Australasian

— PHARMACY —

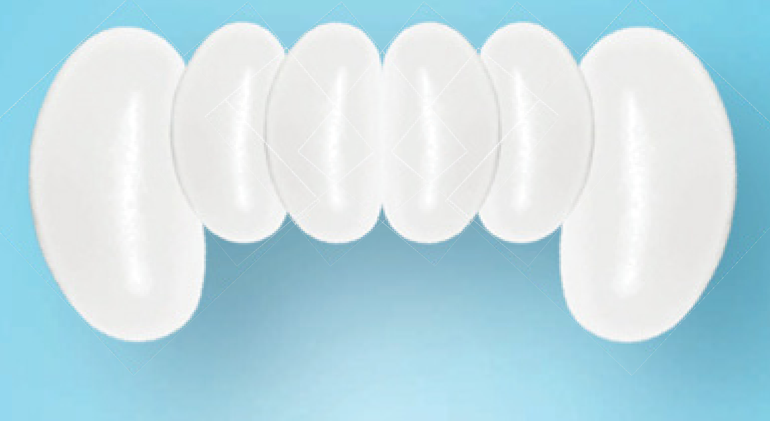
President's Message
Pharmacy Guild
of Australia

President's Message
Pharmacy Guild
of New Zealand

Guild Pharmacy
of the Year Award
Finalists Announced

CELEBRATING 100 EDITIONS

ISSUE 100 | MARCH – APRIL 2025



BEANS WITH BITE.

They may be small, but they pack a punch. Just ask the discount pharmacy chain who launched their own brand of jelly beans only to discover the power of Glucojel – Australia's Original Pharmacy Jelly Bean.

Australians voted with their wallets and Glucojel grew. So, thanks for your support. We believe that you have our backs, because you know that we have yours.

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The Original Pharmacy Jelly Bean

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PRESIDENT'S MESSAGE

Professor Trent Twomey
National President, Pharmacy Guild of Australia

Patients Put Community Pharmacy Top of The Class

Recent research has confirmed what we already know—Australians trust their community pharmacies. In fact, they rated pharmacy as the nation's highest-performing healthcare destination. This glowing report card highlights that community pharmacies are not only meeting patient expectations but exceeding them. It also reinforces what we as pharmacists already understand: we have the skills, capacity, and deep community connections to do even more.

It's no surprise Australians have such confidence in their local pharmacies, given the caliber of nominees for this year's Guild Pharmacy of the Year award. The winner will be announced at the 2025 APP Conference, which is just around the corner.

> "AUSTRALIANS RATED PHARMACY AS THE NATION'S HIGHEST-PERFORMING HEALTHCARE DESTINATION. THIS GLOWING REPORT CARD HIGHLIGHTS THAT COMMUNITY PHARMACIES ARE NOT ONLY MEETING PATIENT EXPECTATIONS BUT EXCEEDING THEM."

In this edition of *Australasian Pharmacy*, turn to **page 10** to meet the five outstanding finalists. These pharmacies stood out from an impressive 130 unique nominees, selected from nearly 1,500 total nominations. The Guild's judges have been on the road, visiting pharmacies across New South Wales, the Australian Capital Territory, Tasmania, and Western Australia, witnessing firsthand the innovative technology, services, and ideas shaping the future of pharmacy.

Medicines Part of The Cost-of-Living Squeeze

At the same time, many Australians are feeling the strain of rising living costs, and medicines are not exempt from that pressure. As a pharmacist, I see firsthand the role community pharmacies can play in easing cost burdens and reducing barriers to healthcare—especially for our most vulnerable patients.

An independent longitudinal study by *Insightfully* found that up to one in five Australians have delayed or gone without prescription medication in the past three years due to cost. Women, and those in certain disadvantaged geographic areas, are disproportionately affected by this.

Pharmacists tell me every day about the heartbreaking choices their patients face: filling a script for essential medicine or paying the rent, putting food on the table, or affording petrol to get to work. More patients than ever are asking about cheaper alternatives, delaying prescriptions, or rationing doses to make their medicine last longer.

This crisis doesn't discriminate—it affects people of all ages, backgrounds, and locations. In a country like Australia, medicine should never be a luxury item.

Beyond the immediate health risks for individuals, there are broader public health consequences. When patients skip essential medicines, their conditions can worsen, increasing the likelihood of emergency department visits, hospital admissions, and even surgery. Ultimately, this drives up costs for both the healthcare system and taxpayers.

The Government's decision to lower the PBS general co-payment to $30 was an important step, benefiting millions of Australians. But the reality is clear: for many, medicine is still too expensive.

One of the simplest and most effective ways to ease cost-of-living pressures is to further reduce PBS co-payments. As we approach the federal election, the Guild is calling for bipartisan support for another reduction in the general patient co-payment.

Figures released by the Australian Government in 2024 show that lowering the co-payment is more than 11 times more effective at delivering cost-of-living relief than 60-day dispensing, which only benefits a select group of patients.

To put it in numbers: lowering the maximum general co-payment from $42.50 to $30 has saved patients $346 million, compared to just $30 million saved from 60-day dispensing. The impact is undeniable.

I encourage community pharmacists to support the Guild's *Affordable Medicines Now* campaign. Visit **affordablemedicinesnow.com.au** to get involved.

APP 2025: The Countdown is on

Later this month, many of us will gather at the Australian Pharmacy Professional Conference & Trade Exhibition—the largest event of its kind in the southern hemisphere.

To support community pharmacy's evolving role, the Guild and Gold Cross will showcase a fully fitted consult room in the exhibition hall. This hands-on display is designed to inspire delegates to create or enhance their own scope-ready consult rooms. Read more on **page 8**.

We're also excited to bring back Australasian Pharmacy TV, featuring live interviews with speakers, delegates, and sponsors throughout the conference.

I'm looking forward to reconnecting with Guild members, industry leaders, and colleagues from across the region. It will be especially great to welcome my friend and counterpart, Kesh Naidoo-Rauf, President of the Pharmacy Guild of New Zealand.

A Centenary Edition

Finally, I want to acknowledge this special centenary edition of *Australasian Pharmacy*. While the magazine has evolved over the years—starting as *In The Know* in 2012—one thing has remained constant: its commitment to community pharmacy.

Produced by Gold Cross, a fully owned subsidiary of the Pharmacy Guild of Australia, this publication has always been created *for the industry, by the industry*. The recent name change reflects our strengthened partnership with the Pharmacy Guild of New Zealand—read more on **page 24**—and we're excited to share more updates soon.

We look forward to bringing you another 100 editions (and more), keeping you informed about everything pharmacy in the Australasian region.

Trent Twomey
National President, Pharmacy Guild of Australia

PRESIDENT'S MESSAGE

Kesh Naidoo-Rauf
President, Pharmacy Guild of New Zealand

Late 2024 saw us formalise our relationship with the Pharmacy Guild of Australia (PGA) and begin working even more closely together.

The two Guild's have enjoyed a close working relationship for many years, and formalising this with a Memorandum of Understanding (MoU), signed in October 2024, was the natural next step.

We recognised that our combined capabilities will better enable us to develop and offer solutions to our respective members, as well as patients, government and other stakeholders.

Prior to the MoU being signed, members saw us begin working more closely, with the launch of this joint publication, *Australasian Pharmacy*, in May 2024, focused on providing business and clinical content for community pharmacy owners in both countries.

"OVER THE YEARS GUILD STAFF AND BOARD MEMBERS HAVE MET REGULARLY AND WORKED CLOSELY TOGETHER, ATTENDING EVENTS, VISITING ONE ANOTHER, PRESENTING ON THE OPERATIONAL CHALLENGES WE ARE EACH FACING, AND VISITING PHARMACIES TO SEE SERVICE DEVELOPMENTS IN ACTION."

Launch of Australasian College of Pharmacy in New Zealand

Another highlight of our new closer working relationship was the launch of the Australasian College of Pharmacy (College) in New Zealand in December 2024, with all Guild members in New Zealand receiving complimentary access to the College, something which members in Australia already enjoy and benefit from.

This will allow our members to meet their CPD requirements, expand their scope of practice and upskill to provide additional services.

We are delighted to offer this incredible benefit to our members, giving them access to hundreds of CPD activities covering clinical, business and leadership topics. This makes their Guild membership even more indispensable.

Student Membership

We are currently updating our student membership offering in New Zealand. Thanks to our relationship with PGA, we will be able to extend complimentary College access to New Zealand pharmacy students, helping them to enter the workforce more informed and inspired about their pharmacy careers than ever before.

We also hope that our more frequent contact with students will help promote the many benefits of a career in community pharmacy, over the other pharmacy paths they could take, going some way to address our sectors workforce shortage.

Ongoing Relationship Between the Guilds'

As part of the MoU, we have agreed to work together and share information on:

- advocacy efforts and government relations
- sector related funding proposals
- pharmacy regulation
- quality use of medicines
- clinical governance including information about PGA's QCPP quality assurance program
- advancing the pharmacy profession including scope of practice initiatives and implementation activities
- health service delivery programs
- the World Pharmacy Council.

We will also share documents, including policy documents and position statements, and work together to share and develop relevant member offerings and partnership opportunities.

Regular Contact

Over the years Guild staff and board members have met regularly and worked closely together, attending events, visiting one another, presenting on the operational challenges we are each facing, and visiting pharmacies to see service developments in action.

I, along with fellow board members and Andrew Gaudin our Chief Executive, are looking forward to once again attending the Australian Pharmacy Professional (APP) conference in March. This always provides us with a great opportunity to catch up and compare notes on new policy settings, proposed practice changes, opportunities and challenges.

While at APP we will be participating in the National Council meeting and Branch Assembly meeting. We will be updating the National Council on the progress we are making in New Zealand on our key sector advocacy priorities, and the challenges we see ahead. We are particularly keen to learn more about the development and intended implementation of PGA's next ten-year strategic plan for community pharmacy. This will ensure that both Guilds have a full understanding of each other's current priorities and future goals.

We look forward to delivering further opportunities for community pharmacy thanks to our relationship with PGA and hope New Zealand members enjoy the additional benefits they are already receiving.

Kesh Naidoo-Rauf
President, Pharmacy Guild of New Zealand

NEW MOU STRENGTHENS AUSTRALIA NEW ZEALAND COMMUNITY PHARMACY COLLABORATION

A new Memorandum of Understanding (MoU) between the Pharmacy Guild of Australia (PGA) and the Pharmacy Guild of New Zealand (PGNZ) further strengthens the close working relationship between the two organisations.

Words | The Pharmacy Guild of Australia

National President Trent Twomey with PGNZ staff and board members including President Kesh Naidoo-Rauf at APP 2023

Both Guilds share a common mission to advocate for community pharmacies, ensuring that pharmacists, pharmacy owners, and pharmacy staff have the necessary support to continue delivering accessible and affordable care to patients.

National President Professor Trent Twomey reaffirmed this commitment, stating, "We're working with our respective governments to ensure that we prosecute the case on behalf of all of you and all your patients for proper funding, for better resources, and of course, for proper acknowledgement for the highly skilled and highly trained professionals that each and every one of you are."

Under the MoU, members of the Australian and New Zealand Pharmacy Guilds receive complimentary access to the Australasian College of Pharmacy. This benefit will assist pharmacists in meeting their continuing professional development (CPD) requirements and provide access to a range of short courses.

PGNZ President Keshree Naidoo-Rauf said, "We're constantly striving to enhance the benefits we offer, and thanks to a newly established MoU with the Pharmacy Guild of Australia, we're thrilled to bring even greater value and opportunities to NZ Guild members by offering complimentary Australasian College of Pharmacy membership."

The agreement formalises ongoing collaboration between the two Guilds in key areas, including advocacy efforts and government relations, sector-related funding proposals, pharmacy regulation and more.

While this agreement opens doors for collaboration, it's important to recognise the distinct healthcare landscapes in each country. In Australia, community pharmacy places a large focus on preventative care, such as administering flu vaccinations, and offers a broad scope of practice. In New Zealand, the emphasis is on a community-centred approach, where pharmacies work closely with primary healthcare teams to provide holistic services.

Understanding these areas of focus allows the Pharmacy Guilds to tailor their initiatives to effectively support members in both countries.

The MoU follows a successful visit to New Zealand in 2023 by National President Professor Trent Twomey and other Guild representatives. In 2024, representatives from the Pharmacy Guild of New Zealand visited Australia and attended the Australasian Pharmacy Professional (APP) Conference. By working together, both Guilds aim to develop and deliver enhanced solutions for their members, patients, governments, and stakeholders in 2025 and beyond.

"We are deeply committed to ensuring that we provide all of the support that our pharmacists, our pharmacy owners, and of course, our pharmacy staff need to continue to support their patients," Professor Twomey said.

This strengthened partnership reinforces the shared vision of both organisations and ensures ongoing collaboration to advance the role of the 7,000 community pharmacies across Australia and New Zealand.

"WE ARE DEEPLY COMMITTED TO ENSURING THAT WE PROVIDE ALL OF THE SUPPORT THAT OUR PHARMACISTS, OUR PHARMACY OWNERS, AND OF COURSE, OUR PHARMACY STAFF NEED TO CONTINUE TO SUPPORT THEIR PATIENTS."

Professor Trent Twomey
National President,
Pharmacy Guild of Australia

Kesh Naidoo-Rauf
President,
Pharmacy Guild of New Zealand

ENVISION YOUR FUTURE CONSULT ROOM

This year at the APP Conference trade exhibition hall, the Guild is excited to showcase a prototype consult room—a space designed to inspire Guild members and the broader pharmacy industry about the future of pharmacy practice.

Words | Pharmacy Guild of Australia

With pharmacies offering a growing range of services, a well-designed consult room is essential. Thoughtful planning not only enhances patient experience but also allows pharmacists to deliver services safely, effectively and efficiently.

The prototype consult room shows how pharmacies can evolve to meet growing patient expectations and regulatory requirements while creating new business opportunities through additional health services. Whether you're considering an upgrade, planning a renovation, or simply exploring possibilities, this is a chance to see firsthand how the right consult room setup can transform patient care.

Planning for the Future

The Guild has provided members with guidance to inform their consult room design, tailored for a spectrum of service offerings.

At a baseline, these resources help pharmacies ensure their consult rooms meet regulatory and service requirements for core services like vaccinations. As pharmacies expand their clinical services, consult rooms must be fit-for-purpose, incorporating features that support a broader scope of care.

For pharmacies looking to integrate more clinical services into their business model, future-focused design is essential. This could mean incorporating multiple consult rooms, a dedicated waiting area, or purpose-built facilities that align with evolving healthcare needs.

The Prototype Consult Room at APP

There are many ways to design a pharmacy consult room, but the APP prototype room is based on a mid-tier setup, catering to pharmacies that go beyond basic vaccination services. This design supports full scope of practice consultations, equipping pharmacists with the space and setup they need to deliver a wider range of patient care services.

From lighting and furniture to storage solutions—even a pharmacy-grade vaccine refrigerator for best-practice cold chain management—every detail has been considered. The prototype room at APP is a practical demonstration of how a well-planned consult room can elevate service delivery.

To dive deeper into consult room design considerations, the Guild is hosting a series of in-depth discussion sessions at the conference, led by experienced pharmacists. These sessions offer a valuable opportunity to ask questions and gain insights into what makes a consult room work best for your pharmacy. Guild members can visit the Guild website to register for a session.

To make the experience even more engaging, the Guild is offering exciting incentives for attendees:

- A special giveaway where three lucky participants will win a stethoscope.
- Exclusive APP deals for Guild members, accessible via QR codes, helping pharmacies upgrade their practice with the right equipment for high-quality patient care.

Your Consult Room Journey

Previous editions of Australasian Pharmacy have explored the many factors involved in consult room design, and those articles are worth revisiting for inspiration.

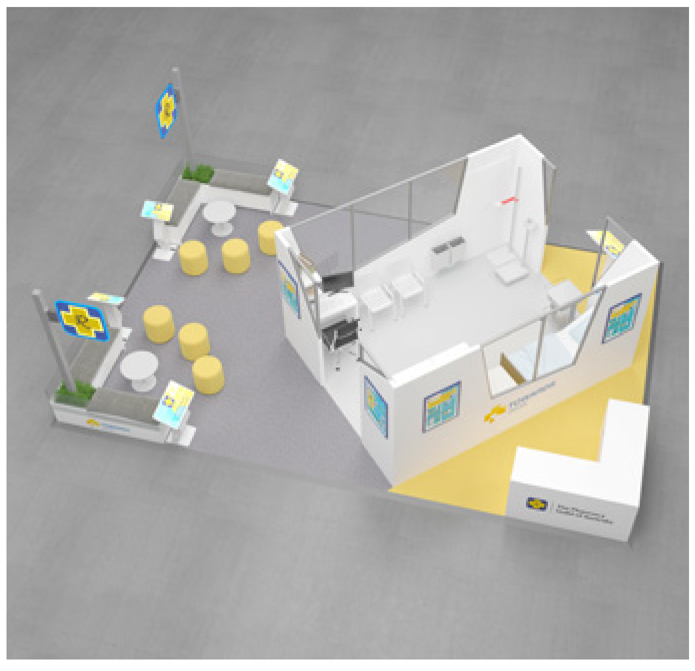
Pharmacies are not just retail spaces—they never have been. They are healthcare destinations that include dispensing areas, compounding facilities, administration spaces, and patient service areas. The consult room is where clinical services happen.

There is no one-size-fits-all rule for how many consult rooms a pharmacy should have, and not every pharmacy is required to have one. However, pharmacies delivering a wider range of healthcare services need appropriate spaces to conduct consultations.

The right setup depends on your pharmacy's layout, building restrictions, and service offering. The Guild's comprehensive resources, available on the Guild website, will be a helpful guide for members throughout the process.

Whether expanding services, upgrading facilities, or starting from scratch, the Guild's resources and the prototype consult room at APP offer inspiration and practical guidance to help shape the future of community pharmacies.

See you at APP2025 in the trade hall at stand #337-342!



GUILD PHARMACY OF THE YEAR AWARD FINALISTS ANNOUNCED!

The Guild Pharmacy of the Year Award celebrates community pharmacies that go above and beyond in patient care, innovation, and engagement. This year's finalists stand out for their dedication to improving lives through innovative services and exceptional healthcare.

Words | Pharmacy Guild of Australia

Finalists were selected from 130 unique nominees and nearly 1,500 nominations because they excel in management, professional innovation, harm minimisation, and community engagement.

Without further ado, let's meet the finalists!

Berridale Pharmacy (NSW)

Berridale Pharmacy provides dedicated service to the Snowy Mountains community in New South Wales, going above and beyond to support the community's healthcare needs. The regional community of around 1,300 residents is small but the pharmacy plays a big role bridging the gap in healthcare access. The pharmacy's commitment to the community is evident through its delivery service that spans a 45km radius, ensuring that even patients who live out of town receive timely care.

Known for its holistic approach to rural healthcare, Berridale Pharmacy offers specialised services rarely found in remote areas; their team includes a Credentialled Diabetes Educator, an Asthma Educator, and even a pharmacist studying Western Herbal Medicine.

Freya, the pharmacy's owner, explains:

"IN A REGION WHERE HEALTHCARE ACCESS CAN BE LIMITED, IT'S IMPORTANT WE BRING THESE SERVICES RIGHT HERE TO BERRIDALE – SAVING PEOPLE THE LONG TRIPS TO LARGER CITIES FOR CARE."

– Freya Woodhouse, Owner of Berridale Pharmacy

Berridale Pharmacy's dedicated delivery service car.

Capital Chemist Charnwood (ACT)

Capital Chemist Charnwood has built a reputation on offering healthcare that is both accessible and compassionate. Open more than 90 hours a week, they ensure their community has access to critical care, even offering urgent home deliveries for palliative care patients.

"IT'S OUR WAY OF SHOWING WE TRULY CARE WHEN PEOPLE NEED US THE MOST."

– Samantha Kourtis, Co-owner of Capital Chemist Charnwood

They also take extra care to make health visits enjoyable for children, offering Charnwood Mascot Fairy stickers and creating magical experiences in their clinic rooms.

Capital Chemist Charnwood excels in specialised services like lymphoedema, diabetes management and sleep apnoea, while also running an opioid replacement therapy program. With recent renovations and new technology, including a Meditech robot, electronic shelf labels and upgraded clinic rooms, they've enhanced both patient care and efficiency.

Capital Chemist Charnwood owner Samantha Kourtis with children enjoying Charnwood Mascot Fairy stickers.

GOLD CROSS

Complete Care Pharmacy (TAS)

Complete Care Pharmacy stands out for its innovative approach to community healthcare. Since its acquisition in 2019, the pharmacy has redefined traditional models by creating a more patient-friendly environment with private consultation areas, triage desks, pharmacist pods, and clinic rooms. The pharmacy also developed a custom digital workflow system called Excipient that integrates with the dispensing platform to manage tasks more efficiently, track workloads in real time, and send SMS notifications to patients when prescriptions are ready for pickup.

The pharmacy is also disability-friendly, offering services like a daily "quiet hour" to support patients with sensory needs, making the pharmacy a welcoming space for all.

> **"WE'VE REIMAGINED THE WAY WE OPERATE SO THAT EVERY PATIENT INTERACTION IS MEANINGFUL."**
>
> – Kristina Fox, Co-proprietor of Complete Care Pharmacy

Pharmacist Katy Gabriel and patient at Complete Care Pharmacy's triage desk.

Warnbro Pharmacy (WA)

Community engagement is a key focus at Warnbro Pharmacy, where the team works closely with local healthcare providers, including GPs, specialists and allied health professionals to offer a wide range of services. Instead of waiting for patients to come to them, they take healthcare directly into the community. Pharmacy staff actively visits GP practices within a 30-minute radius to provide services like sleep apnoea screenings and flu vaccinations.

Warnbro Pharmacy is known for its leading sleep apnoea clinic, Rockingham CPAP, which has become a recognised service in Western Australia. They also expanded into oxygen services, becoming the sole distributor of medical oxygen for CoreGas in Western Australia.

Brett Lukatelich, one of the pharmacy's owners, emphasises their mission, stating:

> **"WE REALISED EARLY ON THAT WE HAD TO EVOLVE TO SERVE OUR COMMUNITY BETTER. BY SHIFTING OUR FOCUS TOWARD HEALTHCARE, WE'RE NOT JUST SELLING PRODUCTS – WE'RE IMPROVING LIVES."**
>
> – Brett Lukatelich, Co-owner of Warnbro Pharmacy

Warnbro Pharmacy Sleep Technician Melissa Hayes fitting a patient mask in their sleep apnoea clinic, Rockingham CPAP.

Pharmacy Help Karratha (WA)

Pharmacy Help Karratha has become more than just a pharmacy in this remote community. "Our remoteness has often led to gaps in service in the mental health and suicide support space," explains Laura, co-proprietor of Pharmacy Help Karratha, which is why the pharmacy has prioritised mental health initiatives alongside Indigenous health and children's education programs.

The pharmacy's remoteness also creates challenges in staff recruitment and retention, so they've invested in workforce housing and professional development to ensure their team remains strong and capable of delivering exceptional care. Innovation is key too—Pharmacy Help was the first in Australia to install a dual-tenancy robot, streamlining dispensary operations and allowing more time for patient care.

"WE'VE BUILT A PHARMACY THAT ACTIVELY IMPROVES THE HEALTH AND WELLBEING OF EVERYONE WHO WALKS THROUGH OUR DOORS."

– Laura Stewart, Co-proprietor of Pharmacy Help Karratha

Pharmacy Help Karratha pharmacist Christian Portelli (left) and intern pharmacist Jamie Wood (right).

These outstanding finalists demonstrate the vital role pharmacies play in improving health outcomes across Australia.

As the most accessible healthcare destination, pharmacies provide essential services—from home deliveries and private consultations to specialised clinics and community health initiatives.

This year's finalists exemplify that commitment, ensuring quality care reaches patients wherever they are.

OVERALL AND CATEGORY WINNERS WILL BE ANNOUNCED AT APP2025

This year's Guild Pharmacy of the Year award winners will be announced at APP2025, and the following four category awards will be presented:

Excellence in Business Management Award –
Sponsored by Australian Pharmaceutical Industries (API)

Excellence in Community Engagement Award –
Sponsored by Teva

Excellence in Professional Innovation Award –
Sponsored by CSL Seqirus

CSL Seqirus

Excellence in Harm Minimisation Award –
Sponsored by Camurus, Indivior, and StrongRoom AI

camurus.

CHAIRMAN'S TOP 20: APP2025

Each year, APP Chairman Kos Sclavos AM is asked to share his top program highlights for the Australian Pharmacy Professional Conference and Trade Exhibition (APP) – a challenging task given the calibre of sessions and speakers at APP2025.

Words | The Pharmacy Guild of Australia, Queensland

Reflecting on the APP2025 theme "Unlock Your Opportunities", Mr Sclavos has shared his top 20 sessions for this year (in conference date and time order).

01 FULL SCOPE OF PRACTICE WORKSHOP

Wednesday PM.

Moderated by Nader Mitri, General Manager for PharmaPrograms, this two-part workshop will include a 90-minute refresher on the administration of injectable medicines, followed by an update on Full Scope updates from across Australia. With pharmacists now able to administer many injectable medicines, the first part of this workshop will act as a refresher for pharmacist administration of seven common injectable medicines. The second half of the workshop will focus on the scope of practice for pharmacists, which is constantly changing across states and territories. This workshop is ideal for those wanting to be brought up to speed on all things scope of practice in a hands-on environment.

Speakers for the workshop include Lauren Baker (Patient Experience Liaison, Arrotex), Jeffery Chu (Pharmacist and Educator), and Simranjit 'Simmy' Kaur (Registered Nurse, DBG Health).

OPENING PLENARY AND PHARMACY OF THE YEAR WINNERS

Thursday AM

Hear from Guild National President, Professor Trent Twomey, about the Guild's direction for community pharmacy. The last 12 months saw significant change and Trent will reflect on the key issues, as well as the future direction of the profession. You'll also have the chance to be inspired by the Pharmacy of the Year winners, who showcase best practice in action. A terrific way to kick off the conference program!

THE WORLD COMMUNITY PHARMACY SCENE: WHY ARE SOME GLOBAL GIANTS FAILING – WHAT IS THE KEY TO SUCCESS?

Thursday AM

We are honoured to welcome US-based pharmacist Doug Hoey, President of the World Pharmacy Council and CEO of the National Community Pharmacists Association (USA), back to the APP stage. Prescription medicines should not be seen as commoditised items - the markets that have gone down this track are seeing community pharmacy decimated. In some countries, there is evidence that large format pharmacies which have commoditised prescription medicines are struggling for viability. I look forward to Doug's keynote where he will highlight why independent community pharmacies are uniquely positioned to thrive by focusing on patient care and professional services.

"IN SOME COUNTRIES, THERE IS EVIDENCE THAT LARGE FORMAT PHARMACIES WHICH HAVE COMMODITISED PRESCRIPTION MEDICINES ARE STRUGGLING FOR VIABILITY."

HOW COMMUNITY PHARMACY CAN STRENGTHEN THEIR PRIMARY CARE ROLE THROUGH PRECISION HEALTH

Thursday AM

Diagnostic devices ideally suited for the pharmacy setting are becoming more accurate, and price affordability is increasing. With the emergence of the Community Pharmacy Scope of Practice Pilots commencing across Australia, tools to support differential diagnosis are key. This panel session will showcase examples of diagnostic devices supporting pharmacists to play an enhanced role in primary care. The panel will include special guest, US-based pharmacist Jeff Harrell, National President of the National Community Pharmacists Association (NCPA). As a global leader in community pharmacy, Jeff will bring invaluable insights into the challenges and opportunities shaping our industry.

ALAN RUSSELL ORATION | PHARMACIST FULL SCOPE OF PRACTICE

Thursday PM

I was delighted to invite Georgina Twomey, credentialed Full Scope Pharmacist and CEO of Alive Pharmacy Group, to present this session. In years to come we will note that the past 24 months, with the development of scope of practice, have been pivotal for the pharmacy profession taking a great leap forward. The session will reflect on this significant part of our profession's history, delivered by one of the first practitioners in the field. The Alive Pharmacy Group have been at the centre of embracing this change.

"IN YEARS TO COME WE WILL NOTE THAT THE PAST 24 MONTHS, WITH THE DEVELOPMENT OF SCOPE OF PRACTICE, HAVE BEEN PIVOTAL FOR THE PHARMACY PROFESSION TAKING A GREAT LEAP FORWARD."

DIGITAL HEALTH: THE NEXT 5 YEARS FOR PHARMACY

Thursday PM

The May 2023 federal budget revealed a $1.1 billion investment to update the digital health infrastructure and to transform My Health Record into a more data-rich platform. With pharmacists expanding their roles, this session, moderated by Founder and Chief Executive Officer of Fred IT Group, Paul Naismith, will outline how this digital investment can enhance health outcomes for Australians. It will explore the implications for pharmacists with an upgraded My Health Record, and how the evolving digital medication platforms seek to further improve medication safety.

Panellists for this session include Daniel McCabe (First Assistant Secretary Medicate Benefits and Digital Health, Australian Government Department of Health), Amanda Cattermole (Chief Executive Officer, Australian Digital Health Agency), and Regina Cowie (Partnerships Manager eHealth, Fred IT Group).

07 UNLOCKING OPPORTUNITIES: IS 'FULL SCOPE OF PRACTICE' A VIABLE SERVICE OFFERING FOR COMMUNITY PHARMACY?

Thursday PM

While there are multiple sessions on full scope at APP2025, this one takes a look from a different angle. Amongst other issues, it will evaluate the viability of pharmacist prescribing and what it means for your bottom line. Moderator, Amanda Seeto (Chief Executive Officer, Australasian College of Pharmacy), will lead this panel discussion featuring speakers John Bell (Community Pharmacist and Practitioner/ Teacher for the Graduate School of Health, University of Technology Sydney), Cate Whalan (National Councillor, The Pharmacy Guild of Australia), and Sylvain Vigneault (Country Manager, Viatris).

08 GUILD MEMBER (PROPRIETOR) ONLY BREAKFAST: INDUSTRY UPDATE

Friday AM

For Guild members, this is a must-attend event. This member-only event will provide a confidential update on the Guild's 2025 Federal Election strategy and advocacy work. All Guild members are encouraged to attend. The session will conclude with an interactive Q&A session.

THE PANEL: STATE OF THE INDUSTRY

Friday AM

Facilitated by Executive Director for The Pharmacy Guild of Australia, Gerard Benedet, the State of the Industry Panel is one of my favourite sessions, always. During the panel, you'll hear from leaders of Consumer Healthcare Products Australia, Generic and Biosimilar Medicines Association, National Pharmaceutical Services Association, and The Pharmacy Guild of Australia. How do they view the industry? What are they seeking, in terms of election commitments? Where does pharmacy and pharmaceuticals sit in the political landscape?

10 THE PATIENT DOCTOR

Friday AM

You will be inspired after attending this session. Originally a zoologist and science communicator, Ben Bravery became a doctor in 2018 after a stage 3 bowel cancer diagnosis and is now undertaking speciality training in psychiatry. Ben volunteers, advocates, writes, and speaks about colorectal cancer, living with cancer, and medicine and medical education, and is committed to advocating for change in Australia's health care system.

11 ANN DALTON ADDRESS | FEARLESS: FINDING THE POWER TO THRIVE

Friday AM

Former world number 4 tennis player, Jelena Dokic embodies resilience and triumph. Her awe-inspiring journey on the court includes making the semifinals of Wimbledon at 17 years of age. Yet, beyond the spotlight, she endured adversity, including abuse from her father for 15 years. This trauma shadowed her success, affecting her mental health. At 22, she faced a breaking point but chose resilience. Find out how Jelena emerged as a survivor, determined not just to survive but to thrive.

12 HARM MINIMISATION STREAM

Friday PM

Harm minimisation is gaining momentum in the pharmacy landscape, with methadone and buprenorphine now funded PBS drugs and the administration of Long-Acting Injectable Buprenorphine (LAIB) from pharmacy consult rooms expanding. But the illicit drug trade is still a growing market, with synthetic opioids beginning to surface in Australia. Many topics will be covered in this intensive 90-minute session – please refer to the online program for more details.

13 PHARMACY LESSONS FROM THE USA

Saturday AM

US-based pharmacist Jeff Harrell is the National President of the National Community Pharmacists Association (NCPA), and a leading authority on technology and innovations in pharmacy practice in the USA. In this not-to-be-missed keynote address, Jeff will disclose the challenges faced by pharmacy in his country and lessons for Australian community pharmacy. How can Australian pharmacists adapt to ensure their pharmacies thrive in this competitive industry?

"GREG PAGE, BETTER KNOWN AS THE ORIGINAL YELLOW WIGGLE, SURVIVED A CARDIAC ARREST ON STAGE IN JANUARY 2020..."

14 INSPIRING LIFESAVING COMMUNITIES: GREG PAGE'S STORY

Saturday AM

Greg Page, better known as the original Yellow Wiggle, survived a cardiac arrest on stage in January 2020. His life was saved by quick-thinking bystanders who performed CPR and used an AED to restore his heart rhythm. Greg later learned his chances of survival were just 1 in 20, a statistic that deeply affected him. Determined to make a difference, he founded Heart of the Nation, a charity focused on increasing survival rates by educating about CPR and making AEDs more visible, accessible, and actionable in communities.

15 FINDING POWER WHEN YOU FEEL FLAT, TIRED AND UNINSPIRED

Saturday AM

Business Communication Expert, Chris Helder is an APP regular, with delegate feedback calling for Chris to come back again! Let's face it – at certain times all teams need to be re-ignited. Everyone can feel flat, tired, and a little uninspired at times. Sometimes businesses go through challenging times. There are times that the business needs to relight that inner spark again. This presentation outlines the steps to re-ignition.

16 PHARMACY MARKET INSIGHTS AND A FINANCIAL UPDATE IN THE LIGHT OF 60DD AND 8CPA: A DEEP DIVE INTO THE ECONOMICS AND BUSINESS PERSPECTIVES OF PHARMACY PROFESSIONAL SERVICES

Saturday PM

During this session, Frank Sirianni, Managing Director for Medici Capital, will update attendees on the current market capitalisation rates highlighting the differences between market prices and valuations. It will also cover the current pharmacy market climate and factors driving market sentiment. In addition, insight will be provided on pharmacy valuation trends and issues arising from the new pharmacy economic climate.

17 PEOPLE, PROSPERITY, AND THE PLANET: THE POWER OF SUPERANNUATION

Saturday PM

There is a quiet revolution going on in the super industry. Executive Director of Investments, People, and Sustainability for GuildSuper will teach you how the muscle of superannuation capital is being used to move money away from harmful activities and invested in positive outcomes. A super fund that takes a leadership position and advocates for change (sometimes a little bit noisily), needs to keep its own backyard pretty tidy - it needs to be authentic and transparent.

18 PRACTICAL GUIDE TO DIABETES-SPECIFIC NUTRITIONAL FORMULAS: IMPLEMENTATION STRATEGIES FOR PHARMACY PRACTICE

Saturday PM

Less than half of individuals with type 2 diabetes (T2D) successfully adhere to dietary recommendations, creating significant challenges in achieving optimal glycaemic control. This presentation, delivered by Dr Shannon Lin, Diabetes Course Director for the University of Technology Sydney, introduces pivotal insights from the new Consensus Statement on Diabetes-Specific Nutritional Formulas (DSNFs) and the RACGP Management of Type 2 Diabetes Guidelines, providing pharmacy professionals with practical guidance for supporting individuals with T2D.

19 TOP 10 TIPS FROM PDL

Saturday PM

Join the PDL Professional Officers, Kylie Neville and Simone Henriksen, as they reflect on areas of risk for pharmacists identified through call and incident reports to PDL. This session will reference the most common areas of incident and complaint and offer risk management guidance to pharmacists in all areas of practice.

20 FINDING SUCCESS WITH QCPP

Saturday PM

Join the Quality Care Pharmacy Program's session to learn more about how to set your pharmacy up for success and uncover the future of the Program, including the next release of Quality Care Requirements.

FIND OUT MORE

Details and information about these sessions can be found in the full APP2025 program here: **appconference.com/program**

APP2025's three-day education program offers a comprehensive mix of industry updates, clinical insights, business strategies, and motivational talks delivered by over 120 experts and thought leaders. APP2025 will be held on the Gold Coast on 20-22 March 2025.

Please note that the announcement of the 2025 Federal Election date at any time may impact the final APP program, with reference to Federal politicians presenting at APP2025.

Register today at **appconference.com.au**

APP2025 is supported by Tourism and Events Queensland, and Experience Gold Coast.

ONGOING PRIORITIES AND FOCUS FOR 2025

A recent change in Health Minister in New Zealand, following a Cabinet reshuffle in January, is expected to tighten the health sector's focus on the delivery of the government's better health outcome targets. Minister Simeon Brown's initial public statements have emphasised a clear focus on this – it is not yet clear what this will mean for community pharmacy.

Words | Andrew Gaudin Chief Executive, Pharmacy Guild of New Zealand

We believe the four key work areas used to frame our 2024 work priorities remain a useful organising framework for our 2025 work priorities and that our associated goals will remain relevant:

- influence pending legislative, regulatory and policy changes
- address pressing sector advocacy issues
- continuously improve our core business-as-usual activity
- ensure the Guild remains fit for purpose

What remains most important to us is supporting and advancing the business and professional needs of community pharmacy, particularly member pharmacies.

"WHAT REMAINS MOST IMPORTANT TO US IS SUPPORTING AND ADVANCING THE BUSINESS AND PROFESSIONAL NEEDS OF COMMUNITY PHARMACY, PARTICULARLY MEMBER PHARMACIES."

Influence Pending Legislative, Regulatory & Policy Changes

This includes:

DEVELOPMENT OF THE MEDICAL PRODUCTS BILL (MPB)

Goal: Seek to positively influence the development of new legislation to ensure it works effectively for community pharmacy. We wish to retain the current Medicines Act settings on pharmacy ownership provisions for obtaining a license to operate, and the definition of dispensing.

ADDRESS THE 12-MONTH PRESCRIPTION DURATION POLICY PROPOSAL IMPACTS

Goal: Work to address the impacts of this policy proposal (if this remains an active policy consideration) on community pharmacy, including mitigating financial impacts for members.

NATIONWIDE CONTRACT/SERVICE COMMISSIONING POLICY

Goal: Support officials' current policy development, by seeking a clear definition of who can get access to community pharmacy contracts/services, and support this being consistently applied nationwide, with objective criteria.

Address Pressing Sector Advocacy Issues

This includes:

ADDRESS COMMUNITY PHARMACY WORKFORCE CRISIS

Goal: Develop and implement a comprehensive workforce plan to address workforce sustainability pressures facing community pharmacy, including addressing the sector's material unfunded wage cost pressures as an integral part of developing a sustainable funding model for a new community pharmacy services agreement.

DEVELOP A SUSTAINABLE FUNDING MODEL FOR CORE DISPENSING SERVICES

Goal: Agree a workplan with the government and key officials with clearly identified key milestones to build on the independent reviews and begin its implementation to address sustainable workforce pressures and deliver a sustainable pharmacy funding model.

DEVELOP SUSTAINABLE FUNDING MODEL FOR SUPPLY CHAIN

Goal: Agree a workplan with the government and key officials with clearly identified key milestones to address supply chain pressures and deliver a sustainable supply chain funding model.

Continuously Improve Our Core Business-As-Usual Activity

This includes:

ENSURE STRONG COMMUNITY PHARMACY REPRESENTATION WITH KEY STAKEHOLDERS

Goal: Ensure that there is strong representation of community pharmacy interests through ongoing professional and respectful relationships with all key stakeholders as an effective means to advance our sector advocacy and membership services.

ADVANCE THE COMMUNITY PHARMACY CONTRACT

Goal: Continue to maximise cost pressure recognition within available funding, increase cost pressure recognition through service fees, address immunisation service fees model, maintain momentum on addressing pressing sector issues (dispensing funding model) and seeking stronger nationwide contract/service commissioning policy.

ADDRESS SERVICE MODEL EXPANSION OPPORTUNITIES, RISKS, AND EQUITY OF ACCESS

Goal: Proactively manage service risks and support equity of access to services, with a focus on better health outcomes and increased value for money, such as minor health conditions services.

Ensure the Guild Remains Fit for Purpose

This includes:

SUPPORT SUSTAINABILITY OF GUILD BUSINESS

Goal: Assess the ongoing sustainability for all aspects of Guild and PSL activities, to ensure ongoing and long-term sustainability.

IMPLEMENT GUILD MEMBERSHIP STRATEGY

Goal: Continue implementing a Guild membership strategy that aims to best support recruitment and retention of members, with a clear value proposition, comprehensive member communication, and relevant membership categories.

UPDATE GUILD'S CONSTITUTION

Goal: To review the Incorporated Society Act 2022's key obligations for the Guild, and ensure the updated Constitution is fit for purpose and future proofed.

Relationship with the Minister

We have enjoyed a positive working relationship and regular contact with previous Health Ministers. Minister Reti was always willing to engage with us during his time in the role on the opportunities for community pharmacy to do more to help deliver on the government's health targets, as well as actively listen and respond to our sector's challenges.

We look forward to establishing a close positive working relationship with Minister Brown and briefing him on the issues facing community pharmacy and the opportunity for community pharmacy to do more through improved access and better value for money healthcare, helping ease pressure on the wider health sector. We will be seeking a meeting with him as soon as possible.

"WE LOOK FORWARD TO ESTABLISHING A CLOSE POSITIVE WORKING RELATIONSHIP WITH MINISTER BROWN AND BRIEFING HIM ON THE ISSUES FACING COMMUNITY PHARMACY."

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Gold Cross is delighted to announce a 3-year partnership with Team Medical, the leading supplier of medical equipment and consumables for consult rooms and patient treatment in Australia.

The partnership means Gold Cross will recognise and endorse Team Medical as a gold standard in medical equipment and consumable supplies for Australian pharmacies. The partnership with Team Medical underpins Gold Cross' commitment to identifying partners based on:

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Team Medical has a commitment to quality, efficiency, and making a positive impact – they're a trusted partner in healthcare, helping businesses thrive while they focus on what matters most to pharmacies – providing the best possible care.

Gold Cross are proud to commence this partnership with Team Medical. We encourage our members to utilise this partnership and speak to a Team Medical Representative about the benefits available for Guild members.

FIND OUT MORE

PGA members can find out more about the partnership with Gold Cross here: **goldx.com.au/partner/team-medical**

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APP
20–22 March 2025
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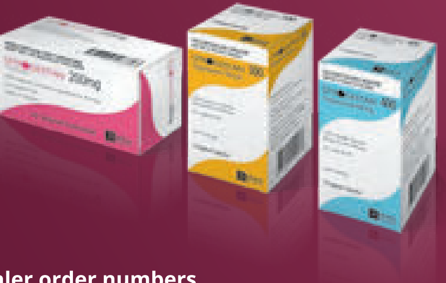
dosages,[1]
now available
from all wholesalers

Original	New	New
200 mg	300 mg	400 mg



Wholesaler order numbers

	Utrogestan 200 mg	Utrogestan 300 mg	Utrogestan 400 mg
CH2	2233203	2792494	2792507
National Pharmacies	2027768	3682943	3682944
API	18381	88987	88988
Symbion	284335	806439	806447
Sigma	10005404	10036144	10036145

PBS Information: Utrogestan 200 mg Authority required (STREAMLINED) for Assisted Reproductive Technology and for the prevention of Preterm Birth. Refer to PBS Schedule for full authority. Utrogestan 300 mg and 400 mg are not listed on the PBS.

Before prescribing please review the Product Information available at besins-healthcare.com.au/PI or scanning the QR code below or telephone 1800 BESINS (237 467).

Reference: 1. Utrogestan (micronised progesterone) Product Information.

Utrogestan Minimum Product Information. Utrogestan 200, 300, 400 (vaginal use – micronised progesterone) Indication: luteal phase support during assisted reproduction; treatment of threatened miscarriage in women with a history of at least three or more previous miscarriages and women with less than three miscarriages who have a reduced chance of future pregnancy (benefit of treatment was greatest in women with 3 or more previous miscarriages); prevention of preterm birth in women with singleton pregnancy who have a short cervix (midtrimester sonographic cervix ≤25 mm) and/or a history of spontaneous preterm birth; Dosage and Use: during luteal phase support in controlled ovarian cycles 600 mg/day in 2 or 3 divided doses from day of embryo transfer until 7th week of pregnancy and not later than the 12th week. For treatment of threatened miscarriage, usual dose is 400 mg twice a day (morning and night). Treatment should be initiated at the first sign of vaginal bleeding during the first trimester of pregnancy and should continue to at least the 16th week of gestation. For prevention of preterm birth, usual dose is 200 mg/day, recommended at bedtime. Treatment can be initiated during the 2nd trimester (16-24 gestational weeks) and is to be continued to the end of the 36th week of gestation or until delivery. Each capsule of Utrogestan must be inserted deep into the vagina. The average dosage is 200 to 800 mg of progesterone per day administered vaginally. This may be increased, depending on the patient's response. Contraindications: known allergy/hypersensitivity to progesterone/excipients; severe hepatic dysfunction; undiagnosed vaginal bleeding; known missed abortion/ectopic pregnancy; mammary/genital tract carcinoma; thromboembolic disorders; thrombophlebitis; cerebral haemorrhage; porphyria. Special Warnings and Precautions: should only be used by vaginal route for the recommended timeframes for each indicated use; Pregnancy Cat A; cytolytic liver damage/gravidic cholestasis exceptionally reported during 2nd and 3rd trimesters of pregnancy; not a contraceptive; uterine bleeding cause must be established before use; discontinue use upon diagnosis of missed abortion; use caution in conditions affected by fluid retention and history of depression, diabetes, hepatic dysfunction, migraine, venous thrombosis, photosensitivity and hypersensitivity to soya lecithin; not to be used during lactation; may affect laboratory test results; the evidence that Utrogestan reduces the risk of preterm birth in women with a short cervix with twin/multiple pregnancy and/or a history of spontaneous preterm birth is limited. Interactions: caution with P450 enzyme inducers and inhibitors; possible interactions when taken with rifamycin, ketoconazole, some antibiotics and bromocriptine; bioavailability may be reduced by smoking and increased by alcohol abuse. Very Common and Common Adverse Effects: none noted with vaginal administration in clinical trials. Utrogestan® is a registered trademark of Besins Healthcare. 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 UTR-2274 Prepared January 2025.

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STEP 3

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STEP 4

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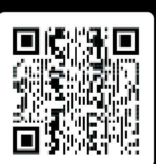

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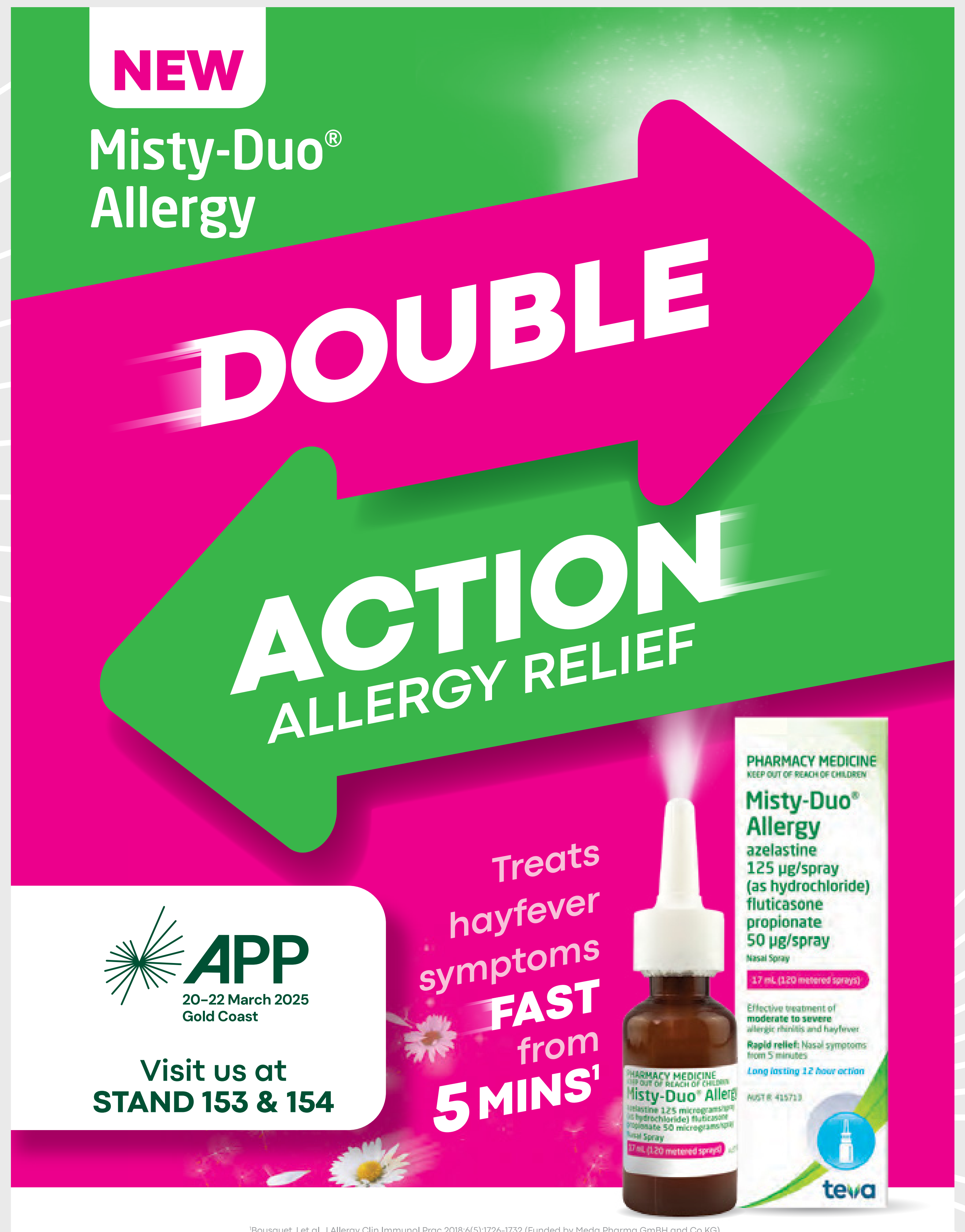
20–22 March 2025
Gold Coast



[1]Bousquet J et al. J Allergy Clin Immunol Prac 2018;6(5):1726-1732 (Funded by Meda Pharma GmBH and Co KG)

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Date of Preparation: November 2024, GX-AU-00017. **Date of expiration:** November 2025.

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You'll hear more from us shortly about Glucofest! We're giving your customers the chance to win a year's supply of their favourite Glucojel products. Help us celebrate Glucofest by ordering your campaign POS and stocking your shelves with Glucojel for our March/April 2025 promotion.

More details coming soon: goldx.com.au/Glucojel

THAT'S A WRAP!

Glucojel Consumer Promotion Wraps Up With $10k Winner Announced!

We loved giving your customers a chance to win $10k and loads of Glucojel merch when they entered our recent 'Glucojoy – 10,000 reasons to smile' consumer promotion. Read about details of the winner, some of the great entries shared and amazing POS displays showcased in pharmacies across the country throughout the promotion.

Words | Catherine Roncon-Trivett Marketing Manager, Gold Cross

From 1 October until 31 December 2024, we gave your customers a chance to win $10K when they purchased Glucojel and told us what brings them joy.

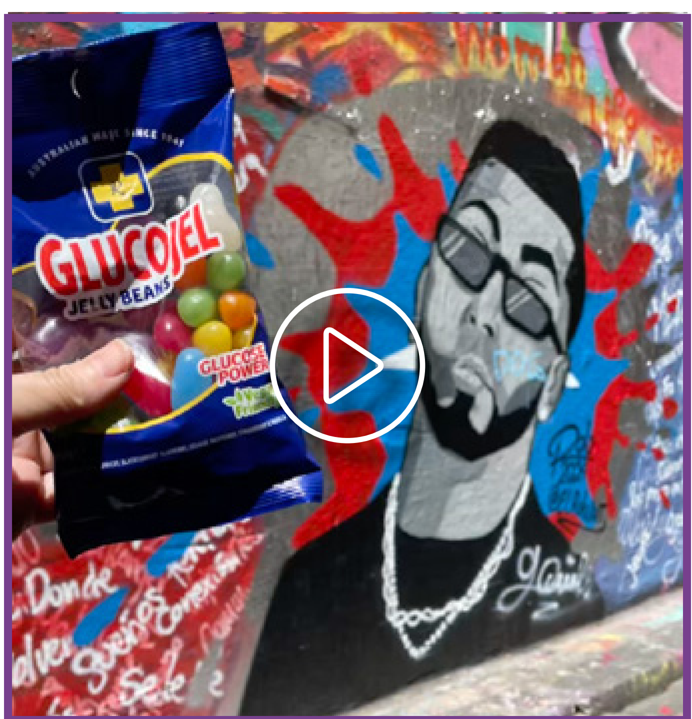
Pharmacies were encouraged to make sure their shelves were fully stocked to join in the fun and help us spread the joy. The campaign was promoted via an eye-catching outdoor campaign, digital and social media. Pharmacies ordered campaign point of sale to set up off-locations and drive additional sales.

We received nearly 500 entries from Glucojel customers, as well as some very entertaining and creative entries telling us what brings our customers joy (in 25 words or less, an image or video).

See a few of our favourite entries to the right!

We've had lots of fun giving away weekly prizes of Glucojel merch to customers... but there can only be one winner!

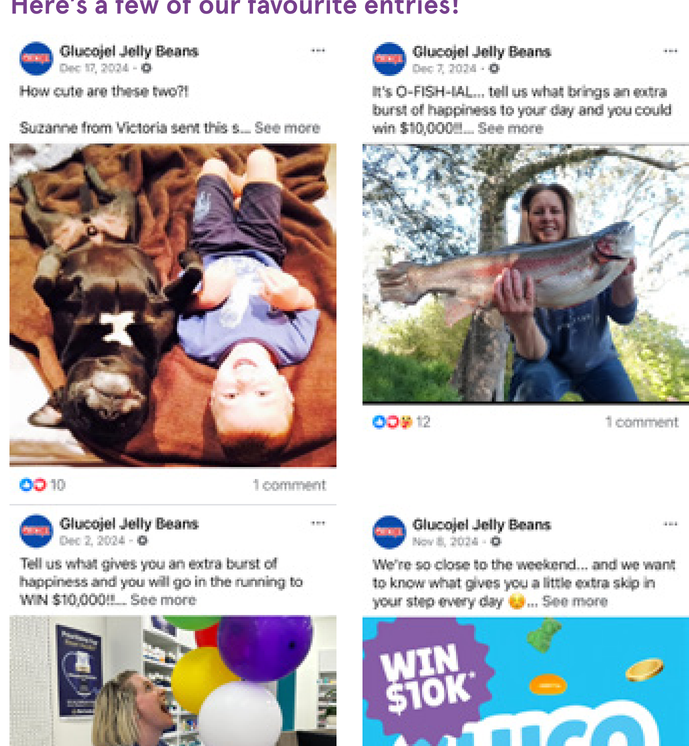
Drum roll please...the grand prize of $10k was awarded to a very creative and thrilled winner, Rachael Ledwich for her fabulous iMovie capturing 'Glucojel moments' across Melbourne. Congratulations Rachael!



glucojel.com.au/joy

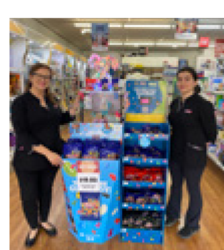
> **"ART BRINGS ME JOY! I LOVE WALKING THE CITY, DISCOVERING ART ON THE STREET AND IN GALLERIES. FUELLED BY LITTLE SNACKS OF COLOURFUL GLUCOJEL ENERGY."**
>
> - Rachael Ledwich

Here's a few of our favourite entries!

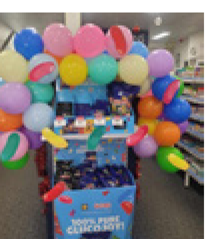


We can't forget our hard-working pharmacies who did lots of work behind the scenes to ready their stores and display our campaign POS to help drive competition entries.

Here's a few of some of the very impressive displays that captured our attention.



Japps Pharmacy

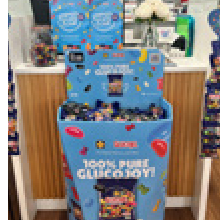


Williams Valley

Warracknabeal Pharmacy

Advantage Berri

Goonellabah Pharmacy



Rebecca Baker

Well done to all pharmacies that helped us make the promotion a success!

Watch this space for details about the next exciting Glucojel promotion coming in March 2025.

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).

Abbreviations: CI, confidence interval; POP, Progestogen-only Pill; UKMEC, UK Medical Eligibility Criteria for Contraceptive Use.

References: 1. Slinda (drospirenone) Product Information. 2. Palacios S *et al. Eur J Contracept Reprod Health Care* 2020;25(3):221-27. 3. Therapeutic Guidelines: Sexual and Reproductive Health, Contraception www.tg.org.au. Accessed December 2024. 4. Apter D *et al. Contraception* 2020;101(6):412–419. 5. The Faculty of Sexual & Reproductive Healthcare. UK Medical Eligibility Criteria for Contraceptive Use (UKMEC). Available at: https://www.fsrh.org/Public/Public/Standards-and-Guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec.aspx Accessed December 2024. 6. Archer D *et al. Contraception* 2015;92(5):439-444. 7. Palacios S *et al. Acta Obstet Gynecol Scand* 2019;98(12):1549-57. 8. Palacios S *et al. BMC Women's Health* 2020;20:218. 9. Paton DM. *Drugs of Today* 2020;56(5):321-28. 10. Regidor PA *et al. Gynecol Endocrinol* 2016;32(9):749-51.

SLINDA® (drospirenone) 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

Oral contraception for MORE* women, from teens to menopause[1-5]

*UKMEC guidelines show fewer contraindications and precautions with POPs compared to combined oral contraceptives.[3,5]

†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).[1,2,6,7]

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 amenorrhea 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, dysmenorrhea, 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-2269 January 2025.

Find out more

PHARMACY SALES AND PURCHASES IN 2025

Navigating the Process

With the advent of a new calendar year, many pharmacy owners will be making the decision to sell their pharmacies. For some, this may seem a daunting prospect, and we know from the calls we receive that many pharmacists don’t know where or how to start this process.

Words | Georgina Odell & Mark Fitzgerald Principals Meridian Lawyers

Finding a Buyer

If you don't have a buyer already lined up, you may wish to speak to a specialist pharmacy business broker who can assist in finding a suitable buyer for your business.

We recommend that you seek legal advice before engaging with a broker, to ensure that their terms and conditions align with your needs and wishes.

Heads of Agreement or Offer to Purchase

Once a buyer is identified and a price and basic terms agreed, business brokers will typically produce a document referred to as a "Heads of Agreement" or an "Offer to Purchase". These documents should be carefully considered, and ideally legal advice should be obtained to ensure they reflect the important terms of the transaction. Sometimes, these documents will be legally binding, and therefore it may not be possible to change the terms or change your mind once they have been signed.

Contract of Sale

You will need to instruct a lawyer to prepare the contract of sale on your behalf. Pharmacy sale contracts are technical legal documents, and your lawyer will need a range of information from you in order to prepare it.

Your lawyers will require:

- a copy of the lease of your premises
- employee details, including accrued dollar values of employee entitlements
- copies of any nursing home contracts
- a copy of any franchise or buying group agreement
- a list of plant and equipment
- a copy of the PBS approval for the pharmacy, and
- details of telephone numbers, email addresses and website domain name and address.

Most importantly, your lawyer will need to understand the way your business is structured in order to ensure that the contract of sale reflects the correct seller entity. In this regard, it is common for there to be service companies and trusts in pharmacy business structures, and your lawyer may need to speak to your accountant to check and verify which entity owns what. If you have more than one entity in your structure, having an accurate business structure chart from your accountant will help speed up this process.

Negotiating the Contract

It is common for there to be more than one draft of the contract due to the details of the contract being negotiated between the parties. One area of the contract often negotiated is the extent of the warranties, or "promises", which the seller is giving to the purchaser. Purchasers may request warranties that the financial statements which have been given to them are true and accurate and fairly represent the financial condition of the business. They may also request warranties that the business has been operated in accordance with all laws and that there are no actual or potential disputes or litigation involving the business.

Sellers should consider carefully the warranties which they are being asked to provide, as those warranties may also be accompanied by an indemnity which indemnifies the purchaser against any claim or loss they suffer as a result of any warranty being misleading.

The contract may contain a warranty that the employee information provided to the purchaser is accurate and not misleading in any respect. For this reason, it is important that all information about employees, including their entitlements, is accurate.

Exchange of Contracts

When everyone is happy with the content of the contract, it can be signed and the lawyers will formally exchange the contract. This is when the contract becomes legally binding on the parties and the purchaser pays the deposit. The deposit amount can be negotiated but will generally be 10% of the purchase price. The deposit is typically paid to the seller's lawyer's trust account (to be held there pending completion of the sale). Alternatively, if a business broker is retained, it may be paid to the broker's trust account.

Lease of the Premises

Once contracts have been exchanged, the seller will contact the landlord of the premises to seek their consent to assignment of the lease to the purchaser. The landlord may request information about the purchaser, for example, their business experience, and sometimes a statement of assets and liabilities.

If the seller (or, if a company, any of its directors) has provided a personal guarantee in connection with the lease, it will be important to negotiate the release of this guarantee with effect from completion. Depending on the state where the pharmacy is located, retail lease legislation may provide a statutory process to follow for the assignment of the lease and the release of any guarantees.

Nursing Home Contracts

Every nursing home contract is different, but they will often contain clauses which prevent the assignment or novation of the contract to a third party without the nursing home's consent. For this reason, sellers should be wary of providing warranties or promises which "guarantee" the transfer of nursing home contracts.

If it is important to the seller that nursing homes are not notified of the sale by any party until a certain point in the transaction (for example, until after Pharmacy Council of New South Wales approval has been given), then this could be included as a clause in the contract to manage the behaviour of the parties regarding nursing homes.

Regulatory Approvals

Depending on the state where the pharmacy is located, the purchaser may have to apply for approval from the relevant regulatory authority. In New South Wales this will require the approval of the Pharmacy Council of New South Wales; in Victoria the Victorian Pharmacy Authority's approval will be required.

Security Interests

The seller is likely to have granted security interests over the business and assets being sold. If the seller obtained finance to originally acquire the business then it is likely that the financier will have registered security interests over the business on the Personal Property Securities Register (PPSR), which is the national register of security interests. Suppliers are also likely to have registered interests over business and assets. Both the seller's and the purchaser's lawyers will undertake searches of the PPSR to identify the security interests that are registered, what they relate to, whether they can be paid off and discharged, or whether part of the purchase price will be required in order to pay off and discharge the interest.

Settlement

Once all conditions for completion are satisfied (landlord's consent to assignment of the lease, regulatory approvals, new PBS approval number for the purchaser etc) the parties' lawyers will prepare for settlement.

Typically, a stock take will take place at close of business on the last business day before completion. The stock taker will provide indicative stock figures, but it often takes a few days for the final stock figures to be agreed.

On the day of completion, the purchaser becomes the new owner of the pharmacy, and typically begins to dispense under their new PBS number on that day.

"DEPENDING ON THE STATE WHERE THE PHARMACY IS LOCATED, THE PURCHASER MAY HAVE TO APPLY FOR APPROVAL FROM THE RELEVANT REGULATORY AUTHORITY."

ABOUT US

Meridian Lawyers acts for pharmacists in the sale and purchase of their pharmacy businesses across Australia. For more information about the sale or purchase of a pharmacy, please contact Georgina Odell in Sydney or Mark Fitzgerald in Melbourne.

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GENERATIONS OF CARE

Longevity in Pharmacy and Staying Relevant

As the Australasian Pharmacy Magazine celebrates its 100th edition and the Australian Pharmacy Professional Conference (APP) approaches, it's the perfect time to reflect on how pharmacies have remained at the heart of community care for generations. However, in today's fast-changing healthcare landscape, pharmacies may need to do more than stand the test of time—they need to consider further adaptation and innovation to thrive.

Words | Reem Borrows
Human Performance Specialist – Dreem Coaching and Consulting

Reflect, Reframe, Refocus: Laying The Foundation For Longevity

Before stepping into innovation and adaptation, every pharmacy—whether a single-store business or a chain of 100—should take a moment to pause and reflect. The cornerstone of a thriving pharmacy lies in clearly understanding its business goals for the next three to five years. What does success look like, and what role will the pharmacy play in the community's evolving healthcare landscape?

This reflection begins with a critical review of the past 12 months:

- **Celebrate Successes:** Highlighting wins builds confidence and provides a foundation for future strategies.
- **Learn from Lessons:** Challenges often hold the keys to growth. Analysing what didn't work allows pharmacies to learn and redesign. Remember, F.A.I.L stands for the First Attempt In Learning.
- **Mind the Gaps:** Identifying gaps in services, operations, or patient care is vital to addressing pain points.

Reflection alone is not enough. Effective leaders actively share these insights with their teams to ensure everyone is emotionally engaged and aligned with the business's vision. A successful strategy requires a shared commitment and a collective sense of purpose.

Never underestimate your team's capabilities. Most people want to do a great job and add value—they just need to be shown how and included in the process. Leaders play a pivotal role in helping teams emotionally connect with the pharmacy's goals and values. It's not enough to dictate a vision from the top; You have the opportunity to involve your teams in creating that vision, demonstrating its relevance, and leading by example.

Identifying and living the pharmacy's values is critical. Every team member can be encouraged to demonstrate how they are living the business values daily. For owners and leaders, this means holding themselves accountable to the same standards they expect from their team. By embedding these values into the culture, teams create an environment of trust, accountability, and motivation that drives sustainable growth and success.

Adapt or Get Left Behind: Tips to Stay Ahead

Adaptability has always been the foundation of pharmacy success. During the COVID lockdowns, pharmacies demonstrated how quickly they could pivot during a crisis to meet the community's critical needs.

As B. Douglas Hoey of the National Community Pharmacists Association explains, pharmacies that innovate and diversify their services thrive (Elements Magazine, 2017). Offering services like immunisations, health screenings, diabetes management, and medication therapy management (MTM) boosts revenue and builds stronger patient connections.

One example is a pharmacy in a competitive inner-city market that revamped its offerings by introducing point-of-care testing and travel vaccinations. This drew new customers and strengthened relationships with existing ones by addressing a wider range of healthcare needs.

- **Shake Things Up:** Add a sprinkle of innovation to your pharmacy's menu, from point-of-care testing to travel vaccinations.
- **Unleash Hidden Talents:** Train your team to become diabetes educators, wound care advisors, or flu-shot experts.
- **Borrow Brilliance:** Visit other pharmacies, attend industry events like APP, and ethically "borrow" the best ideas.

The Care Factor: Mastering Patient Connections

As highlighted in my blog, "Selling Isn't a Four-Letter Dirty Word", selling in pharmacy is about care, not commerce. Asking the right questions helps uncover patient needs and ensures they leave with the best possible solutions for their health.

Recommending a probiotic alongside antibiotics or explaining the benefits of vitamin C with iron supplements are practical ways to improve outcomes while building trust. Pharmacy teams find success by using simple talking points to guide counter conversations. Questions like, "How are you managing with this medication?" or "Would you like help with anything else today?" transform interactions into meaningful discussions, leading to better outcomes and loyalty.

- **Be a Question Ninja:** Turn curiosity into your superpower and uncover hidden needs with every chat.
- **Give Scripts a Sidekick:** Pair prescriptions with complementary solutions, like probiotics or vitamins.
- **Use Tech to Stay Top of Mind:** Send reminders for refills—it's like being their health fairy godmother.

Culture is Key: Building a Pharmacy Team That Thrives

Building a culture of growth starts with engaged, motivated teams aligned with your vision. Staying relevant requires a commitment to innovation, consistency, and accountability.

For instance, a pharmacy adopted structured weekly check-ins for its leadership and team members. This practice kept everyone on track while reinforcing consistency in customer care.

- **Dream Big, Start Small:** Set mini-goals that snowball into big wins. Baby steps are still progress!
- **Throw a Party for Progress:** Celebrate team victories with applause, a free lunch, or a heartfelt "well done."
- **Rituals Over Resolutions:** Establish a team rhythm with regular check-ins. Focus on doing small things in big ways, rather than mammoth tasks in tiny ways.

APP Like a Pro: Make The Most of The Conference

The APP Conference offers actionable insights and networking opportunities. From exploring emerging healthcare technologies to learning about successful diversification strategies, the event equips pharmacy leaders with tools to drive change.

- **Pack a Curiosity Compass:** Plan your sessions but stay open to unexpected inspiration.
- **Collect Golden Nuggets:** Take note of "aha!" moments and think about how they could revolutionise your pharmacy.
- **Follow the Fun:** Share insights with your team in engaging ways. Implement one or two small changes immediately to avoid letting great ideas fizzle out. If your team lacks the expertise to implement these changes, consider partnering with external specialists to help execute and embed them into your culture.

Generations of Trust, a Future of Innovation

Pharmacies have long been trusted pillars of the community. By embracing innovation, reframing selling as a duty of care, and nurturing a culture of adaptability, pharmacy leaders can ensure their businesses remain relevant for generations to come.

These strategies are not just about survival—they're about seizing opportunities to redefine pharmacy. As the industry celebrates its milestones and looks ahead, the future is bright for those willing to adapt, innovate, and connect with their patients in meaningful ways.

Reem Borrows
Human Performance Specialist – Dreem Coaching and Consulting

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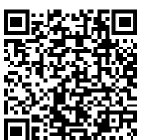

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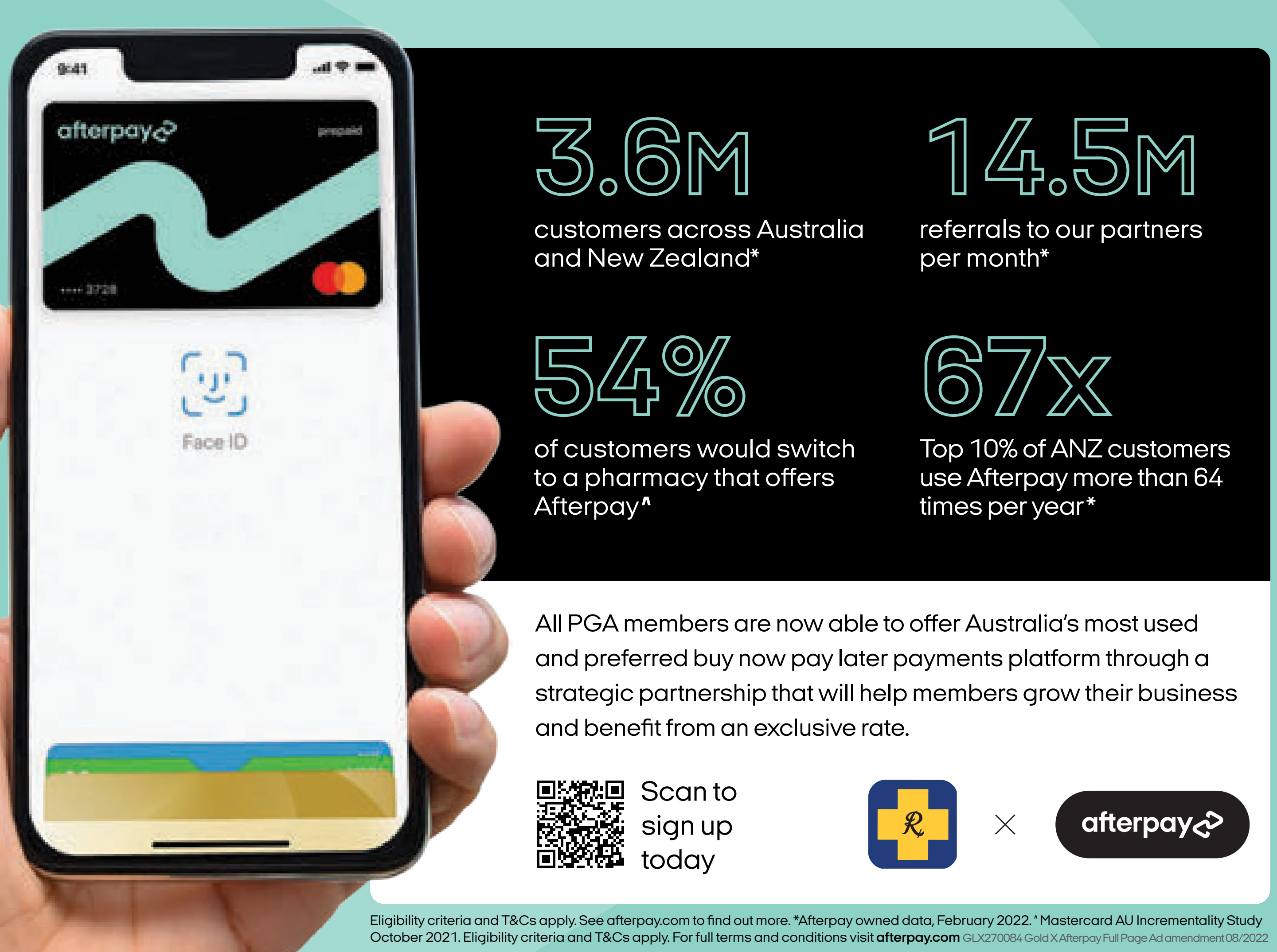

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Always Striving for Best Compounding Practice

PCCA'S COMMITMENT TO COMPOUNDING PHARMACY

At PCCA our team is committed to promoting best compounding practice and to assist our member pharmacists to strive to provide compounding excellence and diversity of care.

Words | PCCA

Changes to the Compounding Landscape

2024 proved to be a pivotal year for compounding pharmacy in Australia. Not only did the Australian Pharmaceutical Formulary (APF 26) significantly expand its chapter on compounding to include dedicated sections on compounding sterile medicines and handling or compounding hazardous materials, but the Pharmacy Board of Australia also released their updated Guidelines on Compounding of Medicines which came into effect on October 1, 2024.

Both of these publications included significant changes in processes which affect all compounders. Notably, changes in assigning beyond use by dates for compounded products in the APF, and changes to the definition of what is a commercial product as well as how compounded products are labelled have given compounders significant reasons to consider how they currently practice compounding and the impact it has on their patients.

Throughout all of these changes, PCCA has actively guided our members towards implementation of best practice from dedicated webinars to explain the changes in the guidelines through to ongoing dedicated support through our clinical services team of pharmacists with extensive compounding expertise.

While many in the industry have commented that the regulatory framework around compounding may not have kept up with the changes which have been seen within the pharmacy industry e.g. medicines shortages, we at PCCA believe that by strengthening the core offering which is at the heart of compounding, that is, solving patients' medication dilemmas, that we can demonstrate to regulators ways to move the industry forward so that relevant changes can be adopted.

Formulation Quality – PCCA FormulaPlus™ Program

One of the primary concerns of regulators is that when assigning expiry dates, compounders may not have adequate data to demonstrate the stability of that specific formulation, and that this unsupported claim may potentially lead to patient treatment failures.

The APF26 discusses the importance of using "reliable stability indicating studies" as appropriate evidence for assigning extended expiry dates.

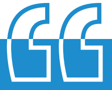
The PCCA FormulaPlus™ is a program to study the chemical beyond-use date (BUD) of our most popular formulas and was borne from a need to support compounders to claim those extended expiry dates. The study is designed to evaluate the chemical potency of a formula over the course of six months at refrigerated and room temperatures. Over years the program has evolved to include "BUD Bracketed Studies" of the most popular strengths of a specific formula, which allows pharmacists to have the flexibility to provide varying strengths of a formula as required by their patients and yet have the knowledge that the product stability is not compromised.

These formulas also include statements about "container closure systems" so that pharmacists are guided to the packaging which will keep the integrity of the product, as well as storage temperatures.

One of the key features of the program is the "BLUE BOX WARNING" on our formulas which states that "*This formula has been tested in the PCCA Lab using only PCCA chemicals and proprietary bases (except when noted). Any variations to this formulation, including substitution with a non-PCCA chemical or non-PCCA base, may affect physical integrity, solubility, organoleptic properties or result in potency or content uniformity issues. This type of substitution will cause the assigned BUD to be invalid.*"

This statement relates to best practice overall in the pharmaceutical industry where manufacturers must not change the supplier of a specific chemical, even if it has the same grading, without performing further validation.

In fact, in Australia, a requirement of the Therapeutic Goods Administration (TGA) is that any manufacturer who changes the supplier of their active ingredients must notify the TGA and have the registration of their product reviewed.



"MANUFACTURERS MUST NOT CHANGE THE SUPPLIER OF A SPECIFIC CHEMICAL, EVEN IF IT HAS THE SAME GRADING, WITHOUT PERFORMING FURTHER VALIDATION."

Not All USPs Are The Same

The United States Pharmacopoeia (USP) states in their General Notices that "Because monographs may not provide standards for all relevant characteristics, some official substances may conform to the *USP* or *NF* standard but differ with regard to nonstandardized properties that are relevant to their use in specific preparations. To assure substitutability in such instances, users may wish to ascertain functional equivalence or determine such characteristics before use."

A separate section in the USP also states that: "Excipients used in drug products typically are manufactured and supplied in compliance with compendial standards. However, the effects of excipient properties on the critical quality attributes (CQAs) of a drug product are unique for each formulation and process and may depend on properties of excipients that are not evaluated in *USP* or *NF monographs."*

In other words, the quality of the final product may vary depending on the source of the raw materials used, even if the compendial reference is the same.

Bright Future for Compounding

Despite more rigorous requirements needing to be demonstrated, the future of compounding pharmacy has never been more solid or more exciting.

"AS COMPOUNDERS WE HAVE SO MANY DIFFERENT PATIENTS, WITH SO MANY VARIED REQUESTS. COMPOUNDING FOR THESE PATIENTS IS VITAL."

Deprescribing

One of the key areas of practice where we are already noticing an increase in the use of compounding is that of deprescribing of antidepressants. In early 2024, the Maudsley Deprescribing Guidelines - Antidepressants, Benzodiazepines, Gabapentinoids and Z-Drugs[1] was released. These guidelines are a comprehensive resource for safely reducing or stopping these drugs and include step-by-step guidance for clinicians.

It is well recognised that in Australia there is almost no availability of commercial oral solutions or suspensions for these classes of drugs, making the slow reduction of dosing very difficult for many patients.

Our Clinical Services team at PCCA are increasingly fielding calls about safe ways to reduce doses for individual patients, to the point where often tiny doses are required compared with the original dosing. Compounding pharmacists with a keen interest in mental health support have an opportunity to work closely with patients and their physicians to assist in the development of compounded protocols (whether capsules or liquids) to support their patients. It is definitely an area which requires increased clinical knowledge to achieve optimal outcomes.

Medicine Shortages

The shortages of many medicines in Australia are an ongoing problem but hopefully changes to the TGA requirements for early notification of shortages may help pharmacists and physicians manage their patients' needs in a more organised way.

It should be made clear that shortages of commercial products overall are never a reason for pharmacists to compound large quantities in a manner that resembles small batch manufacturing, but without any of the checks and balances required by the TGA as part of good manufacturing practice. Although not the only reason, this is certainly one of the reasons why the compounding of GLP-1 agonists is no longer possible.

However, in a small compounding pharmacy scenario, there are many drugs particularly in a paediatric setting which may be required to be compounded for patients so that the supply of that medication is available "in a timely manner".

Diversity is Key

The key advice that our PCCA team want to share is that in compounding it is time to diversify.

We have seen how easy it is to "commoditise" products such as melatonin and omeprazole which inevitably have resulted in commercial products on the market. Many compounders have found themselves pigeon-holed as a result.

As compounders we have so many different patients, with so many varied requests whether it be a different base for a topical preparation, or a different texture or flavour of a compounded suspension, or a very specific preparation for an animal which requires tailoring to improve compliance. Compounding for these patients is vital.

It is the perfect time to review and update existing master formulas and consider where using some of the newer PCCA bases will help with streamlining processes and extending expiry dates. Our PCCA suspending vehicles e.g. PCCA Suspendit™ and PCCA Suspendit Anhydrous™, for example, are designed to support both human and veterinary compounding, and have proven suspendability with both raw powders and commercial tablets and have largely overtaken the use of older suspension vehicles prepared from a combination of syrup and methylcellulose suspension.

We encourage all compounding to go back to basics and learn more about the medications we are preparing and improve our clinical understanding of the patient's condition and communicate with prescribers about the many options available to prepare truly individual compounds. In that way we will be able not only to address each patients' individual requests but to diversify our practices to provide longevity of our compounding business for our individual communities.

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THE ROLE OF NAD+ IN HEALTH & AGING

Nicotinamide adenine dinucleotide (NAD+) is a central metabolite found in all living cells, essential in various cellular processes.[1] Recent research has highlighted its role in aging and age-related diseases, leading to a surge in interest in its therapeutic potential.

Words | Bridget Scrogings Accredited Practising Dietitian (APD)

NAD+ in Cellular Metabolism and Function

NAD+ is essential for cellular energy production, facilitating key metabolic pathways, including glycolysis, the tricarboxylic acid (TCA) cycle, and oxidative phosphorylation. Without NAD+, ATP production would cease, impairing cellular function[1,2]

Beyond energy metabolism, NAD+ supports vital cellular processes, which notably includes:

- **Sirtuins:** NAD+ acts as a cofactor for sirtuins, enzymes that regulate metabolic efficiency, oxidative stress resistance, circadian rhythm, and gene expression.[3]
- **DNA Repair:** NAD+ is essential for poly(ADP-ribose) polymerase (PARP) enzymes, which repair DNA damage and maintaining genomic stability.[4]
- **CD38:** NAD+ supports CD38, an enzyme that regulates intracellular calcium levels and is involved in immune activation and inflammatory signalling.[4]

NAD+ Biosynthesis

NAD+ is maintained through three primary pathways that utilize various precursors.

- The **de novo** synthesis pathway, which begins with the amino acid tryptophan;
- The **Preiss-Handler** pathway, which uses nicotinic acid (a form of niacin);
- The **salvage** pathway, which recycles nicotinamide (another form of niacin) and its intermediates—nicotinamide mononucleotide (NMN) and nicotinamide riboside (NR).[5]

Tryptophan and niacin (Vitamin B3; which includes nicotinic acid and nicotinamide) are obtained through the diet. Tryptophan is found in protein-rich foods such as meat, poultry, fish, dairy, eggs as well as some nuts and seeds. Niacin is most bioavailable in animal products but is also present in lesser amounts in plant-based foods like wholegrains, nuts, avocados and potatoes. NMN and NR are only found in trace amounts in foods, therefore supplementation is typically more effective at boosting their levels.

Declining NAD+ Levels and Aging

NAD+ levels naturally decline with age due to an imbalance between consumption and production.[6,7] This decline is driven by increased PARP activity, trigger by an increase in DNA damage and heightened CD38 expression, both of which accelerate NAD+ depletion.[7] Additionally, the efficiency of NAD+ salvage pathways decreases with age, impairing the body's ability to recycle NAD+.[7] An accumulation of lifestyle factors such as alcohol consumption, UV exposure, sleep deprivation and sedentary behavior further contribute to NAD+ depletion.[6]

This decline in NAD+ results in reduced cellular energy production, impaired DNA repair and disrupted genomic signalling, contributing to aging and the development of age-related conditions including metabolic disorders, neurodegenerative diseases, cardiovascular diseases, and certain cancers.[7]

Research on NAD+ Supplementation

The discovery that upregulating NAD+ biosynthesis enhances stress resistance and lifespan in yeast cells sparked interest in its potential for promoting health and longevity.

Animal studies have shown promising results, linking NAD+ boosting to improvements in cardiac function, mitochondrial function, enhanced cellular repair, increased endurance, reduced inflammation and reversal of age-associated declines in muscle, vision and neuronal function.[8-13]

While human studies remain in the early stages, clinical trials have demonstrated mild benefits for healthy adults, particularly for cardiac health and endurance capacity.[14,15] However, mitochondrial improvements in humans are inconsistent, and while some research suggests improvements in muscle strength, the reversal of age-associated declines remains unconfirmed.[15,16]

Despite promising animal data and preliminary human research, more trials are needed to establish definitive benefits.[10]

Potential Risks and Considerations

Currently there are no long-term human safety trials of NAD+ or its precursors. While clinical trials on NR exist, data on other supplements are limited. Side effects, such as diarrhea, nausea, rashes and headaches are mild, infrequent and short lived.[14]

Although boosting NAD+ is generally safe, concerns remain regarding its role in cancer. NAD+ is involved in DNA repair and cell division, processes linked to cancer progression. While it may offer protection in early stages, it could potentially support cancer cell survival in later stages. Research on this remains conflicting.[17]

Pharmacists should be mindful of these risks when advising patients, particularly those with a history of cancer, as the long-term safety and risks of NAD+ supplementation are still not fully understood.

NAD+ Supplementation in Australia

In Australia, NAD+ precursors such as NR and NMN are classified as complementary medicines, and direct NAD+ supplementation is tightly regulated.[18] While NAD+ precursors can be legally sold, their availability is subject to regulations. In practice, many Australian consumers access these supplements online, often without the guidance of a healthcare professional.

"INSTEAD OF VIEWING NAD+ AS AN "ANTI-AGING" REMEDY, IT SHOULD BE SEEN AS A SUPPLEMENT TO SUPPORT HEALTHY AGING."

Conclusion

For pharmacists, staying informed on NAD+ research is essential for guiding patients on its potential benefits and risks. Understanding its role in cellular health and its age-related decline allows pharmacists to help patients make informed decisions on supplementation as part of an overall approach to healthy aging.

Instead of viewing NAD+ as an "anti-aging" remedy, it should be seen as a supplement to support healthy aging, aiming to extend healthspan rather than reverse aging - an approach that is both scientifically grounded and patient centred.

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CONTINUING PROFESSIONAL DEVELOPMENT

SUBMIT YOUR ANSWERS TO EARN CPD CREDITS

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.71

60 An Introduction to Professional Documentation in Pharmacy Practice

- Recognise the benefits of professional documentation
- Recall core elements of professional documentation
- Recall principles of clinical governance for documentation

ASSESSMENT Q'S | P.72

65 Assessing Falls Risk in Older People

- Recognise the multifactorial nature of falls risk, including the physiological, environmental, and medication-related factors
- Recall specific drug classes that are associated with an increased risk of falls in older adults
- Recall medication management strategies to decrease risk of falls
- Identify medication related problems contributing to falls risk

An Introduction To

PROFESSIONAL DOCUMENTATION IN PHARMACY PRACTICE

Professional documentation is the cornerstone of successful professional services, and a core component of pharmacist prescribing. Pharmacists should ensure that all clinical interactions are documented to a professional standard, especially those that are associated with expanded scope services and involve a consultation such as resupply and prescribing.

Words | Rachel Morrison BPharm Sci, MPharm (Hons) MACP

Learning Objectives

After completing this activity, pharmacists should be able to:

- Recognise the benefits of professional documentation
- Recall core elements of professional documentation
- Recall principles of clinical governance for documentation

Introduction

This article aims to provide an introduction to the topic of professional documentation. It contains excerpts of the College course **'Guide to clinical note taking and record keeping'**. To complete the full course, please visit the College website at **acp.edu.au**.

THE IMPORTANCE OF CLINICAL RECORDS

Records are one of the most important information sources available to clinicians.[1]

Professional clinical records improve patient health and wellbeing by contributing to clinical decision making.[2-4] When used in a professional manner, records also provide vital context for clinical decisions, contribute to communication with other health providers, and may form the basis of a defence in the worst-case scenario of a complaint.

Conversely, poor clinical records may jeopardize patient safety by being incomplete, leading to loss of information or misinformation of both healthcare professionals and patients.

Table 1: Advantages of good clinical records, and disadvantages of poor clinical records[2,3]

Advantages of good records	Disadvantages of poor records
Improves patient safety	May jeopardize patient care
Improves continuity of care	May lead to unnecessary duplication
Reduces risk of miscommunication or misinterpretation	Loss of information
Avoids unnecessary repetition	May negatively impact continuity of care
Aids informed decision making	May misinform healthcare professionals and patients
Provides medicolegal safety net (as evidence)	Opens up prescriber to medicolegal risk
Assists evaluation	

AUSTRALIA

Competency standards addressed:
1.3, 1.4, 1.5, 2.2, 2.3, 3.1

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

WHAT MAKES A PROFESSIONAL RECORD?

The minimum standard of documentation, whether a clinical note, record of a brief intervention, or consultation, is laid out by the The National Safety and Quality Health Service (NSQHS) Standards.[1]

As per the standards, for documentation to support safe, high-quality healthcare it should be:[1,6]

- Centered on the person
- Compliant with legislative requirements and/or research requirements
- Clear, concise and legible
- Complete and accurate
- Contemporaneous (Made at the time of delivery of the health service or close to)
- Consistent (documented each time a consult occurs)
- Communicated to all relevant parties (other health practitioners, and the patient where relevant)
- Accessible

WHAT IS CONTAINED IN PROFESSIONAL DOCUMENTATION?

The record should contain everything that would be required were another healthcare professional taking over this person's care.[2,3]

This includes:

- Details to identify the clinician
- Details to identify the patient (at least three points, such as name, date of birth and address)
- Date and time of consultation
- Patient consent
- Relevant details of clinical history
- Clinical findings and investigations
- Medications prescribed (including specific details such as name, strength, directions, repeats and when the patient is due to commence the medication)
- Allergies
- Diagnosis (if appropriate)
- Management plan and plans for follow-up
- Record of other communication with patient

Including all the above relevant details is vital to professional documentation.

Clinical records and notes should always be objective, show respect for patients and be non-judgmental. Information should strive to be as clear as possible, avoiding the use of overly technical clinical jargon and abbreviations. Clinical records should be easy for another health professional to read and understand.

SUB-PAR CLINICAL DOCUMENTATION

When considering the elements of documentation that meets the expected standards for professional documentation as outlined above, the converse of each of these principles outlines what is considered sub-par clinical documentation.

Examples of potential missteps in documentation include:

- Not all pertinent information included (patient details missing, consent not documented, not all relevant discussion points documented)
- Unclear or vague statements included
- Overly personal remarks
- Overuse of abbreviations or jargon

Table 2: Common pitfalls in professional documentation

Technique to avoid	Why	Example
Missing pertinent details	Limited ability for other providers to follow-up care	Insufficient details to identify patient (should have a minimum of three identifiers) Follow up plan not recorded Consent not recorded
Language that may be seen as judgmental	Shows disrespect for patients	"Misuse" "Drug seeking"
Personal opinions or unnecessary comments.	May cloud the objectivity of the notes even if positive	"Patient is pleasant" "Patient is not willing to work with providers"
Incomplete or vague descriptions	Risk of your notes being misinterpreted	"Patient is to see GP"
Use of jargon	Terms may not be universally understood	
Uncommon abbreviations	Terms may not be universally understood	

DOCUMENTING TREATMENT PLANS AND FOLLOW-UP

Recommendations for treatment plans, follow-up and when to seek further treatment should be documented clearly and unambiguously. In addition, it is vital to document the patient's understanding of said plans.

A lack of clear documentation of this discussion may impact patient care. For example, if a patient has been recommended to seek further care from a specialist, document the timeframe that this should occur within, and the reason for the referral rather than a more ambiguous statement such as "Patient referred to specialist".

Structuring Clinical Records

Also to be considered is the flow and structure of documentation. All documentation should be easy to read, include pertinent information and have a logical structure.

Using a familiar structure to organise information may assist with ensuring all pertinent details are included and make it easier to be read by another health professional or the original health professional at another time.

There are several popular structures for clinical documentation used across different professions both in healthcare and beyond.

Two common structures are outlined in Table 3. This is not an exhaustive list.

Table 3: Note taking structures[5,6]

Name	Structure	Example
S.O.A.P	Subjective, Objective, Assessment, Plan	Subjective – Chief complaint, history, current medication, allergies etc Objective – clinical measurements of note Assessment – clinician assessment of the situation/problem Plan – management plan, follow up, referrals
D.A.P	Data, Assessment, Plan	Data – both subjective and objective Assessment - clinician assessment of the situation/problem Plan - treatment plan, including follow-up.

For more information on how professional documentation may be structured in practice, and other styles please access the full course.

Clinical Governance of Health Records

The act of taking professional clinical notes and other documentation is the first step. Pharmacists must also consider their responsibilities when it comes to storing and accessing documentation, and how best to maintain patient privacy and confidentiality.

This is particularly important when it comes to the storage of records of consultations, as these should contain an accurate representation of what is a confidential process.

Many of the standards that apply to maintaining privacy and confidentiality of health information in the context of prescriptions and dispensing records also apply to records of conversations and consultations for pharmacist prescribers.

ORGANISATIONAL RESPONSIBILITY

The National Safety and Quality in Healthcare standards dictate a minimum acceptable level for the clinical governance of healthcare records under Action 1.16.[1]

Under this action, health service organisations are expected to have healthcare record systems that:

- Make the healthcare record available at point of care
- Support the workforce to maintain accurate and complete healthcare records
- Comply with security and privacy regulations
- Support systemic audits of clinical information

Organisations can consider the same principles that govern access to other clinical information, such as My Heath Record when considering their obligations. This may include organisation-wide policies on data security such as automatic locking of computers following a period of inactivity.[7]

PRIVACY CONSIDERATIONS

Information contained in health records is both personal and sensitive information, and must be treated according to Australian Privacy Principles, and comply with relevant State and Commonwealth legislation and guidelines.[8]

Pharmacists should familiarise themselves with their obligations regarding establishing, implementing and maintaining privacy processes.[8]

Consider:[1]

- Explicitly recognising the sensitivity of clinical information
- The role of consent in the use or disclosure of information for purposes other than direct provision of care, such as evaluation for trial and pilot purposes
- How to explain to patients and carers how their information is being collected, used and disclosed and what safeguards to their information apply
- Policies and procedures that address the use of information for any purpose (clinical, educational, quality assurance, research)
- Policies and procedures that address the access to information by provider

When formulating policies and procedures, consider who reasonably needs access to clinical information to provide patient care. If this information is not required, access should not be granted.

For example, pharmacy assistants are unlikely to need access to a record of a pharmacist prescriber consultation, but another pharmacist prescriber may need access to provide patient follow-up care.

These factors are particularly important when considering the way in which information is shared for the purposes of clinical evaluation for various scope of practice trials and pilots. It is the responsibility of the clinician to ensure that patients understand and consent to their data being shared for the purpose of evaluation or study, and who will have access to this information.

Conclusion

Professional documentation is a critical aspect of pharmacy care, that will only become more important as pharmacists step into prescriber roles. Pharmacists in all scopes of practice should strive to achieve professional documentation in all situations, but particularly those that involve a consultation process.

Poor documentation runs the risk of miscommunication, compromised care, and potential repercussions for patient health.

This article contains excerpts of the College course Guide to clinical note taking and record keeping'. To complete the comprehensive course please visit the College website at acp.edu.au.

Table 4: Summary of the do's and don'ts of clinical documentation [1,2]

Do	Don't
Include enough details to identify the patient, pharmacist, and the time the consultation occurred	Use uncommon or unusual abbreviations
Include information discussed regarding consent, treatment plans, and follow up	Make offensive or personal comments
Make objective and neutral comments	Use ambiguous terms or jargon
Document non-compliance (use neutral language)	Delete or alter notes without tracking

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ASSESSING FALLS RISK IN OLDER PEOPLE

Falls are a major health concern in Australia, particularly among older adults, with significant consequences for patient safety, quality of life, and healthcare costs.[1] However, evidence suggests that falls can be prevented by managing risk factors such as use of medication that increases falls risk.

Words | Rachel Morrison BPharm Sci, MPharm (Hons) MACP

Learning Objectives

After completing this activity, pharmacists should be able to:

- Recognise the multifactorial nature of falls risk, including the physiological, environmental, and medication-related factors
- Recall specific drug classes that are associated with an increased risk of falls in older adults
- Recall medication management strategies to decrease risk of falls
- Identify medication related problems contributing to falls risk

AUSTRALIA

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This activity has been accredited for 45 min of Group 1 CPD (or 0.75 CPD credit) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 45 min of Group 2 CPD (or 1.5 CPD credits) upon successful completion of relevant assessment activities.

NEW ZEALAND

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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.

Introduction

Pharmacists, both in the community and during medication management reviews, play a pivotal role in identifying, assessing, and managing falls risk in their patients.

This article explores the crucial role pharmacists can play in falls risk management, providing an overview of the factors contributing to falls and practical strategies for identifying and mitigating these risks.

Falls and Older Australians

Falls were the leading cause of injury hospitalisations in Australia in 2022-2023 and the leading cause of injury deaths in 2021-22, as reported by the Australian Institute of Health and Wellness.[1] They are also the second leading cause of unintentional injury deaths worldwide.[2]

The burden of falls is particularly high in older adults and is associated with falls from smaller heights. In Australia, people aged 85 and older are the most likely to be injured by falls, and the most common falls included in these data are falls from the same level (slipping, tripping and stumbling).[1]

Older people are also more likely to be severely impacted by a fall, with Australians aged 65 and older eight times as likely to be hospitalised following a fall and 68 times as likely to die from a fall than those aged 15-64.[3]

This makes falls prevention an important priority when managing the health of older Australians.

A 'FALL' IS AN EVENT WHICH RESULTS IN A PERSON COMING TO REST INADVERTENTLY ON THE GROUND OR OTHER LOWER LEVEL.[2]

Impact of Falls in Older People

Falls in older people are associated with increased injuries, mortality, disability and institutionalisation.[4] In fact, alongside cognitive impairment and incontinence, falls are one of the major factors in admission to residential aged care facilities.[5]

They can also have an impact on older people's mental state, with increased falls associated with anxiety, depression and social withdrawal, regardless of the severity of the fall.[4,6]

The relationship between falls and depression and/or psychological distress is bidirectional.[7,8]

A fall may lead to a fear of falling, and a fear of the subsequent impacts of falling such as institutionalisation.[8] This may prompt an older person to restrict their activities, leading to subsequent impairment in mobility and balance, further increasing the risk of falls.

FEAR OF FALLING AFFECTS 29-92% OF OLDER PEOPLE LIVING IN THE COMMUNITY WHO HAVE FALLEN.[10]

Why are Older People at Greater Risk of Falls?

Older people in general are at higher risk of hospitalised falls in part due to the physical and cognitive changes associated with aging, including lower bone density, reduced muscle tone and conditions affecting balance and eyesight.[9]

Age related changes to physiological functions also affect how medications are absorbed, excreted and act. This makes older people more at risk of adverse drug reactions such as dizziness and muscle weakness.

In addition, older people are more likely to be living with chronic medical conditions that impact gait and mobility and subsequently increase their risk of falling.

Risk Factors for Falls

Falling is multifactorial and is often the result of a combination of intrinsic (internal) and extrinsic (external) risk factors.[10] The risk of falling increases as the number of risk factors increases.[10]

Intrinsic factors refer to characteristics within the person, such advanced age, sex, physical or cognitive functioning, medical conditions, and medications.

Extrinsic factors refer to environmental and external conditions that increase risk of falls such as poor lighting, uneven floors and slippery surfaces.

Table 1: Summary of falls risk factors[6,10,11,12]

Risk factor	Details
Non-modifiable risk factors	• Advanced age • Female sex
Environmental risk factors	Anything that can be a hazard and increase risk of tripping such as: • Poor lighting • Slippery surfaces • Trip hazards • Steps or uneven surfaces
Medical risk factors	• Impaired vision • Cognitive disorders (Dementia and mild cognitive impairment double the risk of falls and falls-related injuries) • Chronic medical conditions including Parkinson's disease, stroke, osteoporosis, diabetes • Peripheral neuropathies • Orthostatic hypotension
Personal risk factors	• Fear of falling • Alcohol or substance use • Poor nutrition • Lack of physical activity • Continence challenges
Medications	Use of more than four medications from any drug class increases risk of falls. In addition, the use of medications from drug classes that increase drowsiness, dizziness, or act on the central nervous system are independent risks of falls.

The risk factors outlined above have been specifically called out in falls literature. However, it is important to think of risk from a whole-of-patient perspective. Anything that impacts gait, mobility, reaction time, or steadiness on the feet can contribute to the risk of falling.

This may include:

- Acute illness
- Delirium
- Dehydration and electrolyte imbalances

SOME RISK FACTORS FOR FALLS CANNOT BE CHANGED SUCH AS ADVANCED AGE. THESE ARE NON-MODIFIABLE RISK FACTORS. MANY OTHER RISK FACTORS CAN BE MODIFIED TO DECREASE RISK.[11]

Medications and Falls Risk

Medications have been identified as a core contributor to falls, with 10-25% of falls associated with medication use through various mechanisms, including polypharmacy.[11] Each additional medication in an individual's medication regimen increases the risk of falling by about 14%.[11]

Central nervous system drugs in particular are associated with increased risk of falls due to side effects such as sedation, orthostatic hypotension and impaired balance and mobility.[9]

While centrally acting medications are most likely to contribute to falls, other medications that impact gait, vision, dizziness or other known falls risks may also contribute to an increased risk of falls.

In addition, older people experience age-related changes in the way that drugs act upon the body and are at increased risk of adverse effects that may contribute to falls.[9]

Table 2 outlines the medication classes associated with falls risks and why.

Table 2: Medicine classes associated with falls and mechanism

Drug class	Example	Mechanism/Impact
Psychotropic drugs	Antidepressants, particularly SSRIs and TCAs	Orthostatic hypotension Anticholinergic effects (dizziness) Extrapyramidal symptoms Sedation Impaired balance Cognitive impairment Combinations of serotonergic medications may increase the risk of these effects.
	Antipsychotics	Orthostatic hypotension Anticholinergic effects (e.g. dizziness) Extrapyramidal symptoms Sedation Impaired balance Cognitive impairment
Benzodiazepines		Benzodiazepine use is consistently reported as a risk factor for falls and fractures, both after a new prescription and over the long term.[9] Use directly affects cognition, gait and balance.[9] Older people are at increased risk of oversedation, ataxia, confusion and falls.[9] All of these factors contribute to an increase in falls risk.[9]
Cardiovascular	Antihypertensives Diuretics Digoxin Anti-arrhythmic	Most antihypertensive agents have the potential to cause orthostatic hypotension, which is a risk factor for falls.[9,15] Diuretics, digoxin and some antiarrhythmics are weakly associated with an increased risk of falls.[9,15]
Medicines with anticholinergic effects	Medicines for Parkinson's Disease, urinary incontinence, and hay fever	Medicines with anticholinergic effects have many effects that may contribute to falls, including:[15] • Blurred vision • Sedation • Cognitive impairment
Medications that cause sedation	Opioids Benzodiazepines	Sedation increases risk of falls.

Preventing Falls

Preventing falls, and minimising impact of falls if they cannot be prevented, is a key priority identified by the Australian Commission on Safety and Quality in Healthcare.

There are several interventions aimed at reducing the risk of falls, and key among these is modifying those risk factors that can be modified. Table 3 outlines strategies that may be considered to reduce falls risk.

Pharmacists' Role in Preventing Falls

As evidenced above, a multifaceted approach is essential to reducing the likelihood of falls for older people. Pharmacists play an important role in helping patients manage and reduce their falls risk.

This may include[11,12]

- Screening for risk of falls in the community, during medication reviews, and at transitions of care
- Undertaking medication reviews
- Academic detailing for general practitioners
- Education on medication and related risks

The World Falls Guidelines suggest the use of the STEADI-Rx framework, pioneered in the US to integrate falls screening into pharmacy operations.[13]

STEADI-Rx framework[17]

1. Screen
2. Assess*
3. Co-ordinate care*

The 'assess' and 'coordinate care' steps are likely to occur together in the context of a medication review

Screening

Falls risk screening is a brief process of estimating a person's risk of falling and classifying it as low or high risk.[12] There are several tools used to screen for falls risk among older people. Some require an in-person assessment of walking or balance including:[10]

- Single leg stand test – Observation of the ability to stand on one leg with eyes open on a firm surface for 10 seconds
- Timed up and go – Observation of the ability to stand from seating, walk for three metres, turn, return to the chair and sit down

Screening tools such as the FROP-Com screen can be used to identify people who are at risk of falls.[17] However, the strongest predictor of falls risk is a fall in the past. As such, simple screening for falls risk may consist of asking the patient if they have even fallen.

Table 3: Modifications of risk factors for falls[12,13,15,16]

Environmental risk factors	• Removal of trip hazards • Introduction of protective factors such as grab bars and handrails
Manage medical conditions	• Optimise management of medical conditions and symptoms that contribute to falls risk such as dizziness, orthostatic hypotension and ataxia
Improve physical activity and nutrition	• Reduce alcohol or substance use • Optimise nutrition and hydration • Increase physical activity.
Exercise	• Weight-bearing exercise improves muscle strength • Balance training can reduce risk of falls • Tai Chi and home-based exercise programs have been shown to reduce falls in older people
Manage personal risk factors	• Provide psychological support to manage fear of falling • Optimise management of continence
Medications	Review and adjust medications with attention to: • Reduction of polypharmacy • Reduction in centrally acting/psychoactive medications where possible. • If ceasing medication not possible, reduce to lowest effective dose

The 'Three Key Questions' approach suggested by the CDC constitutes of asking patients the following questions to assess falls risk:[18]

1. Have you fallen in the past year?
2. Do you feel unsteady when standing or walking?
3. Are you worried about falling?

A person is deemed at risk if they answer 'yes' to any of these questions. If they are deemed not at risk following this screening, patients can be provided with education on falls prevention, and reassessed if required.

Assessment

A full assessment of falls risk may be required when:

- Screening indicates that the person may be at risk of falls[17]
- New falls risk increasing drugs are prescribed[12]
- Routinely during medication review especially if targeted to falls prevention[12]

Falls risk assessments may be performed by a doctor or other health professional.

Assessment of medication related fall risk factors should include a medication review with the patient aimed at identifying any medication related problems associated with the use of the identified high-risk medications.

When reviewing the patient's medications, pharmacists should assess for accurate dose, correct indication, efficacy and safety, possible adverse effects and patient compliance.[18]

Particular care should be given to:

- Evaluating the need for continued use of medications, particularly if the person is taking four or more medications or any psychotropic medication.
- Considering the risks and benefits of drugs that act on the central nervous system, especially antidepressants and antipsychotics.
- Considering the need for medications with anticholinergic activity, particularly if used in combination. Where possible, these should be avoided in older people.
- Assessment of potential adverse effects that may increase risk of falls such as orthostatic hypotension.

Pharmacists should also consider whether there are any complicating factors for each medicine, such as impaired kidney or liver function. Dose adjustments may be required.

Coordinate Care

When developing and sharing a medication management plan aimed at reducing falls risk, consider the following aims:[20]

- Reduce polypharmacy and deprescribe where possible
- Reduce or cease psychotropic medications. Withdrawal of psychotropic and cardiovascular drugs may reduce falls by around 50%.[15]
- Ensure the lowest effective dose of medications is used
- Review need for medications that contribute to orthostatic hypotension such as antihypertensives or diuretics
- Where it is not possible to cease, consider a safer alternative whether within the drug class or another drug class

This stage of developing and sharing a suggested management plan is most likely to occur in the context of a medication management review.

Follow Up

Older people living in the community who are at risk of falls should have their medications reviewed at least yearly.[9] This recommendation increases to six-monthly for patients taking four or more medications.[9]

"THE RISK OF FALLS FOR OLDER ADULTS CAN BE MITIGATED THROUGH CAREFUL ASSESSMENT AND MANAGEMENT OF CONTRIBUTING FACTORS, PARTICULARLY MEDICATIONS."

Education

Advancing age is a non-modifiable risk factor for falls, meaning that everyone will at some point likely be at risk of falls.

Pharmacists can provide education to patients on:

- Adverse effects that may increase risk of falls and how to mitigate these risks. For example, strategies such as pausing immediately upon standing from a sitting position may decrease the impact of orthostatic hypotension on falls risk.
- Lifestyle measures such as increasing physical activity to improve modifiable risk factors
- Where to access further support
- The role of frequent medication reviews

Conclusion

Falls in older adults are a major concern for both patient health and quality of life. The risk of falls for older adults can be mitigated through careful assessment and management of contributing factors, particularly medications.

Pharmacists play a crucial role in identifying drugs that elevate falls risk, reviewing medication regimens, and recommending safer alternatives or adjustments. By collaborating with other healthcare providers and educating patients and caregivers, pharmacists can significantly contribute to fall prevention efforts. A proactive, comprehensive approach to managing medication risks, combined with personalized education and support, is essential for improving the safety and well-being of older individuals.

An Introduction to Professional Documentation in Pharmacy Practice

01 What is one of the primary benefits of professional documentation in pharmacy practice? (Choose 2)

a) Disrupts continuity of care
b) Enhances communication among healthcare providers
c) Promotes patient understanding
d) Supports clinical decision making

02 In which of the following ways does this example documentation not meet the expected standard?

Date: *01/03/2025*
Provider: *Patricia Smith (Pharmacist prescriber)*
Reason for Visit: *Blood pressure concerns*
History: *The patient, a 55-year-old male, presents for a follow-up regarding hypertension. He has a history of uncontrolled high blood pressure despite adherence to his prescribed medication regimen. The patient reports occasional dizziness and fatigue but denies chest pain or shortness of breath. No significant changes in diet or exercise habits.*
Current Medications:
- *Lisinopril 10mg daily*

Assessment:
- *Blood pressure today is 138/90 mmHg.*

Plan:
- *Increase Lisinopril to 20mg daily.*
- *Follow-up in 4 weeks in clinic to check BP and progress*

a) Follow up instructions are unclear
b) Personal remarks included
c) Patient identification insufficient
d) Use of jargon

03 Pharmacists should consider privacy and confidentiality of clinical information and storage of clinical documents with regards to: (Choose 1)

a) Informed patient consent to information being shared for evaluation purposes
b) Who will have access to the information within the pharmacy
c) How information is stored in the pharmacy or in the cloud
d) All of the above

04 Which of the following is NOT a core element of professional documentation?

a) Accurate, up-to-date information
b) A clear description of the patient's condition and treatment plan
c) Use of informal language to make documentation easier to understand
d) Use of standardized terminology for diagnosis and treatment

LEARNING OBJECTIVES

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

- Recognise the benefits of professional documentation
- Recall core elements of professional documentation
- Recall principles of clinical governance for documentation

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Assessing Falls Risk in Older People

01 Which of the following drug classes is most commonly associated with an increased risk of falls in older adults?

- **a)** ACE Inhibitors
- **b)** Benzodiazepines
- **c)** Beta-blockers
- **d)** Proton pump inhibitors

02 Which of the following best describes the multifactorial nature of falls risk in older adults?

- **a)** Falls are primarily caused by medication side effects and can be prevented by discontinuing all medications.
- **b)** Falls risk is only influenced by environmental hazards in the home, such as slippery floors or poor lighting.
- **c)** Falls risk is influenced by a combination of physiological factors, environmental hazards, and medication-related issues.
- **d)** Falls are most commonly caused by poor nutrition and can be prevented by dietary changes alone.

03 Mr. Johnson is a 75-year-old man with a history of hypertension, osteoarthritis, and anxiety. He is taking the following medications:

- *Lisinopril 10 mg daily (for hypertension, prescribed recently)*
- *Melatonin at bedtime (for insomnia)*
- *Ibuprofen 200 mg twice daily (for osteoarthritis pain)*
- *Sertraline 50 mg daily (for depression)*
- *Furosemide 20 mg daily*

Mr. Johnson reports feeling increasingly dizzy and confused over the past two weeks, and he has had a recent fall at home. He is concerned about his balance and has mentioned that he feels lightheaded when standing up quickly.

What medication related problems are contributing to Mr Johnson's falls risk?

- **a)** Potential dizziness as an adverse effect of sertraline
- **b)** Orthostatic hypotension due to lisinopril
- **c)** Potential interaction between furosemide and lisinopril increasing orthostatic hypotension
- **d)** All the above

04 Which of the following medication management strategies would be most appropriate to reduce Mr. Johnson's risk of falls?

- **a)** Adjusting the dosage of lisinopril and furosemide to minimize orthostatic hypotension
- **b)** Discontinuing sertraline to avoid dizziness
- **c)** Reducing or discontinuing melatonin to prevent sedation
- **d)** Replacing ibuprofen with a safer alternative for pain management

05 Mrs. Smith is an 80-year-old woman who has recently experienced two falls at home. She has been commenced on a Temazepam for insomnia three weeks ago after having difficulty sleeping following her husband's death. Her current medications include:

- *Atorvastatin*
- *Telmisartan*
- *Sertraline*

Which of the following medications is most likely contributing to her increased risk of falls?

- **a)** Atorvastatin
- **b)** Telmisartan
- **c)** Sertraline
- **d)** Temazepam

LEARNING OBJECTIVES

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

- Recognise the multifactorial nature of falls risk, including the physiological, environmental, and medication-related factors
- Recall specific drug classes that are associated with an increased risk of falls in older adults
- Recall medication management strategies to decrease risk of falls
- Identify medication related problems contributing to falls risk

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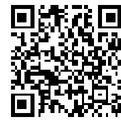

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