

YES THEY CAN; BUT THEY CAN'T! PHARMACISTS ARE COMPETENT AT REQUESTING CHLAMYDIA PATHOLOGY TESTS BUT HEALTH POLICY GUIDELINES PREVENT THEM FROM DOING SO.

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Background: One of the biggest challenges in chlamydia management is providing easily accessible and youth friendly avenues for testing. International and national evidence shows community pharmacists, can, and are capable of requesting chlamydia tests. Yet this service is not available in Australia. What are the policy and health service challenges faced when implementing a pharmacy-based chlamydia screening service in Australia?

Methods: Seven electronic databases were searched for studies on chlamydia screening interventions from community pharmacies, including those with qualitative evidence on acceptability or barriers. Themes and concepts were collated into a set of 'core requirements' for consideration when implementing pharmacy-based chlamydia screening interventions. Health service challenges and implementation barriers were analysed thematically.

Results: Ten different pharmacy-based chlamydia screening interventions were reported in the literature; three of which were conducted in Australia. The timescale varied from 2-104 weeks and the number of tests conducted ranged from 18 to 19 195 tests. Regardless of methodological differences, chlamydia screening from pharmacies was shown to be feasible. Pharmacies were accessible and convenient; and pharmacists were professional and competent when offering a chlamydia test. Subset analysis of the 3 Australian studies showed that given the opportunity and training community pharmacists can request direct-to-consumer chlamydia tests but current health policy guidelines prevent them from doing so.

Conclusion: There is an urgent need to change health policy so that community pharmacist are able to request a Medicare funded chlamydia pathology test; improving accessibility to young people who want long evening and weekend opening hours. The greatest impact of this could be in rural or remote areas, where well-documented gaps in provision of sexual health services exist.