

## **Inquiry: The effectiveness of special arrangements for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to remote area Aboriginal Health Services.**

From the point of view of a pharmacist intern who currently working at a pharmacy supplying medicines to remote communities and congress health services, I think pharmacists can have a bigger role to contribute to the aim to improve efficiency of the S100 system in particular to the remote communities. There is a genuine lack of pharmacists among the health professional servicing in these communities. Patient's medications is normally dispensed and packed from a pharmacy in a nearby town and send to the community clinics; and from these community clinics, medications are distributed to patients. This system of providing medications present many fundamental problems in providing a quality, safe and efficient use of medications.

The first and foremost is the physical distance between the communicates' clinic and the servicing pharmacy which effect communication between the two services and the arising of medical errors. The process of sending order scripts to dispensing, packing, delivery of medications to patients mean that there is a big lag of time from the time the physician write a script to the patient to the time he/she received it. This is a significant point because there are cases where it is crucial that some medications may need to be stop immediately or dosage might need to change or a new medication is added in the regimen. The lag of time cause a delay to respond swiftly and the patients might suffer significantly from this delay.

The second significant disadvantage is lack of present of registered pharmacist at remote communities. As pharmacist is not the final check point of delivering medications to patients. It is up to the nurses or the person who responsible of this task to ensure the right, effective and safe medications is provided to patients. This can cause problems where the wrong medications can be given, inappropriate instructions or a contraindicated medication is given because it was not recognised. The present of a pharmacist as the final check point is beneficial in many ways where a permanent pharmacist managing a community will be able to follow up and correct potential medical errors, provide counselling to patients in regards of medications, disease and life-style advice; managing medical, dispensing history and continuous monitoring of the patient's present condition.

It make sense that there should be more pharmacists involving the health services to communities under the special access scheme (S100) for remote area Aboriginal Health Services. My suggestion is a process may be established to provide a special approval number for pharmacist to run dispensary at these communities and incentives should be make to attract the right candidates for the job.