MedsCheck
  - Home Medicines Review
  - Dose Administration Aids
  - Disease State Management to improve Quality Use of Medicines
  - Medication Adherence
  - Smoking Cessation
  - Supplying *Pharmacy Medicines* and *Pharmacy Only Medicines*
  - Clinical Interventions
  - Other Professional Services including health conditions such as diabetes, respiratory disease, cardiovascular disease, or mental health conditions.
- 17.5 It is expected that the number of elements to be provided will increase over the life of the 5CPA. In accordance with clause 3 pharmacies will be advised in writing of any change to the PPI Programme requirements outlined in these Guidelines.
- 17.6 An incentive payment will be paid annually to Eligible Community Pharmacies who are participating in this priority area that meet the Programme requirements and QCPP accreditation requirements.
- Payment Criteria**
- 17.7 Payment for this priority area is prospective and to be eligible for payment under the Working with Others priority area the Eligible Community Pharmacy is required to:
- meet the requirements of Working with Others as detailed in this clause 17



- b) retain evidence for two years as specified in clause 6.1 to demonstrate that the Eligible Community Pharmacy has met the requirements of Working with Others as detailed in this clause 17, and
  - c) provide the required evidence at the Eligible Community Pharmacy's next accreditation assessment.
- 17.8 It is the responsibility of the Eligible Community Pharmacy owner/pharmacist manager to ensure evidence is retained to demonstrate that the pharmacy has met the Working with Others requirements each year.
- 17.9 To be eligible to receive annual incentive payments for Working With Others, Eligible Community Pharmacies must complete their QCPP accreditation or anniversary year requirements, no later than 120 days after the pharmacy's accreditation or anniversary date each year.
- 17.10 Eligible Community Pharmacies that do not complete their QCPP accreditation or anniversary year requirements within 120 days of the pharmacy's QCPP accreditation or anniversary date each year will not be eligible to receive an annual PPI payment for the corresponding year.

## 18. Change in Eligible Community Pharmacy Circumstances

- 18.1 Eligible Community Pharmacies must notify the Guild within fourteen days of the following changes:
- a) change of ownership; or
  - b) change of PBS approval number.
- 18.2 If the Guild is not notified of changes in clause 18.1 above within fourteen days then the following may apply:
- a) Duplicate or multiple Clinical Intervention/DAA claims lodged by Eligible Community Pharmacies for the same Eligible Claiming Period will be rejected by the Guild.
  - b) Annual payments for Staged Supply, Primary Health Care, Community Services Support and Working with Others will be rejected by the Guild.
  - c) A delay in payment may occur.
- 18.3 If an Eligible Community Pharmacy has a change of ownership as described in 18.1 above they must:
- a) complete a Change of Pharmacy Status form available from the QCPP website [www.qcpp.com](http://www.qcpp.com) and fax to QCPP on 02 6270 1885; or for further assistance call the QCPP helpline on **1300 363 340** or email: [help@qcpp.com](mailto:help@qcpp.com)
  - b) update the Eligible Community Pharmacy registration details on the 5CPA Registration and Claiming Portal available at [www.5pca.com.au](http://www.5pca.com.au).
  - c) For further assistance call the 5CPA Help Line on **1300 555 262** or email: [support@5cpa.com.au](mailto:support@5cpa.com.au)
- 18.4 If an Eligible Community Pharmacy changes ownership the pharmacy can only lodge a single Clinical Intervention/DAA Claim and receive payment under the PBS approval number that is current at the time the Claim is lodged.
- 18.5 It will be the responsibility of the owners of the Eligible Community Pharmacy to negotiate the PPI payment claimed as part of the sale of the business. This means that a former and current owner cannot lodge separate Clinical Intervention/DAA Claims for portions of the same eligible Claim Period or receive portions of the payment from the Guild. The Guild will only accept Claims and make payments under the current PBS approval number.
- 18.6 If an Eligible Community Pharmacy changes PBS approval number during an eligible Claiming Period for Clinical Interventions/DAAs, the pharmacy can only lodge a single Clinical Intervention /DAA Claim under its current PBS approval number. The Claim should include services provided as specified in these Guidelines across the whole eligible Claiming Period.
- 18.7 The claimable PBS prescriptions dispensed during the eligible Claiming Period will be counted jointly by the Guild and the Australian Government across multiple PBS approval numbers associated with the claiming Eligible Community Pharmacy for the corresponding eligible Claiming Period.



## 19. Educational Resources and Training

- 19.1 The PSA has developed Standards and guidelines that intend to support pharmacists to perform and record DAAs, Clinical Interventions and Staged Supply.  
These are available for download at [www.5cpa.com.au/resources](http://www.5cpa.com.au/resources)
- 19.2 Publicly available online educational modules have been developed for pharmacists to support delivery and recording of Staged Supply and Clinical Intervention services.  
These are available at [www.psa.org.au/5cpaonlinelearning](http://www.psa.org.au/5cpaonlinelearning)
- 19.3 A publicly available 'PPI overview with a focus on Primary Health Care' eLearning module has been developed for pharmacists and staff and is available at [www.5cpa.com.au](http://www.5cpa.com.au) or [www.mycpd.org.au](http://www.mycpd.org.au)
- 19.4 QCPP has developed tools and resources to support pharmacies to meet accreditation and PPI Programme requirements for each of the PPI priority areas. These resources are available in your QCPP Requirements Manual (2011 edition) and QCPP Fast Track resources. For further information visit [www.qcpp.com](http://www.qcpp.com)
- 19.5 The ETP Education Programme provides a range of resources and can be accessed at the 5CPA website: [www.5cpa.com.au/initiatives-programs/ehealth/etp-education-program](http://www.5cpa.com.au/initiatives-programs/ehealth/etp-education-program)

## 20. Information and Resources

- 20.1 For further information regarding pharmacy accreditation visit [www.qcpp.com](http://www.qcpp.com)
- 20.2 PPI Programme resources are available for download at [www.5cpa.com.au](http://www.5cpa.com.au)
- 20.3 To assist businesses to understand the Privacy Act 1988 (Privacy Act), the Office of the Australian Information Commissioner (OAIC) provides a range of resources and these can be accessed at: <http://oaic.gov.au/privacy/privacy-resources/privacy-business-resources/>
- 20.4 For general enquiries email: [support@5cpa.com.au](mailto:support@5cpa.com.au) or phone 1300 555 262.

