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IN THIS ISSUE

Business & Industry

- 2** Presidents Message PGA
- 4** Presidents Message PGNZ
- 6** Budget 2024 New Zealand
- 8** Working to a Fuller Scope
- 10** Tasmanian Branch Update
- 13** Pharmacy Scholarship Initiative
- 16** Celebrating the Career of Beth Hollis
- 20** Learning & Development in Community Pharmacy
- 24** Addressing Quiet Quitting in Pharmacy
- 26** Liebherr Pharmaceutical Refrigerators
- 28** Five Super Fund Must Haves
- 31** TerryWhite Chemmart Doubleview
- 35** BD Rowa + Gold Cross Partnership
- 36** How to Improve Collaboration
- 40** Understanding the Right to Disconnect
- 44** Afterpay Keeps Customers Coming Back
- 46** How to Prevent The Loss of Cold Stock

Health

- 48** Understanding the Colours of Chronic Pain
- 50** Understanding Dietary Iron for Optimal Health

Education & Continuing Professional Development

- 56** Is Education Key to Unlocking Career Potential
- 64** Cardiovascular Risk Reduction
- 71** CPD Multiple Choice Questions

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PRESIDENT'S MESSAGE

Trent Twomey

President, Pharmacy Guild of Australia

8CPA ENSURES A VIBRANT AND GROWING FUTURE FOR COMMUNITY PHARMACY

It is with great pleasure that the 8th Community Pharmacy Agreement is now public, and you can see how it will ensure a vibrant and growing community pharmacy network.

The 8CPA was signed on 3 June 2024 after 9 months of tense negotiations, and after 5 months of public campaigning since April 2023.

Some 8CPA measures were disclosed to the Australian public by Treasurer Jim Chalmers during the recent Commonwealth Budget, one of which was restoring universal equity to the PBS.

The Guild has always championed fair and equitable pricing of medicines, and made no secret of our plight to ensure a level playing field for Australia's network of community pharmacies. Our track record of advocating for a reduction in the price of medicines is testament to our continued ongoing commitment to ensure affordable medicines for all Australians.

Access to medicines for all Australians must be equitable. The dollar discount was a flawed concept that afforded an anti-competitive advantage to some pharmacies, often in metropolitan areas, while disadvantaging patients based on where they live. Phasing in a universal \$1 discount for all patients, where the Government foots the bill, means every person can access the same discount.

Ensuring affordable healthcare and equity of access for all Australians has always been, and will always be, at the top of the Guild's agenda.

But to continue to provide first class care, pharmacies cannot go backwards. A fundamental principle throughout 8CPA negotiations was guaranteeing annualised growth in the fees paid by the Commonwealth to community pharmacies.



Your Guild's negotiating team achieved that by securing CPI indexation on Commonwealth Price, ensuring year-on-year growth until 2029. CPI indexation will apply to Administration, Handling and Infrastructure Fees, Dispensing Fees, the Dangerous Drug Fee and the Safety Net Recording Fee.

Across the network, the uptake of 60-day dispensing is currently hovering at about 15% uptake. However, the government's own projections still predict that rising to 63% over the next four years. Maintaining CPI on existing fees was never going to be enough to ensure the viability of community pharmacies. That's why the 8CPA includes structural reform to pharmacy remuneration through an additional AHL payment for 60-day dispensing.

As I've said before, reforms are delivered through Community Pharmacy Agreements, not in spite of them.

Put simply, your negotiating team has secured an additional payment to offset the painful and ongoing impact of 60-day dispensing in your pharmacies. This additional AHI payment, called the Additional Community Supply Support Payment, will be payable on subsidised (i.e. above copayment) scripts dispensed from 1 April 2024. This additional AHI payment of \$4.79 plus an additional variable fee (initially \$0.78 per script), will ensure the government's 60-day dispensing compensation of \$2.11b will be delivered in full. Payments will flow from 1 October 2024.

You will recall that the Heads of Agreement I announced at APP2024 committed the government to providing an additional \$3 billion to community pharmacies, and in cheaper medicines. The 8CPA includes a new Adjustment Mechanism which assures this \$3 billion is fully expended. Your negotiation team has guaranteed you will receive every cent promised to you.

As well as settling Commonwealth price and securing financial recompense for 60-day dispensing, the legal structure of the 8CPA provides stable volume forecasts of PBS prescriptions.

While heavily technical, this will mitigate community pharmacies against any future changes that could strip away prescription volumes. The Commonwealth Government is now required to consult with your Guild before any proposal attempts to increase dispensing quantities above two months.

Indeed, the Commonwealth must now consult the Pharmacy Guild on any Health portfolio policy that may affect community pharmacies or the pharmacy profession.

Your Guild will always be there, fighting for you, with a permanent seat at the table.

Another significant measure in the 8CPA is that pharmacies will benefit from an increase to caps for the provision of Dose Administration Aids (DAAs). This is a critical service that helps our patients with medication adherence. Too often pharmacies have had to waive fees for vulnerable patients.

Over consecutive agreements since 2016, caps have been increasing and now, under the 8th Community Pharmacy Agreement (8CPA), pharmacies will be able to provide these funded DAAs to at least 90 patients per week. For a pharmacy on the weekly base cap, this means an extra \$9,625 every year.

Finally, I would like to thank your National Councillors on the Guild's Health Economics & Policy Committee and Government & Public Relations Committee. Anthony Tassone (Chief Negotiator), Nick Panayiaris, David Heffernan, Natalie Willis, Simon Blacker, Adele Tahan, Peter Hatswell and Helen O'Byrne have been indentured in your service for over 12 months to secure this outcome.

To see what the 8CPA means for your pharmacy, visit <https://www.guild.org.au/8cpa>.

In July your Guild will be travelling around the country on our State of the Industry Roadshows to discuss the 8CPA in full detail, including the changes to Community Pharmacy Programs and the Regional Pharmacy Maintenance Allowance, as well as the rollout of Scope of Practice.

I hope to see you all there.

Trent Twomey

President, Pharmacy Guild of Australia

Roadshow Date	City	Venue
Wednesday, 10 July	Darwin	The Hilton
Thursday, 11 July	Perth	The University Club of Western Australia
Monday, 15 July	Brisbane	Brisbane Townhall
Thursday, 18 July	Sydney	The Hilton
Monday, 22 July	Hobart	RACV
Tuesday, 23 July	Canberra	National Portrait Gallery
Wednesday, 24 July	Melbourne	Melbourne Townhall
Thursday, 25 July	Adelaide	Adelaide Convention Centre



PRESIDENT'S MESSAGE

Des Bailey

President, Pharmacy Guild of New Zealand

In New Zealand, like most countries around the world, we are facing a chronic shortage of pharmacists and pharmacy technicians. This comes at a time when we are being asked to do more to relieve pressure off our general practice and hospital colleagues, who are also facing workforce shortages.

Our workforce shortage needs to be urgently addressed to ensure community pharmacy can continue to perform its vital and growing role in primary and community healthcare. We have been pushing for this to be addressed with Health New Zealand (formerly District Health Boards), the Ministry of Health, government officials and successive Health Ministers.

A key part of our work on behalf of members has aimed to improve remuneration to help address this issue. Our work led to an independent review to assess the extent of unfunded wage cost pressures being commissioned by District Health Boards, which was released in September 2021. This vindicated our concerns about a material lack of pay parity with other health professions and built a strong case to government to deliver pay parity for pharmacy staff to help achieve a more stable and sustainable pharmacy workforce going forward.

While stage one of the independent review of wage cost pressures, completed by Grant Thornton/Strategic Pay in 2020, found that there are material unfunded wage costs pressures for community pharmacy staff, no work has yet been done on the implementation mechanism to address the material unfunded wage cost pressures for community pharmacy staff.

Simply put, pharmacy owners are unable to pay their staff what they are worth, and this is leading to recruitment and retention issues – people do not want to train to be pharmacists because the pay isn't attractive, while existing pharmacists are exiting the profession because the pay is insufficient for the work and they can earn more doing something that carries less responsibility and risk.



“SIMPLY PUT, PHARMACY OWNERS ARE UNABLE TO PAY THEIR STAFF WHAT THEY ARE WORTH, AND THIS IS LEADING TO RECRUITMENT AND RETENTION ISSUES”

This is seen with lower student enrolment numbers in the Bachelor of Pharmacy programme in recent years.

Pharmacy owners contact Guild HQ regularly with concerns about workforce shortages, which are causing a great deal of stress and burnout in the sector and have even led to the closure of some community pharmacies, due to a lack of staff to run them. We have also seen pharmacies cut back their opening hours, particularly late nights and weekends, because of insufficient staff numbers.

Long-run trends seen in the Guild's annual remuneration survey demonstrate the highest levels of difficulty ever in recruiting pharmacists. In 2023, 68% of pharmacies who responded to the survey reported difficulty recruiting pharmacists. This jumped to 78% in rural areas and 79% in provincial cities.

International benchmarks indicate that at least 1,200 more practicing pharmacists are required to operate across all practice settings, at our current scope of practice, in line with similar international jurisdictions. This pharmacist shortage estimate is in line with the Guild's recent community pharmacy workforce survey, which indicates that there are currently over 900 vacant pharmacist positions in community pharmacies around the country. Noting that community pharmacy employs 3,054 pharmacists, or 76% of all practicing pharmacists (June 2023).

New Zealand currently has 7.93 pharmacists per 10,000 people (June 2023), this is much lower than other comparable countries (Australia, Canada, USA, Ireland), with World Health Organization data showing most sit above 10 pharmacists per 10,000 people, with some as high as 13 pharmacists per 10,000 people.

We have shared data from our workforce survey with Health New Zealand, so it can be included in the updated 2024 Health Workforce Plan. This will mean community pharmacy workforce shortages are acknowledged alongside others in the health sector.

Community pharmacists and the government are keen for pharmacies to deliver a fuller range of services and contribute increasingly more to better health outcomes for all New Zealanders. Fully attaining this goal is currently being compromised by the sector's unaddressed workforce recruitment and retention concerns.

We will continue to pursue and progress workforce issues, particularly wage cost pressures/pay parity, on behalf of members with increased urgency, and have reaffirmed that this needs urgent attention with the Minister and officials.

Des Bailey

President, Pharmacy Guild of New Zealand



BUDGET 2024

And What This Means For Community Pharmacy

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Given the current fiscal climate, the Guild considers that Budget 2024, announced on 30 May 2024, did not deliver anything unexpected, and is in line with the government's prior fiscal and policy commitments.



At a macro-level, Budget 2024 has been presented as a prudent and fiscally responsible Budget, which has focused on finding savings to fund tax relief to New Zealanders, as well as funding frontline services. The government is forecasting a return to an operating surplus in 2027/28, following forecast deficits over the next three years.

Health continues to be the major beneficiary of increased funding, with new investment of \$2.007 billion – which represents 63% of the \$3.205 billion of new funding made available from Budget 2024.

Health's annual increase in new funding for 2024/25 is principally explained by the following:

- \$1.43 billion for cost pressures for core demographic, volume and price pressures across all healthcare service providers.
- \$420 million investment to continue access to medicines. This initiative provides funding to address previous time-limited funding for Pharmac's Combined Pharmaceutical Budget. This funding provides for the same level of ongoing access to medicines.
- \$66 million for Covid-19 and pandemic preparedness – to maintain essential health services and critical surveillance infrastructure. This initiative retains critical public health surveillance infrastructure, supporting system preparedness to identify and respond to future disease outbreaks.

- \$31 million to reinstate the \$5 prescription co-payment with targeted exemptions for those aged over 14. Exemptions will apply for those with a Community Service Card and people aged 65 and over, with the Prescription Subsidy Card settings remaining unchanged.

Health Minister, Hon Dr Shane Reti, has stated that Budget 2024 supports the ambitious targets that have been set for the health sector and is focused on giving New Zealanders the right care when they need it. The Minister has indicated his focus is on workforce, delivery of targets for improved care, building the right infrastructure and ongoing financial sustainability.

We are not surprised by this Budget, which largely retains a 'business-as-usual' focus for the year ahead. The reinstatement of the \$5 prescription co-payment in 2024/25 was clearly signalled pre-election and in the government's Coalition Agreements in November 2023, despite our strong advocacy on behalf of members for retention of the universal co-payment removal that we successfully helped the last government deliver in 2023.

We note that the government's commitment to \$1.43 billion of new funding in the Budget to address existing demographic, volume and price pressures in Health for 2024/25, equates to an average annual funding uplift across all service providers of around 6.2%. Significantly, this uplift in appropriation is being equally applied for the first time across both hospital and specialist services, and primary, community, public and population health services – which addresses many years of higher annual uplifts being applied to hospital and specialist services.



“THIS UPLIFT IN APPROPRIATION IS BEING EQUALLY APPLIED FOR THE FIRST TIME ACROSS BOTH HOSPITAL AND SPECIALIST SERVICES, AND PRIMARY, COMMUNITY, PUBLIC AND POPULATION HEALTH SERVICES”

Notwithstanding this useful re-balancing precedent, we remain keen to see an increased proportional investment being made within primary and community care settings to help to maximise keeping New Zealanders healthy and well and out of hospital.

The announcement of Budget 2024 will now enable Health New Zealand to inform its annual cost pressures uplift offer for our nationwide evergreen funding contract (the ICPSA). It is however already apparent that the likely annual uplift offer will be insufficient to meet current cost pressures and the systemic historic underfunding of our core dispensing services.

While we will work to maximise the outcome of this year's negotiation, our predominant focus will be completing work, in accord with our funders' prior commitments, to jointly develop and implement a sustainable funding model, that supports workforce sustainability, over the next two years.

We will also be looking to work closely with our funder to ensure that the government's reinstatement of a targeted \$5 pharmaceutical co-payment charge occurs as smoothly as possible for our members. While we do not currently know all the implementation details, we understand that this policy change will be IT-enabled to reduce the administration burden for pharmacists. It is our assessment that this policy change will mean that around 83% of all dispensed medicine items will remain free of charge (rather than 100% under universal removal).

We look forward to continuing our work with the government and engaging actively to support successful delivery on our joint priorities – sustainably delivering better health outcomes, while fully utilising the capabilities of our highly qualified community pharmacy workforce.



WORKING TO A FULLER SCOPE: A QLD PERSPECTIVE

There's always something going on in community pharmacy, but there is truly no time like the present in my home state of Queensland. In recent years, we've seen governments of all political stripes begin to appreciate that to fix the issues with our healthcare system; we need to use all our healthcare professionals working to our fullest potential.

Words | Chris Owen
President of The Pharmacy Guild
of Australia, Queensland Branch



In community pharmacy, this began with influenza vaccinations. Then COVID-19 hit, and everything changed.

Throughout the pandemic, patients began turning to community pharmacies like never before.

At this time of crisis, we were there as patients sought advice, searched for masks, hunted for COVID tests and hand sanitiser, and accessed COVID vaccinations when they became available. Pharmacies transformed into community health hubs almost overnight, and incredible stories emerged of communities coming together to overcome the pandemic.

In 2020, with COVID waves still coming at all of us, the Queensland Government launched a trial that saw women being able to be treated in participating community pharmacies for uncomplicated urinary tract infections (UTIs).

During the UTI Pilot, which ran between June 2020 and December 2021, over 6,500 women aged 18-65 received UTI treatment.

The independent review of the Pilot found that 87% of patients had their symptoms resolved following their antibiotic treatment and that the program freed up to 6,751 GP appointments.

Independent research conducted by Insightfully revealed that almost 1,000 patients said they would have gone to a hospital emergency department if they could not receive treatment at a community pharmacy.

The independent review of the Pilot found the "service was of significant value because of improved accessibility and convenience. Patients were happy with the service, would use it again, and recommend it to others..."

Following this independent review, the UTI Pilot was deemed a success, so much so that this service was made permanent in Queensland and rolled out in other states around Australia.

At the same time as the UTI Pilot was being undertaken, we, at The Pharmacy Guild of Australia, Queensland, were working with the Queensland Government to develop another Pilot, this time in North Queensland, that would see community pharmacists being able to offer even more health services to patients.



After over 12 months of additional training, and building purpose-built consult rooms for patient consultations to take place, community pharmacists began offering health services to patients for 17 everyday health conditions and management for five chronic health conditions in April 2024. Conditions that include school sores, shingles, mild psoriasis, wound management, swimmer's ear, travel health, and hypertension.

The Pilot's chief goal has always been to supplement – not replace – existing primary healthcare services and give patients more choices to access the health care they need. And as one of the most decentralised states in Australia, with a large population outside the metropolitan areas, the need for this Pilot was clear to Queenslanders.

When it comes to providing healthcare services, Queensland's geography puts a strain on the traditional GP-centric model, with a lack of access to GPs in many smaller towns being compounded with a decreased number of medical graduates opting for general practice.

Against this backdrop of decentralisation is the fact that community pharmacies are highly accessible.

97% of people in metropolitan areas live within 2.5 kilometres of their nearest community pharmacy, and 83% of regional Australians live within five kilometres of their nearest pharmacy.

When you add all this together, you get a unique challenge that puts a real strain on accessing health care in a timely manner. This can present itself in a lot of ways. Still, the biggest portion of the burden often falls on the emergency departments of hospitals being used as de facto GP clinics for the treatment of everyday conditions and for obtaining prescriptions.

Given the success of the UTI Pilot and overseas evidence pointing to successful healthcare outcomes through pharmacists working to a fuller scope in England, Wales, Canada, and New Zealand, the footprint of the North Queensland Pilot was extended to include the whole state and now other states in Australia are following Queensland's lead.

All of this led to 24 April of this year, when the Queensland Community Pharmacy Scope of Practice Pilot began offering patients access to the expanded health services for the first time. To underscore the importance of the Pilot, the launch was attended by Queensland's Premier Steven Miles MP as well as the Minister for Health, Mental Health and Ambulance Services and Minister for Women Shannon Fentiman MP.

Initially, only a select number of community pharmacies are offering health services through the Pilot. However, we expect this number to increase quickly as more pharmacists finish training and Queensland Health formalises the certification.

We anticipate consistent coverage across the state within the Pilot's timeframe.

The years since COVID have been remarkable in how they have transformed community pharmacy's ability to offer more choice of service to our patients. We believe that as these additional services roll out, we'll see the results in better health outcomes as patients are seen in a timely, professional manner.

I am incredibly excited to see what the next few years will bring as we continue to work with governments of all political stripes. As we endeavour to practice to a fuller scope of practice, we offer our patients the ability to have more choice in how they access their health care services.

TASMANIAN BRANCH

Small but Mighty

In 2021, the Tasmanian Government committed to undertake a scope of practice review for pharmacists in Tasmania and to consider what other services and support pharmacists could safely provide for the community. The results of the Review conducted by KPMG were released in July 2023, with the government accepting and committing to implement the full 12 recommendations from the report.

Words | Helen O'Byrne





Prior to the Tasmanian state election (held in March this year) the Guild asked for and received pre-election commitments from both major parties on scope of practice and community pharmacy ownership. While neither party received a clear majority Premier Rockliff has been able to form government with the support of independents which means we continue on with the Health Minister the Hon Guy Barnett. Both Premier Rockliff and Minister Barnett have reaffirmed their commitment to implement in full the recommendations from the 2023 report.

The first agreed scope of practice activity the Tasmanian UTI Pilot Program commenced on March 1st 2024, allowing endorsed pharmacists, practising in approved premises to be involved in a 12-month program to prescribe antibiotics for uncomplicated urinary tract infections (UTIs).

Tasmanian pharmacists participating in the program were required to undertake an agreed education module and apply to the Department for endorsement. Pharmacy owners also had to apply for endorsement of their site.

The Tasmanian Government developed substantive marketing to support the Program, designed to highlight community pharmacy services including the UTI service. This marketing has been very effective in raising awareness of the UTI service.

To date the Program has been an overwhelming success, with nearly 2000 women in Tasmania visiting pharmacies to receive treatment. There are over 125 pharmacies approved, with a wide spread of pharmacies across the State. Over 300 pharmacists have undertaken training to deliver the service, which is positive to see and provides insight to the potential uptake of other scope of practice services into the future.

Feedback from other stakeholders and especially consumers has been overwhelmingly positive, which is giving our state Government the push to announce more pharmacy-led services under the scope of practice reforms.



“FEEDBACK FROM OTHER STAKEHOLDERS AND ESPECIALLY CONSUMERS HAS BEEN OVERWHELMINGLY POSITIVE, WHICH IS GIVING OUR STATE GOVERNMENT THE PUSH TO ANNOUNCE MORE PHARMACY LED SERVICES UNDER THE SCOPE OF PRACTICE REFORMS.”

As with previous years we have had excellent uptake across our members with our Guild Corporate Health Vaccination Program. Over 70 members are signed up for the program which has delivered over 9000 bookings to date to our member pharmacies. We have worked with many Tasmanian organisations including the University of Tasmania who are regulars to this program, providing free vaccinations to their employees or members.



It's also great to see Private Health Insurers such as St Luke's and HCI offering this valuable service to their members, recognising the burden of influenza on our health system. Providing a flu vaccine under the program provides the opportunity for pharmacists to investigate with the patient what other vaccines they may be eligible or due for and simply offering at the same time as the flu vaccine or rebooking for another time.

The Tasmanian Branch looks forward to providing ongoing support to our members in full scope of practice initiatives and programs, while recognising that the 'everyday' core activity of dispensing is still vitally important to every pharmacy across Tasmania. Balancing the business-as-usual aspect of pharmacy alongside scope of practice reforms can place pressure on teams; all pharmacies and pharmacists are at different points of the journey. Physical and financial resources are finite, however the opportunity to embrace scope of practice is providing a renaissance across community pharmacy as members look to redefine their practices into the future and we are already seeing examples of this in Tasmania.

Kristina Fox and Julie Sorrentino, partners in Rosny Complete Care Pharmacy have recently showcased their approach to community pharmacy which has received widespread attention from across the industry. Their pharmacy is a great example of how scope of practice is influencing the traditional pharmacy model; five clinic rooms, pharmacists triaging care, a full-time nurse practitioner, regular visiting allied health care providers, purpose-built software and a dispensary which is not visible inside the pharmacy. Kristina and Julie are continually refining their business while recognising the importance of involving their team in every aspect of the journey. The feedback and results have been very encouraging, validating their conviction to do things differently.

Tassie has unique challenges, we have an older, poorer and sicker population, with low numbers of accessible GPs in regional areas. But there are also unique opportunities as the role of pharmacists across our network of community pharmacies becomes even more integral to providing accessible healthcare services in our communities.



WITH THE COMMUNITY & FOR THE COMMUNITY

Pharmacy Scholarship Initiative Helps Pave the Path

F For pharmacy intern Tameera Guivarra, making her family proud was an important motivation for her going into pharmacy studies. But what got her through was the hardworking attitude she grew up with and the support of a scholarship as she prepared to enter her intern year.



Tameera, known as Mia, was one of three recipients of the Symbion and Guild Aboriginal and Torres Strait Islander Pharmacy Student Scholarship Initiative in 2023. At the time, she was in her fourth year at Queensland University of Technology in Brisbane.

Receiving the scholarship meant she was awarded funds to help cover the costs associated with tertiary education and living away from home. Additionally, the scholarship offered support and guidance from a mentor and employment opportunities through TerryWhite Chemmart pharmacies.

Mia says the scholarship gave her more time to focus on her studies and a sense of relief as she moved into her intern year. "Honestly, having that scholarship for my final year really made it easier to focus on my final exams and preparations for intern year, as I was not spending all of my time stressing about how many hours I needed to work to cover all of the costs," she says.

"Unfortunately, intern year can be very expensive, with AHPRA [Australian Health Practitioner Regulation Agency] registrations and organisational registrations, so having the backup felt like a HUGE relief."

Now that Mia is well into her intern year, she is working two jobs as she continues to learn everything she can. Beyond her intern year, Mia looks forward to being a fully qualified community pharmacist. She recognises that pharmacy and medicines play a part in everyone's life at some point, and to be there for her community to make sure all patients are getting the care they deserve is a priority for her.



"MY CAREER GOAL ULTIMATELY IS TO BE A PHARMACIST SOMEONE CAN COMFORTABLY COME TO AND FEEL SAFE, EDUCATED, AND REASSURED. I WANT TO BE ABLE TO HELP PEOPLE AND MAKE THEIR DAYS BETTER, AND I WANT TO BE ABLE TO SNAG AS MANY QUALIFICATIONS AS I CAN TO MAKE THAT HAPPEN..."

"Working within community pharmacy, I love the people. I love the fast-paced, sometimes stressful environment, and I love the feeling of someone walking away satisfied with the work I've done for them," she says.

She is completing her intern year at a community pharmacy just outside of Brisbane where she works four days a week. On Fridays, Mia continues to focus on the delivery of healthcare, in her role with the Institute of Urban Indigenous Health.

"This team allows me to work closely with other Indigenous peoples within my community, help them with their medicines and educate them in rehabilitation/Work It Out sessions on their health and medication safety," she explains.

Her role at the Institute allows her to get hands-on experience working with her community and for her community. The sessions are designed specifically for Aboriginal and Torres Strait Islander Community Members in South East Queensland and are run in partnership with a multidisciplinary team of Allied Health professionals. Sessions give patients an opportunity to participate in a group yarning program and receive support via an individualised plan as part of a culturally responsive program in a culturally safe and supported setting.

Reflecting on her journey and aspirations, Tameera shares, "My career goal ultimately is to be a pharmacist someone can comfortably come to and feel safe, educated, and reassured. I want to be able to help people and make their days better, and I want to be able to snag as many qualifications as I can to make that happen..."

The support of the scholarship allowed Mia the space and flexibility to explore areas of the healthcare industry where her identity and community connections play a fundamental role in providing care for Aboriginal and Torres Strait Islander patients. She continues to learn and gather the professional skills and experience she needs and is currently in training for her Medication Management Review and Home Medicine Review accreditations.

For other aspiring pharmacy students, Tameera offers this advice: "I say go for it - you will find your place and your niche that you love, even if pharmacy is just one small step towards a bigger life goal for you. You are absolutely capable of anything you put your mind to, and there will always be a support network at university to help you through."



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BETH HOLLIS

Appreciating 49 Years of Service to a Single Community Pharmacy

Celebrating the amazing career of Beth Hollis, who is retiring at the end of June after 49 years continuous service as Pharmacy Retail Manager, in the coastal town of St. Helens, Tasmania. Beth has been a steadfast pillar of the community through three generations of customers whom she has loved helping over the years.



Pharmacist Manager – St Helens
Pharmacy Tasmania

Words | Andrew Hoult

The first professional memory I have of Beth comes from her giving me my first position in a Pharmacy over summer holidays from my first year of study at UTAS in 2003. As a nervous 18-year-old Pharmacy student I recall on a quiet part of a Saturday Beth showing me how to dispense my first prescription.

For the following 20 years I have worked alongside Beth off and on, and for the last 7 have been Pharmacist in Charge alongside her Managing position. Beth has had a significant impression on my Pharmacy career as I am sure she has on countless others, and as she announced her retirement at the end of the financial year, I think it is only fitting we appreciate and recognise the 49 years of dedicated service to the local community.



“

“BETH WAS THE FAMILIAR FACE THAT THEY COULD RELY ON, ALWAYS GOING ABOVE & BEYOND WHAT IS EXPECTED OF THE ROLE”

In 1975 Beth Hollis, as a 16-year-old straight out of school, was given a Pharmacy Assistant position by the owner of the small community pharmacy Kelvin Viney in the coastal town of St. Helens Tasmania, her memories of that time consist of mixing Syrup of Ipecac and counting capsules into small bottles.

Beth worked alongside Mr Viney until 1987 when the Pharmacy was sold to Ernest Targett who promoted Beth to Retail Manager. During this time the pharmacy serviced a large rural area, being the only pharmacy within 1-2 hours drive. Beth recalls Mr Targett on the phone to nearby Doctors scribbling down patient names, medications and directions while she frantically dispensed the items in time for the afternoon post run.

As Mr T (as he was affectionately known) progressed to the later stages of his career and stepped back from full time work the pharmacy had a higher turnover of employed pharmacists, all of whom Beth would have had an impact on their careers in a positive way. To the local community, through this time, Beth was the familiar face that they could rely on, always going above and beyond what is expected of the role, someone they could turn to when they needed advice or assistance. When Ernest Targett sadly passed in 2014 the pharmacy passed to his son Rohan, and Beth has managed the store since then.

As a manager Beth was always willing to give the children of local families the opportunity of their first job, from this many have gone on to successful careers in the health care industry, from a managing role in the dispensary of the Royal Hobart Hospital, managing Medical Centres in other states to many long careers in other pharmacies. It is rare to have a month go by when we don't have an ex-staff member pop in while in town to say "Hi" and to thank Beth for giving them the initial place in the industry.

Beth is also particularly fond of young children and babies, going out of her way to create gift packs, at her own expense, whenever there is a local mother expecting, many of these babies have now grown up to know her as "Auntie Beth" and always keep in contact.

Beth's career has spanned six decades, she has worked through many changes to the face of modern pharmacy and successfully managed to maintain excellent skills and knowledge along the way. I feel privileged to have been involved in a small section of this, as I am sure many others feel the same. We would all like to wish Beth Hollis all the best in her retirement and hope her garden and books receive all the love and attention they deserve.



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ENHANCING LEARNING AND DEVELOPMENT IN COMMUNITY PHARMACY

Integrating On-Demand Learning and Just-in-Time Training for Improved Patient Care

In community pharmacy, timely access to relevant knowledge is crucial. Embracing “Learning in the Flow of Work” addresses this need by providing on-demand, easily accessible training. This approach enhances knowledge retention, improves productivity, and ensures high-quality patient care by catering to the diverse learning needs of pharmacists and pharmacy assistants.

Founder and Managing Director
at Meitheal Services

Words | Krysti-Lee Patterson



In the dynamic and demanding field of community pharmacy, ensuring that pharmacists and pharmacy assistants have timely access to relevant knowledge is crucial for maintaining high standards of patient care. The concept of 'Learning in the Flow of Work,' coined by Josh Bersin, has become a critical approach in this context, emphasizing the need for learning resources that are accessible precisely when they are needed.

The Challenge of Traditional Training Methods

Traditional training often involves imparting knowledge well before it is needed, leading to significant information loss due to the forgetting curve. This issue is particularly pronounced in community pharmacy settings, where staff are constantly multitasking and time-poor. As a result, there is a pressing need for training that is both timely and easily accessible, ensuring that learners can apply their knowledge effectively when it matters most.

Embracing Learning in the Flow of Work

Addressing these challenges requires an approach that is designed to meet the needs of both pharmacists and pharmacy assistants. Here's how this approach makes learning in the flow of work a reality:

1. ON-DEMAND LEARNING RESOURCES:

Offering a vast array of on-demand courses, interactive community discussions, and downloadable resources ensures that materials are easily accessible via mobile devices. This allows learners to quickly find and use the information they need without disrupting their workflow.

2. MICROLEARNING MODULES:

Featuring microlearning video content and short courses that break down complex topics into manageable segments is particularly effective for pharmacy assistants, who are predominantly digital natives. These modules, which include gamified elements and quick reference guides, cater to their preference for engaging, mobile-first learning experiences.

3. JUST-IN-TIME TRAINING:

Supporting just-in-time training by providing targeted learning materials at the moment of need is crucial. For pharmacists, virtual simulations, case scenarios, and CPD-accredited content can ensure that they access relevant training to meet their professional obligations and enhance their practice.

4. REFRESHING KNOWLEDGE:

Including features such as quizzes and challenges that help refresh previously learned material can combat the forgetting curve. Drip-fed or evergreen training and social learning elements further reinforce key concepts, promoting long-term retention and behaviour change.



Addressing the Diverse Learning Needs of Pharmacy Professionals

Community pharmacy comprises two distinct learning cohorts: pharmacy assistants and pharmacists. Each group has different demographic characteristics and learning preferences, which must be effectively addressed:

PHARMACY ASSISTANTS:

Typically, younger (average age 26) and digital natives, pharmacy assistants benefit from gamified modules and video content that align with their preference for interactive, mobile-first learning. Providing these learners with engaging and accessible materials that fit seamlessly into their workday helps them stay updated and competent in their roles.

PHARMACISTS:

With an average age of 40 and a strong emphasis on work-life balance and continuous learning, pharmacists require more in-depth and CPD-accredited training. Virtual simulations, case scenarios, and progress tracking features can ensure that pharmacists fulfill their CPD requirements while enhancing their clinical skills and knowledge.



“TOGETHER, WE CAN TURN THE TIDE AGAINST QUIET QUITTING, ENSURING PHARMACIES THRIVE AS VIBRANT HUBS OF PATIENT CARE AND COMMUNITY WELLNESS.”

The Advantage of an Integrated Learning Approach

A comprehensive solution for community pharmacy learning and development offers several advantages:

TOPIC-BASED LEARNING:

Curated materials that are relevant and easily accessible, including videos, audio, work aids, and quick guides.

EVIDENCED-BASED LEARNING PRINCIPLES:

Incorporating social learning and live meetups to enhance engagement and memory retention.

BEHAVIOURAL CHANGE AND MEMORY RETENTION:

Leveraging storytelling through video and animation to encourage positive behavioural change and improve knowledge retention.



Krysti-lee Patterson

Founder & Managing Director
of Meitheal Services.



INTRODUCING LRNRX

The LRNRX app revolutionizes learning and development in the community pharmacy sector by providing a flexible, on-demand learning platform that caters to the unique needs of pharmacy assistants and pharmacists. By embracing the concept of learning in the flow of work, LRNRX ensures that pharmacy professionals have access to the knowledge they need precisely when they need it, thereby enhancing their competence, productivity, and the quality of patient care. LRNRX has been developed to cater to the learning needs of all pharmacy assistants, and fill the gap in terms of learning for Pharmacists on topics they can't access elsewhere.

LRNRX IS EXPECTED TO LAUNCH IN AUGUST 2024



Pharmacists and pharmacy assistants can pre-register via lrnrx.com.au

Organisations looking to collaborate and host content on the LRNRX app can contact info@meithealservices.com.au



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GOLD CROSS

UNVEILING THE SILENT STORM

Addressing Quiet Quitting in Pharmacy Environment

Unveiling the Silent Storm: Addressing Quiet Quitting in Pharmacy Environments” sheds light on the pervasive issue of disengagement among pharmacy staff. Reem Borrows, a human performance specialist, offers a comprehensive five-step approach for owners and managers to combat this phenomenon, ensuring thriving workplaces and enhanced patient care.

Human Performance Specialist –
Dream Coaching and Consulting

Words | Reem Borrows



Quiet quitting, a prevalent workplace issue, has emerged as a silent epidemic with far-reaching consequences, especially in pharmacy settings. Highlighted by a 2023 Gallup survey, this phenomenon describes employees who, while physically present, are emotionally disengaged, significantly impacting organisational health. In Australia and New Zealand, a staggering 67% of employees fall into this category, highlighting the urgency for proactive measures within the pharmacy landscape.

Characterised by a lack of enthusiasm and motivation, quiet quitting often goes unnoticed until its effects become pronounced, resulting in decreased productivity and workplace morale. In pharmacy environments, where teamwork and patient care are paramount, the implications are profound. Leaders may struggle to identify signs of quiet quitting, leading to toxic behaviours and a decline in team cohesion and trust.

The burden of quiet quitting falls heavily on pharmacy leaders and owners, who grapple with the challenge of addressing disengagement while maintaining operational efficiency and patient care standards. The pervasive sense of disengagement can breed negativity and discontent among team members, further exacerbating the issue and making it a significant hurdle for creating a positive workplace culture.

The cost of quiet quitting extends beyond leaders, affecting team dynamics and organisational culture. Disengaged pharmacy staff can lead to increased turnover, decreased collaboration, and a diminished sense of camaraderie. Transforming a pharmacy suffering from quiet quitting requires a comprehensive approach focused on revitalising employee engagement and fostering a positive work environment.



“TOGETHER, WE CAN TURN THE TIDE AGAINST QUIET QUITTING, ENSURING PHARMACIES THRIVE AS VIBRANT HUBS OF PATIENT CARE AND COMMUNITY WELLNESS.”



Combatting Quiet Quitting:

A FIVE-STEP APPROACH FOR PHARMACY OWNERS AND MANAGERS

1. Create a Culture of Open Communication and Alignment with Business Goals and Values:

There needs to be an emphasis on the importance of fostering an environment where employees feel comfortable expressing their concerns and providing feedback. It's vital that every team member understands the business's goals and values and ensures their behaviour aligns with them. From our many years of experience, we have witnessed how the lack of alignment between goals and values can lead to major issues in the business. Additionally, having the right operating rhythm is critical to keeping all team members aligned with the goals, engaged, and accountable.

2. Invest in Staff Development and Recognition:

Enhance professional growth through specialised training programs like Insights Discovery. This training empowers employees to understand the nuances of their behaviour, enabling them to better understand themselves and others, navigate team dynamics and positively impact patient care. Coupled with mentorship opportunities and rewards for exceptional performance, these initiatives can bolster job satisfaction and cultivate a thriving workplace culture.

3. Conduct Regular Pulse Checks:

Implement mechanisms to assess employee engagement and satisfaction levels regularly. Utilise surveys, focus groups, or engagement platforms to gather feedback and identify areas for improvement proactively. Some of the best ideas can come from an engaged and empowered team.

4. Address Workload and Work-Life Balance:

Evaluate workload distribution and ensure it aligns with staff capacity and capabilities. Encourage work-life balance by offering flexible scheduling options, promoting self-care initiatives, and providing support for managing stress.

5. Lead by Example and Foster a Positive Workplace Culture:

Pharmacy leaders play a pivotal role in shaping organisational culture. Lead by example, embodying values such as respect, transparency, and collaboration. Leaders also need to address poor behaviour, otherwise, when team members see ongoing poor performance they can become disengaged if it's not dealt with. Encourage teamwork, celebrate achievements, and promote a sense of belonging among staff members.

By implementing these proactive strategies, pharmacy owners and managers can effectively combat quiet quitting, revitalise employee engagement, and adopt a positive workplace culture. Together, we can turn the tide against quiet quitting, ensuring pharmacies thrive as vibrant hubs of patient care and community wellness.

Quiet quitting poses a significant challenge in pharmacy environments, but with the right strategies and support, pharmacies can transform their culture, reinvigorate their teams, and achieve sustainable success. Contact us at info@dreem.com.au to explore how we can help your pharmacy turn the tide, become re-engaged, and thrive in the face of quiet quitting.

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Liebherr, Germany's leading manufacturer of refrigeration appliances, produces refrigerators and freezers that are specifically tailored to pharmacy, as well as biomedical and laboratory applications.



Such appliances must fulfil extremely demanding criteria and be easy to operate. Thanks to its high-quality manufacturing processes, materials, and precise electronic controllers with degree-accurate temperature settings, Liebherr pharmacy appliances offer outstanding temperature stability, efficiency and durability.

Liebherr's comprehensive range of pharmacy appliances is supported by a market-leading 5-year warranty. And thanks to over 60 years of manufacturing experience and the use of premium quality materials and processes, Liebherr's pharmacy appliances safely and reliably store highly sensitive substances, samples, medicines, and vaccines.

Liebherr refrigerators offer peace-of-mind thanks to a host of safety-first technologies, including minimum and maximum temperature recording, external temperature and alarm documentation and mains-independent power supply in the event of power failure. Numerous alarm functions also offer safeguards in the event of a fault, extended door openings or unexpected temperature fluctuations.

The wide range of appliances specifically made for the pharmaceutical and biomedical sector meets the most stringent standards in quality and energy use. With best-in-class energy efficiency and exceptional temperature stability, as well as a new and redesigned user-friendly control panel offering precise temperature setting and recording controls, Liebherr appliances are the ideal cold storage solution for any pharmacy.

Constant temperatures are crucial for the safe storage of sensitive substances and Liebherr pharmacy appliances utilise a host of innovative refrigeration technologies to ensure constant interior temperatures – set precisely between +2°C and +8°C – whilst keeping energy consumption exceptionally low. Constant interior temperatures are maintained by the forced-air cooling system providing optimum airflow throughout the interior.

Liebherr appliances are designed to keep costs down and keep the amount of work involved in their operation and maintenance as low as possible – without compromising maximum safety.

LIEBHERR SUPPORTS 'STRIVE FOR 5'

Liebherr appliances are factory set to the optimal temperature of +5°C, the midway point between +2°C and +8°C which is the temperature range recommended for vaccine storage. Liebherr appliances are precisely controlled and calibrated to maintain the optimal temperature of vaccines within this temperature range.

Liebherr is distributed exclusively by Andi-Co Australia Pty Ltd. All Liebherr appliances are supported by an industry-leading 5 year warranty.

**Get in touch for more information here:
sales.support@andico.com.au**

LIEBHERR



FIVE SUPER FUND MUST-HAVES

Every Pharmacy Worker Should Look For

In the busy world of pharmacy, where every day brings new challenges and new opportunities to make a difference, have you taken a moment lately to think about your own well-being? Your dedication to your community is admirable, but it's important to prioritise your financial health too.



Part of securing your well-being is making informed decisions about your financial future. This includes choosing the right super fund. It's not just about setting aside money for your retirement, it's about guaranteeing peace of mind and a comfortable lifestyle beyond your working years.

Did you know there are super funds specifically designed for pharmacy workers? **GuildSuper is one of them.** Here are five compelling reasons why choosing a super fund made for your profession is one of the wisest decisions you'll make:



1. Industry-Specific Benefits

Unlike generic super funds, a fund that's designed with pharmacy workers in mind understands the unique needs and challenges of the industry. According to AHPRA, pharmacy workers are majority women. GuildSuper's member benefits are thoughtfully designed to meet the needs of women in pharmacy. No matter your gender, members enjoy complimentary access to VirtualCare, an innovative app designed to enhance physical and mental well-being, so you feel supported while you support others.

2. Expert Investment Know-How

Balancing your busy schedule leaves little time to delve into the complexities of super investment strategies. Your super fund should take this burden off your shoulders by offering expertly managed investment options. GuildSuper's options are designed with the busy pharmacy worker in mind, crafted to deliver long-term returns while minimising risk, so you can rest easy knowing that your hard-earned money is securing your financial future.

3. Complimentary Coaching

Planning for retirement can feel overwhelming when you're juggling all of today's work and personal commitments. Whether you're looking to buy a home, start a family, or travel the world in retirement, booking time with a coach can help you overcome any hurdles standing in the way of your goals.

4. Member Benefits and Exclusive Discounts

By joining a super fund for pharmacy workers, you'll gain access to a wealth of exclusive perks and savings. These benefits range from discounted health insurance premiums to rewards programs like SUPERSUPER, designed to boost your super balance every time you shop. It's also important to check if your fund partners with the Pharmacy Guild of Australia which boasts more than 100 years of experience in advocating for and elevating the significance of pharmacy within healthcare, ensuring you're supported by an organisation that understands your industry.

5. Community Support

Being part of a super fund tailored to pharmacy workers means joining a community of like-minded professionals who deeply understand your industry. This camaraderie fosters networking opportunities, professional development resources, and a support system you can rely on throughout your career and retirement.

You unlock a world of possibilities when you choose a super fund that's meant for you.

With a fund designed with pharmacy workers in mind, you can relax knowing your retirement plans are in good hands.

Experience the difference of a super fund that works for you at guildsuper.com.au



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TERRYWHITE CHEMMART® DOUBLEVIEW

Chad Arnold Talks Automation With BD Rowa™ Technologies

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We had the amazing opportunity of interviewing Chad Arnold from TerryWhite Chemmart® Doubleview. Chad provided fascinating insights regarding his career, the benefits of implementing the BD Rowa™ Vmax and being a member of TerryWhite Chemmart®.





Can you share some insights as to how long you have been a pharmacist and what led you to where you are today at TerryWhite Chemmart® (TWC) Doubleview?

I qualified as a pharmacist in 2003 and initially spent my time working across a number of different pharmacies in Perth and Margaret River. After 18 months, I moved to the United Kingdom and spent time managing a community pharmacy in Surrey before working as a locum in London and South East England. I then secured a job in a private hospital in London and stayed for a further 2 years before returning to Perth and working at a public hospital for 2 years.

In 2010 the opportunity came up to purchase a small independent pharmacy in Doubleview in partnership with my wife Meghan and 2 of my previous employers in Margaret River, John and Rebecca. Within months we had rebranded as Chemmart® and within a year we completed a full shop refit.

Doubleview is an inner-city coastal suburb that has a fantastic community feel. We identified with our team that we wanted to be the preferred local community pharmacy for our area and saw customer service and professional services as the best way to achieve this. In 2011 we added a second pharmacist at all times and over the years this has grown and now we regularly have between 4 and 5 pharmacists on duty at a time. Our point of difference is the availability of a pharmacist

to both provide professional advice but also be available to answer questions and dispense prescriptions quickly.

We remained in this partnership until 2022, when John retired. Krede then joined Rebecca, Meghan and myself in our partnership at this time, as we wanted to maintain working partners in the store at most times. During the same period, we had the opportunity to purchase the neighbouring newsagent and as we were beginning to outgrow our space we decided to expand our shop size- this additional space gave us the ability to start with a clean slate. We introduced compounding, added an additional consultation room and completely changed the layout of the store. This also gave us an ability to look at the efficiencies available that we could incorporate into the pharmacy.

TerryWhite Chemmart® is one of the largest banner groups in Australia, can you share some advantages of being part of such a successful group?

We joined TerryWhite Chemmart® within months of purchasing the pharmacy in 2010 and have remained with TerryWhite Chemmart® through this time. The biggest advantage I see as being part of TWC is the health services support and the marketing of these health services to our patients. I have no doubt we would not be administering as many vaccinations without the bookings systems TWC has in place and the marketing they provide.

We are also able to offer services such as vaccinations more efficiently due to integrations between software and the support systems TWC has in place.

TerryWhite Chemmart® has invested heavily in recent years in systems which drive front of store growth and pharmacy profitability. One of these investments is the myTWC app which offers an all-round solution for customers making it easy for them to shop online but also book health services. Another is investment in systems to ensure member partner stores are able to purchase goods at best net into store pricing and take advantage of better buying terms with little to no effort.

What made you decide to automate your pharmacy and what factors contributed towards your decision?

As part of the store refit and expansion we looked at workflow and how the pharmacy was operating day to day in the space we had available. Despite having 4-5 pharmacists on at a time there was never enough time to complete all tasks we wanted. As the business has grown over the last 14 years, we have often looked to increase the number of pharmacists working to take advantage of services such as vaccinations and MedsChecks. But what we have seen is a lot of wasted time in administrative tasks being completed by pharmacists such as putting stock away. We looked to automation as a way to reduce the time our pharmacists were spending on tasks that did not directly involve patients. BD Rowa™ offered the most practical all-round solution to increase efficiencies in this area.

Can you elaborate on why you chose BD Rowa™ Technologies?

It was our state manager in WA from TWC who introduced me to the WA state sales manager from BD Rowa™ as their preferred partner for automation in member pharmacies. From what I understand around 70 TWC pharmacies across Australia have chosen BD Rowa™ for their pharmacies. At this time, I had thought there was one option in terms of automation with BD Rowa™ Technologies but was surprised to learn about all the possible variations available to customise to each pharmacy's needs. We also had the opportunity to visit another store and see the machine in action. With this type of investment, I wanted to ensure we opted for a company which offered a solution suited to our store and was experienced in the Australian market.



Can you describe the design and installation journey?

Our refit was significant with a structural wall being removed and large beam installed as well as both shops being completely gutted. The design and installation of our BD Rowa™ Vmax however was seamless. Our territory manager explained the different machines available and options for each one as well as the benefits of each. The dispensary design was conducted between us, BD Rowa™ Technologies and the TWC design team to ensure we came up with the best solution for our store. When the time came for the robot installation, this process was done quickly and with minimal disruption to daily operations in our store. We were then trained on the machine and have not looked back since.

Which BD Rowa™ robot did you install, and can you share some benefits?

We decided to install the BD Rowa™ Vmax with BD Rowa™ iProLog as it gave us the ability to customise the size to best maximise the space available. Our store has a very high ceiling, so it gave us the ability to increase storage space significantly. The internal BD Rowa™ ProLog that is available with the BD Rowa™ Vmax was important to us, as it gave us the ability to add shelving directly behind the machine which otherwise may have been dead space.

The addition of the BD Rowa™ iProLog was a very worthwhile investment as we save hours every day in marking off orders and putting stock away. We simply tip stock into the BD Rowa™ iProLog and it is reconciled against invoices in our point-of-sale with minimal time and effort. The robot conducts weekly stock takes and alerts us to any potential issues in the machines which are always easy to fix. We are also very easily able to complete an audit of stock levels in our point-of-sale vs stock levels in the machine and can rectify this in the space of 10 minutes when completed semi frequently. So, I feel our stock control and accuracy of stock takes has improved dramatically.

As we opted for the larger machine with ample storage space, we have also been able to store most OTC medicines in the machine which has freed up space in our storeroom making this space more functional. All this allows us to ensure we have the stock we need available and the space to store it which ultimately leads to better service for our customers and generates improved customer loyalty. The customer response to introducing automation in the pharmacy has been extremely positive.

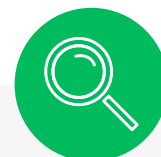
We have installed an electronic signage screen which shows customers what is happening inside the machine. Customers notice the quick dispensing time and often notice the stock appears out of nowhere. This generates discussions about the machine and gives us an opportunity to show them how it works and explain how it helps our pharmacists to be available for them.

What advice would you provide other pharmacy owners who are yet to consider automation?

I would recommend you contact BD Rowa™ Technologies and have a chat about what they can offer your store to improve efficiencies. They have an internal workflow designer that can assist with plans and your new workflow designs. We have been in the new store more than 8 months now, but customers are still excited to see the technology we have invested in, and it has created a real talking point in store. Since partnering with BD Rowa™ Technologies, I can now see potential for further growth in our pharmacy beyond what would have been possible without automation.



“WE LOOKED TO AUTOMATION AS A WAY TO REDUCE OUR PHARMACIST TIME AWAY FROM COMPLETING TASKS THAT DID NOT DIRECTLY INVOLVE PATIENTS. BD ROWA™ OFFERED THE MOST PRACTICAL ALL-ROUND SOLUTION TO INCREASE EFFICIENCIES IN THIS AREA”



FIND OUT MORE

To learn more about BD Rowa™ Technology, you can visit the website: bd.com/rowa

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BD Rowa™



BD ROWA + GOLD CROSS

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State-of-the-art German engineering is employed in their pharmacy robots, enabling them to create a product that is superior in quality – precise, efficient and powerful.

Parent company, Becton Dickinson has upheld their purpose of “advancing the world of health” for 125 years, given their reputation, the quality and reliability of their innovative automated pharmacy solutions, it’s fair to say their commitment to their purpose still holds true.

Recognised and endorsed by Gold Cross as the gold standard in automated solutions for Australian pharmacy for 8 years, the strength of our continuing partnership is based on the meticulous research carried out by Gold Cross, ensuring that any product or service endorsed by Gold Cross is:

- Absolutely the best in its field of purpose.
- Backed by strong customer support.
- The most appropriate for pharmacy owners, not only at the time of purchase, but well into the future as their business grows and their business needs evolve.

BD Rowa’s™ latest innovation is the BD Rowa™ Pickup automated collection terminal, which allows patients to order and pay for their medication, then collect after hours via a semi-outdoor hatch.

It goes without saying that BD Rowa™ automated robots are compliant with strict Australian medicines dispensing regulations, providing savings in time and efficiency, giving you back time you can spend with your patients.

At 8 years and counting, Gold Cross is STILL proud to endorse BD Rowa™.

Tammi Vingerhoets

Partnership Marketing Manager



WORKING IN SILOS & HOW TO IMPROVE COLLABORATION

F From our experience at Leading Teams when we ask “what is one thing that is getting in the way of you being at your best right now?”, one of the most common responses we hear is “our teams work in silos”. In other words, people are not working together, or there is a collaboration issue.

Words | Dean Anderson CEO, Leading Teams Australia





So, if you're wondering what can be done to address the issue of collaboration, below are some steps that Leading Teams levers to start tackling the challenge.

Who is responsible?

If the executive teams are working in silos, it's very difficult to be critical of various departments for not working together as well as they could.

Executive teams must take responsibility for the role they have played in allowing silo thinking to occur. They need to understand the environment they are creating through their behaviours.

An executive team must see themselves as a team first and foremost. When executive meetings become focussed on various department heads protecting or lobbying for their "own turf", it should be no surprise when that behaviour is mirrored in the organisation. Instead, a "one-team" approach sets the tone.

Clarity of Purpose

Critical to breaking down silos in any organisation is to have absolute clarity of purpose or "why we exist".

When people have an emotional connection to why they do something, as well as what they do, it drives real alignment to purpose. It is the responsibility of leaders to ensure that everyone in the organisation has an attachment to the common purpose and that they understand how their role contributes to this purpose. There is a famous story that illustrates this about former US President John F Kennedy (JFK) visiting NASA. According to the story as JFK was walking the halls, he stopped to chat to a janitor who was mopping the floor. Like many politicians, he stopped, introduced himself and asked the janitor "What do you do here?". The janitor paused, leant on his mop, and replied "Well Mr President, I'm helping put a man on the moon".

This is great example of a member of the organisation having a connection to the purpose.

If you were to ask people in your organisation, 'What is our common purpose?', what responses might you hear? Would they be consistent across the organisation?

I Don't Trust You

A lack of trust in your teammates' competence, or the reliability of their commitments, can be a big contributor to working in silos. Simply, if I can't trust you, I might as well do the job myself.

Trust is equal parts character and competence. Tools that help teams review both character and competence of their teammates helps shape feedback and what leaders can do to invest in their people.

Trust is not an exercise, nor is it something that we can easily measure. But we know when it is there and when it is not. It is the vital ingredient in any high-performing team, so how do we go about building it?

Trust & Relationships: An Investment

One sure fire way to break down silos and improve collaboration is to strengthen relationships between teammates and enhance communication capabilities. Being present, asking the right questions and listening might sound obvious but, often, knowing is not doing.

As a leader you can choose to see relationships as an investment, with a measurable return. With that mindset, you can invest the time and effort to foster them. Leaders should regularly reflect on the strength of key relationships. Once you're clear about where your relationships are you can build strategies to improve relationships; especially the ones that are critical for performance.

How would you rate the strength of your relationships and how would people rate you? The sooner you can get into conversations about this, the sooner you can do something about it. Again, leaders should lead the way.

Face-To-Face Conversations

Covid reminded us of the power of face-to-face conversations. There is a raft of research that explains the physiological reactions that occur when humans engage in face-to-face interactions. We know that this is a key way to build relationships, to foster trust and to, in turn, break down silos.

So why don't we take the time? There are always plenty of excuses. It takes time and energy. It takes me away from the "job" at hand. All this is short-term thinking. Face-to-face conversations increase connection between individuals and departments while making it easier for people to say what needs to be said. Feedback can create an environment for new ideas and thinking to help improve our performance.

Feedback to both reward and challenge is done with the intent of improving individual and team performance.

Feedback is not an "event". It is a process. The recipient of the feedback should reflect and respond to the feedback, while the giver's job is to support the person along the way – to help them bring the feedback to life. When feedback is delivered anonymously, it makes it harder for this part to occur. It can allow people to hide behind what is written and not take ownership of the feedback.



"I Want To Go Out" (Or Break Down The Silo)

AppleTV released a series called "Silo" in 2023 about a dystopian future where human civilisation exists in a silo and it is against the law to say you want to "go out" of the silo.

The silos that exist at work might not be as severe as this, but they still hold us back.

So, how do you get started at breaking down silos in your team? Simply, you need to get clear on what is driving them. Review how your team is going, specifically concerning the question of collaboration and a "silo" culture. Examples of questions that will help you kick off the process include;

- Do we have a silo mentality in our organisation?
- Would we describe the behaviours of our leaders as collaborative?
- Are we clear and consistent on our organisational purpose?
- If we asked other members of the organisation, would they give the same response as us?
- How would we rate our relationships and levels of trust in this team and the wider organisation?
- Do we engage in face-to-face feedback to drive our performance?
- When was the last time we really collaborated on a task?
- What do you think is getting in the way of collaborating with your teammates?
- Who do you trust the most in the team? Why?
- Who are the one or two people, that if you invested in the relationship, would improve the performance of the team?
- Why do we exist?
- When was the last time you gave feedback to a teammate?
- When was the last time you gave a leader feedback?
- What counterproductive behaviours do we accept or tolerate?



Cover that grows as fast as your scope.



For over 60 years, Guild Insurance has supported Australia's pharmacy profession through everything you do. Together with the PGA and PDL, we've worked hard to ensure our policies protect and reflect pharmacists' real-life needs.

Now that the PGA-driven scope of practice changes are live, we understand that, yet again, the real-life needs of pharmacists have changed, but our support hasn't. All Guild customers who participate in an approved scope of practice pilot can do so with confidence, knowing their insurance policy will still protect them.

What's a scope of practice pilot?

Scope of practice pilots will continue to evolve as state and federal governments and their agencies continue to work with our profession. In Queensland right now, community pharmacists who have undertaken 12 months of additional training can offer additional services to patients for a number of conditions, including school sores, shingles, mild psoriasis, wound management, swimmer's ear, weight loss management and hypertension, among others. It is these types of programs that Guild has committed to support through the addition of an additional benefit.

An additional benefit for Guild customers.

To provide cover certainty, the policy wording we apply to all Guild Pharmacy Business policies includes an additional benefit for 'Scope of Practice Pilots'. If you're already insured with Guild, this benefit is automatically applied. If you are not with Guild, you should ask your insurer if they can say the same.

If you'd like to find out more about Guild's exclusive support of pharmacy's scope of practice pilots, visit [guildinsurance.com.au/pilot](https://www.guildinsurance.com.au/pilot) or if you'd like to be protected by a policy that is tailor made for Australian pharmacists, call a Guild insurance specialist on **1800 810 213**.

1800 810 213

[guildinsurance.com.au](https://www.guildinsurance.com.au)



Don't go it alone

UNDERSTANDING THE ‘RIGHT TO DISCONNECT’

What Employers Need to Know

Employees will soon have the legal right to disconnect from work communications outside of their working hours. In this article, Principal Sharlene Wellard from Meridian Lawyers explains how these new changes will impact employers, and the steps they can take to update their existing work practices and policies.





The new legal right to disconnect will come into effect in August 2024. For employees, this means they can refuse to respond to any work-related communication outside their working hours, unless the refusal is unreasonable.

Employers will be required to fully understand this new legal right and ensure they take time to review and update their internal procedures, policies and contracts.

Timing

The new right to disconnect comes into operation on 26 August 2024. However, for small business the legislation will apply one year later on 26 August 2025. This delay applies to businesses with 14 or less employees including employees of associated entities and casuals engaged on a regular and systematic basis.

What's Changing?

The changes to the Fair Work Act 2009 will give employees an enforceable right to disconnect from contact, or attempted contact, by employers and third parties that relates to their work and is outside their working hours. Modern Awards, including the Pharmacy Industry Award, will be varied to include a term dealing with the right to disconnect.

There is no limitation on the method of contact and it will include answering phone calls, listening to voice messages, reading and responding to messages and comments in chat groups, text messages, and emails.

Employees will have the right to refuse to monitor, read or respond, to contact outside working hours, unless that refusal is unreasonable. The matters that will be taken into account when assessing 'reasonableness' include but are not limited to:

- The reason for the contact or attempted contact
- How the contact is made and the level of disruption the contact or attempted contact causes the employee
- The extent to which the employee is compensated to remain available to perform work during the period in which the contact or attempted contact is made or for working additional hours outside their ordinary hours of work
- The employee's role and level of responsibility, and
- The employee's personal circumstances, including family or caring responsibilities.

Disagreement About What is Unreasonable

Disputes about what is 'unreasonable' that fail to be resolved by discussion at a workplace level can be dealt with by the Fair Work Commission (FWC). The FWC can make an order that unreasonable contact stop, that disciplinary action connected with the refusal that is not unreasonable stop, that an employee stops unreasonably refusing to be contacted outside working hours, or otherwise deal with the dispute.

The FWC, the Federal Circuit and Family Court, and Federal Court can also deal with general protections dispute claims made by employees when adverse action has been taken against them due to their right to disconnect.



What Can Employers Do?

Following are practical steps employers can take to prepare for and manage the new right to disconnect.

1. LIMIT CONTACT TO WORK HOURS (WHERE POSSIBLE)

As an employer, if you currently contact employees outside of work hours, consider the purpose of the contact and if it's possible to make that contact during working hours instead.

2. IF COMMUNICATING OUT OF HOURS CONSIDER ADDING A NOTE

Where contact is made out of hours, perhaps because as a busy employer, drafting communications is something that you do after the pharmacy has closed, consider including a note stating that a response from the employee outside of their working hours is not required. Where possible, make time available during working hours to review the communication (for example, correspondence about policy changes, or change in working methods, or stock availability and deliveries).

3. REVIEW EMPLOYMENT CONTRACTS

Consider reviewing employment contracts for relevant employees (particularly those with a high level of responsibility and in receipt of over Award pay). This is to ensure they contain provisions that require the employee not only to work reasonable additional hours but also that they may be contacted and are expected to respond out of their usual working hours, where it is required of their role.

4. DEFINE REASONABLE OUT OF WORK CONTACT IN A POLICY

When introducing the new law the Government indicated that it did not expect that the new right to disconnect would prevent employers and employees from out-of-work contact on matters such as rostering, covering absences, or in emergency situations.

To make that clear to employees, it would be prudent for employers to set out the type of reasonable out of work contact the employee is expected to receive and respond to in a workplace policy.

5. COMPLY WITH THE AWARD

Workplace policies and practices should be reviewed to ensure they are aligned with the right to disconnect terms in the Pharmacy Industry Award provisions. Draft terms are expected to be published by the FWC on 15 July 2024 and final terms published on 23 August 2024.



HOW WE CAN HELP

Meridian Lawyers' employment law team provides advice and representation on all aspects of employment law. We have detailed knowledge of the pharmacy industry having acted for many pharmacy employers throughout the country and are the principal legal advisor to the Pharmacy Guild of Australia.

To learn more visit: meridianlawyers.com.au/workplace-relations-safety

If you have any questions or require further information about employment law please contact:



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Principal

+61 2 9018 9939

swellard@meridianlawyers.com.au

Callisto

A temperature monitoring solution for your Pharmacy drug fridges



Have you ever walked into your Pharmacy in the morning to find out that the power went out overnight?

Has your cleaner accidentally unplugged your drug fridge?

Would knowing if your power is out in real time help you save big \$\$ in drug losses?

Callisto uses independent 4G tech to live monitor your drug fridges.

If your power goes out, Callisto sends real time SMS alerts to multiple users and keeps monitoring the temperature until you can act.

One smart little device?.....we think so.



Access data 24/7 from anywhere



Rechargeable



Plug and Play



Strive for 5 & audit ready 24/7



Calibrated to NATA standards

afterpay ↻

AFTERPAY KEEPS CUSTOMERS COMING BACK

P Pharmacist Bard Kalati spends much of his day dispensing medicine, but it's the interaction with his customers that he finds truly fulfilling. "It's the best feeling to be able to help people."



That's why Annerley Midnight Chempro Chemist offers Afterpay - it helps their customers access the health and wellness products they need, when they need it.

And in return, customers keep coming back - and new ones are attracted by the accessibility on offer.



THE AFTERPAY ADVANTAGE

- Afterpay offers financial accessibility for patients managing their health and wellness.
- Afterpay attracts new, younger patients.
- Afterpay drives customer loyalty.

About Annerley Midnight Chempro Chemist

Annerley Midnight Chempro Chemist is part of the Chempro Chemist group, and is located in Brisbane.

As the managing pharmacist, Kalati is passionate about helping people improve their health.

Afterpay Gives On-The-Spot Access to Health and Wellness Products

Offering Afterpay means that Kalati's customers can access the health and wellness products they need, when they need them, and pay them off over time, in instalments.

"Afterpay gives customers the opportunity to come into the pharmacy, pick up what they need and walk out happily. That means a lot to me."

Afterpay Attracts New Customers and Retains Loyal Ones.

As well as making health and wellness products more accessible, Afterpay also helps businesses like Annerley Midnight Chempro Chemist grow.

"It helps maintain customers," he says. "Once they know we have Afterpay, they come back. Not only do you keep the customer, but you're keeping a happy customer."

Kalati says that offering Afterpay helps attract younger customers, and that frequently people will call the pharmacy to find out whether Afterpay is available before coming in and making a purchase.

Afterpay's Shop Directory has also driven thousands of referrals - and potential customers - to Chempro Chemist's websites.

"I think Afterpay should be an option in every pharmacy," says Kalati. "I would highly recommend Afterpay. It will help you maintain existing customers and bring new customers in."

Click on the QR Code to partner with Afterpay now.



"ONCE THEY KNOW WE HAVE AFTERPAY, THEY COME BACK. NOT ONLY DO YOU KEEP THE CUSTOMER, BUT YOU'RE KEEPING A HAPPY CUSTOMER."



HOW TO PREVENT THE LOSS OF COLD STOCK AT YOUR PHARMACY

In recent years, Guild Insurance has identified a claims trend involving the loss of cold stock in pharmacies. Over the last 2 years, we've seen a monumental \$4 million in claims for cold stock incidents alone.



Whether it's fridges being left open, random power outages, or plugs being disconnected for other uses, these instances can lead to a costly loss for pharmacy businesses. We're here to help mitigate these risks and reduce your chances of facing a claim for the loss of cold stock.

Securing Cold Stock More Efficiently

Picture this: You arrive at your pharmacy early one summer morning, only to find something strange. As you step into the store away from the bustling noise outside, you're greeted by dead silence and unusual darkness.

The low whirring sound of the beverage refrigerator can't be heard. You flick the light switch, but nothing turns on. This can only mean one thing: a power outage. Immediately, you head to the fridge and observe the temperature on the digital thermometer through the glass doors: it's 21.5°C.

You check the thermometers on the vaccine fridge too – it's also above the recommended storage temperature. This means you can't dispense these to customers because it's no longer safe to do so. As you don't have any more stock, you'll have to turn customers towards a competitor and reschedule vaccination appointments until new medications are ordered, ultimately affecting your sales and potentially your customers' well-being.



What You Can Do

As a result of these skyrocketing claims, policy excesses for cold stock cover are now increasing to \$2,500 per claim, as a minimum.

With that, we've developed several solutions to help you reduce the risk of cold stock loss and avoid the increase in excess.

We've partnered with 2 leading and Gold Cross-endorsed equipment manufacturers, Liebherr and Constellation Technologies. Using purpose-built technology, Pharmacy Guild of Australia members can safeguard their cold stock and prepare for unexpected events.

These technologies include:

- Pharmacy vaccine refrigerators, by Liebherr
- Uninterruptable Power Supply (UPS), also by Liebherr
- Cold stock temperature monitoring system, by Constellation Technologies

We strongly recommend that you purchase one or more of these or similar products for your business. In doing so, it drastically reduces your excess and could even prevent a loss from interrupting your business. Feel free to purchase other equivalent devices that suit you; if you purchase a UPS system that isn't by Liebherr, please ensure that it has at least 8 hours of backup power supply.

While we may not be able to stop the stress of a claim, we can help you to prevent one from occurring in the first place. Protect your business today.



LEARN MORE

To learn more about Liebherr and Constellation Technologies and how their equipment can help lower the likelihood of a claim, visit [Mitigating Cold Stock Loss](#).



Guild Insurance Limited ABN 55 004 538 863, AFS Licence No. 233 791. This article contains information of a general nature only, and is not intended to constitute the provision of legal advice.

Guild Insurance supports your Association through the payment of referral fees for certain products or services you take out with them. PHA332479 Cold Stock Mitigation 1 Page Article 12/2023

UNDERSTANDING THE COLOURS OF CHRONIC PAIN

3

3.4 million Australians live with chronic pain, that's one in 5 adults over 25. Chronic pain is in every café, on every bus, in every university classroom and in every supermarket and work lunchroom.





We don't always notice it because it is invisible. It's like mental health was 20 years ago where we thought it was only a few people suffering, whereas in reality it is really common.

Chronic pain is pain which refuses to go away, even after an injury or illness has passed or is being treated properly, lasting more than 3 months.

It includes conditions like Complex Regional Pain Syndrome, endometriosis, long lasting shingles, musculoskeletal pain, nerve pain and many more conditions that can steal people's ability to function.

Every year in July, **Chronic Pain Australia** (CPA) hosts National Pain Week encouraging the nation to notice this invisible burden carried by so many. This year's theme is **"pain colors your world."**



"THE MOST IMPORTANT THING THAT WE CAN DO FOR PEOPLE WITH CHRONIC PAIN IS LISTEN TO THEM, AND ACTUALLY TRY TO IMAGINE WHAT IT IS LIKE WHEN PAIN REFUSES TO GO AWAY. LISTEN, ACKNOWLEDGE, ASK QUESTIONS, ASK WHAT THE PERSON IS DOING TO MANAGE IT, EMPATHISE."

National Pain Week runs from 22 - 28 July and CPA is asking Australians to ponder just how much chronic pain affects the people who live with it. Understanding the experience of pain can help reduce the social and other barriers related to living with and managing chronic pain.

Experiences like:

- Mental strain, with 3 in 4 people with chronic pain stating that they have developed mental health issues since their pain began.
- Social isolation, as people lose friends and relationships as they can't keep up with day to day life.
- Emotional toll, with the sadness and distress over the pain itself and the loss that comes with it.
- Being Ostracised by healthcare professionals, with more than 50% of people with chronic pain reporting this experience.

Kim Sullivan was electrocuted in her swimming pool at the age of 28, she has lived with chronic pain ever since, she is now a grandmother who has learned in detail how to manage her condition and her body.

Amanda was a gym instructor and at 38 fell and injured her spine and has lived with chronic pain ever since. With the help of medical treatment, she is now active again but she spent most of a year on a blow-up mattress in her lounge room before her treatment began to be effective.

Ben is 21 and at 17 developed Fibromyalgia leaving him, a young man who loved football and catching up with friends, in bed for a year.

The best possible care for people with chronic pain is multi-disciplinary pain management. This includes medicines, movement and psychology all under the coordination of a GP or a pain specialist. With the right care some people can go into remission and live pain-free, however for others this cannot be achieved.

The most important thing that we can do for people with chronic pain is listen to them, and actually try to imagine what it is like when pain refuses to go away. Listen, acknowledge, ask questions, ask what the person is doing to manage it, empathise. That is a good start and allows people the freedom to speak about their reality.

Acknowledgement of these conditions will start the change we need to see. Much like with mental health issues, when people's pain is acknowledged, when we all start to see how pain colours people's lives, then there is freedom to seek help and to start to address their pain.

Don't wait for National Pain Week to be a #painchanger. See if you can acknowledge someone's chronic pain today.

UNDERSTANDING DIETARY IRON FOR OPTIMAL HEALTH

Iron plays a crucial role in maintaining good health, serving as a vital component of haemoglobin (Hb) and myoglobin, proteins responsible for transporting oxygen in the body cells and muscle tissues, respectively. Beyond oxygen transport, iron is essential for neurological development, physical growth, and the normal production and functioning of certain enzymes.



Ideally, iron is primarily obtained through dietary sources. Once absorbed in the small intestine, iron undergoes a complex process where it is either utilised or stored. Most dietary iron is transported by transferring to cells, notably in the bone marrow, for erythropoiesis—the production of red blood cells.¹ The remainder is stored in various tissues including the liver, spleen, muscle tissue, and bone marrow.¹ This storage form is known as ferritin, ensuring a reserve for future needs.¹

Iron deficiency is widespread, and although less common, iron toxicity can have fatal consequences, underscoring the critical need to maintain balanced iron levels.² Fortunately, the body is typically able to self-regulate its iron levels efficiently, increasing absorption when levels are low and increasing excretion when levels are high.³

However, iron absorption can be influenced by various dietary factors, with certain food components capable of either enhancing or inhibiting iron uptake.⁴ Ensuring patients understand how different foods can impact iron levels is essential for achieving and maintaining an optimal iron balance.

Dietary Sources of Iron

Iron from food comes in two forms: haem and non-haem.¹

HAEM IRON:

Haem iron is bound to the haemoglobin and myoglobin proteins in animal flesh, meaning it is exclusively found in meat, poultry and fish. It boasts higher bioavailability compared to non-haem iron, with the body capable of absorbing 25–30% of available haem iron.⁵

Patients comfortable with meat-based dietary patterns should be encouraged to incorporate haem iron sources in their meals 2–3 times per week. These sources may include beef, pork, lamb, seafood, kangaroo, other game meats and poultry. A helpful tip is that the redder the meat, the richer in iron it is.

NON-HAEM IRON:

While present in small amounts in animal products, non-haem iron is predominantly sourced from plant foods, such as grains, vegetables, nuts and seeds. However, non-haem iron has significantly lower bioavailability, with less than 10% able to be absorbed by the body.⁵ For patients who consume little or no meat, prioritising the consumption of iron-rich plant foods is recommended. These include legumes, whole grains, mushrooms, and leafy greens.

Supporting Iron Absorption

CONSUME VITAMIN C RICH FOODS WITH NON-HAEM IRON SOURCES

Vitamin C (Ascorbic Acid) is the only food component known to increase non-haem iron absorption. The enhancing effect is primarily attributed to its ability to reduce ferric iron, commonly found in non-haem sources, into ferrous iron, which is more readily absorbed by the body.⁶

To improve the bioavailability of non-haem iron from food sources, patients should be advised to incorporate vitamin C rich foods into their meals. This can include citrus fruits, berries, rockmelon, dark leafy greens, brussels sprouts, broccoli, tomato and capsicum.

LIMIT THE CONSUMPTION OF PHYTATES, CALCIUM AND TANNINS WITH IRON SOURCES

In contrast, iron absorption can be hindered by several food compounds, such as calcium (found in dairy products), oxalic acid (present in spinach, beetroot, rhubarb and cocoa), phosphates (commonly found in processed cheese and carbonated sodas), tannins (found in red wine and green and black tea) and phytates (abundant in wholegrains, legumes, seeds).¹

Of these, calcium is the only compound that has been shown to inhibit the absorption of both haem and non-haem iron. Patients should be advised to avoid consuming calcium-rich foods simultaneously with iron-rich food sources.¹

Alternatively, oxalic acids, phosphate and tannins have only been shown to impact non-haem iron absorption. Hence, patients should be encouraged to refrain from consuming these foods concurrently with non-haem iron food sources.⁷

Similarly, phytates primarily affect non-haem absorption, with studies identifying phytates as the main inhibitor.⁸ However, due to the importance of these foods in a vegetarian diet, patients should not be advised to avoid consuming these foods. Instead, they should be advised to use proper preparation methods, such as cooking, soaking, sprouting, leavening or fermenting, which can reduce the phytate content and enhance iron absorption.⁹

Can Everyone Acquire Sufficient Iron Solely Through Their Diet?

For the most part, a diet rich in iron-containing foods should provide sufficient iron for most people to meet the body's iron requirements. Those who choose to avoid or limit red meat intake, particularly individuals following plant-based diets, can improve their iron absorption by carefully combining different plant-based foods in strategic ways.

Nevertheless, certain population groups face an increased risk of iron deficiency due to elevated iron requirements. This includes menstruating women and pregnant women as well as endurance athletes and individuals with pre-existing gastrointestinal conditions such as coeliac disease, Crohn's disease, or ulcerative colitis.¹⁰

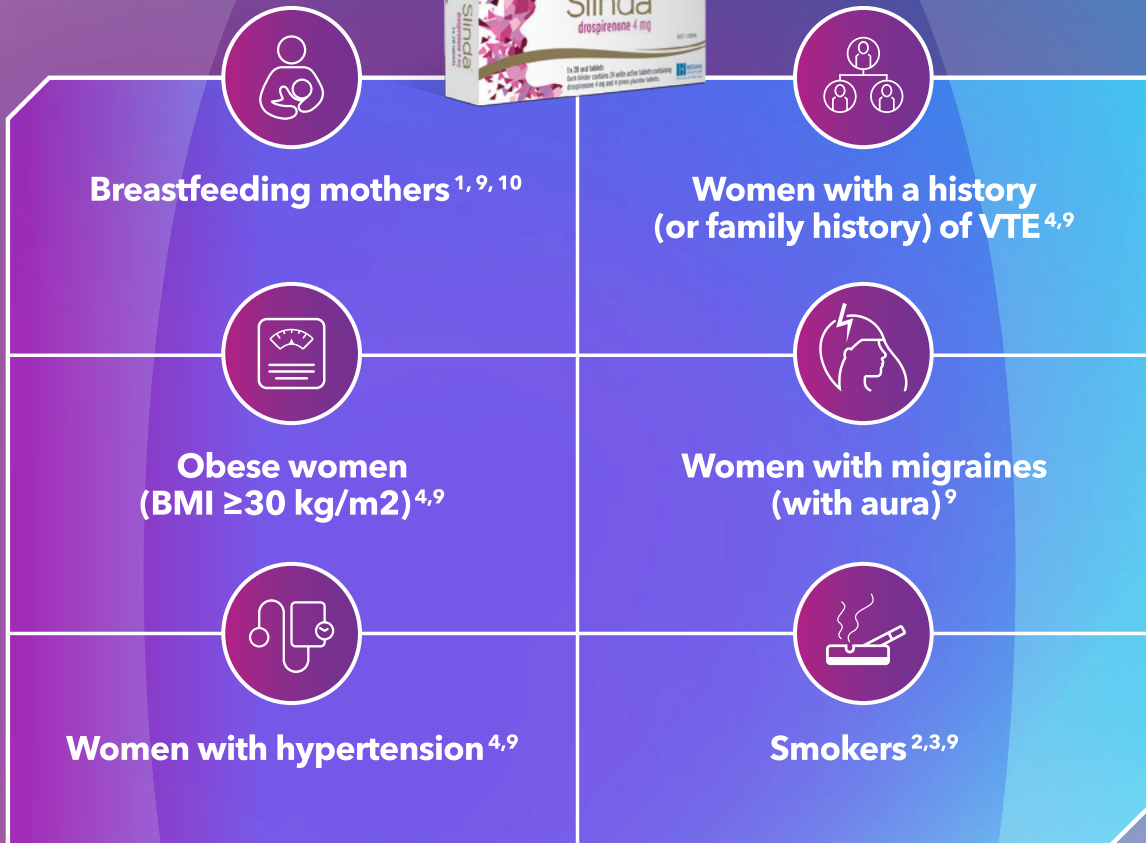
Supplementation

Given the risk of toxicity, only patients who have been medically diagnosed with iron deficiency anaemia should be recommended to consume an iron supplement.² Similar to iron absorption from food, patients can be advised to consume supplements with vitamin C rich foods or liquids, such as orange juice, to enhance absorption.

More than 99% effective

oral contraception suitable for a broad range of women, from teens to menopause, also including:¹⁻⁹

(Pearl Index 0.73 in pivotal studies)^{1-3†}



[†]In a pooled analysis of 14,329 cycles from two pivotal Phase III European clinical trials, there was a pregnancy rate of 0.5% and Pearl Index of 0.73 (95% CI: 0.31, 1.43).

0% increase in estrogen-related risks or side effects¹⁻⁷

PBS Information: This product is not available on the PBS.

Please review Product Information before prescribing.

The Product Information can be accessed at besins-healthcare.com.au/PI or telephone 1800 BESINS (237 467).

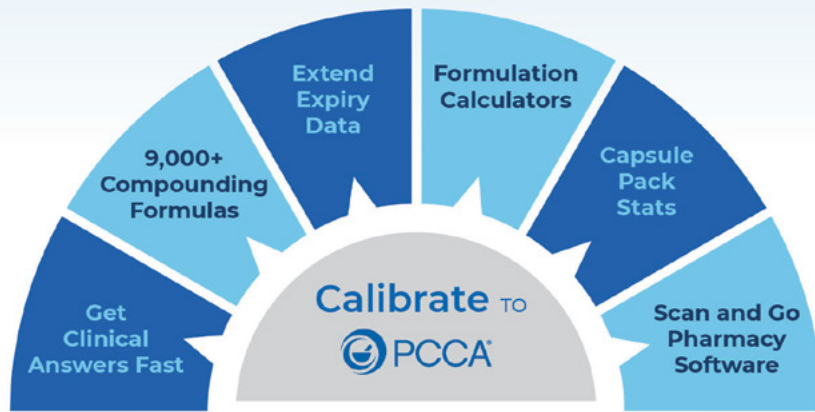
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SLINDA® (drosipirenone) Minimum Product Information. Indication: Contraception. Contraindications: active venous thromboembolic disorder; presence or history of severe hepatic disease with abnormal liver function values; severe renal insufficiency or acute renal failure; known or suspected sex-steroid sensitive malignancies; undiagnosed vaginal bleeding; hypersensitivity to active substance or any excipients. Clinically significant precautions: a complete medical history should be taken and pregnancy excluded, patients should be counselled that contraceptives do not protect against HIV or STIs; efficacy can be reduced with missed pills and gastrointestinal disturbances; hyperkalaemia (monitor serum potassium levels in patients presenting with renal insufficiency and pre-treatment potassium in upper reference range); risk of stroke and VTE may be slightly increased with progestogen-only preparations; discontinue Slinda with pregnancy, symptoms of thrombosis, jaundice, sustained hypertension; consider discontinuation with prolonged immobilisation; decreased estradiol levels may affect bone metabolism; breast cancer risk may be similar to that associated with COC use; rare cases of liver tumours with hormonal contraceptive use; new amenorrhoea or abdominal pain may indicate ectopic pregnancy; monitor for altered insulin and glucose tolerance in diabetic patients, mood and depressive symptoms; changes in menstrual bleeding and chloasma may occur. Clinically significant interactions: enzyme-inducing drugs can lead to contraceptive failure and/or breakthrough bleeding, patients on long-term treatment are advised not to use Slinda; certain medications increase clearance of contraceptive hormones (e.g. barbiturates, bosentan, carbamazepine, phenytoin, rifampicin); HIV/HCV medications can alter progestin concentrations; CYP3A4 enzyme inhibitors such as azole antifungals, verapamil, macrolides, diltiazem and grapefruit juice can increase plasma progestogen concentrations; Slinda may affect cytochrome P450 metabolism of other active substances (e.g. cyclosporine, lamotrigine); monitor for hyperkalaemia with use of potassium-sparing medicines. Very common and common adverse effects: acne, changes in menstrual bleeding (metrorrhagia, vaginal haemorrhage, dysmenorrhoea, menstruation irregular), headache, breast pain, libido and mood changes, nausea, abdominal pain, weight increased (see full PI). Dosage and method of use: tablets must be taken orally the same time each day without a break in daily tablet intake; 7 days of uninterrupted tablet intake is required to attain adequate contraception; contraceptive protection is not reduced if a patient is less than 24 hours late in tablet intake; management of missed tablets (more than 24 hours late) is dependent on stage of menstrual cycle (see full PI); consider additional contraceptive measures with gastrointestinal disturbances. Refer to Full Product Information before prescribing. Slinda® is a registered trademark of Chemo Research, S.L. Besins Healthcare Australia Pty Ltd. ABN 68 164 882 062. Suite 5.02, 12 Help St, Chatswood NSW 2067. Office phone (02) 9904 7473. For medical information call 1800 BESINS (237 467). www.besins-healthcare.com.au SLI-2056 May 2024.

FIND OUT MORE



WORK SMARTER, not harder with PCCA.



Thanks for joining us on the Calibrate to PCCA journey. We hope you've learned a few things and found value in leaning into the world of time-saving tools, data and support that PCCA provides. Our goal is always to help you optimize your pharmacy's performance, by saving time and resources, and ultimately help you improve patients' lives.

A quick recap of your Calibrate to PCCA journey —



Get Answers Fast

with Clinical Services rapid response.



9,000 Formulas

are available to help you avoid wasting chemicals and staff time.



Extend Expiry

with FormulaPlus™ formulas to dispense up to 180-day supply with 80% less lab time, clean up and use of supplies.



Built-in Calculators

are here to help with capsule, troche and suppository scripts — just enter your PCCA product lots for quick, accurate formula calculations.



Ready-to-Go Pack Stats

save time for your team because every lot of PCCA APIs comes with pre-determined pack stats.



Scan & Go Software

provides inventory tracking and balance integration.

Could PCCA tools, products and support helped your team gain valuable know-how and improve workflows in your pharmacy?



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<https://www.pccarx.com/calibratetopcca>



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Answers can be submitted through GuildEd at guilded.guild.org.au. Australasian College of Pharmacy members can submit answers online at acp.edu.au in the CPD Library.



ASSESSMENT Q'S | P.67



ASSESSMENT Q'S | P.68

52

Is Education the Key to Unlocking Your Career Potential?

- Recognise the role of continuing professional development in everyday practice
- Recall the four stages of the competence model and how it relates to education
- Identify the key elements of preparing an education plan

58

Cardiovascular Risk Reduction: It's Everyone's Problem

- Describe the role and use of the AUS CVD Risk Calculator
- Discuss the management of reducing CVD risk using the CVD Risk Guidelines
- Explain the pharmacological treatment of managing CVD risk
- Discuss the role of the pharmacist in reducing CVD risk, including the role of pharmacists working to full scope of practice.

IS EDUCATION THE KEY TO UNLOCKING YOUR CAREER POTENTIAL?



Continuing education is not just a professional requirement for pharmacists, but also a tool that can be used to support and grow your career and business. Professions subject to participating in continuing professional development sometimes see it as an onerous tick box exercise, a distraction from providing patient care, or at worst, a waste of time. However, education may be the key to unlocking pharmacists' career potential.





Learning Objectives

After completing this activity, pharmacists should be able to:

1. Recognise the role of continuing professional development in everyday practice
2. Recall the four stages of the competence model and how it relates to education
3. Identify the key elements of preparing an education plan

Introduction

The ways in which people work are changing, bringing the need for ongoing education to the forefront of every profession. The pharmacy industry is no different, and it has in fact undergone more change in the last five years than ever anticipated.

Without due care to education, pharmacists and pharmacy staff alike not only fall short of their professional obligations but also may miss the opportunity to make the most of their career. Similarly, business owners often overlook the importance of staying up-to-date or upskilling their staff and themselves, missing the chance to make the most of their business.



AUSTRALIA

Competency standards addressed:

1.1, 1.3, 1.4, 4.1, 4.2, 4.3, 4.6



Accreditation Number: A2407ITK2

Expires: 30/6/2026

This activity has been accredited for 1.0 hr of Group 1 CPD (or 1.0 CPD credit) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 1.0 hr of Group 2 CPD (or 2.0 CPD credits) upon successful completion of relevant assessment activities.

NEW ZEALAND

This article aims to equip you with the tools necessary to meet recertification requirements and actively contribute to the growth of your professional knowledge and skills.

Effectively contribute to your annual recertification by utilising this content to document diverse learning activities, regardless of whether this topic was included in your professional development plan.

Why Prioritise Lifelong Learning?

Lifelong learning has been identified by the NSW Productivity Commission to be a critical component which contributes to stable employment, wages, and adaptability of the economy.¹

The landscape of professional life is changing in all professions and it has been estimated that re-training may need to occur for 40% of workers every six months.^{1,2} Complex problem solving, interpersonal and technical skills were considered as more important than ever, with physical abilities taking a backseat.¹

Pharmacists who have not been kept updated in new therapies and treatment guidelines, may not only fall short in providing adequate care, but risk career stagnation and complacency.

Education can be used to:

- maintain current skills and knowledge to ensure you continue to practice safely and effectively
- bridge a gap in skills and knowledge identified through self-reflection
- refresh following a career pause, and update skills and knowledge for new roles.

Pharmacy, among other health professions has mandated requirements for continuing professional development via self-directed learning. However, the benefits of lifelong learning go beyond the meeting of compulsory CPD.

Lifelong learning has been shown to positively impact job satisfaction,³ improve potential for career progression, and decrease risk of burnout among other health professions⁴.



THE BENEFITS OF LIFE-LONG LEARNING

- Improved job satisfaction³
- Decreased risk of burnout⁴
- Career development and progression¹

Pharmacists may feel more satisfied in the profession when they can deliver quality clinical services and medical expertise in patient care.⁴ While not studied in the pharmacy profession, improvement in feelings of competence and clinical autonomy have been linked to an increase in job satisfaction in other professions.³

In turn, improved job satisfaction and greater feelings of competence and clinical autonomy may decrease the risk of burnout by decreasing risk factors.⁴

Career Development

Pharmacists are often under-utilised and highly educated health professionals. As trusted healthcare providers, pharmacists have the skills to offer more than what is traditionally thought in the community pharmacy role. Providing a greater range of services allows clinicians to broaden their career prospects and opportunities.

In 2019, several reports commissioned by industry bodies identified the potential for pharmacists to practice to their full scope, maximising their skills and abilities.^{5,8} The ensuing years of the COVID-19 pandemic has seen this vision realised and in some cases exceeded.

Pharmacists in 2024 can choose to complete education and practice to their full scope in:

- Delivering vaccination services in all states and territories
- Administering non-vaccine injectable medicines
- Continuation of oral contraceptives
- Limited prescribing of medications in accordance with specific legislative protocols



“SPECIALISATION AND ADVANCED PHARMACY PRACTICE IS WIDELY CONSIDERED THE NEXT LOGICAL STEP FOR PHARMACISTS WHO WANT TO EXPAND FROM THE TYPICAL COMMUNITY PHARMACIST ROLE.”

Specialisation and advanced pharmacy practice is widely considered the next logical step for pharmacists who want to expand from the typical community pharmacist role. It is an opportunity for pharmacists to unlock their full potential as a primary healthcare provider to deliver specialised services within communities in need.

The demand for pharmacists in regional and remote areas of Australia is increasing. With ongoing work shortages in medical and nursing services, there lies the opportunity and need for advanced pharmacy practice in these areas.⁵

Professional development and ongoing education for those desiring to specialise should focus on education plans which prepare them for the roles they want, rather than the role they already have.

For example, the Queensland Community Scope of Practice Pilot gives skilled pharmacists the opportunity to practice within their full scope and provide much needed medical services in regional and rural communities. Participating pharmacies and pharmacists in this pilot are able to treat and prescribe for specified acute conditions and some chronic diseases.⁶

Another current community pharmacist pilot launched in 2023 allows trained pharmacists in Victoria to assess and prescribe medicines for Herpes zoster and flare-ups of mild psoriasis.⁷

Career Progression and Learning for Support Staff

Clinical education and career development should not be limited to pharmacists. Pharmacy managers should encourage continued learning and career progression for all pharmacy staff, including non-pharmacists. Ongoing education to pharmacy assistants is important to ensure patients are receiving safe and appropriate health advice at the front-of-shop.

A well trained and educated pharmacy assistant can alleviate pharmacist workload by assisting customers with appropriate front of shop and over the counter advice. Pharmacy assistants who complete their certificate 4 in pharmacy can offer support in areas of management, general health and wellbeing advice and product knowledge, wound care, continence management, vitamins, minerals, supplements, and more. They can also tailor their specialties to include areas of need or special interests such as diet and nutrition, weight management and dispensary work.⁸

Pharmacy assistants should be utilised in the delivery of full scope of practice activities such as scheduling appointments, basic screening of patients eligible for services, and being cognizant of red flags that indicate the patient may require pharmacist intervention.

Education to Improve Business Outcomes

With the recent introduction of 60-day dispensing, reduced dispensing profit margins and ever-increasing competition in the community pharmacy sector, pharmacies are looking at ways to optimise operations and to maintain profitability.⁸ One of the biggest expenses to any business is labour. It is important that pharmacy owners recognise that labour (pharmacist, pharmacy assistants and technicians) is an asset to be invested in.

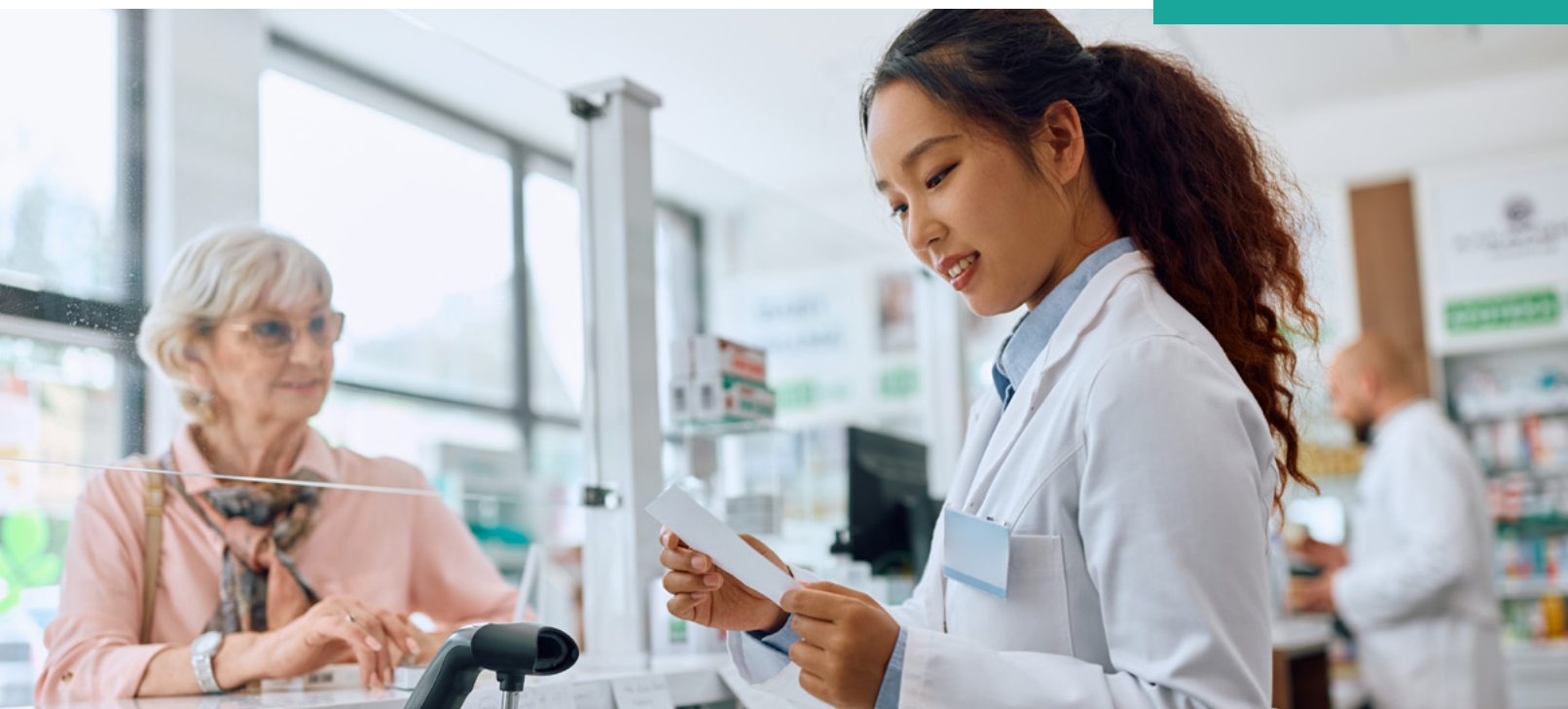
A survey⁸ conducted by the University of Technology Sydney found community pharmacies were optimistic about utilising pharmacists to their full scope. Professional pharmacy services in vaccination, aged care, and disease state management continue to grow and are now thought to be vital for pharmacy business longevity.

Surveyed pharmacists were asked about the expanding role of pharmacists and given examples of how pharmacists could better serve the community.

Pharmacies have long been trusted by the community to provide safe and trustworthy advice and products. Pharmacy managers and owners should therefore look for gaps in knowledge, product understanding, and service provisions that may impact the efficiency of the business⁸ and create a tailored training plan for staff to meet community expectations and business goals.



59% of pharmacists surveyed agreed that mandatory training is required for pharmacists to offer services within their full scope of practice and formal accreditation required for limited pharmacist prescribing such as antibiotics for urinary tract infection and continuing supply of oral contraception (22%).



Return to Work Following a Career Break

Returning to work following a career break can be a daunting prospect, regardless of the reason for temporarily exiting the pharmacy workforce.

Before returning to practice, pharmacists have an obligation to assess what changes have occurred to practice in that time and what CPD will be required to ensure they are suitably prepared to return to practice.¹²

Note: *this advice should be applied to changes in practice, particularly those involving a move from non-patient facing roles to patient-facing roles.*

Maintaining Competency After Maternity Leave – Maintaining Competency in the Real World:

Nadia Golder – community and hospital pharmacist, Goondiwindi, QLD discusses her approach to continuing professional development following a career break for maternity leave:

“Having recently returned from two maternity leave stints, I have found the planning of CPD overwhelming. The Pharmacy career is always undergoing rapid changes particularly with practice updates, not to mention new medications.

I felt like in the time I had off, I missed so much. I found it helpful to discuss with colleagues who maintained full time practice to give me a snapshot of what they thought I might have missed. As they have kept their finger on the pulse. This gave me a good starting framework. I also rely heavily on professional bodies like the Guild and the PSA to construct a learning plan. As I have delved back into the workplace, I would keep a running list of areas I identify needs further education. Luckily, I work in a supportive environment and if anything would come up, I could rely on a colleague for assistance. I think you have to be confident in identifying if there is a gap and step away or handover to someone else.”



There is no CPD requirement for absences from work for up to one year.

For absences between one and three years a minimum of one year’s CPD activities must be completed.¹²

Your Lifelong Learning Journey

Lifelong learning can be used to maintain and extend competence. In order to achieve either one, pharmacists must have an understanding of their level of competence and a clear plan to address any gaps.

Evaluating Competence to Identify Learning Needs

Understanding the four stages of learning can help with planning and assessing learning needs for individuals, and can also be a valuable tool for developing education and training. Knowing where pharmacists and pharmacy staff fall in the competency model can assist managers and individuals plan suitable education and monitoring for ongoing competency.

It is a powerful tool for an individual’s learning journey to assist reflection and self-assessment of learning needs.

Stages of Competence Model¹⁰

UNCONSCIOUS INCOMPETENCE – WE DON’T KNOW THAT WE DON’T KNOW

At this stage, there is no understanding that there is a gap in knowledge present. Pharmacists and assistants new to the profession will not be fully aware of their shortcomings and can be at risk of giving incomplete or incorrect advice. Managers and supervisors should be mindful of individuals at this stage and understand that close supervision of the individual will likely be required to identify the areas of incompetence.

CONSCIOUS INCOMPETENCE – WE KNOW THAT WE DON’T KNOW

Knowing that we don’t know something can be a harsh reality for some, but in doing so we are able to easily recognise an area for improvement and make a learning plan to suit our individual needs. Practitioners and assistants will no doubt feel this level of incompetence when they have not been adequately prepared for the introduction of new pharmacy services, counselling of new medications and changes to pharmacy practice.

**CONSCIOUS COMPETENCE
- WE WORK AT WHAT
WE DON'T KNOW**

In this stage, individuals work at learning a new skill and maintaining the knowledge with practice and repetition. Pharmacy interns repetitively practising medication and over the counter counselling scenarios is a good example of this competency stage.

**UNCONSCIOUS
COMPETENCE - WE
DON'T HAVE TO THINK
ABOUT KNOWING IT**

In this stage, experienced pharmacy staff and practitioners can practise with confidence and act automatically without being aware of their competence in the activity. Individuals at this level of competency are often operating at an unconscious level. It is important for clinicians who are believed to have unconscious competence, ensure they are periodically assessing their knowledge in all the areas applicable to their practice.

Translating Lifelong Learning into Meeting your CPD Requirements

The 2016 National Competency Standards¹¹ provides Pharmacists registered in Australia, with a framework for professional practice, describing key skills, attributes and experience gained by the individual in their practice.

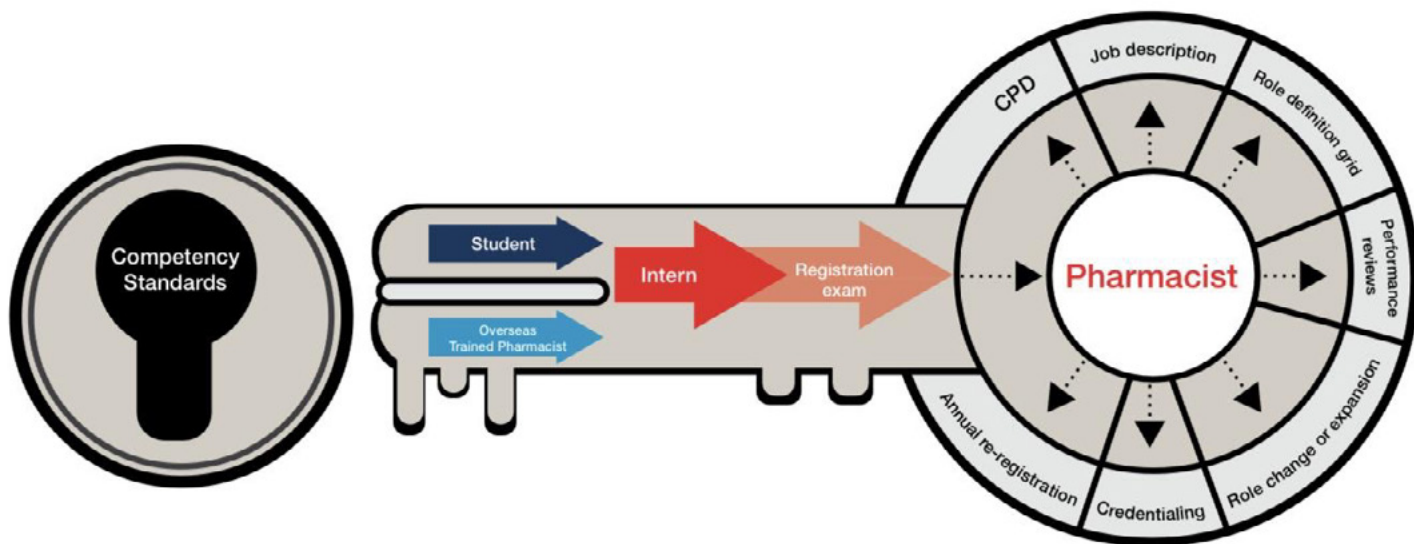
Pharmacists can utilise the framework to assess their own competencies and identify areas they need to maintain competency and areas they wish to improve upon, creating a unique professional practice plan.

The standards are divided into 5 domains that are to be applied universally to all pharmacists regardless of their scope or area of practice.

- Domain 1:** Professionalism and ethics
- Domain 2:** Communications and collaboration
- Domain 3:** Medicines management and patient care
- Domain 4:** Leadership and management
- Domain 5:** Education and research

Registered pharmacists must maintain competency in Domains 1 and 2 and Standards 4.1 and 4.2. Standard 4.1 and 4.2 describe the attributes for self leadership and managing professional contribution, including competency in providing self assessment, self-motivation and motivation to others, working with established systems, ability to plan and prioritise work, maintain productivity and monitoring progress and priorities.⁸

Pharmacist may use standards from the remaining domains to create a personalised practice profile that reflects their current role and aspirations. Creating a unique tailored professional development plan is the key to identifying and unlocking your full potential in your pharmacy career.



The lock and key model of pharmacists' competency: a diagrammatic representation of a pharmacist's professional life and the competency standards (The 2016 National competency standards framework for pharmacists in Australia)

Pharmacist Requirements for Continuing Professional Development (CPD)

The Pharmacy Board of Australia requires pharmacists to accrue 40 CPD points yearly from October 1st to September 30th, by completing activities and education that maintain their competency in the relevant standards for their role and scope of practice.

The Board expects pharmacists to participate in a broad range of activities for their continuing professional development. CPD activities may include but are not limited to clinical education with a patient care focus, leadership or management education, quality improvement and quality use of medicines or other topics relevant to practice as a pharmacist.¹²

Opportunities for education can present in different ways including published pharmacy journals, online pharmacy workshops and lectures, university and certificate courses, pharmacy conferences and inhouse ad-hoc teaching.

Group 3 activities such as developing training can be a great way for pharmacists to meet their CPD requirements and contribute to the pharmacy profession. *Note: Documented pre- and post-activity reflection is also required for activities to be considered for Group 3 credits.*

It is important that pharmacists complete activities that optimise their own learning and career development. The Pharmacy Board requires pharmacists to create a CPD plan and update this plan each year to ensure that planning activities align with the domains and standards relevant to their professional role, career goals and learning needs.

It is also imperative that pharmacists self-assess their competence and identify gaps in their own knowledge and skills that need updating. Individuals should consider their competence and update their CPD plans as goals change, and if unplanned educations are undertaken.



TYPES OF CPD

Group 1 activities are generally passive learning, with no assessment, examples of Group 1 activities include watching a lecture or reading an article.

Group 2 activities involve an assessment of learning, for example accurately answering multiple choice questions in a pharmacy journal or online training module.

Group 3 activities lead to practise change. An example of this is preparing and providing a presentation or training to others in the workplace or industry.



“INVESTING IN ONGOING EDUCATION FOR STAFF IS ALSO INVESTING IN BUSINESS.”

Conclusion

Well considered and individualised education plans for pharmacist and pharmacist assistants is key to unlocking their full career potential.

Understanding the four-stage competency model of learning and utilising the National Competency Standards is vital in identifying knowledge gaps and supporting the education and continuing professional development of pharmacists nationwide.

With an ever-changing pharmacy and health landscape in Australia, pharmacies with appropriately skilled and educated pharmacists can offer extended pharmacy services, allowing pharmacists to work within their full scope. Pharmacy business owners and managers should consider that competent and confident staff are a valuable asset and investing in ongoing education for staff is also investing in business.



RESOURCES & SUPPORT

For more information regarding CPD requirements the below resources may be useful.

Pharmacy Board of Australia

- Quick reference guide to Pharmacy Board guidelines

Australasian College of Pharmacy

- <https://www.acp.edu.au/education/>

Pharmaceutical Society of Australia

- <https://www.psa.org.au/cpd/about-cpd/>
- <https://www.psa.org.au/practice-support-industry/national-competency-standards/>

Pharmacy Guild of Australia

- <https://www.guild.org.au/training>
- <https://www.guild.org.au/training/pharmacist>
- <https://www.guild.org.au/training/assistant>



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10. Understanding the 4 stages of learning. Leadership Managanaet Asutralia 2024 <https://lma.edu.au/news/understanding-the-4-stages-of-learning-3/>
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CARDIOVASCULAR RISK REDUCTION

It's Everyone's Problem

Cardiovascular disease (CVD) continues to be a significant cause of disease and premature death in Australia, despite many cases being preventable through lifestyle and therapeutic interventions.^{1,2}





Learning Objectives

After completing this activity, pharmacists should be able to:

1. Describe the role and use of the AUS CVD Risk Calculator
2. Discuss the management of reducing CVD risk using the CVD Risk Guidelines
3. Explain the pharmacological treatment of managing CVD risk
4. Discuss the role of the pharmacist in reducing CVD risk, including the role of pharmacists working to full scope of practice.

Cardiovascular disease, a broad term that encompasses all diseases that affect the heart and vascular system, are a major cause of health and economic burden, and death in Australia.^{2,3} CVD is the leading cause of ill health and death worldwide.²

Prevalence of CVD in Australia

- In 2017/18, 6.2% of Australians aged 18 and over (1.2 million people) were living with CVD
- CVD was the primary cause of 600,000 hospitalisations in 2020/21, of which 17,300 were Aboriginal and Torres Strait Islander people
- 25% of all deaths in 2021 were caused by CVD in Australia²

It is interesting to note that based on 2017/18 data, the prevalence of CVD did not vary significantly between Australians living in the most and least disadvantaged socioeconomic areas, and nor did it vary significantly by remoteness.²

However, the disparity between indigenous and non-indigenous remains; based on self-reported data from the ABS 2018–19 Australian Aboriginal and Torres Strait Islander Health Survey, Aboriginal and Torres Strait Islander peoples were 2.1 times more likely to report having CVD compared to non-indigenous Australians.²

It is widely accepted that early diagnosis of cardiovascular disease risk factors can lead to better health outcomes. Many Australians are often unaware of the risk factors, their own cardiovascular risk and actions to take to reduce the risk of CVD.



AUSTRALIA

Competency standards addressed:

1.3, 1.4, 1.5, 2.1, 2.3, 3.1, 3.2, 3.5, 3.6



Accreditation Number: A2407ITK1

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This activity has been accredited for 0.75 hr of Group 1 CPD (or 0.75 CPD credit) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 0.75 hr of Group 2 CPD (or 1.5 CPD credits) upon successful completion of relevant assessment activities.

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Pharmacists will be very familiar with the risk factors for CVD, including, but not limited to: smoking, high blood pressure, dyslipidaemia, diabetes, age, obesity, sedentary lifestyle, excessive alcohol, sleep apnoea, shift work, ethnicity, kidney disease.² (Refer to the Therapeutic Guidelines for an exhaustive list).

Early CVD risk assessment is fundamental to the primary prevention of CVD. Although the risk of CVD generally increases with age, the underlying pathology begins earlier and develops over years, and in many cases, may be asymptomatic. Early detection encourages risk factor modification, target pharmacotherapy intervention to those that will most benefit and informs clinical decision-making.⁶

Community pharmacists play an important role in identifying, screening and detecting asymptomatic clinical markers and risk factors that can lead to the onset and progression of CVD.

This is most important in the current financial climate where due to financial barriers and limited access to bulk-billing General Practices, many Australians may not engage with the health care system when early intervention could improve long-term quality of life and reduce mortality.

Community pharmacy, as the most accessible and trusted health professionals, are well-placed to identify and conduct a CVD Risk Assessment, implementing primary preventative strategies, promoting public health messaging and appropriate referral where needed.

The role that community pharmacies play in reducing the CVD burden in Australia plays an important part in the Queensland Community Pharmacy Scope of Practice Pilot (the Pilot), and paves the way for the full scope of practice. As part of the Pilot, pharmacists can implement pharmacological interventions by prescribing medicines for the management of dyslipidaemia, hypertension and hyperglycaemia following specified clinical protocols.⁴

To assist in primary prevention, current Australian and international guidelines recommend an absolute CPD risk assessment to guide primary prevention and inform treatment decisions.¹

Absolute Cardiovascular Risk: Aus CVD Risk Calculator

It is considered international best practice to assess and treat CVD risk using a validated risk equation.⁵

The Aus CVD Risk Calculator is an integral part of preventative health in Australia, as it helps healthcare providers identify individuals at a higher risk of developing CVD over the next five years.^{5,6} This in turn allows for early intervention through lifestyle changes, medication, and other therapies to manage and potentially reduce the risk of heart attack, stroke and other related conditions.^{5,6}

The Aus CVD risk calculator is based on the New Zealand NZ PREDICT-1[®] equation, and has been recalibrated and modified to be applicable to both the Australian population and the Australian healthcare system.⁵

The calculator considers several risk factors, including age, gender, smoking status, diabetes status, blood pressure and cholesterol levels, among others.⁵

The Aus CVD risk calculator is widely used by general practitioners and cardiologists and is freely accessible online at cvdcheck.org.au making it a convenient option for pharmacists to use as a part of regular cardiovascular health assessments.⁵ It is the most appropriate validated tool to assess CVD risk as it helps identify people who may otherwise fall through the gaps until it is too late by considering multiple risk factors, that would otherwise not be considered significant in isolation.

The Aus CVD Risk Calculator and guideline are available online at cvdcheck.org.au





*CLINICALLY DETERMINED HIGH-RISK

If the patient is already known to have moderate to severe chronic kidney disease (CKD) and/or a confirmed diagnosis of familial hypercholesterolaemia – do not use the calculator; these patients are clinically determined to be high risk.^{5,6}

CKD is an independent risk factor for CVD.⁶ Moderate to severe chronic kidney disease is defined as:

- People with sustained eGFR <45mL/min/1.73m², OR
- Men with persistent uACR > 25mg/mmol, OR
- Women with persistent uACR >35mg/mmol.⁶

Familial hypercholesterolaemia is the most common inherited cause of premature coronary heart disease.⁶

Patients with moderate to severe CKD or with familial hypercholesterolaemia must automatically be managed as a high CVD risk.^{5,6}

1. Identifying People to be Assessed for CVD Risk

The guideline recommends targeting age groups where the greatest gains for CVD risk reduction can be achieved.

The assessment criteria is:

- No known CVD
- Does not have diabetes: 45 – 79 years*
- If patient has diabetes: 35 – 79 years
- First Nations people: 30 – 79 years

AGE-BRACKET

The evidence that underpins the Aus CVD Risk Calculator only supports its use in the identified age groups.⁶ However, whilst the Aus CVD Risk Calculator can only be used in the identified aged groups, the need to identify and manage CVD risk in people outside these age brackets (both younger and people 80 years and older) is important.⁶ Using the calculator in people aged 80 and over is likely to underestimate the CVD risk in this cohort.⁶

GENDER

Whilst cardiovascular events are more common in men than in women, and there are differences in the experience of CVD, CVD is a major issue for both sexes.⁶ The Aus CVD Risk Calculator recommendation to start assessing both men and women at the same age is based on sex-specific research and in addition, is intended to balance gender bias and minimise implementation complexity.⁶

2. Estimate Their Risk of CVD

Use the Aus CVD risk calculator to assess CVD risk using the following variables*

For all patients:

- Age
- Sex
- Smoking status
- Systolic blood pressure
- Total cholesterol: high-density lipoprotein cholesterol (HDL-C) ratio
- Diabetes status
- CVD medicines
- Postcode (to include socioeconomic factors)
- History of atrial fibrillation

In addition, for people with diabetes, the following variables are also required:

- HbA1c
- Time since diagnosis of diabetes
- Urine albumin-to-creatinine ratio (uACR)
- Estimated glomerular filtration rate (eGFR)
- BMI
- Insulin

3. Identify Their CVD Risk Category

The Aus CVD Risk Calculator estimates the 5-year risk, given as a percentage, of a person's probability of death or of being hospitalised due to a CVD related condition within the next 5 years.⁶

There are three risk categories that are based on the percentage score:

High: >10% estimated 5-year CVD risk

Intermediate: 5% – 10% estimated 5-year CVD risk

Low: <5% estimated 5-year CVD risk.⁶

RECLASSIFICATION FACTORS

Beyond the CVD Risk Calculator equation, reclassification factors have been identified on factors that may improve the CVD risk estimate, factors include: ethnicity, CKD coronary artery calcium score, a family history of premature CVD and severe mental illness.⁶ These reclassification factors are of most value when a person's percentage is borderline between two risk categories, e.g. high and intermediate.⁶



4. Communicating Their Risk to Them

Effective risk communication is crucial for ensuring informed consent and promoting shared decision-making.⁶

It is important for pharmacists to support individuals in lowering their CVD risk by considering their preferences and health literacy, through lifestyle adjustments and medication.⁶ Effective communication involves understanding an individual's health literacy, as well as their social and cultural background, to tailor information appropriately.⁶



“EFFECTIVE COMMUNICATION INVOLVES UNDERSTANDING AN INDIVIDUAL’S HEALTH LITERACY, AS WELL AS THEIR SOCIAL AND CULTURAL BACKGROUND, TO TAILOR INFORMATION APPROPRIATELY.”

Research in various healthcare sectors confirms that healthcare professionals should address the diverse and evolving health literacy needs and learning styles of individuals when discussing risk.⁶

It's essential to recognize that perceptions of CVD risk can differ widely among individuals, including their understanding of what constitutes a risk factor and how CVD risk factors correlate with risk reduction or disease management.⁶

Effective CVD communication examples include:

- Communicating risk in multiple formats suitable to the patient's understanding, e.g. 15 out of 100 people like you will have a stroke or heart attack within the next five years
- Where appropriate, repeating the discussion regarding risk over multiple consultations using different formats, numerical, images, infographics, timeframes, cardiovascular imaging.^{6,7}

Try to communicate the CVD risk in a way that makes it relatable to the patient's own life experiences, e.g., a recent illness, a new diagnosis of a family member or friend.⁶

For example:

“Recently, we learned about your <family member/friend> heart attack. It's a reminder of how risks such as < risk factor e.g. high blood pressure, high cholesterol, obesity> are not just numbers from an online calculator, but have real implications for our lives and for the people we love.”

An effective way to communicate risk can be to emphasise the benefits of treatment and lifestyle modifications, rather than negative health outcomes.

For example:

“By managing factors such as your diet, exercise, stress levels, and medicines we can significantly lower your risk. Think of it as not only helping yourself but setting an example to your family. It's about changing the narrative from illness to wellness to ensure you all enjoy more healthy years together.

5. Managing Their Risk

Managing CVD risk should always encourage, support and advise on a healthy lifestyle, with pharmacotherapy where needed.^{2,6}

It is important that the CVD management plan is developed in collaboration with the patient including aspects on the risks and benefits of treatment, taking into account their personal values and preferences.⁶

It is important to understand what the patient finds motivating.⁶ For example, for many people, having a target to work towards is personally motivating.⁶ This may be a target weight loss, to run 5km, or to attend their grandchildren's graduation.⁶ It is important that any targets set are practicable, achievable and motivational.⁶

For people with a high risk of 10% or greater of a CVD event within the next 5 years, based on current available research, the evidence recommends that the benefit of BP-lowering and lipid-modifying treatment outweighs any risks, and likewise, treatment for patients living with type 2 diabetes and assessed as having a CVD risk.⁶

WHEN TO START BLOOD PRESSURE-LOWERING THERAPY

The decision to commence BP lowering therapy should consider both CVD risk and their BP reading.

Research supports the commencement of pharmacological therapy for any patient with an established CVD risk category and a blood pressure reading of equal or greater than 130/85mmHg.

Suitable first-line medicines in uncomplicated non-pregnant adults are:

- Angiotensin converting enzyme inhibitors (ACEIs)
- Angiotensin II receptor blockers (ARBs)
- Dihydropyridine calcium channel blockers
- Thiazide and thiazide-like diuretics

That said, a BP that is consistently higher than 140/90mmHg should prompt consideration of treatment, regardless of CVD risk category.^{2,6}

Blood pressure targets for people living with a CVD risk varies among Australian and international guidelines.²

It is important that patients understand that regardless of their starting blood pressure reading, the benefit of reducing blood pressure in a person assessed as having a CVD risk reduces their 5-year risk of having a cardiovascular event such as a heart attack or stroke, and may reduce mortality.⁶

WHEN TO START LIPID-MODIFYING THERAPY

The commencement of lipid-modifying therapy should be based on the CVD risk and not on the lipid concentrations.²

CVD risk is considered to be a better indicator of when to commence treatment, as it identifies people whose lipids may not be markedly elevated but have other significant risk factors.² Likewise, it prevents those who may be unnecessarily treated who have dyslipidaemia but no other risk factors.²

The first-line lipid-modifying therapy for reducing CVD risk are statins.²

MANAGING CVD RISK IN PATIENTS LIVING WITH TYPE 2 DIABETES

For patients with an assessed risk of a CVD event and living with type 2 diabetes, treatment with glucagon-like peptide-1 (GLP-1) receptor agonists and sodium-glucose co-transporter 2 (SGLT2) inhibitors have been demonstrated to reduce CVD risk in patients with type 2 diabetes.^{2,6}

Regardless of risk category, pharmacological treatment for the below risk factors is recommended, even if the person is assessed as having a low CVD risk high blood pressure of equal or greater than 160/100mmHg and total serum cholesterol of greater than 7.5mmol/L or LDL of >5mmol/L

Low-dose aspirin or other antiplatelet therapy is not recommended to manage CVD risk.²

Annual influenza vaccination is recommended and associated with a significant reduction in the risk of a CVD events.²

For patients with an intermediate risk of a CVD risk of 5-10% of a CVD event in the next 5 years, the benefit may also outweigh the risk of harm in this cohort.⁶



REASSESSMENT OF CVD RISK

Formal reassessment is not recommended for people that have high CVD risk category or are receiving pharmacological treatment.⁶

For people with an intermediate risk, they should be reassessed two-yearly, and people with a low risk should be reassessed five-yearly.

Conclusion

Pharmacists are well placed as front-line primary healthcare professionals to systematically identify patients at high risk of CVD, help manage their condition, improve their medicine use and assist them to achieve their goal, particularly in identifying and managing patients who would otherwise have fallen through the cracks and not had their CV risk assessed.

To maximise the benefits of early intervention, people who are at risk of developing CVD must adhere to the provided recommendations with ongoing follow-up and monitoring.

Pharmacists not only play a role in assessing, educating and communicating with people about the CVD risk, but moving forward, pharmacists, through the full scope of practice, will be able to prescribe, manage, including laboratory test monitoring, and treat with pharmacotherapy, such as early intervention antihypertensives and lipid-modifying treatment to patients that they identify as being at an increased risk of CVD, as is seen in the QLD trial.

The key to successfully addressing one of Australia's major public health challenges is to enable pharmacists to work to their full scope of practice.



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Is Education The Key To Unlocking Your Career Potential?

01 Continuing professional development and ongoing education is not only a compulsory registration requirement for pharmacists, but is essential to ensure safe and quality services are provided to the community. Of the following statements about professional development, which one is correct?

- Pharmacists must utilise the National Competency Standards Framework when assessing their learning need and creating a CPD plan
- Pharmacy assistants will not benefit from continuing professional development and ongoing training
- Professional development and ongoing education should only be considered for pharmacists who want to provide extended professional services
- Unplanned education activities such as in-house education cannot be included in a pharmacist's CPD plan

02 An experienced pharmacy assistant counsels a patient on smoking cessation. They are able to confidently give accurate and safe advice, provide the patient with nicotine replacement options and direct them to appropriate supportive services. Which of the 4 stages in the competence model does this best describe?

- Unconscious incompetence
- Conscious incompetence
- Conscious competence
- Unconscious competence

03 A patient asks the intern pharmacist about a rare side effect they have heard about with their new medication. The intern realises they do not know enough to give safe and accurate advice, so they ask the supervising pharmacist for help. This is an example of which stage in the competency model?

- Unconscious incompetence
- Conscious incompetence
- Conscious competence
- Unconscious competence

04 Setting an education plan for pharmacists and pharmacy staff can be an effective tool for career development and business management. Which of the following should be considered when making such a plan?

- Determining career goals and special interests of the individual
- Ensuring ease of access to a range of educational materials and activities relevant to meet learning needs
- Utilising the National Competency Standards and understanding the 4 stage competency model, to assess for knowledge gaps and identify areas of required learning/ up-skilling
- All of the above

05 Pharmacists need to accrue at least 40 CPD points each year from a broad range of activities. Below are examples of Group 1,2 and 3 activities. Which statement is not accurate?

- Attending a 1 hour lecture at an accredited pharmacy conference and correctly answering an accompanying online quiz after the event can be considered 1 hour of Group 2 activity accounting for 2 CPD points.
- Preparing and delivering a presentation to colleagues about management of wound care in the community setting can be considered for Group 3 points only if there is pre and post-activity reflection and the activity was thought to have impacted change in the workplace.
- An article in a reputable pharmacy journal relevant to the learning needs of the individual took 30 min to read. There was no follow up assessment completed. This can be counted for 1 Group 1 CPD point.
- Medical and pharmacy podcasts are becoming a more popular way to absorb information on the go. Podcasts relevant to the learning needs of the individual can be included as Group 1 CPD activities.



LEARNING OBJECTIVES

After completing this CPD activity, pharmacists should be able to:

- Recognise the role of continuing professional development in everyday practice
- Recall the four stages of the competence model and how it relates to education
- Identify the key elements of preparing an education plan



SUBMIT YOUR ANSWERS TO EARN CPD CREDITS

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Accreditation Number: A2407ITK2 | This activity has been accredited for 1.0 hr of Group 1 CPD (or 1.0 CPD credit) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 1.0 hr of Group 2 CPD (or 2.0 CPD credits) upon successful completion of relevant assessment activities.

Cardiovascular Risk Reduction: It's Everyone's Problem

01 What is the primary goal of conducting an absolute cardiovascular disease (CVD) risk assessment?

- a) To diagnose cardiovascular disease accurately
- b) To determine the likelihood of a patient developing CVD in the next 5 years
- c) To choose appropriate cardiovascular disease medications
- d) To evaluate the effectiveness of cardiovascular treatment over a 5-year period

02 Which factor is not commonly included in CVD risk assessment?

- a) Age
- b) Gender
- c) Income level
- d) Smoking status

03 According to guidelines, when should pharmacological treatment based on CVD risk be initiated?

- a) As a first-line treatment, regardless of individual risk factors
- b) Immediately after any CVD risk is identified
- c) Only when lifestyle modifications have failed to reduce risk sufficiently
- d) Only in elderly patients

04 All of the following statements are correct, EXCEPT:

- a) Pharmacists are well-positioned to identify and assess people who are at high CVD risk
- b) The AUS CVD Risk Calculator recommends to start assessing women and men at the same age
- c) The decision to commence lipid-modifying therapy should be based on CVD risk and not on lipid levels
- d) Lifestyle modification has no impact on reducing the AUS CVD risk percentage

05 All patients who are assessed as having a CVD risk should be promptly commenced on low-dose aspirin or antiplatelet therapy.

- a) True
- b) False



LEARNING OBJECTIVES

After completing this CPD activity, pharmacists should be able to:

- Describe the role and use of the AUS CVD Risk Calculator
- Discuss the management of reducing CVD risk using the CVD Risk Guidelines
- Explain the pharmacological treatment of managing CVD risk
- Discuss the role of the pharmacist in reducing CVD risk, including the role of pharmacists working to full scope of practice.



SUBMIT YOUR ANSWERS TO EARN CPD CREDITS

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