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SIMPLIFYING THE MEDICATION MANAGEMENT JOURNEY

Case Study

Australia's Expanded Scope of Practice

Interview with Carolyn Clementson

Prescribing pharmacist, Good Price Pharmacy Warehouse

Australia's Expanded Scope of Practice: Empowering Pharmacists, Transforming Healthcare

Across the globe, healthcare systems are grappling with the challenges posed by aging populations and widespread caregiver shortages, particularly in the pharmacist and provider sectors. Addressing these challenges requires innovative thinking, the adoption of new technologies, and reimagined approaches to care delivery.

In Australia, shortages of general practitioners (GPs) have resulted in wait times of up to a month. This issue is especially pronounced in remote, rural, and regional areas, placing significant strain on the healthcare system. To combat this, Australia has implemented a nationwide initiative to expand the scope of practice for pharmacists and other healthcare providers. This approach allows them to deliver a broader range of services, thereby alleviating the pressure on other healthcare providers and meeting the growing needs of patients. Australia's model offers valuable insights for other industrialized nations seeking to deliver better care at lower costs and with fewer resources.

At MedAdvisor Solutions, we are honored to support initiatives like these that empower pharmacists to expand their role in patient care. By equipping them with the resources and technology to work more effectively, we're proud to play a part in helping to address critical gaps in healthcare access.

We recently spoke with Carolyn Clementson, Director at the Australasian College of Pharmacy (ACP), a member-based organization serving pharmacists in Australia and New Zealand, and a prescribing pharmacist at Good Price Pharmacy Warehouse. She shared her firsthand experiences with this initiative and its impact on her colleagues and the healthcare system as a whole.



1. As a prescribing pharmacist working at full scope, how have you seen your role evolve with the Expanded Scope of Practice initiative?

Having patients book consultations, conducting consults, and prescribing are the most obvious and visible evolutions, but it's about much more than that. My approach to patient care has shifted significantly. During training, I became more aware of many aspects of care that I now apply to full-scope consultations, OTC presentations, and everyday patient interactions.

I'm far more conscious of red flags and the possibility of underlying, more serious issues. Overall, I feel I'm taking greater responsibility for my patients' health. While I thought I practiced collaboratively with patients before, I now invest more time in understanding their goals and preferences, involving them more in decision-making.

I'm also more specific about follow-up and review, something I've improved on because we traditionally relied on referring patients to a GP if things didn't improve. Documentation has been another evolution—it's essential now, as "if it isn't documented, it didn't happen." Finally, reflection. While I didn't enjoy all the reflective exercises during training, I now find myself constantly reflecting on interactions: what went well, what could be better, and what I need to learn more about.

2. What are the most impactful changes for patients and pharmacists under the Expanded Scope of Practice?

For patients, it provides more options and pathways to access care, ultimately improving their health and experience. For pharmacists, it makes our work more engaging, offers tangible outcomes, and brings greater satisfaction and purpose.

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3. How has the Expanded Scope of Practice improved access to care for patients in underserved areas? Can you share examples?

Most of my patients have sought hormonal contraception, and our service has provided them with convenience and access. While my pharmacy in Brisbane, co-located with GPs, isn't in a geographically underserved area, access challenges still arise. For instance, I've helped full-time working women unable to find suitable appointment times, women new to Brisbane without a GP, and those who previously relied on family planning or women's health clinics that were inconvenient or costly.

Access to contraception is critical for women's health. One notable example involved a family settling in Australia who were anxious because they didn't know how to access contraception. The woman previously received a depot injection in Uganda. I referred her to a participating pharmacy, which was incredibly validating.

4. What were the most challenging aspects of the training, and how does the ACP help pharmacists overcome these challenges?

The biggest challenge was time management. The content itself wasn't difficult—it was familiar material, but applied differently. Finding a supervising prescriber was another hurdle, particularly for the first cohort. However, resistance has started to ease as understanding grows. Building a network of pharmacist prescribers who can act as supervisors is key, and I believe the College is working on this to support future cohorts.

5. How has the Queensland Government's financial support for training influenced the program's success?

The funding has been encouraging and critical in removing cost barriers. Many pharmacists are eager to enroll, but costs have been a challenge, especially for business owners uncertain about the return on investment. However, numerous pharmacy owners have led by example, which has been fantastic.

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For individual practitioners funding their own studies, it's certainly an investment. The subsidies have ensured broader participation, resulting in fully subscribed cohorts and a diverse demographic spread. This widespread participation improves service access, increasing patient interactions and creating compelling data to demonstrate success.

6. How important is technology, such as MedAdvisor, in supporting pharmacists in expanded roles?

Technology is essential. To take on more responsibilities, we must work differently—we can't simply add more tasks. Automation, technology, and delegation are vital for integrating these services into practice successfully. Currently, software plays a key role in data collection and provides purpose-built tools for clinical notes, enabling us to practise efficiently and safely. I'm confident these platforms will evolve alongside our practice and become even more integral.

7. With pharmacists managing more clinical responsibilities, how do you see collaboration with other healthcare providers evolving?

Community pharmacy has often felt isolated, but that will need to change. Collaboration with other practitioners is essential—not only out of professional courtesy but to prevent fragmentation of care. Effective collaboration enhances patient care, ensures consistency, and reduces inefficiency.

While we often think of GPs, it extends to all health practitioners. Ideally, pharmacists will become integrated into primary care teams, referring to doctors and allied health professionals as needed. Collaboration with other pharmacists is just as important since a patient might see different prescribing pharmacists within the same team.

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8. What do you see as the next steps for pharmacists in expanded practice?

I'm still working on applying my new skills, but I believe we'll increasingly manage acute or everyday conditions. For example, conditions like cellulitis and upper respiratory tract infections are common, and there's potential for pharmacists to manage these.

Recently, I had a patient whose son was confirmed to have pertussis, but they couldn't see a GP promptly. I referred them to telehealth, but it's something I could have managed. Moving forward, managing chronic conditions and optimising treatments may become a significant part of our expanded scope.

MedAdvisor Solutions is proud to support the Expanded Scope of Practice initiative in Australia. For more information, [click here to read our e-book](#).



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