



# The Emerging GP – Pharmacy Interface

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# Why Pharmacy?

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- Found that sustainability of rural general practice is linked to availability of pharmacy services
- Looked for opportunities to conduct projects exploring GP/Pharmacy interface





# Success factors

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- Willingness of both professions
- Commonality in patient client base, QUM, workforce, business
- Commitment to rural health care
- Need for pharmacists to develop sense of community – isolation in practice



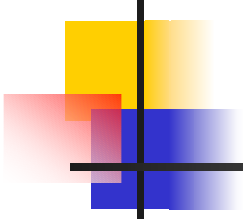


# System Components

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- Pharmfax
- West Vic Regional Pharmacy Group
- Governance, advocacy, neutrality
- Quality Use of Medicines (QUM)
  - Anticoagulation Project
  - Home Medicines Review facilitation
  - National Prescribing Service
- QUM Program Advisory Group
- Clinical Risk Management







# Outcomes

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- No loss of pharmacy service since 1997
- Share a locum
- Increased opportunities for interprofessional discussion
- Mutual respect
- Shared vision, approach, solutions to local issues





# Lessons learnt

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- Regional approach
- Sharing of health resources
- Business competitors can work co-operatively on issues of common concern
- Sense of community, professional governance
- Division does not compete with peak bodies





# Conclusion

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- Appropriate use of Commonwealth funds to support pharmacy
- Cost effective
- Complementary to Division work
- Provision of sufficient infrastructure to work effectively as a regional voice





# A separate Division of Pharmacy?

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No!

