

Patient access to medication management

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Introduction

Timely access to medication improves patient outcomes and reduces morbidity and mortality¹⁻⁴.

Aim

To identify critical gaps impacting patient access to medication management.

Method

A scoping review of PubMed and Google Scholar studies (2012–2025) was conducted, focusing on primary care research on access to medication management. Findings were thematically analysed to produce a gap analysis. The produced gap analysis was validated by six pharmacists and two general practitioners.

Results

Six main gaps were identified from the gap analysis (table 1).

Identified GAP	Potential Impact of Pharmacist recommended medicines (PRMs)
Access to general practitioners: waiting time and lack of available appointment for acute need ^{1,3}	Access to PRMs through pharmacist-review targets medication management.
Inequalities in GP workforce distribution can impede timely care ¹	Pharmacists are spread out in communities through local pharmacies. Their involvement in prescribing can decongest primary care, ensuring that patients receive prompt medication management and counselling.
Cost remains a significant barrier to medication access ²	Through PRMs, patients may avoid multiple GP visits solely for minor ailments, lowering overall healthcare expenditures.
Patients with multiple chronic conditions face a higher risk of adverse drug reactions and therapeutic mismatches ^{1,3}	Pharmacists support patients to ensure safe use of pharmacist recommended medicines taking into account individual patient profile.
Rapid evolution of evidence-based guidelines ³	Care pathways that support alignment with best practices to support pharmacists in meeting patient needs.
Chronic conditions increase risk of minor acute conditions that require health professional intervention beyond patient self-care ⁴	PRMs may reduce the workload on physicians by treating these conditions at pharmacist level.

Table 1: Gap analysis and potential impact of PRMs

Discussion

Pharmacist-recommended medicines can bridge gaps in access, reduce costs, and improve timely care.

References

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