## **Expression of Interest**





An Australian Government Initiative

# Integrating non-dispensing pharmacists into general practice

#### **Expressions of Interest sought from general practices**

#### **Background**

North Western Melbourne Primary Health Network (NWMPHN) is seeking 4 general practices within the north western Melbourne region to take part in a new program placing non-dispensing pharmacists into general practice.

There is strong evidence that a <u>team-based model of primary care</u> is more cost-effective, and can improve equity and access to health services. NWMPHN has commissioned the Pharmaceutical Society of Australia (PSA) to implement the *Pharmacists in General Practice* program to support the growing number of patients with complex needs.

#### General practices will benefit from:

- Access to an experienced pharmacist tailored to your practices' needs
- Increased time for GP consultations
- More integrated patient care
- A pharmacist who can support activities that enhance MBS billing
- A pharmacist who can respond to complex medicinal queries and provide education to practice staff

#### What is required?

- A private space or consulting room available 14 hours per week (days to be negotiated with the PSA) for 11 months
- The pharmacist will need to be able to access medical software (licensing fee paid by PSA)
- Current PEN CAT software license or willingness to sign a CAT Plus Agreement

#### How to apply

Send your completed EOI application form to <a href="mailto:amy.durmanic@nwmphn.org.au">amy.durmanic@nwmphn.org.au</a> by 4pm, 19 January 2018. Please be aware that only 4 practices will be selected to participate in this pilot program.

#### **More information**

For more information, please contact:

Amy Durmanic (NWMPHN) amy.durmanic@nwmphn.org.au or (03) 9347 1188.

Shelley Crowther (PSA)
Shelley.Crowther@psa.org.au or (03) 9389 4000.

# **EXPRESSION OF INTEREST: Application form**

### Integrating non-dispensing pharmacists into general practice

| Name:  |        |                    |        |                          |
|--|--------|--------------------|--------|--------------------------|
| ☐ General Practitioner   |        | ☐ Practice Manager |        | ☐ Other (please specify) |
| Name of practice:  |        |                    |        |                          |
| Practice address:  |        |                    |        |                          |
| Contact details:   | Phone: |                    | Email: |                          |
| Please confirm that your practice will be able to meet the following requirements:   |        |                    |        |                          |
| <ul> <li>□ Access to appropriate private space/consulting room for 14 hours per week for 11 months</li> <li>□ Access to medical software for pharmacist (licensing fee covered by PSA)</li> <li>□ Current PEN CAT software license or willingness to sign a CAT Plus Agreement (through NWMPHN)</li> </ul> |        |                    |        |                          |
| Questions  |        |                    |        |                          |
| Is your practice an accredited practice? ☐ Yes ☐ No ☐ Working towards  |        |                    |        |                          |
| What medical software does your practice use?  |        |                    |        |                          |
| Additional comments:   |        |                    |        |                          |
|  |        |                    |        |                          |

We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

