National Australian Pharmacy Students' Association

Congress Survey Report

2009-10

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I. Introduction

In January 2010 at the National Australian Pharmacy Students' Association (NAPSA) Annual Congress hosted on the Gold Coast, the Industrial Affairs committee conducted a survey which was completed by 101 student delegates. The survey was entitled "Pharmacists issuing medical certificates" (Appendix A) and included five questions which explored whether students were aware this service was available, what resources were on hand to aid in the issue of a medical certificate and what their concerns would be if they were requested by a patient.

Currently there are specified guidelines which are distributed by The Pharmacy Guild of Australia (PGA) and Pharmaceutical Society of Australia (PSA) that stipulate what disease states are diagnosable by a pharmacist, legal procedures and points to consider when issuing a certificate. The guidelines, if followed correctly, encompass all the information required for a pharmacist to appropriately supply a medical certificate.

II. Results

Some interesting results were found from the answers to the survey. Pharmacists have been able to issue medical certificates since 2008 however 36% of respondents were unaware of this qualification (Figure 1). Without prejudice on any universities, the highest incidence of students unaware of the allowance of pharmacists to issue medical certificates were from fourth year, with the lowest incidence being from second year students. If any universities wish to know where their students stand on this issue, please feel free to contact me and I can provide you with this information.

Figure 1.

The survey requested information from students who currently are employed or have worked in a community pharmacy (Figure 2). Alarmingly, only 11 out of the 91 students who had experience in community pharmacy specifically mentioned they had

access to, or acknowledged the availability of the Guild Guidelines. It must be clearly mentioned here that many respondents did stipulate that their community pharmacy

did not provide medical certificates, such as the Terry White franchise. It may be because of this reason the Guild guidelines were not known about.

Figure 2.

Students were also asked their opinions on whether pharmacists were adequately trained to issue medical certificates. Less than 50% of respondents believed that pharmacists did have enough training to provide medical certificates to patients. One quarter of the respondents were unsure or undecided on the matter (Figure 3).

This information may not have been indicative of their full feelings, as this was a multiple choice answer. The final answer provided a variety of responses regarding the topic at hand.

Figure 3.

The fifth and final question was an open ended question allowing participants to disclose their concerns with pharmacists writing medical certificates. Although each response was different, the answers could be grouped into five general categories.

1. **Patients abusing the system** by providing false symptoms when they are not genuinely sick, family/friends requesting illegitimate certificates

2. **Inadequate training** in diagnosing and writing certificates

3. **Delayed referral & misdiagnosis** of serious conditions

4. **Lack of resources and time** – added task for an already time-stretched pharmacist, require appropriate private counselling area which some pharmacies do not have.

5. **Legal ramifications** - registration and professional reputation is at risk

III. Analyses and Recommendations

The general consensus from the survey suggested a lack of confidence, in that students felt pressured to supply. This indicates that there may be a reluctance to adopt this service on a consistent level, as some may refuse to participate altogether due to public pressure. Many students mentioned that there was a need for standardisation. This could provide evidence to enlisting this as a mandatory service across the board to all community pharmacies.

Through professional training, pharmacists are taught how to make ethical decisions based on their knowledge of medicine and healthcare. Protocols issued by the PSA and PGA can provide assistance in circumstances where there is doubt, such as supplying listed S3 medication e.g. Orlistat and Emergency Contraceptive Pill (ECP). These guidelines are accessible by all community pharmacies and are widely taught throughout university courses. When followed correctly, there is decreased pressure on pharmacists to supply. The guidelines in place for supplying medical certificates have similar protocols which allow pharmacists to feel they can refuse supply without ramifications.

It is recommended that pharmacy schools incorporate education of medical certificates into their curriculum, if they do not already do so. Also it should be included in continuing professional development courses for existing pharmacists. Education would increase awareness, decrease concern due to persecution and create a more consistent service amongst pharmacies. If pharmacists are going to move forward in this fast-paced world of medicine, they must learn to adapt and accept new services.

IV. Conclusion

The major result we received from the survey was that respondents were unaware of guidelines on pharmacists writing medical certificates; let alone what content they comprised. These guidelines, when known and made reference to, define the boundaries and specifications for pharmacists writing medical certificates. If these are followed there is no need for extra medical training or diagnosis utensils as the specific conditions are defined.

The main message that can be drawn from these results is that education regarding the provision of medical certificates needs to be improved not only to students, but to the wider profession. If this service is adopted by current practising pharmacists, then it would encourage the upcoming students and interns to also get involved. By increasing the number of health services we can offer to the community, it only strengthens the value of our profession and promises a more sustainable future.

Appendix A

NAPSA
Industrial Affairs
'Connecting Tomorrow's Pharmacists'

Pharmacists Issuing Medical Certificates

The WorkChoices amendments to the *Workplace Relations Act 1996* (the Act) originally introduced the capacity for registered health practitioners, other than registered medical practitioners, to issue medical certificates for sick leave or carer's leave. The definition of 'registered health practitioner' under the Act is such that pharmacists are now able to issue medical certificates.
The Pharmaceutical Society of Australia and The Pharmacy Guild of Australia have received advice from the Australian Pharmacy Council that the issuing of medical certificates under the Act is deemed to be within the scope of practice of a registered pharmacist in Australia, provided they are acting within their competency and professional expertise as a pharmacist. However, it is important to remember that pharmacists are not under any obligation to issue a medical certificate when requested. It is entirely up to pharmacists whether or not they issue a medical certificate in particular circumstances.

Adapted from: Guidelines for pharmacists issuing medical certificates (2008) - A joint initiative of The Pharmaceutical Society of Australia and The Pharmacy Guild of Australia

Question 1:
Please state your current year level and branch: _____, _____

Question 2:
Were you aware pharmacists are able to issue medical certificates? Yes ☐ No ☐

Question 3:
Do you or have you worked in a community pharmacy? Yes ☐ No ☐

If yes, what resources are/were available to aid pharmacists in issuing medical certificates? (please list)

_____
_____

Question 4:
Pharmacists are adequately trained to issue a medical certificate?
Strongly disagree ☐ Disagree ☐ Not sure ☐ Agree ☐ Strongly Agree ☐

Question 5:
What would be your concerns about issuing a medical certificate? (please list)

_____
_____

Thanks for your time!
Please submit all completed responses into the box at the front of the lecture theatre.