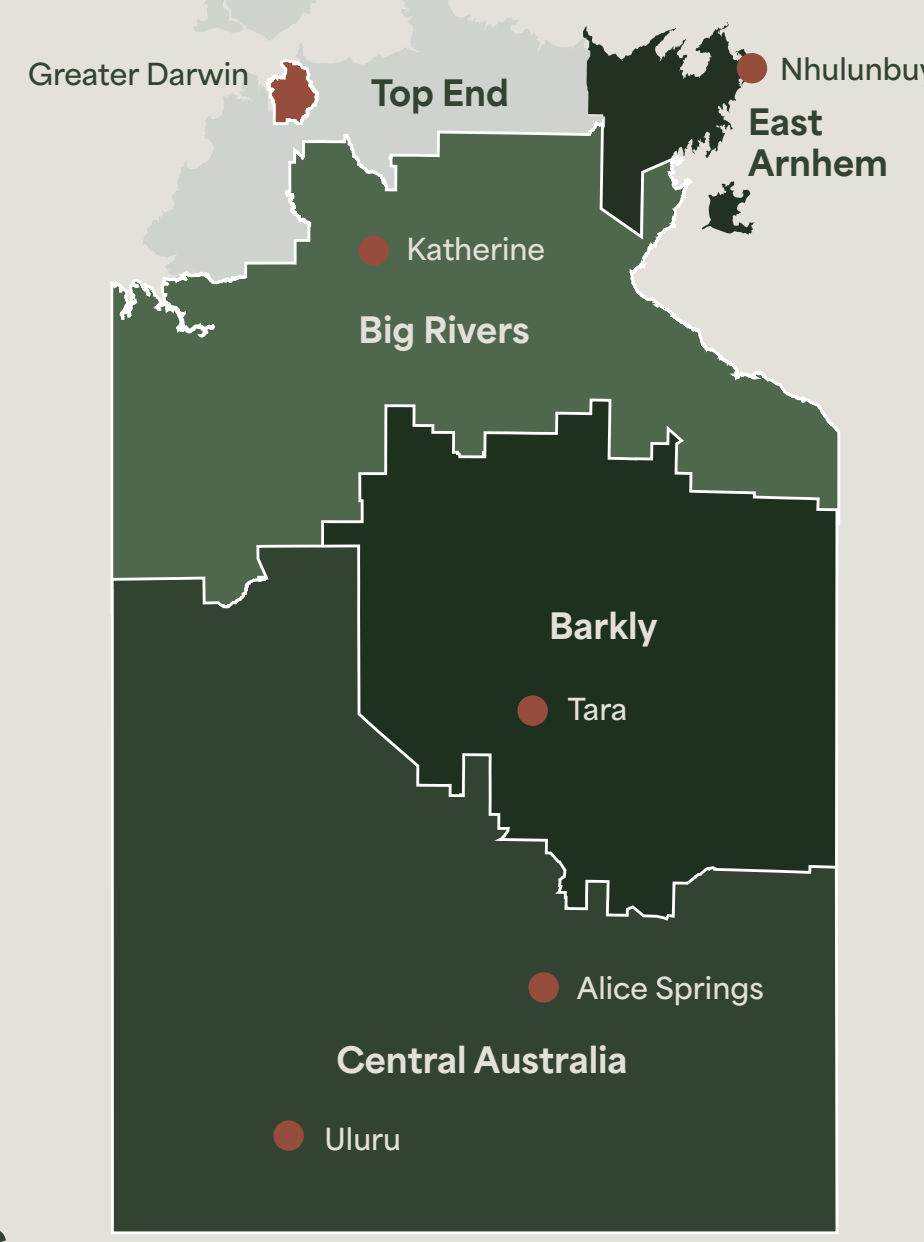


Benefit of Pharmacists Working in Remote Health Centres

By Megan Cavill BPharmSci MPharm
Dip. Community Services MPS CredPharm
(MMR), Remote Area Pharmacist, Northpharm

Remote Area Pharmacists: the most overlooked solution in primary remote healthcare - the missing link that safeguards lives, supports overstretched staff, and helps close the gap.



In total Megan visited 59 remote areas and communities across 6 regions.

Introduction

In many remote communities in the Northern Territory, clinic staff are expected to manage complex medication systems without on-site pharmacist support. In the absence of on-site pharmacist support, clinics face increased challenges maintaining safe medication systems.

Remote Health Pharmacists embedded in remote health centres across Australia can significantly enhance primary health care outcomes for Aboriginal and Torres Strait Islander peoples by:

- Providing on-site education to health care staff around the Quality Use of Medicines (QUM), enabling safer and more appropriate prescribing, dispensing, and supply of medications at the clinic level.
- Delivering culturally appropriate, individualised medication education for patients, tailored to their current health literacy and language needs, supporting improved adherence to chronic disease treatments.
- Supporting more cost-effective medication management by ensuring medicines ordered are based on actual patient need, which in turn minimises unnecessary stock and reduces environmental burden from unused or expired medications.
- Optimising stock control by aligning Imprest levels with each clinic's usage patterns, reducing the volume of excess medications held on site and lowering the risk of expired or unused stock.
- Ensuring Emergency, Anaphylaxis, Obstetric, and Seizure kits are routinely checked and kept up to date, so that in the event of an emergency, clinic staff can quickly access correct and in-date medications.

Method

The activities described in this report represent routine contractual QUM work undertaken by a Remote Health Pharmacist across multiple remote health centres in the Northern Territory over a three year period.

Structured audits and hands-on reviews of medication storage, Schedule 8 compliance, cold chain management, stock management, and emergency kit checks were conducted regularly during site visits. Informal qualitative feedback from clinic staff and managers was collected through ongoing discussions to capture operational challenges, workload concerns, and safety issues.

All information was gathered and analysed in a de-identified and confidential manner consistent with professional practice standards.

This poster provides a consolidated summary of pharmacist-led activities and observations derived from ongoing professional oversight, rather than from a formal research project.

Results

Staff education delivered on-site led to improved awareness of medication safety requirements and compliance responsibilities within remote health centres.

Routine audits helped identify areas for improvement – common in high-pressure remote settings. Notably, a serious risk was identified when haloperidol was stored next to adrenaline in an emergency kit, in the spot where adrenaline should have been. This was corrected after pharmacist intervention.

Clinic teams responded positively to corrective actions addressing expired or absent emergency medications, ensuring better preparedness for critical events. Pharmacist oversight helped optimise the use of limited resources, reducing waste and improving medication availability.

These improvements collectively enhanced patient safety and supported the broader goal of Closing the Gap by strengthening medication management and culturally safe and responsive care in remote Aboriginal and Torres Strait Islander communities.

Conclusion

Pharmacists play a vital role in remote health settings by improving medication safety, supporting untrained staff, and enhancing culturally appropriate care. Despite this, many remote health centres still lack embedded pharmacists due to funding constraints, restrictive legislation, workforce shortages, and limited awareness and recognition of their role. Embedding pharmacists improves medication management, strengthens primary health care and enhances outcomes for Aboriginal and Torres Strait Islander people and other remote residents.

Their presence significantly reduces medication errors, supports safer systems, and fosters culturally safe care. Permanently embedding pharmacists in remote health centres is essential to closing the health gap and ensuring equitable, high quality care for all remote communities.



Kicking up dust on the way to support a vital health centre in the outback.



Megan sharing knowledge with the health care team in Wadeye.



This rugged dirt road is our path to delivering critical health care in Amanbidji.



Working at a remote health centre in Wadeye.



Serious risk identified and managed - haloperidol stored next to adrenaline.



On the plane back from Milingimbi into Darwin.

 **Northpharm**

Bringing critical health care within reach
Because distance should *never* be the difference