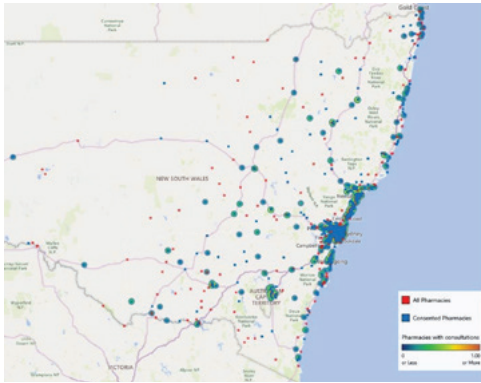


Pharmacist-led oral contraceptive (OC) care: Key findings from the PATH-OC trial

THE PATH-OC TRIAL AT A GLANCE



**>1,000
pharmacies**

participated in the PATH-OC trial across metropolitan, regional and rural NSW

**79.2%
of women**

completed the NSW PATH-OC trial follow-up survey

**1,946
women**

aged 18 to 35 years took part in the trial. 18 to 25 years was the most common age group (40.3%)

**2,000+
consultations**

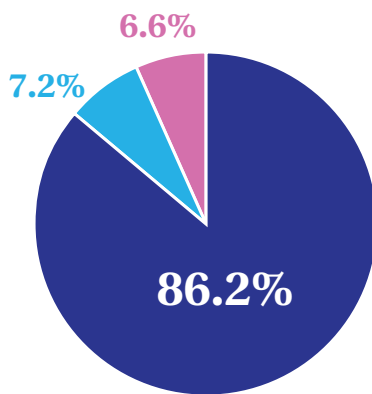
provided by pharmacists over 12 months

91.6 out of 100

participant experience score, indicating highly positive feedback

SAFETY AND EFFECTIVENESS DATA

Medication supplied



**86.2%
of consultations**

provided combined oral contraceptive pills

- Combined oral contraceptive pills
- Progestogen-only pills
- Not supplied



Hospital utilisation rates were low 4 weeks post-consultation.

There were no hospitalisations or emergency department (ED) presentations for OC-related adverse events.

At 7-day follow-up, **99% of women** did not report any side effects

Higher levels of medication adherence were reported following the consultation

**99.7%
of consultations**

followed clinical protocols



**6.9%
of participants**

were referred to a GP
by the pharmacist



**77.8%
of patients**

said cost would not limit
access for future use

Where care happened



79.3%

of pharmacy consultations
occurred in metropolitan areas



~20%

of pharmacy consultations
occurred in rural towns

Indigenous community members valued the service

for its convenience and rapid access

No participation in remote or very remote areas

highlighting the need for rural
specific solutions

WHAT THE REPORT SUGGESTS



Make OCP resupply
a regular pharmacy
service



Use UKMEC to support
safe contraceptive
decision-making and
embed it into
pharmacist education
and training



Ensure PCFs continue to
provide tailored support
to pharmacists,
especially during early
service rollout and
integration



Ensure that cost is
not a barrier for
patients



Adapt service models for
remote and Indigenous
communities



Deepen integration with
ACCHOs and LARC
providers



Integrate pharmacist-led
services with digital health
records to improve
continuity of care



Future work should track
longer-term endpoints
(such as unintended
pregnancy)