



OFFICIAL JOURNAL OF
The Pharmacy Guild

National President's
Message

The Guild
Insurance Story

Inspirational
Elizabeth Hope

It all started
with a haircut.





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PRESIDENT'S MESSAGE

One of the all-time movie classics is the 1987 film, 'The Untouchables'. It's the story of Elliot Ness, the special agent who eventually brought down mafia boss Al Capone during Chicago's infamous prohibition era.

In one of the final scenes when Capone (played by Robert De Niro) is about to be led off to jail, Ness (played by Kevin Costner) approaches him and says to Capone, "Never stop. Never stop fighting until the fighting is done."

It's a line that neatly sums up the Guild's strategy against the damaging implementation of the 60-day dispensing policy.

We have not stopped fighting.

Fighting for you.

Fighting for our patients.

Since April when the government announced 60-day dispensing without warning or consultation, I have been taking phone calls, answering emails and texts from you, hearing your anxiety, your grief and your fear of what 60-day dispensing will do to your practices.

As a pharmacy owner in regional Queensland, I get it.

It's now September and the policy is in effect, but we are not going to stop our fight with the government to get a fair and just outcome for you in a new 8th Community Pharmacy Agreement (8CPA).

As it stands, the Albanese Government through Health Minister Mark Butler has said they are bringing forward negotiations for an 8CPA so that negotiations "conclude by June 30, 2024."

What he doesn't say in that statement to the media is just when the agreement will take effect.

Put simply, this is not good enough.

It means we as pharmacists will have to wear the costs of 60-day dispensing for at least nine months, and that's on the generous assumption the 8CPA takes effect from July 1, 2024.

This is why in the past few weeks we have explored and pursued all options available to seek a pause on the implementation of 60-day dispensing.

We came very close to having the introduction of the policy postponed when Coalition Senators led by Shadow Health Minister Senator Anne Ruston, Nationals Senate Leader Bridget McKenzie and cross bench senators teamed up on a motion to disallow 60-day dispensing.

It went down by just a few votes.

We lost the battle, but the war goes on.

As I write this to you, we are still engaged with senators on new options to postpone 60-day dispensing until we get the government back to the negotiating table.

Our ask is simple; we just want the government to pause, consult and align.

That is:

- Pause the implementation of 60-day dispensing.
- Consult with the Pharmacy Guild so that when it is introduced it doesn't lead to unintended consequences which are damaging local community pharmacies and their patients.
- Align the reintroduction of 60-day dispensing with the start of an 8CPA.

We have already told Australians their pharmacies are cutting back trading hours, letting staff go and ending free services because of the ill thought implementation of 60-day dispensing.

In fact, a recent survey by the Guild revealed that almost a quarter of pharmacists surveyed are changing their trading hours on the back of 60-day dispensing.

These are the sorts of statistics that resonate with the public via the media about the true impact of 60-day dispensing.

Therefore, in the coming weeks and months the Pharmacy Guild will be surveying members to monitor what changes have occurred to staffing, hours and services now that 60-day dispensing has been implemented.

We will then be telling the public the results.

We are battling the government's shiny and glossy messaging of "cheaper medicines" and "less trips to the pharmacy" which is fine if it didn't cause the damage it has done.

That's why we need to shift our messaging up another gear to show Australians the disastrous consequences of this messy policy introduction.

We are doing plenty more behind the scenes.

The government is hoping we will simply suck it up and go away but we won't.

We will never stop. Never stop fighting until the fighting is done.

Trent Twomey
National President

“

“WE ARE BATTLING THE GOVERNMENT'S SHINY AND GLOSSY MESSAGING OF “CHEAPER MEDICINES” AND “LESS TRIPS TO THE PHARMACY” WHICH IS FINE IF IT DIDN'T CAUSE THE DAMAGE IT HAS DONE.”



STATE OF THE AUSTRALIAN ECONOMY

Economic Update: September – October 2023

The Australian economy is for the most part slowing down, with economic growth at around 1 per cent for this calendar year, although forecasts are for a pickup in 2024.





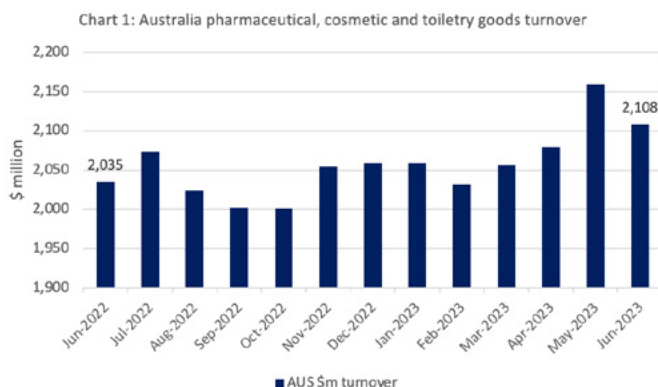
The labour market strength is being maintained although the rate of employment growth will be somewhat slower over the next year. Inflation is starting to ease somewhat but remains relatively high and above the target band for the Reserve Bank of Australia (RBA) of 2–3 percent. The RBA will monitor progress towards this target range and will not hesitate to further raise interest rates should progress not be made, while trying to stave off any detrimental impact to economic growth and employment.

Wages growth is beginning to pick up too, reflective of the tight labour market. In terms of spending by households, there is downward movement in real disposable income because of the recent high inflation and other factors including higher interest rates impacting households with mortgages.

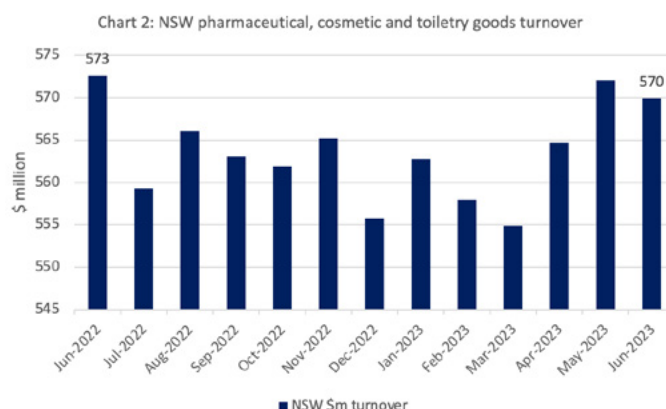
Retail trade

The dollar value in turnover for pharmaceutical, cosmetic and toiletry goods, which is an Australian Bureau of Statistics (ABS) definition that includes community pharmacy (including prescriptions, OTC, and front of shop items) has been relatively solid.

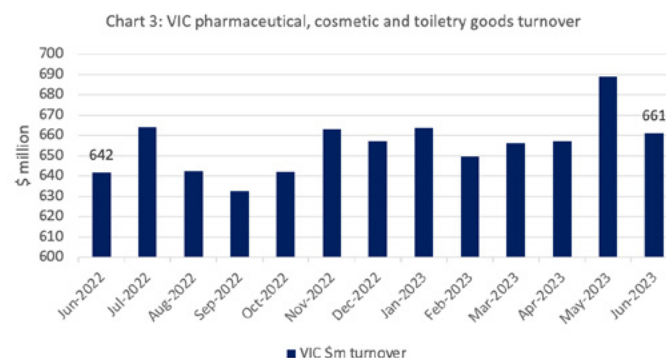
Chart 1 shows the monthly level of the dollar value of turnover for pharmaceutical, cosmetic and toiletry goods nationally. In June 2023 (latest data available at the time of writing), the dollar value reached \$2,108 million. This is up from \$2,035 million in June 2022, a 3.6 percent increase. In comparison, retail turnover for all categories nationally has increased by 2.3 percent over the same period.



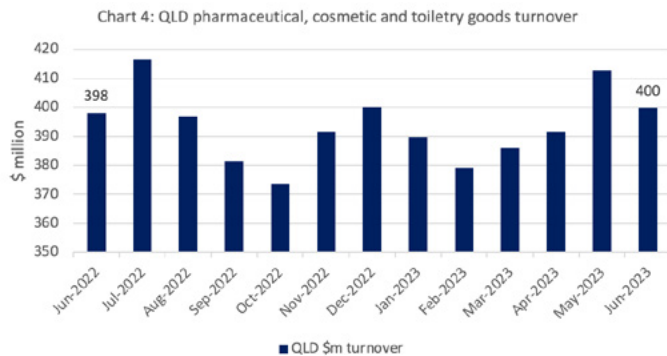
Turning to each jurisdiction, New South Wales recorded a 0.5 per cent year-on-year decline in the dollar value of retail trade for pharmaceutical, cosmetic and toiletry goods to June 2023, which was the second worst performance behind Tasmania over this period. Chart 2 shows a value of \$570 million in retail trade in June 2023 for New South Wales. In comparison, retail turnover for all categories in New South Wales has increased by 1.6 per cent over the same period.



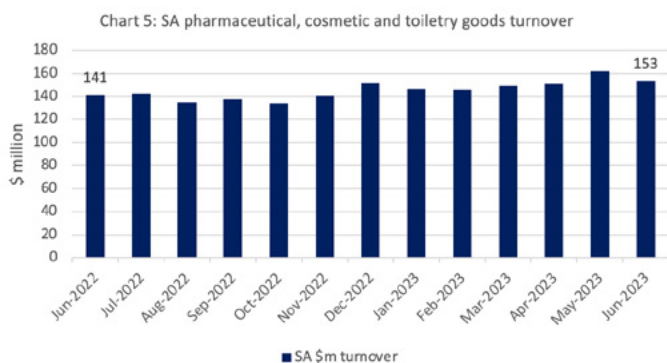
Victoria's dollar value of turnover for pharmaceutical, cosmetic and toiletry goods is given in Chart 3. It shows that the June 2023 result (\$661 million) was a 3.0 per cent year-on-year improvement against June 2022 (\$642 million), below the national growth rate for pharmaceutical, cosmetic and toiletry goods but above retail turnover growth for all categories in Victoria over the same period.



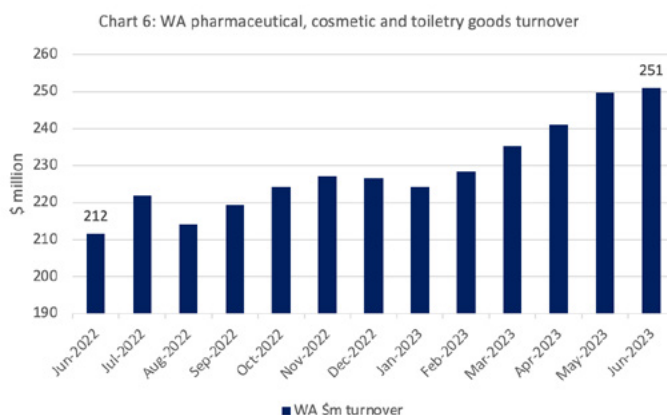
Queensland's pharmaceutical, cosmetic and toiletry goods turnover was flat on a year-on-year basis to June 2023. Turnover reached \$400 million in June 2023 (Chart 4) but this was only \$2 million higher than a year ago. This story is consistent with retail turnover for all categories in Queensland which increased by only 0.2 per cent over the same period.



South Australia's pharmaceutical, cosmetic and toiletry goods turnover recorded 8.5 per cent year-on-year growth to be \$153 million in June 2023 relative to \$141 million in June 2022 (Chart 5). In comparison, retail turnover for all categories in South Australia has increased by 5.4 per cent over the same period.



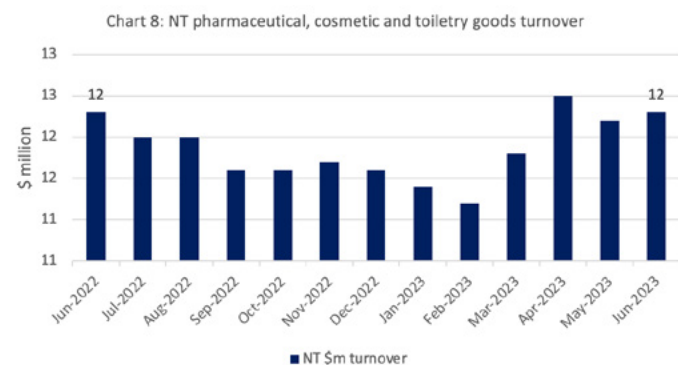
Western Australia has had very strong growth in pharmaceutical, cosmetic and toiletry goods turnover. For June 2023, the monthly dollar value was \$251 million (Chart 6), a 18.6 per cent year-on-year growth rate. In comparison, retail turnover for all categories in Western Australia has increased by 5.4 per cent over the same period.



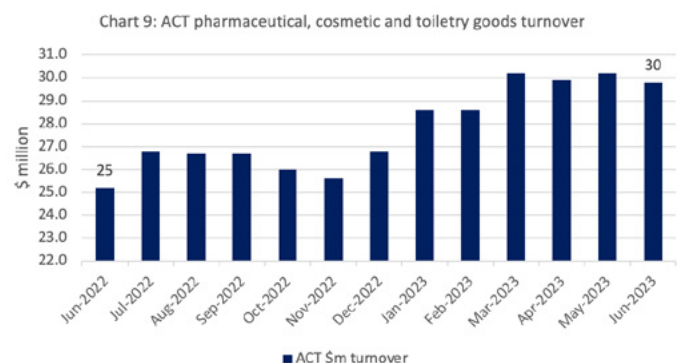
Tasmania's year-on-year turnover in pharmaceutical, cosmetic and toiletry goods retail trade fell by 3.2 per cent to June 2023. In June 2023 retail trade was \$31 million (Chart 7). In comparison, retail turnover for all categories in Tasmania has increased by 1.8 per cent over the same period.



The Northern Territory recorded no year-on-year growth in pharmaceutical, cosmetic and toiletry goods turnover to June 2023 (Chart 8). In comparison, retail turnover for all categories in the Northern Territory has increased by 4.7 per cent over the same period.



Finally, off a low base, the Australian Capital Territory recorded the strongest growth on a year-on-year basis to June 2023, with growth of 18.3 per cent and a dollar value of retail trade in June 2023 of \$30 million (Chart 9). In comparison, retail turnover for all categories in the Australian Capital Territory has increased by 6.1 per cent over the same period.



THE PAST, THE PRESENT AND THE FUTURE

Celebrating 60 Years of Guild

S Starting at Guild Group 12 years ago has given me the good fortune of being able to celebrate both its 50-year and 60-year anniversaries. A lot has changed with the Group over that time, but one constant has been putting care for people at the centre of everything we do.

It all started
with a haircut.



Ever since Alan Russell's conversation with a distressed hairdresser planted a seed that gave birth to Guild Insurance 60 years ago, the company has been committed to delivering a positive outcome initially for Australian pharmacists and now for a broad spectrum of health care and community services professionals. Whilst we may not get this right every time, our focus remains on making good on this commitment, making amends if needed and learning from each experience to improve each aspect of how we deliver on the commitments we make.

My journey to Guild Group CEO started from my passion for surfing which saw me attend a cyclone modelling presentation at an insurance conference early in my career. Some of Australia's best surf occurs when a cyclone nestles into a cradling high-pressure cell off the Queensland coast, and I thought if I could understand the phenomenon of cyclones, it might just help me get more good days of surf. These were the days before the internet made this information freely available to anybody with a phone. This interest in cyclones progressed into a developing interest in the world of insurance.

One of my first realisations of insurance was the huge gap that existed between the important role that insurance plays in protecting everything that matters to people and the mistrust toward insurance companies to deliver on their promises. Like any product, you get what you pay for. The complexity of an insurance contract makes it too easy to sell a promise and a cheap premium that doesn't deliver when called upon due to cleverly crafted 'fine print' that carves out cover commensurate with the low premium. I admire all those that came before me at Guild Insurance for choosing a different path.

Over its 60 years, Guild Insurance has worked alongside each of the professions we serve to design a product and level of service that balances premium affordability with the cover and claim service their members deserve. Over my time I've sought to build on this legacy and inspire trust by doing what we say we will do and using our customers feedback as the true measure of whether we are getting this right.

An important part of being a CEO is providing direction and confidence by charting a course through the uncertainty and perils that inevitably come along. I came into the role just after the appointment of both Trent Twomey as National President of the PGA and Andrew Bloore as Chairman of Guild Group. These two are formidable forces in their own right, but when combined, their visionary thinking creates a strong mandate to realise the potential of the Guild Group and support the pharmacy profession as it pursues its mission to improve the health and wellbeing of the broader community.

This mandate, guided by our approach of inspiring trust, has led to monumental growth as more professionals seek to partner with us. As we've expanded, we've stayed true to our niche to ensure we deliver with care and diligence.

Looking forward there are both challenges and opportunities. The pharmacy landscape is rapidly evolving and the inherent tensions within the public/private partnership that is at the Australian industry's core will continue to drive changes aimed at bringing more affordable medicines and care to the community. This inevitably creates pressure on the pharmacy sector which can only be faced with a focus on innovation and adaptability and of course a peak body in the PGA to press for fair and reasonable sequencing of changes. A healthy Guild Group, financially supporting the PGA and supporting pharmacies with new products and services that are unique to and trusted by pharmacies and their customers is a critical part of this solution.

As the Guild Group pursues this challenge, we will remain motivated by our desire to inspire trust and driven by the energies of our people. Through their dedication, loyalty, and spirit of collaboration they continue to lay the foundation for a proud and ongoing legacy. I am confident that this legacy will be appreciated for the positive and meaningful impact we have on the lives of the people we serve for many more decades to come.



60 YEARS OF ASSURANCE

I feel particularly honoured to be asked to write about the 60th anniversary of Guild Insurance. It's been a mainstay of our practices and community pharmacies ever since it was formed and like its coverage, has been rock solid.





On its website is the slogan 'Be Part of Something Bigger' which is apt because Guild Insurance is much bigger now than its humble beginning 60 years ago.

For those of you who aren't familiar with how Guild Insurance started, the story, a true story, goes like this.

In 1961 a South Australian pharmacist by the name of Alan Russell met a hairdresser. She was upset because she was being sued by a customer who had slipped in her salon and broken her hip.

Although the salon was insured for loss and damage of stock and equipment, she was not insured for public liability.

The subsequent legal case found in favour of the customer and the hairdresser was sued for 900 pounds, an eye-watering amount at the time.

This got Mr. Russell thinking; what if the same circumstance happened to pay a visit to his pharmacy?

The truth was, like the hairdresser, he would also be exposed to any similar incident of public liability.

So, in the true sense of necessity being the mother of invention, Guild Insurance Limited was born in 1963, specifically to cover the interests of community pharmacies and the workforce.

Fittingly Alan Russell, its founder, became the organisation's first National Chairman.

What a journey it's been in the sixty years that have followed.

Guild Insurance has since become a prominent part of the Guild Group and all the flourishing offshoots it has spawned.

From Guild Super, which now boasts 80,000 members, to Gold Cross which endorses quality products and services in our pharmacies, the most recognisable being the famous Glucojel jellybeans.

And Guild Insurance has also adapted to a changing insurance landscape, having to provide cover in circumstances that wouldn't have been in the lexicon back in 1963.

Circumstances such as COVID-19, where Guild Insurance was the backbone of our vaccination of more than 9 million Australians, providing protection for pharmacists in the administration of COVID jabs during the pandemic.

That saw Guild Insurance awarded the Small General Insurance Company of the Year in 2021.

And then there are the extreme weather events we're seeing more frequently, such as floods and fires which have had an impact on our community pharmacies, particularly in rural and regional Australia.

When severe flooding hit regional Victoria last year and more than 400 roads were closed, it was the pharmacists who refused to be beaten by the elements and managed to deliver medicine to patients isolated by rising floodwaters, even by boat.

And while they were coming to the rescue of their patients, Guild Insurance came to their rescue by covering their flood damage.

It's no surprise then, that during the same period, Guild Insurance has come to the aid of some 600 pharmacies hit by natural disasters.

There are some exciting changes ahead for community pharmacy such as pharmacists working to their full scope and like many other sectors, change is the new constant.

One thing that won't change however is the dependability of Guild Insurance.

Just as we are always here for our patients, Guild Insurance is here for us.

Congratulations on the anniversary and I say, bring on the next 60 years!



Always here, for 60 years.



This is a year for us to celebrate!

60 years ago, the Pharmacy Guild of Australia created Guild Insurance – designed to protect and safeguard your profession. We're here to look after you, your team and your business.

Since the day Mr Alan A. Russell OBE advocated for the need for

protections for pharmacists, Guild has developed unmatched insights into the specific risks of working in and running a pharmacy. No matter where you're at in your journey, we can provide the right cover to suit your needs and be there when you need it most.

1800 810 213
guildinsurance.com.au



Don't go it alone

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IT ALL STARTED WITH A HAIRCUT

The Guild Insurance Story

In 1961, South Australian pharmacist, Mr. Alan A. Russell OBE, met a distressed hairdresser. She told him a customer was going to sue her after they slipped and fell in her salon, and that she didn't have public liability insurance.



After seeing the challenges that the hairdresser faced because of this incident, Alan felt compelled to help pharmacists avoid the same fate and recognised the opportunity to provide a vital service to the pharmacy community.

After taking his idea to the National Council of the Federated Pharmaceutical Services Guild of Australia (now The Pharmacy Guild of Australia), the Council agreed there should be a nationwide insurer that provides cover for the risks of running a pharmacy.

In 1963, Guild Insurance was officially established, with Alan Russell as its first Chairman of Directors, and the Guild's Secretary, Mr. Tom Evans as Company Secretary.

Since our founding, we have done whatever we can to ensure our customers are supported throughout their professional journeys. From our policies to event participation, to government-level advocacy, providing access to risk management resources, and so much more; we are here for pharmacists at every step, not just when you need to make a claim.

Guild Over the Years

And now, in our 60th year, we're looking back at all the steps we've taken towards being able to support the pharmacy community in big ways.

It's moments and milestones like these that underpin our commitment to communities like yours who passionately support the wellbeing of countless people throughout the country. We are honoured to be there for you through the work that we do and are determined to do everything we can to make sure that no pharmacist has to go it alone, through anything they may face.

The pharmacist's ethic of honesty, integrity and high professional competence is what has continued to drive Guild's success. It is because of our heritage that we have developed a distinct understanding of the challenges and unique risks facing Australian professionals from a wide range of industries.

100% Australian owned, we are an APRA regulated insurer with an AM Best rating of A- positive outlook (excellent). We also pride ourselves on our reputation for exceptional customer service. Our primary focus is on developing lasting relationships with all of our clients.

Insurance Built by Pharmacists, for Pharmacy

As the only insurer 100% owned by the Pharmacy Guild of Australia, no other insurance company can understand pharmacy like we do; and we've got the history to prove it. Our ties to the pharmacy community run deep and are intrinsic to our values, operations, and existence as a whole.

We look forward to the next 60 years, and will continue to look to the future, protecting our communities and creating new ways for us to support you.

We offer the convenience of combining your property and liability cover into one single policy, helping to cover your whole business.

- A local, dedicated account manager to ensure your policy is tailored to you and your business
- Stock protection – cover for deterioration of cold stock, including vaccinations
- Limits up to \$20 million for professional indemnity and public liability
- Trauma counselling service in the event of a traumatic criminal incident such as armed robbery
- Cover for events such as burglary, employee dishonesty and property damage
- Reinstatement plus – an optional cover that provides a 50% safety net on top of your sum insured
- New for old replacement – in the event of an insurable loss to your equipment, we will replace it with an equivalent new model
- Protection for loss of revenue if your practice is interrupted by an insurable event
- You have the convenience of combining your property and liability cover into one single policy

Benefits Even if you Never Make a Claim

With an ever increasing range of risks facing professionals every day, an awareness of them, and how they can be managed can go a long way towards preventing claims. That's why we see ourselves as a true business partner. Your insurance policy can provide you with tangible day-to-day services to minimise risk in many areas.

You have access to a number of industry experts that can help identify risks, counsel you on a recommended approach before a claim is made, or even provide free legal advice from one of Australia's leading indemnity defence lawyers should you require it.

You also have free access to a wealth of online tools, self-check surveys, articles and conference presentations, with examples taken from a large cross section of industries, and the unique risks each faces.

Although you can rest assured that Guild Insurance will be behind you should the worst happen, it's nice to know that we'll also work with you to identify your risks, and put a plan in place to minimise your exposure to suffering the disruption and uncertainty of a loss in the first instance.



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FIND OUT MORE

Find out more about how we can help you here
www.guildinsurance.com.au





It all started with a haircut.

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After seeing the challenges that the hairdresser faced because of this incident, Alan felt compelled to help pharmacists avoid the same fate and recognised the opportunity to provide a vital service to the pharmacy community. After taking his idea to the National Council of the Federated Pharmaceutical Services Guild of Australia (now The Pharmacy Guild of Australia), the Council agreed there should be a nationwide insurer that provides cover for the risks of running a pharmacy.

Our sister company GuildSuper launched to help our communities improve their retirement outcomes. Overall, GuildSuper looks after the superannuation savings of more than 75,000 members, and now helps more than 16,000 employers meet their superannuation obligations.



1941

Over 20 years before Guild Insurance came into being, our sister company launched as GilSeal, a fully-owned subsidiary of what is now known as The Pharmacy Guild of Australia. In 1994, GilSeal became Gold Cross. Gold Cross oversees production of the famous Glucojel jellybeans. Endorsed products and services branded with the Gold Cross logo have come to symbolise quality care and advice on all things pharmaceutical.



1961



1963

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1997

1800 810 213
guildinsurance.com.au



Guild Insurance was bestowed the honour of receiving the ANZIIIF Small General Insurance Company of the Year award.

Guild Insurance were awarded Australia's 31st Most Innovative Company by the Financial Review.

Insurance was made even easier for non-proprietor pharmacists to be covered, with Guild's insurance cover automatically built into PDL membership.

PDL

2015



2017



2021



2020

Staying true to our values, we made sure our policies continued to meet the evolving needs of our customers by making sure pharmacists' policies covered them for the administration of the COVID-19 vaccine.

MERIDIAN
LAWYERS

2004

Our sister company Meridian Lawyers launched to provide trusted legal advice. Meridian Lawyers has enjoyed significant growth in this time and has since been awarded Insurance Specialist Firm of the Year Award in the 2020 Australasian Law Awards, among other honours.

RISKHQ

2016

RiskHQ was launched, our online risk management resources centre filled with articles and free CPD based on data we've collected over the 60 years.



Don't go it alone

DEAL OR NO DEAL

From handshakes, heads of agreement to contracts – what’s legally binding, and what’s not?

The buying and selling of a pharmacy can be daunting with many unforeseen legal implications. Seeking legal support from the outset is imperative to ensure risks are minimised. Principals, Georgina Odell and Douglas Raftesath outline the process and legal ramifications that can arise from initial negotiations to the final contract of sale.





Many court cases going back to the 1800s have considered whether real life sets of events or circumstances amount to a legally binding agreement, or, whether there is no actual binding agreement between the parties.

As a pharmacy owner, or soon-to-be pharmacy owner, you will come across legal agreements in many forms. In your agreements with suppliers, software providers, nursing homes, and landlords, you will be entering into contracts with the expectation that they will be legally binding on the parties.

However, the question of whether a legally binding agreement has been struck is never more important than when buying or selling a pharmacy. As we explain, the sale and purchase process should involve a series of progressive steps which evolve into a legally binding contract.

Negotiations

The first stage is where the seller and the buyer may be speaking to each other about the terms of a sale, whether directly, or through a business broker. Matters such as price, timing, and employees may be discussed.

Even where a price has been agreed, a completion date has been set, and other main terms of the sale have been agreed upon, it is highly unlikely at this very early stage that the parties would intend there to be a legally binding arrangement between them.

The vendor has not yet produced a written contract of sale and the purchaser has not yet undertaken its financial and legal due diligence.

At this stage, the purchaser may not have its offer of finance to fund the purchase. Therefore, it is important that even when shaking hands on a price and basic terms, the parties mention that the sale and purchase are subject to the negotiation and execution of a legally binding contract of sale, and subject to the necessary regulatory and lessor approvals being granted.

Heads of Terms or Sales Notices

The second step involves producing documents called Heads of Terms, Heads of Agreement or Sales Notices. While most will be expressed to be non-legally binding (for the reasons set out above), every now and again we come across Heads of Terms which state that the purchaser offers to buy the pharmacy for a particular price, and the vendor accepts that offer. The document may go so far as to say that the Heads of Terms is legally binding once signed by the parties.

In some instances, clients have been caught out by not reading the fine print in a Heads of Agreement, and not realising that the fine print stated that it was a legally binding document.

It is important to consult your solicitor before signing Heads of Terms or other similar documents, as there are many other points that need to be discussed and agreed upon before the transaction should be legally binding.

Contract of sale and purchase

There will often be several iterations of a contract for sale and purchase of a pharmacy. Typically, the vendor's solicitor produces the first draft of the contract, so it will most likely be weighted in favour of the vendor. They may try to exclude warranties or promises about the business, which could be against a purchaser's interests.

When the parties are happy with the content of the written contract of sale and purchase, the parties will sign the documents and the solicitors will exchange them. At this point the contract becomes legally binding, subject to the satisfaction of any conditions precedent to completion such as the landlord's consent to assignment of the lease, and Pharmacy Council and PBS approvals.

If one of the conditions precedents to completion are not satisfied or waived by a certain date, one or both parties would have the right to rescind the contract. Rescission is different from termination of the contract, in that it typically gives a party the right to serve a notice of rescission on the other, and to walk away without liability to the other (unless a party has breached the contract, for example by failing to apply for Pharmacy Council approval in accordance with the contract). Typically, the deposit is repaid to the purchaser when a contract is rescinded. However, where a contract is terminated because of the other party's breach, the deposit would not generally be returned to the purchaser if they are in default.

Every contract for the sale and purchase of a business is different and it is essential that you understand the nuances of your particular contract, particularly timescales to achieve the different steps in the process.

Elements of a contract

Contract law is a complex area of law. Broadly speaking the following elements need to be present for a contract (other than contracts for the sale and purchase of real property which have additional considerations) to be legally binding:

- an offer and acceptance of that offer
- an intention to create legal relations by all parties
- consideration – something of value passed between the parties, and
- certainty – vague contract terms can cause a contract to be void for uncertainty.



Douglas Raftesath and Georgina Odell, Principals, Meridian Lawyers



“CAREFUL PLANNING AND HAVING THE RIGHT LEGAL GUIDANCE AND SUPPORT ARE IMPERATIVE IN MINIMISING RISK.”

Be cautious at every stage

Caution must be exercised when negotiating the sale or purchase of pharmacies, in the early stages, and when signing off on a legally binding contract. Such transactions are an evolving process, and they should become binding only when the time is right – when the fine details of the transaction have been agreed upon, when financial and legal due diligence has been completed, and when all parties are wholly committed to complete the sale and purchase.

Similar unexpected issues can arise for other contracts that pharmacies may enter into. It is not unusual, for example, for a pharmacy to enter into an agreement to supply pharmaceuticals to aged care institutions and for upfront investment to be required by the pharmacy prior to commencing the supply. For example, an investment in onsite trolleys and other onsite pharmacy products. A pharmacy will usually be happy to make this investment on the basis that it has a two or three-year supply arrangement with the facility.

Care needs to be taken when entering these agreements to ensure the pharmacy is getting what it thinks it is getting. For example, is the supply agreement exclusive, or can another pharmacy also supply the facility? Does the facility have a unilateral right to terminate without cause, depriving the pharmacy of the benefits of the supply agreement?

Overall, careful planning and having the right legal guidance and support are imperative in minimising risk.

About Meridian Lawyers

Meridian Lawyers' pharmacy team is recognised as a leading pharmacy law practice in Australia. We have acted for many pharmacists throughout the country and are the principal legal advisor to the PGA.

Our team assists clients to address the legal and ethical obligations that arise in managing their day-to-day operations. We provide specialist advice in buying and selling pharmacies and advise clients about their obligations in employing and managing staff, franchising, privacy, financing, partnership arrangements, dispute resolution, retail leases, and Pharmacy Location Rule issues.



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AUSTRALIAN JOURNAL OF PHARMACY

ELIZABETH HOPE

Recipient of the 2023 Lifetime Achievement Award

M

My pharmacy ownership started with very short notice, I was invited to go into partnership with my sister and after just a few days, I made the decision to join her, and we were 'away' in our business in Moonah in the northern suburbs of Hobart!!



I have practised as a community pharmacist since graduating from Sydney in 1967.

When we started, pharmacy was very much a male-dominated profession, and we found this a little daunting, but we pressed on to pursue our aims. After a few years, I purchased a second pharmacy in Bridgewater (also in the northern suburbs) as a sole trader, and shortly afterward the pharmacy in Moonah was sold, and I purchased a seven-day pharmacy at Glenorchy.

In many ways running a pharmacy was different then than today – for example, stocktakes were done manually – pen and paper and counting! NHS scripts were claimed monthly via a process of coding the individual scripts which were then collated in numerical order and taken into the HIC office!

There were far more compounding prescriptions to be dispensed – often these were quite complicated and if the doctor's handwriting was tricky to decipher, the process was time consuming. However, in due course, the creams, mixtures, lotions, and ointments would be ready on the counter waiting for the patient.

There were lots of home deliveries of prescriptions and often I would do these after work where I managed a quick chat with families, so over the years I got to know these people well and saw their children grow up.

Always, the contact with the patients was most gratifying with many conversations together, sometimes completely unrelated to medications, it could be local issues, their children's sports achievements, or proposed family vacations – all building networks of community and common interest.

My years of working have been most rewarding, and it has been highly gratifying to develop long-term relationships with families and individuals who need care and support – it has been a privilege to earn their trust.

I have very much enjoyed meeting and helping these patients while always being aware that their circumstances are not always easy. I have always tried to provide understanding, personalised care, or just a cheery greeting.

We had some customers that lived far from our pharmacies, for some years we supplied the Light Housekeeper family living on Maatsuyker Island (south of Tasmania). I found this fascinating, they would ring for their pharmaceutical requirements, and these would be assembled and taken to a depot to be sent via helicopter.



We had many conversations with these people, again not always regarding medications but it may be their current weather conditions – Maatsuyker Island is known for sustaining high-force winds, storms, and lashing seas.

Another young mother lived on Hamilton Island with family in Hobart so when she was visiting, she would often bring her little one to see our Baby Club nurse and tell us about her daily life on that island.

A most significant aspect of my working career was the development of our Elizabeth Hope Baby Club. For 33 years we provided a free, non-appointment-based support service to mothers (and fathers in many cases) in the care of newborns, babies, and toddlers. I pay tribute to the group of highly qualified and dedicated baby and mother nurses who provided these services within our pharmacies.

My own children spent many a time in the pharmacies 'waiting for Mum'!!

After school or sports, they would hover patiently – thank goodness for a couple of Glucojels!! and perhaps a book to read (no mobile phones in those days!)

There have been many changes in community pharmacy practice with the advent of computers, vaccination services, e-scripts, dispensing robots, and the extensive use of many forms of software. During this time the extent of compounding prescriptions has greatly decreased in the majority of pharmacies.

However, personal, and caring service with professional advice remains vital for our profession. This factor was especially evident during the Covid pandemic when the community pharmacy profession provided immense support to the welfare of the general community.

Pharmacy is a very much 'hands-on' profession and in many ways, it is understated. I can see that in the future there will be and should be, an increase in patient care and services provided. There are many roles for a community pharmacist to be a major contributor to providing health care.

It has been fun to reflect on my working days, there were certainly challenges but these were far outweighed by the rewarding times, the friendships developed, the sense of belonging to the communities, and hopefully, the achievements in their health care.

Now retired and on reflection, I can say that I have very much enjoyed my career in pharmacy and was very fortunate to always have the support of my late husband, Peter. I am very proud to say that my son Geoffrey now owns and runs the pharmacies.



Elizabeth's Nomination

Elizabeth Hope is a trail blazer and an inspiring role model. Her lifetime of service has contributed substantially to the health and wellbeing of generations living not only within the communities where her pharmacies are located but well beyond, making her a worthy recipient of the Lifetime Achievement Award.

Elizabeth Hope has been part of the southern Tasmanian pharmacy landscape for 48 years providing medications, support, and health advice to generations of families living in Hobart's northern suburbs.

Elizabeth graduated from Sydney University in 1967 and has been a pharmacist for 56 years.

In 1975, not long after the Tasman Bridge disaster that effectively cut the city of Hobart in two, Elizabeth and her sister became part of a very small group of female pharmacy owners at that time, buying into their first pharmacy together – the Hope & Bagley Pharmacy located on Main Road in Moonah.

Elizabeth was living on Hobart's Eastern Shore at the time and with pharmacy located on Hobart's Western Shore, the daily trips to and from work were an hour or so longer than they would normally have been.

Elizabeth became a sole proprietor in 1985 when she bought the pharmacy at Bridgewater and then became the owner of two pharmacies in 1986 after buying John Hardman's pharmacy on Main Rd, Glenorchy.

She managed to do all of this while successfully raising three children.

Both Elizabeth's pharmacies are located in low socio-economic suburbs. Both typically have a high percentage of low income families and sole parent families, with young children. Elizabeth saw that there was a huge need for help and support to be provided to new parents living within these communities and set about providing the assistance that was needed in a non-judgemental safe and trusted environment.

The iconic Elizabeth Hope Baby Club was born.

For over 30 years the Baby Club provided parents and their children living in these communities free and accessible access to pharmacists and Mothercare nurses with well over 100,000 consultations recorded.

Elizabeth developed her pharmacies into innovative and service led businesses that became health hubs for the community and the pharmacy of choice for countless families. Elizabeth has been a tireless role model for women in pharmacy and an extraordinary inspiration and mentor for her son.

Many of the pharmacies' customers today are third generation who still bring up times when Elizabeth did something amazing that helped them and their families out in times of need.

Her lifetime of service – given without fuss or fanfare – has contributed substantially to the health and wellbeing of generations of people living not only within the communities where her pharmacies are located, but well beyond, making her a worthy recipient of the Lifetime Achievement Award.



Elizabeth's Acceptance Speech

Good evening!

Firstly, I thank the Tasmanian Pharmacy Guild most sincerely for the honour of this award – I will greatly treasure it.

It has been a joy and a pleasure to work as a Pharmacist and as a pharmacy owner in Tasmania. It has also been a pleasure to have been a member of the Tasmanian Pharmacy Guild since 1975.

I was advised to become a member of the Guild as soon as I purchased my first Pharmacy. At that time, Corrie Jones was Branch Manager of the Tasmanian Pharmacy Guild. Corrie was a "real character" and very protective of "her Guild Members"

Corrie was an excellent help to me – I was a young woman who was new to the State, had 3 little children, and had never owned a business before!!

I needed support and direction and with wise counsel from Corrie – I gradually began to feel more secure in my role as a pharmacy owner.

Throughout the years that I have belonged to the Guild, they have consistently been a major source of information, support, an amazing resource to rely upon, and a huge advocate for our profession in Tasmania.

As Guild members, we understand that it is not always smooth sailing. In my 48 years of pharmacy ownership there have been many fulfilling times as well many challenges that, at the time, seemed insurmountable.

But have faith in your colleagues and in the Guild.

This is a wonderful and rewarding profession to be proud of and to stand up for. I wish you all the very best and reassure you that the future of pharmacy in Tasmania is in safe hands.

NAVIGATING THE DYNAMIC WAVES OF RETAIL PHARMACY

Embracing Change and Growth

The retail pharmacy sector has experienced a profound transformation since the start of my career back in the mid-’90s, when I first ventured into the retail pharmacy industry as part of Bullivants Natural Health Products (Nature’s Own) development team.

Words | Chris Swift
National Business Development
Manager – AP Group





Our mission was to expand the distribution of supplement ranges from health food stores to retail pharmacies – a pioneering step that revolutionised the pharmacy landscape. Collaborating with forward-thinking pharmacists, I forged valuable relationships and navigated uncharted waters in this new and exciting category, which has now become a fundamental segment in all leading pharmacies.

Later, with the Faulding Retail team, I immersed myself in growing the Terry White Chemists (TWC) network nationwide. Playing an integral part in TWC's expansion from single store conversions to the merging with Chemplus and Chemmart nationally. I gleaned so many valuable insights from franchisees, landlords, and new business owners, gaining a diverse perspective on the evolving industry.

Most recently, my area of specialisation has been facilitating pharmacy sale transactions nationally as the National Business Development Manager at AP Group. During my time at AP Group, I have helped numerous business owners and purchasers achieve exceptional outcomes. I enjoy bringing my unique perspective, experience and skill set to our clients so that I can continue to deliver exceptional results for my clients and colleagues.



“I FORGED VALUABLE RELATIONSHIPS AND NAVIGATED UNCHARTED WATERS IN THIS NEW AND EXCITING CATEGORY, WHICH HAS NOW BECOME A FUNDAMENTAL SEGMENT IN ALL LEADING PHARMACIES.”

Changes in the Industry Over Time

I have witnessed the industry gradually morphing into a hub of innovation and customer-centric services. Pharmacies have extended their services beyond traditional offerings, from specialized health checks to expanded vitamin ranges and instore naturopaths, fostering stronger connections with their communities.

The sector has also seen the rise of distinct brands, buying groups and banners, catering to diverse consumer needs. Additionally, the emergence of discount pharmacies has ushered in a new era of affordable and accessible healthcare.

Current Market Conditions and Trends

The pharmacy landscape is ever-evolving, presenting both challenges and opportunities. As experienced pharmacists seek to pass the baton, young and enthusiastic owners are taking the reins. Junior partnerships are on the rise, reflecting a growing awareness of the benefits of shared ownership.

For aspiring entrepreneurs, regional areas offer a bounty of affordable yet profitable pharmacy opportunities. Businesses with untapped growth potential abound, attracting savvy investors eager to make a positive impact.

Notably, independent ownership is still prominent, with an estimated 75% of stores changing hands to independent proprietors. This trend underscores the industry's entrepreneurial spirit, as fresh faces step into the forefront, ready to steer pharmacies towards a promising future.

What I Enjoy Most About the Industry

As a licensed real estate agent and retail pharmacy broker with AP Group, I relish the challenges and triumphs of this ever flourishing and ever-changing industry. Facilitating pharmacy transactions, I witness the fusion of passion and ambition as buyers embark on their entrepreneurial ventures.

The process of navigating succession scenarios is particularly gratifying. Witnessing pharmacists evolve from managers to partners and full owners is a testament to the industry's capacity for individuals' growth and development.

Embracing the dynamic changes and unique intricacies of retail pharmacy, I find profound satisfaction in facilitating the success stories of both seasoned and emerging pharmacy owners.

Conclusion

The retail pharmacy industry is a dynamic sea of change, providing a fertile ground for innovation and growth. From my inception in supplement distribution to my current role as a broker, I have traversed a landscape of continuous transformation. Guided by industry insights, I remain excited and committed to steering aspiring owners and seasoned pharmacists towards success.

In the face of ever-evolving trends, I am reminded of the immense potential of retail pharmacy, a space that continues to thrive through resilience, innovation, and the unwavering dedication of its stakeholders. As we set sail on this journey of continuous change and growth, I am fuelled by excitement and passion, eagerly anticipating what lies ahead.

I love to see people achieving their goals and knowing that I may have played a small part in their journey! If you ever want to chat about the pharmacy world, I'm always available to lend my ear and offer any advice that I can.

You can get in touch by either giving me a call on 0418 860 766 or shooting me an email; chris@apgroup.com.au.



“WITNESSING PHARMACISTS EVOLVE FROM MANAGERS TO PARTNERS AND FULL OWNERS IS A TESTAMENT TO THE INDUSTRY’S CAPACITY FOR INDIVIDUALS’ GROWTH AND DEVELOPMENT.”



PHARMACY THROUGH THE YEARS

A Retrospective Journey from Family Roots to Modern Innovations

In this article, we delve into the journey of Andrew Pattinson, whose life has been deeply intertwined with the pharmacy industry. Drawing on his earliest memories and experiences stemming from a family background in pharmacy, we will address the changes witnessed over the years within the profession and explore the transformative evolution of pharmacy.

Chief Innovations Officer,
The Platform Alliance Group

Words | Andrew Pattinson



I grew up in pharmacy, my father owned several pharmacies when I was a child and my earliest memories are working Saturdays in our community pharmacy in South-western Sydney cleaning shelves, serving customers, and eventually gift wrapping (the horror on customers' faces when they received a gift I wrapped was something to behold). The lasting memory from that time was the respect that the Pharmacy and the Pharmacist held in the Community as a source of advice and reassurance. At the time it just seemed like 'what we did' - now it would be called customer engagement or another buzzword.

The principles of business were the same as today's buzzwords - coordination of care, advice, reassurance, and a focus on the health and wellbeing of the community. Although these weren't buzzwords at the time, in the areas where I worked in South-western Sydney, care, support, and convenience were ingrained from a young age and were the essence of what it meant to be a Community Pharmacy.

While this ethos of community care has continued throughout the years the most significant evolution has been the constant development of technology as an enabler. This has promoted efficiency, and new models of care, and transformed the way Pharmacists are engaging with their patients. Moving from the early days of the elevated dispensary and multiple typewriters to the implementation of

computerisation and subsequently QR codes for dispensing. These changes have enabled the role of the Community Pharmacist to change from calling out from 'over the back counter' to chat with patients about their family and their medicines, to forward Pharmacy models whereby Pharmacists are able to engage in diagnostic care and delivery of holistic health solutions.

As society has changed and models of health care have evolved, the Community Pharmacy Agreements have continued to support and shape the changing faces of community. From early agreements that focus solely on the provision of medicines to more transformational agreements, these have worked hand in glove with the health requirements of society and have led to the evolving face of the profession.

It seems like only yesterday that blood pressure testing was an advanced 'professional service provided to our patients' and now, post pandemic, Pharmacists are an essential part of frontline health delivering NIP and a broad range of minor ailment programs with more advanced and patient-centred programs such as the UTI rollout and the variety of conditions that full scope will provide.

Pharmacies across the nation are delivering genuinely life-changing programs and drastically improving the quality of life of patients and their communities, whether it is supporting people living with diabetes, men's

health programs, women's health initiatives, post-operative care, or supporting patients using biologic medicines.

With technology and supply chain advancements we have seen the evolution of expanded discount models of Pharmacy. Back in the 1980's there were only a couple of volume-based discounters around Sydney, and it goes without saying that the expansion of these models has changed the face of the industry. From a consumer and patient perspective, there are models of Pharmacy to suit all demographics, consumer and patient trends which is a positive thing.

The concept of value is different for every consumer and the old saying that 'price is what you pay and value is what you get' has never had more relevance. With the evolution of full scope, this will continue to become more evident with expanded healthcare models differentiating their offer from big box discounters.

The one constant throughout time has been change - we have a Pharmacist I work closely with who tells me the 'beginning of the end' of Pharmacy commenced when Ipana toothpaste became an open seller (I believe it was 1967), and here we are today surrounded by opportunities and new business models emerging. The ethos of understanding the consumer and patient needs and delivering on the promise still holds true all these years later.



THE PILLARS OF COMMUNITY

My Journey as a Pharmacist

In an industry of constant change, I am reminded that history has taught us a valuable lesson. At the core of a community is the community pharmacist.

Pharmacy Owner and GM
Prime Pharmacy Group

Words | Michael Gray





When I reflect upon my decision to become a pharmacist, the name Peter Milburn, the local pharmacist from James Dean Pharmacy in Hamilton, Western Victoria, stands out. Having left school at aged 15, I worked for Peter selling photographic equipment in his pharmacy in the late 1980s. Later, as a mature aged pharmacy student, I was drawn to pharmacy by Peter's deep connection with his customers. His essence didn't merely reside in dispensing prescriptions, but in understanding the life stories that accompanied each patient that came into his pharmacy.

Peter was more than just a pharmacist; he was a trusted confidant, an adviser, and an irreplaceable pillar in the community. It was this profound impact that he had on people's lives that led me to follow in his footsteps. One I am eternally grateful for.

Having completed my studies, my initial journey into pharmacy ownership was met with skepticism. When I considered purchasing my first pharmacy in 1998, many opined that community pharmacy (as we knew it) was on its last legs. The paradigm was shifting, and numerous forces threatened to render the local pharmacist or community pharmacy an unenviable career. Yet it was those forces of change that have only strengthened us.

Over the past 25 years, I have witnessed many changes. The emergence of discounters threatened to commodify our profession, focusing solely on volume and price, often at the expense of personal touch. More retail focused brands and banners have entered the market and we witnessed the beginning of pseudo corporatisation. Policy changes like PBS reform and macro-economic events such as the Global Financial Crisis added more turbulence to our professional waters. Digital pharmacy, with its promise of convenience, began to reshape patient expectations. Yet, none of these stood as distinctly as the Covid-19 pandemic.

But with each wave of change, two things became clear. Firstly, the role of the community pharmacist was not waning; it was evolving. With every challenge, we pivoted, adapted, and grew stronger. We integrated digital solutions while maintaining our personal touch, juggled between economic pressures and our duty of care, and stood at the frontlines during a global health crisis.

Secondly, the core of our profession – the trust, care, and commitment to our community – remained unshaken. People value the connection, advice, and reassurance that is a professional looking out for their well-being.

Today, as we face yet another challenge with 60 day dispensing, I am reminded of the reasons I became a pharmacist. It was the opportunity to connect and to be that steadfast pillar in someone's life, just as Peter Milburn had been in many. In a world of constant change, our role as community pharmacists has only become more vital. And as history has shown, we not only endure but thrive faced with challenges. That is why I became and am proud to be a pharmacist.



CELEBRATING LEASE1, GOLD CROSS, AND GUILD INSURANCE:

**Decades of Dedication to the Australian
Pharmacy Sector**

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As we look back on the last few decades, it's remarkable to acknowledge the tremendous value and enduring commitment Lease1, Gold Cross, and Guild Insurance have delivered to the Australian community pharmacy sector.



Lease1, Australia's foremost Retailer Leasing expert, celebrates its 27th year of service this year. The specialist lease consultancy has been instrumental in driving efficiencies and cost savings for community pharmacies around the country, securing favourable lease terms that allow pharmacies to focus on their most important mission: caring for their communities. For nearly three decades, Lease1 has been an industry beacon, consistently helping to navigate the often-complex landscape of commercial leases.

Moreover, Lease1 shares a special bond with Gold Cross, having collaborated closely for 14 fruitful years. The strength of this partnership underscores the power of collective effort in meeting the needs of community pharmacies. Together, Lease1 and Gold Cross have supported pharmacies in their operational, financial, and strategic goals, providing resources and expertise that have been pivotal in their growth and success.

Speaking of enduring relationships and milestone celebrations, we must also extend our hearty congratulations to our Gold Cross cousins at Guild Insurance. This year marks Guild Insurance's 60th anniversary of providing peace of mind to the pharmacy sector. Guild Insurance's commitment to delivering tailored insurance solutions that respond to the unique needs and risks of pharmacies has been unparalleled. Over the years, Guild Insurance has been an essential partner for pharmacies, providing security and support through their comprehensive insurance brokerage and products.

The role of appropriate insurance coverage in the operation of community pharmacies cannot be overstated. A pharmacy is more than a retail operation; it's a cornerstone of community health and wellbeing. Therefore, the risks faced are unique and potentially impactful. Having suitable insurance coverage not only protects the pharmacy in the event of unforeseen circumstances but also gives confidence to customers that their trusted healthcare provider is stable and secure.

Further to this, maintaining appropriate insurance is also a crucial requirement under most retail shop leases. It is a contractual obligation, and failure to uphold it can lead to significant consequences, including potential termination of the lease. Insurance helps protect both the Landlord and the Lessee, covering various eventualities such as public liability, property damage, or business interruption. It's an essential element of risk management for any retail lease and particularly crucial in the healthcare sector.

The symbiotic relationship between Lease1, Gold Cross, and Guild Insurance is a testament to the strength of collaboration in serving community pharmacies. Lease1's lease consultancy expertise, Gold Cross's dedicated support services, and Guild Insurance's tailor-made insurance solutions all intertwine to create a robust support system for the Australian pharmacy sector.

Here's to Lease1 for 27 years of dedication, to their 14-year partnership with Gold Cross, and to Guild Insurance for six decades of commitment. Each of these milestones signifies the power of persistence, expertise, and a focus on service. The pharmacy sector is in good hands, with these stalwarts continuing to illuminate the path forward.

The Community Pharmacy sector is no stranger to uncertainty, especially in the context of 60 Day Dispensing. This practice, while advantageous for patients and helpful in managing medication supply, introduces an added level of risk for pharmacies. It alters the frequency of customer interactions, impacts cash flow, and shifts the dynamics of the retail environment.

Without a comprehensive strategic retail leasing plan, pharmacies may find themselves on unstable ground. Rental costs can account for a significant proportion of a pharmacy's operating expenses, and any unforeseen changes to leasing conditions can affect the viability of the business.

Furthermore, lease contracts often span several years, locking pharmacies into long-term financial commitments. Without a strategic plan, pharmacies may find themselves stuck with unsuitable premises or unsustainable costs. This risk is further amplified in a world of 60 Day Dispensing, where changes in customer footfall and buying patterns can significantly alter the optimal layout or location for a pharmacy.

The importance of a robust, well-designed retail leasing plan cannot be overstated. It should align with the overall business strategy, considering factors such as the anticipated growth trajectory, changing customer needs, and evolving industry practices.

Recognising these risks and challenges, we are excited to announce that Lease1, Australia's leading retail leasing experts, offers all Guild Members a FREE lease review.

Lease1 are renowned for their experience in navigating the complex landscape of retail leasing. This collaboration seeks to help community pharmacies understand the implications of their current leasing arrangements and provide strategic advice on optimising these agreements for long-term stability and success.

The free lease review will provide a thorough assessment of your current lease terms, potential areas of negotiation, and recommendations for aligning your leasing strategy with your business objectives. It will also consider the implications of 60 Day Dispensing on your retail environment and how to adapt your lease agreement to this new context.

This offer presents a significant opportunity to secure your pharmacy's future in the increasingly challenging landscape of community healthcare. Don't leave your business exposed to unnecessary risk. Arm yourself with the strategic insight needed to navigate these uncertain times and future-proof your pharmacy operations.

As Guild Insurance celebrates its 60th year of protecting the Community Pharmacy sector, we encourage you to take this step toward securing your retail leasing future. Don't miss out on this golden opportunity. Remember, the best risk management strategy is one that is comprehensive and proactive. Let Lease1 guide you on this crucial aspect of your business.



FIND OUT MORE

Contact Lease1 today for your FREE lease review and discover the benefits of having a strategic retail leasing plan, because a secure lease means a secure future for your pharmacy.



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For 25 years, Lease1.au has equipped the pharmacy profession with the tools to navigate the murky waters of commercial leases confidently. For 14 of those years, Gold Cross has been proud to endorse them as a trusted partner.

Lease1.au understands the challenges faced by community pharmacies in Australia. It's their firm belief that a proactive and informed approach is essential in managing the effects of a rising CPI on retail leases. Understanding the terms of lease agreements, negotiating effectively with landlords, and seeking expert advice can help mitigate potential risks.

As well as managing the effects of CPI, Lease1.au can help you effectively manage:

- Lease expiry and renewals
- Lease options, or market rent
- Lease assignments when buying or selling
- Leasing for asset value
- Management of the lease critical path
- Growth management

We've selected Lease1.au not just because of the services they provide to the profession but their ethos when it comes to what they do for pharmacy owners. Phil Chapman and his team take the idea of making a meaningful difference and place it at the heart of everything they do – whether it's making a difference for you and your business or changing legislation to help you in the long term, Lease1.au works to change with you as your lease arrangements do.

Tammi Vingerhoets

Partnership Marketing Manager



"THE TEAM FROM LEASE1 DID AN OUTSTANDING JOB WITH THE LEASE NEGOTIATION AND RENEWAL FOR MY PHARMACY. I RECOMMEND THEIR SERVICES TO ANYONE SEEKING A PROFESSIONAL LEASE NEGOTIATOR."

– Rick, Pharmacy Nerang QLD



FIND OUT MORE

To find out more about how Lease1.au has changed the leasing game, and how they can assist you, head to their website or call the team on **1300 766 369**.



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CHANGE ALWAYS COMES. WILL YOU BE READY?

W

When asked to write articles for ITK and other publications, we're given a deadline that we need to submit them by. The deadline for this article was at the start of August 2023.

Now you might be wondering why I'm telling you that, or why you should care. It's because you might be reading this article in September or October of 2023. And as you know, there are big changes planned for the industry starting 1st September 2023.



Now I don't have a crystal ball. So, I can't predict what effect all of the lobbying and vocalisation around these changes are going to cause.

But one thing I can tell you is that if the lobbying and pleas of the industry to review the Increased Dispensing Quantities policies (commonly known as the 60 Day Dispensing Policy) and put a stop to it, it won't be the end of it.

Instead, like what happened back over 5 years ago, the implementation of this policy, and policies just like it, will simply be saved for another day.

And so, with that, it's vital that you know that change will come.

It might not look like 60 Day Dispensing; it might not be called 60 Day Dispensing. But change will come.

In the last edition, we covered what you need to first do to overcome the fears around change, and how you can step forward to embrace what you need to do to change.

This is the most important step.

Without a willingness to change, you may as well stop reading here, and go back to that article. And when willing to change, and to do the work that comes with it, come back here to discover how you can become ready to change.

The Power Of Planning

Whenever we hear the word planning we're always reminded of Benjamin Franklin's famous quote saying **"if you fail to plan, you are planning to fail"**.

Unfortunately though, over time and for many healthpreneurs, hearing this so often has made this quote become somewhat of a cliché – overused to the point where we actually ignore the power and true meaning behind these words, and by virtue, ignore the importance of planning all together.

Put simply, we don't care about, or appreciate the power of planning and the role it plays to ensure our businesses thrive today and tomorrow.

The net result – we wake up one day and wonder why we didn't achieve what we set out to achieve years ago, full of regrets and statements starting with "I wished..."

But wishing is one thing.

While wishing, dreaming or thinking is still part of the planning process (just ask Mark Zuckerberg what he spends a significant amount of his day doing), these areas of planning are more about aspirational thoughts, and considerations, rather than a definitive way to achieve these goals.

Intentions on the other hand are a bit more defined than a wish.

For example, "I intend to go to the gym this morning" is more defined than "I wish I went to the gym".

They form the basis of what we need to do, and when tied to a reason (a why) they become more motivating to us to work to achieve it.

But it still lacks the practical components and the overall how to make the intention a reality.

And without the *how*, we end up giving up on intentions because we don't understand the steps we need to take to turn our intention into reality.

This can be illustrated using our earlier example. If I haven't defined when I'll be at the gym, worked out how I'm going to get there, set my alarm earlier to ensure I wake up on time, have my clothes ready to go, et cetera, then the chances of achieving my intention are much more limited.

So how do we actually achieve what we set out to do?

How do we change to overcome the challenges, roadblocks and obstacles that get thrown at us, whether in our control or not.

More importantly though, how do we future proof ourselves so that when reviews to our remuneration models get changed, that we're prepared? Now don't just think about 60 Day Dispensing, think bigger than that. For example, what contingencies do you have if the Government deregulated the industry?

This is where planning comes in.

Planning is the how. It's the missing link between setting an intention and identifying the actual steps to reach our goal.

But You Already Know This, Right?

If you're thinking this and saying, "well I know all of this", let me ask you one question – when was the last time you spent dedicated and uninterrupted time out of your business to plan for change?

If you answered "I don't know", but also said "I know all of this", then what's stopping you from dedicating the time, energy and resources to actively plan in your business?



What obstacles are standing in your way from using what is one of the most powerful, yet underutilised tools in your business?

Because here's the reality - many healthpreneurs disregard the power of planning, or simply don't place enough value on it to spend the time, energy and resources to plan.

And don't take just my word for it.

Why is it that some health businesses thrive, while others barely survive?

Why are the world's greatest leaders, entrepreneurs and business people constantly spruiking its power and the results from it?

It's because it allows you to celebrate how far you've come, reflect on the lessons learned along the way, and to leverage the opportunities and trends that are here today, and on the horizon tomorrow.

In essence, it allows you to plan your future in advance.

And that's exactly what I did.



"THE MORE TIME YOU SPEND CONTEMPLATING WHAT YOU SHOULD HAVE DONE... YOU LOSE VALUABLE TIME PLANNING WHAT YOU CAN AND WILL DO."

- Lil Wayne

I'm Proof That Planning Works

Within months of becoming a pharmacy owner, I was staring down the barrel of Price Disclosure. Like 60 Day Dispensing, the financial impacts were huge, the bank was revaluating loan:debt ratios, the panic was widespread, and the impacts were felt very close to home with some neighbouring pharmacy owners going bankrupt.

But despite all of these pressures, just look at the results we were able to achieve in the wake of it:

- Developed Australian first and award-winning workflows, processes and systems
- Grew our pharmacy by \$4m turnover within 8 years
- Sold it for 3x the industry average multiple

I'm not mentioning this to brag, but to instead illustrate one key thing - planning works.

But this didn't happen overnight. In fact, it took over 18 months of rigorous planning to achieve this. And while the time was one challenge, trialling, testing, and refining our plan was the most crucial step.

Now you're probably thinking, "I don't have time to plan and I sure don't have time to trial, test and refine my plans too. Why can't somebody just tell me what I need to do, and I'll do it".

Now what if I told you that was possible?

What if I told you not only is that possible, but what if I told you there was a way that you didn't have to do this all by yourself, but instead, use your team to help make your plans a reality alongside you?

What if I told you that there was a way to achieve results just like what we did, despite staring down the barrel of major financial disruption and reforms to your business?

What if I told you, the answer was simply getting your team to not just think, but to act just like a successful pharmacy owner?



Thinking Like A Successful Owner

So often when I work with pharmacies, the owners tell me that they have these goals (or Missions), but they struggle to empower their teams with the same passion and knowledge to help achieve them.

And sometimes, the owners, just wished they could better understand their teams, and have their teams also think just like them. To understand what pressures they are feeling when it comes to paying the wholesale bill on time, or the rent, or the bank loan. Or understand what small steps they have to take to achieve the goals of the organisation.

Other times, it's about developing an understanding as to how to put the plans they have to change, to step up and to do things better, so that any current or future challenges can be mitigated, but simply don't know where to begin.

But most of the time, it's owners telling me that they simply don't know how to plan, or lead their teams, or what to do in times of challenge, because they were never shown themselves.

Think about that for a second.

You were given the keys to a pharmacy, a team to lead, and a bank loan to pay off, but no owner's manual to run the business successfully.

So where do you get the owner's manual?

This is where Foundations comes in.

Foundations empowers you and your team with the tools and resources to leverage all of the amazing clinical skills they have, into the entrepreneurial skillset and mindset required to build a thriving pharmacy.

It's the culmination of everything we did with our team to achieve the results we did, mixed with world-leading techniques and research, all in an online program designed to bring out the best in our talent.

And the best thing is, that it's designed specifically to get you and your team real-world results. Not just a bunch of shelf-help that sits on the shelf collecting dust. But practical tools that when implemented, will transform the way your business operates, and your team translates your plans into actions.

SO KNOWING WHAT'S COMING, YOU DON'T HAVE TIME FOR TRIAL AND ERROR.

Instead, learn from our mistakes and set yourself, your team and your business up for success right now.

Check out more about Foundations by scanning the QR code below right now!



WANT A FREE E-BOOK TO HELP YOU NAVIGATE THE CHALLENGES OF 60 DAY DISPENSING?

It's simple, scan the QR code below and we'll send you a copy today!



ABOUT THE AUTHOR

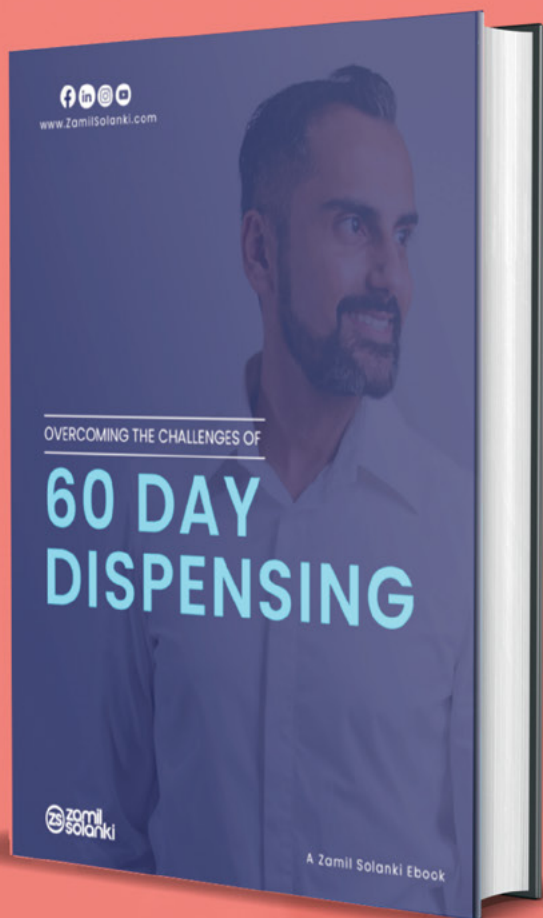
Zamil Solanki works with healthpreneurs – from individuals to large multi-national organisations – to help them overcome unique challenges and achieve their goals through curated training programs, and tailored holistic solutions. Unlike other coaches and consultants, we pair global research and techniques with our own experiences, having grown our own pharmacy by \$4 million and exiting it for 3x the industry average multiple. To do this, we focus holistically using 5 key pillars – mindset, planning, leadership, marketing and sales and specialize in workflow, innovation, automation and systems.

Zamil Solanki

Pharmacist, Business Strategist & Entrepreneurial Coach



Worried about 60 DAY DISPENSING?



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FREE guide
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download your copy



BD ROWA™ & LYNDON DYSON JOIN FORCES TO CREATE HISTORY

First BD Rowa™ Robot glass floor in all of Asia (APAC)

W

We had the amazing opportunity of interviewing Lyndon Dyson, CEO of the Wizard Pharmacy Group. Lyndon provided fascinating insights into his career and passion for innovation in community pharmacy.

Lyndon also describes his experience working with BD Rowa™ Technology, from the design process to installation and creating history with the first BD Rowa™ Vmax™ Robot glass floor installation in all of Asia – Pacific (APAC).



Lyndon Dyson, CEO of the Wizard Pharmacy Group.

I have been a practising pharmacist for over 50 years, and I have enjoyed it immensely.

Sixteen years ago, I decided to build my own brand. It started with mixed pharmacy brands that converted to Wizard Warehouse Pharmacy, which operated under a discount pharmacy model. That traded really well; however, with a large new discounter entering the state, I knew staying here would be impractical and financially high risk.

That's when the idea of becoming a differentiator in the industry was created, and Wizard Pharmacy was born.

At Wizard Pharmacy, we are incredibly passionate about innovation for the community pharmacy industry to better empower our franchisees to deliver better returns for their business and, most importantly, a better experience for their customers and patients. Our complete pharmacy platform leverages best-of-breed systems and an expert team to deliver data-driven solutions across all areas, from inventory, marketing, clinical services, finance and more, for better care, better results and a better lifestyle.

Please share some background on Wizard Pharmacy Garden City and why you decided to make the investment in Dispensing Automation.

We are always looking for new ways to innovate and to use technology as a solution in Wizard Pharmacies. We are also always looking for ways to improve workflows in our pharmacies and give time back to pharmacists to operate at a wider scope of practice.

The main reason for introducing robotics was to improve workflow efficiencies and give time back to our pharmacists.

We have five other Wizard Pharmacies with BD Rowa™ Robots, so we knew the benefits. Those franchisees are reporting very positive feedback on improved workflows and economies around managing ethical receivables, dispensing process and dispensing workflows.

With our Garden City pharmacy, there was a significant and lengthy renegotiation of leases with the landlord, and because of the rental structures within the major regional centres, the decision was made to improve workflows and cost economies by putting robotics in. In this particular site, we had the opportunity to put the robot into a mezzanine level, which greatly improved the utilisation of floor space. Given our pharmacy floor plan, I wasn't sure of the possibilities, but BD Rowa™ Technology came to the table with an incredibly innovative and unique solution.

Why did you decide to install a BD Rowa™ Vmax™ Robot?

We decided to work with BD Rowa™ Technology due to the outstanding reputation they have in the industry. They are the World and Australian leaders in this market, with over 12,000+ robots installed globally and 300+ robots in Australia.

Throughout our research phase, we encountered positive feedback from current operators of BD Rowa™ Robots, including some of our Wizard Pharmacy franchisees. After a solid evaluation of the market and options, we confidently knew BD Rowa™ Technology was the best decision to partner with.

As for the BD Rowa™ Vmax™ Robot we installed at our Garden City pharmacy, this was the perfect solution for our pharmacy requirements. I knew from early consultations that we could customise the BD Rowa™ Vmax™ Robot dimensions to suit our pharmacy perfectly.

How do you feel about creating history and being the first Australian pharmacy to have installed a BD Rowa™ Vmax™ Robot with a glass floor in all APAC countries.

The initial design and drawing concepts were incredible, and I was blown away by the possibility of installing a robot upstairs with three spiral chutes coming down from the ceiling, creating three output locations for my pharmacists and dispensing team.

The entire team is very excited about this unique proposition and believes it will truly enhance the patient experience. It is visually spectacular to look up while you're in the pharmacy and see the activity of the robot through the glass floor. It also serves as a powerful reminder of how far we have come as an industry and how many more opportunities await us in the future to continue serving our communities as best we can.

We love innovation and technology at Wizard Pharmacy and are proud to partner with BD Rowa™ Technology and have created history together.



“THE INITIAL DESIGN AND DRAWING CONCEPTS WERE INCREDIBLE, AND I WAS BLOWN AWAY BY THE POSSIBILITY OF INSTALLING A ROBOT UPSTAIRS WITH THREE SPIRAL CHUTES COMING DOWN FROM THE CEILING...”



How was the installation experience?

The installation process was very professional and completed on time despite the complex engineering challenges presented by the first BD Rowa™ Vmax™ Robot glass floor installation in APAC. I found that the technicians were always very responsive to our requests for information. Where there would be a need for onsite changes due to localised issues, they were always very quick to come forward with clear, concise and constructive outcomes to effectively problem solve. The outcome has been sensational and truly rewarding for my business.

There was also minimal disruption to the day-to-day operations of the pharmacy, which remained open during the refit. This was very important to us.

How do your pharmacists and team feel about having the BD Rowa™ Vmax™ Robot installed?

Our pharmacists and team are all very excited! It's a very novel change to what was happening before in manual dispensing. Moving from a non-robotic environment to a robotic environment has been a very exciting process for them. Not to mention the time they have saved has been very welcomed! The BD Rowa™ Vmax™ Robot has granted the team more time to be available to consult with patients, which is incredibly important in today's current climate with the move to full scope of practice.

Being such a unique installation with regards to the glass floor, mezzanine, and it being the first one of its kind in all of APAC, there's certainly a buzz in our pharmacy.



How did your customers feel about the new installation and in-store activity?

With any refit, there are stressful moments for both team and patients, but because we've been in the same location since 1983, we have established incredibly solid relationships with our patients and community. We have remained open throughout our refit, operating at a smaller capacity, and our customers and patients have been very patient and understanding. The installation of the robot has created an exciting topic of conversation in our pharmacy community. Our customers are eager to see the technology in action and experience the benefits regarding the delivery of medication and spending more time with the pharmacy team. Not to mention there is a real sense of awe and excitement from visitors to our pharmacy when they look up to a glass ceiling with a fully functioning robot at work over their heads! They feel excited about the fact that they are the first in APAC to experience this one-of-a-kind dispensing experience!

This being the sixth BD Rowa™ Robot installed in the Wizard Pharmacy Group, what has been the overall feedback?

Yes, we have now installed our sixth BD Rowa™ Robot within the Wizard Pharmacy group. In fact, five of those were installed over the last five months. We challenged BD Rowa™ Technology to have all six robots installed by 30th June, and they delivered.

The BD Rowa™ Vmax™ Robot is a great product and is a workhorse for our pharmacies. The feedback from pharmacy teams has been incredibly positive, especially regarding the workflow improvements and increased time available for consulting. All of our franchisees with a BD Rowa™ Robot, including myself, believe the installation has positioned our pharmacies perfectly for increased scope of practice and for the long-term success of our pharmacy businesses.



FIND OUT MORE

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

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Pharmacists trust BD Rowa™

– 12,000 installations and counting.*



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*Worldwide installations





BD ROWA + GOLD CROSS

Since 1996, BD Rowa™ has been providing automated dispensing solutions. And for more than a decade, they've been delivering the best for Australian pharmacies.

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

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

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

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

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

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

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

Tammi Vingerhoets

Partnership Marketing Manager





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Stock of Glucosol point of sale displays are limited. Orders invoiced before 01/10/2023 or after the promotion 31/10/2023 will NOT be eligible for the discounts.
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CONSIDERING 60 YEARS OF DIETARY FAT RECOMMENDATIONS

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Australian diets have changed significantly over the last 60 years and when we consider the history of dietary fat recommendations, it has tended to imitate a swinging pendulum. One minute the consumption of high fat is the cause of disease and the next it's the cure. So, what is the real story?





The Vilification of Dietary Fat

In the mid-1950s rates of cardiovascular disease (CVD) were soaring in the USA, becoming the leading cause of death seemingly out of nowhere.¹ Around this time physiologist Ancel Keys came up with the “diet-heart hypothesis.” His theory was based on informal exploratory studies where he found elevated serum levels of low-density lipoprotein (LDL) in overweight, middle-aged businessmen who followed dietary patterns high in saturated fatty acids (SFA).² From this he hypothesised that it was the consumption of SFA that was raising the concentration of serum cholesterol, which in turn was causing fatty deposits in the arterial wall leading to CVD events.²

While Key’s theory was not supported by strong evidence, the logic was concrete and it caught the attention of Dr. Paul Dudley White, the chief physician for President Eisenhower. When President Eisenhower suffered his first heart attack in the mid 1950’s his chief physician gave a press conference blaming dietary fat, launching the ‘diet-heart hypothesis’ into stardom.³

In the late-1950s, with the support of Dr. White, Keys recruited collaborating researchers to conduct an observational study that compared the level of SFA with heart-disease outcomes in seven countries. The aptly named Seven Countries Study gathered data on over 12,000 men and was published in 1970, citing that populations with the greatest SFA intake had the highest incidence of heart disease.⁴

This seemingly solid scientific evidence created the foundation for the first set of USDA dietary guidelines in 1980, which declared ‘avoid too much fat, saturated fat, and cholesterol.’ Not long after, in 1982, Australia followed suit issuing advice that replicated the American example:

“avoid eating too much fat”.

The Unintended Consequences

The intent was to displace foods high in fat with lean meats, vegetables, fruits, and whole grains, however, clinicians and the media promoted low-fat diets without specificity, cementing the societal belief that all fats are bad. Food manufacturers launched an onslaught of processed low-fat products, removing the fat content in everything from cookies to cheese, salad dressing to peanut butter, and replacing it with added sugars, which consumers embraced with careless abandon.

Ultimately the message was a success, with a notable decrease in the intake of dietary fat as a percent of calories, yet it was accompanied by a significant increase in total energy intake from dietary carbohydrates.⁵ Populations were consuming less fat, which included good quality fats such as those found in nuts, seeds, dairy, and olive oil, and were consuming more processed, low fibre, high glycemic index carbohydrates.



Further Research

While some were satisfied with the initial epidemiological evidence that was used to guide dietary recommendations, many scientists were dissatisfied and continued to conduct their own randomised controlled trials.

Clear evidence was quickly established that SFA consumption leads to an increase in circulating lipids and lipoproteins and an overall increased disease risk.^{7,8} However, they also found that high consumption of processed, low-fibre, high glycemic index carbohydrates led to an increase in circulating lipoproteins and plasma triglyceride concentrations.⁹ It was discovered that when consumed in excess, carbohydrates are converted into triglycerides in the liver before traveling via lipoproteins to be stored in the adipose tissue.¹⁰

Ultimately, both SFA and highly refined carbohydrates can increase serum lipids and lipoproteins and the advice to reduce SFA consumption without considering the replacement nutrient was premature.¹¹

The Glorification of Fat

As years went by and the CVD epidemic continued on unchanged, many began to doubt the efficacy of the low-fat diet. Slowly snippets of research leaked into the media, linking high carbohydrate consumption with adverse outcomes and ultimately the tirade on fat slowly turned towards carbohydrates.

In the early 2000's high fat, low carbohydrate diets exploded in popularity. First came the Atkins Diet and eventually it morphed into today's widely popular ketogenic diet. Both diets promise weight loss and better health outcomes through severely restricting carbohydrate intake while promoting the consumption of high amounts of dietary fat and lean protein.

Where Are We Today?

Today the pendulum is still swinging. With avid supporters of both low-fat diets and high-fat diets.

Scientifically, neither diet is superior. In a 2018 study, subjects were randomised to follow either a low fat, high carbohydrate diet or a high fat, low carbohydrate diet. After a year, there were positive health outcomes and weight loss identified in both groups, with no significant and clinically meaningful differences between the two dietary patterns.¹²

What Should We Recommend?

If there is a single message to take away from the last 60 years of dietary recommendations, it is that dietary advice should not focus on single nutrients but rather on dietary patterns and overall diet quality.



“DIETARY ADVICE SHOULD NOT FOCUS ON SINGLE NUTRIENTS BUT RATHER ON DIETARY PATTERNS AND OVERALL DIET QUALITY.”

Today, high quality evidence supports a Mediterranean-style diet as the world's healthiest dietary pattern. Following a Mediterranean diet has been linked to a lower risk of heart disease, cancer, dementia, and diabetes with improved mental health and longevity.¹³

A Mediterranean dietary pattern is abundant in vegetables, whole grains, legumes, and olive oil; moderate in fish, poultry, and red wine and light in red meat and processed foods.

So ironically the world's healthiest dietary pattern is high in both carbohydrates and fats, but notably whole-grain carbohydrates and unsaturated fats.



MANAGING STRESS DURING UNCERTAIN TIMES IN PHARMACY

Community pharmacy is experiencing a great deal of uncertainty and change. While we know that pharmacy has survived many challenging times in the past, it is still easy to feel overwhelmed by not knowing what the future will bring. There are ways to manage stress during uncertain times. If we respond to the challenge of uncertainty we will not only survive but also have the opportunity to grow.

Executive Officer, Pharmacists'
Support Service

Words | Kay Dunkley



As human beings, we crave security, uncertainty can take a toll on our sense of well-being. We want to feel safe with a sense of control over our lives and well-being. Fear and uncertainty can leave us feeling stressed, anxious, and powerless, draining us emotionally with “what-ifs” and worst-case scenarios. The fear of “not knowing” what lies ahead can impede our long-term welfare if we do not manage it.

We’re all different in how much uncertainty we can tolerate. Some people enjoy taking risks and living unpredictable lives, while others find the randomness of life deeply distressing. We all have limits.

Many of us use worrying as a tool for trying to predict the future to avoid nasty surprises. Worrying can make it seem like you have some control. We may believe that it will help us find a solution to our problems or prepare us for the worst. Chronic worrying can’t give us more control over uncontrollable events; it just robs us of enjoyment in the present, sapping our energy, and keeping us awake at night. There are healthier ways to cope with uncertainty and that begins with adjusting our mindset.

TIP 1: TAKE ACTION OVER THE THINGS WE CAN CONTROL

It’s essential that we try to refocus our minds on taking action on what is within our control and deal with issues that can be resolved. By focusing on the aspects of problems that we can control, we will switch from ineffective worrying and ruminating to active problem-solving. Sometimes all we can control is our attitude and emotional response. We need to be confident in our ability to adapt to changing circumstances. It helps to be curious and explore options for managing change.

TIP 2: CHALLENGE OUR NEED FOR CERTAINTY

While uncertainty and change are inescapable, we often adopt behaviours to try to cope with the discomfort they bring. Maladaptive behaviours can include:

- Excessively seeking reassurance from others.
- Micromanaging.
- Procrastinating.
- Repeatedly checking things.

By challenging our need for certainty, we can begin to let go of negative behaviours, reduce stress and worry, and free up time and energy for more practical purposes. We can challenge these behaviours by asking ourselves the following questions:

- What are the advantages and disadvantages of certainty? Opportunity often arises from the unexpected, facing uncertainty can also help us learn to adapt, overcome challenges, and increase resilience. It can help us to grow. Adapting to challenges can be a good opportunity to review current business strategies and consider new approaches. Accepting uncertainty doesn’t mean not having a plan or not taking action.
- How much can we be certain about in life? Behaviours such as worrying, micromanaging, and procrastinating offer the illusion of having some control, but what do they really change? No matter how much we try to plan and prepare for every possible outcome, life will find a ways of surprising us.
- Do we assume bad things will happen just because an outcome is uncertain? What is the likelihood they will? When faced with uncertainty, it’s easy to overestimate the likelihood of something bad happening and underestimate our ability to cope if it does.

TIP 3: LEARN TO ACCEPT UNCERTAINTY

No matter how much we strive to eliminate doubt and volatility from life, we do already accept risks and uncertainty every day. If we are religious, we also likely accept some doubt and uncertainty as part of our faith. When irrational fears and worries take hold, it can be hard to think logically and to accurately weigh up the probability of something bad happening. We need to avoid worst-case scenarios and having a pessimistic outlook.

TIP 4: MANAGE PHYSICAL SYMPTOMS THAT COME WITH UNCERTAINTY

It is also important to recognise the physical signs of anxiety such as muscle tension, shortness of breath, racing heart, or headache. Acknowledge our craving for reassurance and certainty and allow ourselves to feel the uncertainty. Instead of engaging in futile efforts to gain control over the uncontrollable, we can let ourselves experience the discomfort of uncertainty.

Observe our emotions. If we allow ourselves to feel fear and uncertainty, they will eventually pass. Focus on the present moment and our breathing and simply feel and observe the uncertainty we are experiencing. If the feeling of anxiety escalates into panic take some slow, deep breaths and try to be anchored in the present by focusing on the sensation of your feet on the ground and what you can see and hear in your environment.

TIP 5: FOCUS ON THE PRESENT

Uncertainty is often centred on worries about the future and what may happen. It can leave us feeling hopeless and unable to take action. One of the best ways to avoid worrying about the future is to focus on the present. By being fully connected to the present, we can interrupt the negative assumptions and catastrophic predictions running through our minds. Mindfulness is a practice in which we purposely focus our attention on the present, this calms our minds and eases stress therefore boosting our overall mood. It can take perseverance to develop mindfulness practice but the benefits are long term.

TIP 6: MANAGE STRESS AND ANXIETY

Taking steps to reduce our overall stress and anxiety levels can help us interrupt the downward spiral of negative thoughts and find inner calm.

Exercise is a natural and effective stress reliever and anti-anxiety treatment. Adding a mindfulness element to our exercise is very beneficial. When we are immersed in exercise, we are naturally mindful as we focus on what we are doing or our surroundings. Make time for relaxation. Choose a relaxation technique such as meditation, yoga, or deep breathing exercises, and try to set aside time each day for regular practice. Get plenty of sleep. Excessive worry and uncertainty can disturb sleep just as a lack of quality sleep can fuel anxiety and stress. Taking time to relax and unwind before bed will improve sleep. Eating healthy meals can help maintain energy levels and prevent mood swings. Make sure that even during a busy day in the pharmacy meal breaks are taken and have healthy snacks such as fruit and nuts on hand to boost energy levels during the day. Drink water regularly throughout the day to prevent dehydration.

During uncertain times we need to focus on caring for ourselves, managing our emotions and attitude. We do need to plan but we also need to accept uncertainty, be prepared to adapt, and rise to the challenge. By looking for opportunities in uncertainty we can develop and succeed. It can be helpful to discuss how we are feeling during uncertain times with a trusted colleague. The Pharmacists’ Support Service offers a confidential, non-judgemental listening ear to all members of the pharmacy profession in Australia over the phone on 1300 244 910, every day of the year from 8am to 11pm AEST. Pharmacists supporting pharmacists.

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GOLD CROSS



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Australian families have been using GOLD CROSS medicines for over 70 years* to help treat a wide range of everyday health concerns.

A BRIEF HISTORY OF NAPSA

In 1948, the National Association of Pharmaceutical Students of Australia (NAPSA) was established, serving as a not-for-profit organisation, and becoming the voice for various pharmacy student bodies across the country. However, in 1980, NAPSA was dissolved, only to be reformed in 2001.



Since then, NAPSA has grown to represent approximately eighteen Student Associations across Australia.

Over the years, NAPSA has proven to be an invaluable resource for pharmacy students nationwide, offering a plethora of exceptional events and resources. Among these initiatives, the annual NAPSA Congress stands as a major highlight, taking place in a different state each year.

This significant event provides students with opportunities for education, networking, and social interactions. Attendees listen to the knowledge of inspiring speakers and receive the latest knowledge within the pharmacy profession. With the generous support of key sponsors, NAPSA Congress successfully unites pharmacists and students, emphasizing the significance of the future of pharmacy.

As the national body for pharmacy students, NAPSA has been instrumental in supporting smaller pharmacy student branches across the country. These branches, spread across various states, receive constant support and regular updates from NAPSA, fostering a strong and cohesive community of pharmacy students. NAPSA serves as an essential conduit, ensuring the seamless flow of information from the Guild and other sponsors to all branches.

NAPSA's unwavering commitment to progress has enabled continuous improvements in the environment for pharmacy students. This is accomplished through ongoing internal development within the committee and strategic collaborations with external sponsors. As a result, NAPSA stands poised as the driving force propelling the future of pharmacy in Australia.



FIND OUT MORE

You can find out more about the National Pharmacy Students' Association (NAPSA) here:



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

58

The Crucial Role of Pharmacists in Oral Health Management

- Understand why they play an important role in oral health management
- Outline simple and complex oral health concerns, their presentations, and management in a community pharmacy setting
- Understand the link between oral health and chronic health conditions
- Know which medications affect oral health and how these effects can be minimised or managed



ASSESSMENT Q'S | P.72

65

Knowing your Customer: Techniques to Better Serve your Customers Based on Personality Types

- Understand the advantages of knowing your own and your customers' personality type.
- Identify personality types of DISC, Social Styles, and MBTI personality models.
- Understand the differences between different personality models
- Understand how to tailor customer service to different customer personality types.

The Crucial Role of

PHARMACISTS IN ORAL HEALTH MANAGEMENT



Optimal oral health plays a vital role in enhancing our overall quality of life and general well-being. It can be characterised as the absence of any disease or condition that impairs an individual's ability to perform essential functions such as biting, chewing, speaking, and smiling, and that affects psychosocial well-being.^[1]





Learning Objectives

After completing this activity pharmacists should be able to:

- Understand why they play an important role in oral health management
- Outline simple and complex oral health concerns, their presentations, and management in a community pharmacy setting
- Understand the link between oral health and chronic health conditions
- Know which medications affect oral health and how these effects can be minimised or managed

Competency standards addressed:

2.2, 2.3, 3.1, 3.2, 3.5, 3.6



Accreditation Number: A2309ITK1

Expires: 31/08/2025

This activity can be accredited for 1.0 hour of Group Two CPD (or 2.0 CPD credits) suitable for inclusion in an individual pharmacists CPD plan upon successful completion of the associated assessment activity.

Promoting oral health requires a collaborative effort from various disciplines, and pharmacists can play a valuable role in the community by assisting oral health professionals with their promotion efforts. Pharmacists are consulted for and participate in various oral health-related issues, including advice regarding over-the-counter (OTC) medicines and dental care products, oral hygiene promotion, management of minor oral health complaints, and facilitating dentist referrals where necessary.

Baseline knowledge of common oral health conditions, their links to chronic disease, and presenting adverse drug events in the mouth would benefit pharmacists for screening and management purposes. This article explores the multifaceted relationship between oral health, overall well-being, and the invaluable role of pharmacists in screening for oral health problems.

Pharmacist's Role in Oral Health Care

Australian and international studies report that pharmacy staff are eager to expand and undertake new roles in public health and express a strong interest in providing oral healthcare services to the community.^{[2][3]} However, 97% of pharmacists surveyed desired further education and training to improve their practice in oral healthcare.^[2]

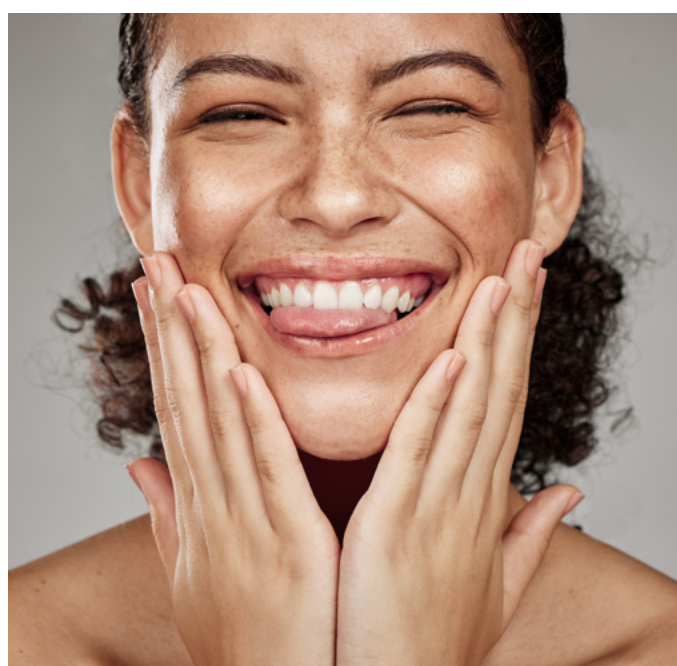
Oral health issues substantially burden the community, with dental care expenses being Australia's second most costly disease group, surpassed only by cardiovascular disease. In most cases, the expense of oral healthcare can be avoided by effective prevention strategies.^[2]

Given the accessibility and existing strong client relationships, community pharmacists are ideally positioned to address common oral health issues. For at-risk groups, such as the elderly and patients with chronic conditions (e.g., cardiovascular disease and diabetes), community pharmacists often serve as primary healthcare points of contact and these patients frequently visit the pharmacy for their prescriptions. This is

a great opportunity for pharmacists to provide health advice to patients who are at risk, as studies have shown that poor oral health is strongly linked to various chronic illnesses.^[2]

Research suggests that the most commonly reported barriers to increasing pharmacy staff involvement in oral healthcare include lack of knowledge, ongoing training requirements, and resources to assist practice.^{[2][4]}

Conversely, collaborative efforts between pharmacists and dental professionals could enhance pharmacist involvement in oral health initiatives and facilitate timely dentist referrals when necessary.^[2] Furthermore, open communication between local pharmacists and dentists could result in bi-directional conferring about oral health concerns. For example, if a dentist has ruled out malignancy as the cause of a patient's oral lesion or ulceration, they could consult a pharmacist to determine if the lesion could be due to an adverse reaction to the patient's medications (E.g. methotrexate, NSAIDs, nicorandil).^[5]



Typical Oral Health Presentations

In Australia, more than 80% of pharmacists and pharmacy assistants are consulted for oral healthcare advice up to five times or more each week.^[6] The most common requests include infant teething, oral ulcers, xerostomia, and bleeding gums (which can be a sign of gingivitis or periodontitis). A UK study reported that pharmacists were the least confident in consulting on complex oral health concerns, such as dental trauma and oral cancers.^[3]

INFANT TEETHING

This begins around six months of age but can vary from three months to one year. There is a lot of misinformation around the symptoms of teething in infants, and it must be extremely difficult, especially for first-time parents, to differentiate if their baby is teething or unwell. Pharmacists and pharmacy assistants are essential in providing accurate information to parents as well as support and reassurance. Typical symptoms babies can exhibit include swollen, tender gums, discomfort, mild fussiness, decreased appetite, and a slightly elevated temperature.^[7]

Red flags: Around the same time that teething occurs, babies begin to crawl and are prone to putting things in their mouths, rendering them more likely to pick up childhood illnesses. Symptoms include change in sleeping pattern, loss of appetite, coughing, rashes, diarrhoea, vomiting, or a high fever (>38 degrees), and are often confused with teething.^[8] Pharmacists and pharmacy assistants can help parents differentiate between typical teething symptoms and when a doctor's referral is necessary.

Management: Teething gums can be soothed by gently massaging the gum with clean fingers or a soft, wet cloth. Chilled (not frozen) teething rings and teething gels can also be helpful in reducing discomfort.

There is a risk of Reye's syndrome associated with teething gels containing 8.7–9% choline salicylate; although the risk is small, the benefits do not outweigh the risk when other options are available.^[7]

Oral paracetamol or ibuprofen can also be administered if necessary, depending on the baby's age.

MOUTH ULCERS

Mouth ulcers are common and usually due to trauma, such as from ill-fitting dentures, fractured teeth, or accidental biting. They are usually short-lived and heal within 7–14 days; however, they can be extremely painful and affect an individual's quality of life in the short term. Pharmacists and pharmacy assistants play an active role in identifying mouth ulcers, eliminating more serious causes, and assisting patients with symptom management and expedited healing advice. Less commonly, ulcers can result from microbial disease (such as herpetic stomatitis), cutaneous disease (e.g., Lichen planus), medication-induced (cytotoxic agents) or underlying vitamin deficiency (vitamin B, folate or iron).^{[9][10]}

Red flags: Ulcers that are recurrent or do not heal within 14–21 days should be referred to an oral health professional.^[11]

Management: Saline mouthwash can soothe mild ulcers (dissolve half a teaspoon of salt in a glass of warm water). Non-alcoholic chlorhexidine mouthwash can be used short-term to hasten ulcer healing and prevent secondary infection.^[5]

Topical corticosteroids (e.g triamcinolone paste – Kenalog in Orabase) may offer symptomatic relief and promote the healing of mild to moderate ulcers. They are best applied in the prodromal (tingling or swelling) or when ulcers first appear.^[5]

Pregnant women can use protectants with no active ingredients (such as Orabase) that stick to the mucosa and protect the ulcer from further abrasion.



ORAL CANCER

Cancer that develops on the lips, tongue, cheeks, floor of the mouth, the hard and soft palate, as well as the throat, tonsils, and salivary glands. The presentation can range from a visible mass or lump (which may or may not be painful), red or white patches in the mouth, and difficulty swallowing or moving the tongue or jaw. Risk factors include tobacco use (smoking or chewing), heavy alcohol consumption, human papillomavirus (HPV) infection, and sun exposure (for lip cancer).^[9]

Red flags: It is difficult to differentiate between a cancerous lesion and a general ulcer as both present as a visible mass or ulcerated skin. Oral epithelium usually heals in 7–14 days in most conditions. Cancerous lesions will extend beyond this time; therefore, if someone presents with lesions in the mouth beyond 14–21 days, refer them to their dentist for further investigation.^[9]
^[12] Regular dental visits are the best course to identify malignant lesions; however, for those who lack access to dental healthcare, pharmacists may be the only health professional they have access to. Pharmacists can actively encourage those who do not frequently visit the dentist to seek treatment when a referral is crucial.

DENTAL CARIES & TOOTHACHE

Caries can initially be pain-free and either not visible or visible as dark-coloured holes on the tooth surface.^[13] Advanced caries lesions are the most common cause of toothache. Pain or discomfort can vary in intensity from mild to severe and may present as sharp, throbbing, or constant ache. The risk of tooth decay can be reduced by good oral hygiene and a healthy diet. While toothache is generally caused by advancing caries lesions, it can also result from gum disease, dental abscesses, cracked or damaged teeth, exposed roots, or teeth grinding (bruxism).^[13]

Red flags: Pain can signify many dental issues, including tooth decay, gum disease, or dental abscess. Persistent, severe toothache or associated symptoms like fever and swelling localised to the jaw area require immediate referral to an oral health professional. Dental abscesses that swell beyond the confines of the jaw have the potential to obstruct the airway and require direct hospital referral.^{[13][14]}

Management: All presentations of toothache or caries should be referred to an oral health professional for treatment.

Oral analgesics can be used to manage pain, and gentle saltwater rinses to assist with inflammation until the individual can make an appointment with an oral health professional.^[13]

Clove oil (and containing products) can be used due to its natural numbing properties and may be able to reduce tooth pain for a short time; however, this is not in place of a dentist referral.^[15]

Fluoride encourages tooth enamel to repair itself and can be used in the early pre-caries stage when the enamel starts to break down.

DENTAL TRAUMA

Any trauma to the mouth or teeth, such as a knocked-out tooth, a broken tooth, or a dislodged tooth.

Management: If an adult or permanent tooth is knocked out, advise the patient to remain calm and act quickly. Reassuring them that seeing an oral health professional within 30 minutes drastically improves the tooth's prognosis.^[16]

1. Find the tooth and pick it up by the crown, not the root surface. The crown is the part of the tooth that can be seen inside the mouth.
2. If the tooth is dirty, gently rinse it in milk or saline. Do not scrub the tooth.
3. Place the tooth in the empty space in the mouth where the tooth was located before. Make sure it is facing the correct way.
4. Gently bite down on a soft cloth or tissue to hold the tooth in place until you see the dentist.

If you cannot place the tooth back in the mouth, place it safely in a container and cover the tooth with milk or the person's own saliva. Do not transport the tooth in water or wrapped in a tissue or cloth.

Having treatment as soon as possible can help to improve the long-term outcome.^[16]

GINGIVITIS

The first stage of gum disease. The bacteria in plaque feed on the sugars in consumed food, and their waste products cause inflammation. Gums will appear inflamed, swollen and can bleed, particularly during or after brushing. People may consult pharmacists about bleeding gums, believing they have brushed too hard, not knowing it could be a sign of underlying problems. If left untreated, gingivitis can progress to periodontitis.^[17]

Management: Gingivitis needs to be diagnosed by an oral health professional. If gingivitis is suspected, refer to the patient for diagnosis and treatment.



PERIODONTITIS

Periodontitis occurs when gingivitis progresses, it presents with sensitive teeth, receding or sore gums, halitosis and it affects at least 25% of adults.^[18] Further progression of periodontitis results in gaps forming between the teeth and the gums, known as periodontal pockets. Teeth can shift position, start wobbling and hurt when chewing.^[17] A tell-tale sign of periodontitis can be quite severe halitosis. As pharmacies stock a range of breath-freshening products, customer product requests could act as an opportunity to open discussion about conditions that accompany bad breath, like periodontitis.

Management: Periodontitis needs to be diagnosed by an oral health professional. If periodontitis is suspected, refer to the patient for diagnosis and treatment.

Stages of Periodontal Disease



XEROSTOMIA AND THE IMPORTANCE OF SALIVA

The incidence of xerostomia (feeling of dry mouth) and reduced salivary flow increases with age, the number of chronic conditions an individual has and is strongly associated with medications.^[11]

Saliva performs many essential functions within the mouth:

- Preventing decay via pH buffering and antimicrobial activity
- Neutralises mouth, food, and plaque acids
- Clearance of glucose and bacteria
- Prevent demineralisation of tooth surface
- Enables effective speaking and eating
- The absence of adequate saliva can result in opportunistic infections such as *Candida albicans*

Medication use is one of the most common causes of xerostomia and hyposalivation, with dry mouth listed as an adverse effect for over 500 medications.^[19]

A significant association exists between prescription medicines, saliva function, and rapidly progressing multiple decaying teeth. This is particularly a problem in older people, where polypharmacy is common.^[11]

Many medications prescribed to older people have anticholinergic activity, which results in a marked decrease in saliva flow due to reduced activity at the muscarinic receptors in the salivary glands.^[11] Anticholinergic burden can contribute to malnutrition in older adults, causing severe health consequences such as falls, osteoporosis, orthostatic hypotension, and mortality. Anticholinergic side effects, xerostomia and cognitive sedative effects contribute to this malnutrition as affected adults have poor dentition, altered taste, and difficulty swallowing and digesting food.^[20]

Management of xerostomia:

- Encourage adequate hydration (2–2.5L of water per day) and discourage sugary drinks, caffeine, and fruit juices.^[21]
- Chewing sugar-free gum 4–6 times a day after meals (chewing neutralises mouth and plaque acid and maintains saliva gland function).^[21]
- Products that act as a replacement for saliva; this can include gels, mouthwashes, or mouth sprays.^[5]

In complex cases, pharmacist intervention via a medication review may enable the anticholinergic burden to be reduced via reducing the dose of anticholinergic medicines, swapping to a drug with less anticholinergic activity or dividing doses throughout the day.^[11]

Oral Health Condition	Prevention and/or Management	When to Refer
Infant teething	Soft massage with a clean finger or damp cloth Chilled teething rings Teething gels (avoid gels with 8.7–9% choline salicylate) Short term oral paracetamol or oral ibuprofen (depending on age)	Loss of appetite Coughing Rash Diarrhoea Vomiting High fever (>38 deg)
Mouth Ulcers	Saline mouth wash (1/2 teaspoon of salt in a cup of warm water) Non-alcoholic chlorhexidine mouthwash Topical corticosteroid (e.g. Kenalog in Orabase) Protectant gel (e.g. Orabase)	Recurrent ulcers Persistent ulcers (>14–21 days)
Oral cancer	Stop smoking or chewing tobacco Reduce alcohol consumption if heavy Reduce sun exposure Protect against HPV	Persistent lesions (14–21 days)
Dental caries	Oral hygiene (twice a day brushing with age-appropriate toothpaste and cleaning between teeth) Topical fluoride application Healthy diet	Refer all cases to an oral health professional
Toothache	Oral paracetamol and ibuprofen Topical clove oil (and containing products)	Refer to oral health professional even if pain improves with treatment
Dental trauma	Rinse the tooth in milk or saliva if dirty Place in the empty space where the tooth was Gently bite down on soft cloth/tissue	See an oral health professional as soon as possible (ideally within 30 minutes)
Gingivitis and periodontitis	Oral hygiene (twice a day brushing with age-appropriate toothpaste and cleaning between teeth)	Refer all cases an oral health professional

Importance of Oral Health Association and Chronic Diseases

A healthy mouth is essential for maintaining strong teeth, gums, and surrounding oral tissues. Furthermore, there are strong associations between poor oral health and many chronic diseases, such as:

- cardiovascular disease ^{[1][22]}
- diabetes ^{[1][22]}
- respiratory infections ^{[1][22]}
- dementia ^[1]

Although a causal link between poor oral health (dental caries and periodontal disease) and chronic conditions has not been established, various mechanisms have been explored. Studies suggest bacteria can enter the bloodstream via caries lesions or periodontal pockets.^[23] This bacteraemia and associated inflammatory sequelae can cause immune responses locally and systemically, which research suggests could contribute to the above chronic diseases.^[24] In the case of diabetes, this periodontal inflammation negatively affects glycaemic control, with periodontal treatment shown to improve metabolic control.^[25]

Preventative Measures – General Hygiene

Pharmacy assistants and pharmacists possess the knowledge to assist people with general oral preventative hygiene measures. As pharmacies sell a range of dental products; toothbrushes, mouthwash, and interdental cleaning products this provides an excellent opportunity to share their knowledge regarding hygiene measures for different age and patient groups.

Babies: Toothbrushing is recommended when babies get their first tooth, usually around six months old.^[8] A variety of infant-targeted toothpastes are available, which are targeted to this age group as they have less fluoride content. These products have a milder flavour, which is better tolerated in this age group.

Kids: Brushing twice daily with low-fluoride toothpaste is recommended for children aged 18 months to 6 years. From 6 years and above, standard adult fluoride toothpaste can be used. Flossing is also recommended when children have two teeth touching side by side. ^[8]

Braces: Brushing after every meal is recommended for those who wear braces, as food can get trapped around the brackets. As string floss can be difficult to manoeuvre, interdental brushes can assist in cleaning between teeth and orthodontic brackets.

Adults: Toothbrushing should be done twice daily for 2 minutes with fluoride-based toothpaste and cleaning between the teeth with dental floss or an interdental brush. Dentists might recommend a higher concentration of fluoride toothpaste (i.e. 1500ppm to 5000ppm) for teenagers, adults and older adults at an elevated risk of developing tooth decay.

Pregnancy: Changes to hormones in pregnancy can make gums more sensitive to bacteria in the mouth and, therefore, more susceptible to gingivitis. Periodontitis during pregnancy is associated with pre-term births, low birth weight babies and pre-eclampsia. It is essential that pregnant women brush twice daily for 2 minutes and clean between the teeth with dental floss or an interdental brush.

Vomiting and reflux are common during pregnancy; if acid sits on the teeth for too long, this can result in dental erosion. If possible, do not brush straight after vomiting or reflux; wait one hour before brushing (rinse mouth out with water in the interim instead). This allows saliva to neutralise the acid rather than brushing it straight into the teeth.^[26]

Elderly: Elderly people are at significant risk of decay and periodontal disease due to the natural decrease in saliva that occurs with age and the contribution of polypharmacy. Toothbrushing should be done twice daily for 2 minutes with fluoride-based toothpaste and cleaning between the teeth with dental floss or an interdental brush. Dentists might recommend a higher concentration of fluoride toothpaste (i.e. 1500ppm to 5000ppm) for those at an elevated risk of developing tooth decay.



Medications that can Contribute to Oral Health Problems

Condition	Medicine Group
Reduce Saliva ^{[19][28]}	Antidepressants Antipsychotics Antihistamines Anticonvulsants Antiparkinsonism agents Muscarinic and α -receptor antagonists Diuretics β -blockers ACE inhibitors Bronchodilators (Salbutamol, terbutaline) Calcium Channel blockers Decongestants
Cause Ulceration of mucosa ^{[19][28]}	NSAIDs – particularly Piroxicam Trimethoprim-sulfamethoxazole Cyclooxygenase-2 inhibitors Losartan Rapamycin inhibitors (e.g., sirolimus) Methotrexate Hydroxyurea 5-fluorouracil
Angioedema ^{[19][28]}	ACE inhibitors Angiotensin receptor blockers Calcium channel blockers Hydrochlorothiazide Clopidogrel Infrequently – simvastatin, Fluvastatin, atorvastatin and pravastatin
Cause tissue pigmentation ^{[19][28]}	Tetracycline, Minocycline Hydroxychloroquine Drug metabolites chelate with iron and melanin, which can result in pigmentation of the hard palatal mucosa.
Gingival hyperplasia ^{[19][28]}	Calcium channel blockers – Nifedipine and amlodipine Phenytoin Calcineurin inhibitors – cyclosporin and, less frequently, tacrolimus
Affect Bone – osteonecrosis ^{[19][28]}	Bisphosphonates Denosumab Bevacizumab Sunitinib

Summary

The relationship between oral health, chronic disease and overall well-being is multifaceted. Pharmacists possess the expertise and accessibility, to address both simple and complex oral health concerns within the community pharmacy setting. This is clear, being that 80% of pharmacists are consulted for oral health care advice more than 5 times per week.

By understanding the link between oral health conditions (e.g., periodontitis) and chronic conditions such as diabetes and cardiovascular disease, pharmacists can also provide comprehensive care that considers broader health implications. Furthermore, a pharmacist's knowledge of extensive adverse drug affects that present in the mouth, also opens the opportunity of bi-directional conferring between pharmacists and dentists to achieve better health outcomes for patients overall.



“PHARMACISTS CAN ALSO PROVIDE COMPREHENSIVE CARE THAT CONSIDERS BROADER HEALTH IMPLICATIONS.”

KNOWING YOUR CUSTOMER

Techniques to Better Serve your Customers Based on Personality Types

In the dynamic landscape of healthcare, pharmacies have emerged as central hubs of wellness, catering to the needs of an ever-expanding population. The pharmacy landscape has witnessed a significant shift, as an unprecedented surge in demand has placed pharmacists and staff under immense pressure to serve a growing customer base. In addition, there is an increased amount of responsibility with growth in the scope of practice.

Words | Kelsey Brosnan





Learning Objectives

On completing this activity pharmacists should be able to:

- Understand the advantages of knowing your own and your customers' personality type.
- Identify personality types of DISC, Social Styles, and MBTI personality models.
- Understand the differences between different personality models
- Understand how to tailor customer service to different customer personality types.

Competency standards addressed:

2.1, 2.3, 2.4, 4.1, 4.3, 4.6



Accreditation Number: A2309ITK2

Expires: 31/08/2025

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

As pharmacies struggle to cope with an increased volume of customers, a disconnect emerges between the personalised care customers desire and the swift, transactional interactions they often receive. Effective strategies which can help pharmacy staff build rapport quickly and efficiently and provide tailored customer service can lead to improved customer satisfaction, establishment of long-lasting relationships, and repeat business. In this article, we explore personality profiling as a strategy that can empower pharmacies to rise to the challenge of growing customer loyalty while navigating the surge in demand. The focus is on enabling staff to engage with customers more meaningfully by learning about different personality styles and understanding how to use this knowledge to provide tailored customer service.

Research on retail shoppers considers customer personality as a crucial factor affecting their interactions and choices. Various studies have explored the relationship between customers' personality traits and their behaviour in a retail setting, finding that they play a significant role in forming shopping motives and influencing the time spent in a store, as well as the perception of the store's appeal. They define their unique shopping needs and preferences across different retail settings. Several studies have found a strong relationship between personality domains and brand preferences, impulsive buying behaviour, and in-store versus online purchasing.¹

Personality profiling can be a powerful tool in a retail setting to increase sales opportunities and alleviate conflict and misunderstandings between retail staff and customers.² By recognizing customers' personality traits, retail staff can adapt their sales approach accordingly.³

Personality Profiling

UNDERSTANDING YOUR OWN PERSONALITY TYPE

Personality profiling can provide significant advantages for staff members as they strive to provide the most effective interactions with customers. By understanding their own personality type, they can gain valuable insights into their communication style, strengths, and areas for improvement. This heightened self-awareness fosters improved customer interactions, better conflict resolution, and better teamwork. Personality profiling can provide numerous personal advantages as well. It provides greater insight into behaviours, emotions, and reactions, leading to improved self-awareness and informed decision-making. It can aid in stress management and provide insight into why certain situations are more triggering than others.

UNDERSTANDING YOUR CUSTOMERS' PERSONALITY TYPE

Understanding customers' personality profiles is just as important in improving customer interactions. Recognising and adapting to different personalities is vital for providing tailored and compassionate care. By tailoring their approach, pharmacy staff can quickly build rapport, anticipate needs, and deliver better customer service.

Identifying a customer's personality profile can be difficult because interactions in pharmacy are often brief; however, by observing non-verbal cues, body language, and certain behaviours we can recognise some common traits of different personality types and gain useful insights into customers' preferences. For example, assertive and demanding customers may value efficiency and problem-solving, while cautious customers may require extra reassurance before making a purchase. By catering to these specific needs, staff can build trust and satisfaction, leading to higher customer loyalty and repeat business.⁴

COMMUNICATION

Personality profiling helps retail staff better understand their own communication styles and recognize those of their customers. This awareness fosters more effective communication, as staff adapt their language and tone to match customers' preferences.⁵ Improved

communication reduces the likelihood of misunderstandings and friction during interactions. For example, recognizing introverted customers' desire for privacy can help staff offer help without overwhelming them. Empathy leads to positive interactions and minimizes potential conflicts arising from misunderstandings or misinterpretations.

CONFLICT RESOLUTION

Understanding different personality types can also guide staff in handling conflicts more effectively.⁵ Some customers may respond well to a direct and assertive approach, while others may prefer a more patient and empathetic resolution. By adapting conflict resolution strategies to customers' personalities, retail staff can de-escalate tense situations. When staff demonstrates an understanding of customers' preferences and communication styles, customers feel valued and appreciated. These positive experiences lead to stronger relationships and customer loyalty, benefiting the retail business in the long run.

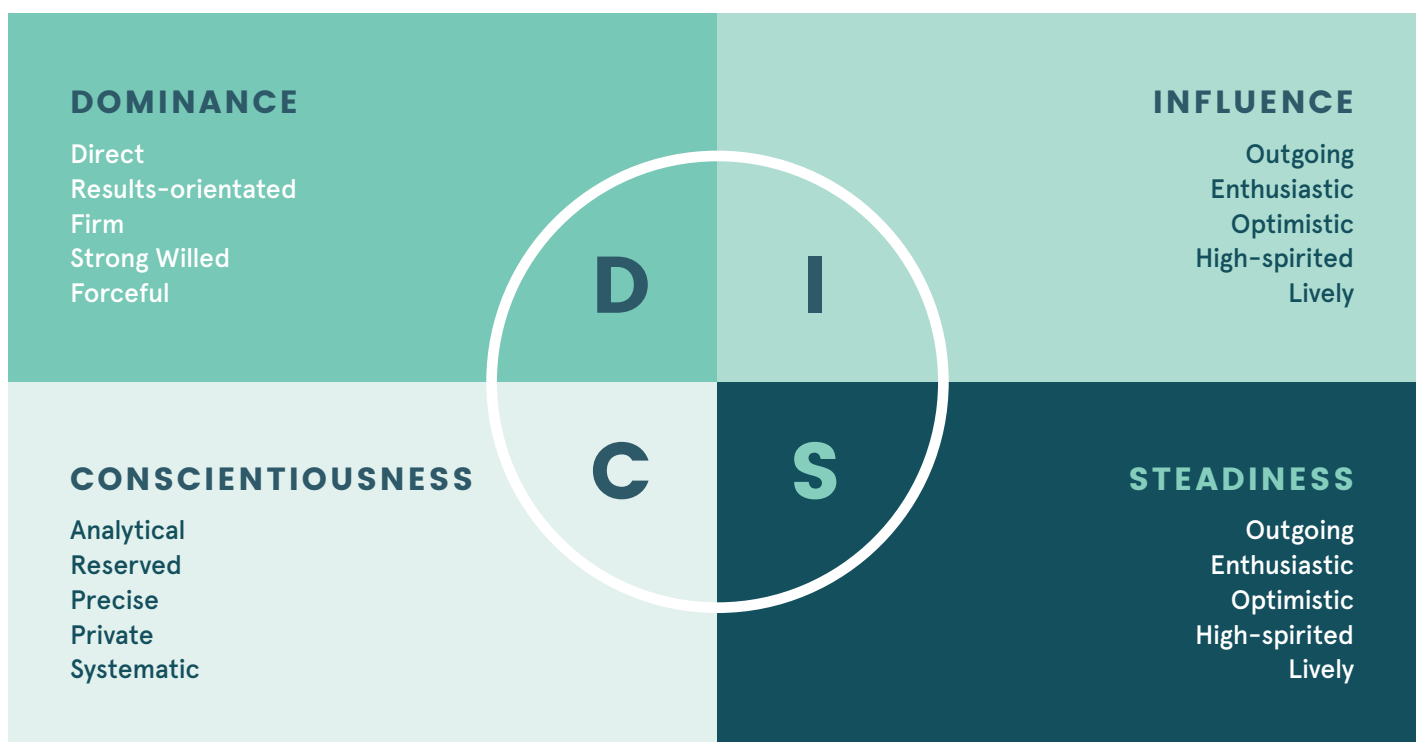
Many personality profiling models are easily accessible, and a few have demonstrated usefulness in improving customer interactions in retail settings. Here, we will discuss the DISC model, the Myers-Briggs Type Indicator (MBTI), and the Social Styles Model and provide some examples of how they can be used to give more personalised service.

DISC Model

The DISC model is a behavioural assessment tool. It focuses on identifying how people tend to behave in certain situations and how they communicate with others. The DISC model is often used in professional settings to improve communication, team dynamics, and conflict resolution. It can be effectively applied in community practice for customer service training, as it provides practical insights into communication styles and ways to adapt to different customer behaviours.

The DISC model classifies individuals into four primary personality types: Dominance (D), Influence (I), Steadiness (S), and Conscientiousness (C). It focuses on behaviour and communication styles. Dominant individuals are assertive and decisive, Influencers are outgoing and enthusiastic, Steady individuals are calm and accommodating, while Conscientious individuals are analytical and precise.

Effectively identifying DISC personalities in staff and customers require observation, active listening, and a genuine interest in understanding individual communication styles.⁶ While it may not always be possible to obtain a formal DISC assessment, the following behavioural cues can serve as valuable indicators in recognizing each personality type:



www.flashpointleadership.com/blog/the-disc-profile-explained-how-two-identical-disc-styles-can-be-unique

PRACTICAL TIPS ON HOW TO USE DISC MODEL FOR STAFF PERSONALITY PROFILING.

Staff who have the **Dominance personality type** are usually assertive, results-oriented, and quick decision-makers: however, they need to balance assertiveness with empathy and listening.

Staff with the **Influence personality type** are usually outgoing and enthusiastic and great at building rapport.

They can get distracted and need to work on focusing on patients' needs to deliver effective care.

Staff with a **Steadiness personality** are calm, patient, and cooperative. They provide reassurance and empathy while addressing important healthcare issues.

Staff with **Conscientiousness personalities** are analytical and detail-oriented. They offer well-researched information and explanations; however, they need to be careful to avoid overwhelming patients with excessive details.

Social Styles Model

The Social Styles Model emphasizes understanding how individuals interact with others and handle interpersonal relationships. It is often used to improve communication, teamwork, and sales strategies by tailoring interactions to suit different social styles. The Social Styles Model can be highly applicable in improving customer service. Staff can improve communication, build rapport, and effectively address the needs of customers by recognizing and adapting to their social styles.

The Social Styles Model categorizes individuals into four primary social styles based on their assertiveness and responsiveness levels: Driver, Expressive, Amiable, and Analytical. Each style is characterized by specific communication preferences and behaviours.⁷

ANALYTICAL

NEEDS: to be right

PREFERS: to think

WEAKNESS: critical

Keep to specific issues. Be more formal, serious and listen. Have a strong agenda and structure. Speak Slow

DRIVER

NEEDS: results

PREFERS: action

WEAKNESS: listening

Don't waste time and get to the point. Talk work and task. Be Prepared with decision and recommendation before meeting

AMIALE

NEEDS: to feel safe

PREFERS: relationships

WEAKNESS: taking action

Smile and be relaxed, show interest in them as a person. Be prepared to lead the discussion. Give suggestions – avoid statements. Summarise frequently

EXPRESSIVE

NEEDS: approval

PREFERS: spontaneity

WEAKNESS: impulsiveness

Adopt a positive attitude. Return their humour. Be open and direct. Agree any action in specific terms. Allow the ideas to storm.

Driver social style is assertive, direct, and results-driven. Staff with the Driver social style focus on achieving goals and making quick decisions; however, they need to learn to balance assertiveness with empathy during customer interactions. Customers with a driver social style may come into the pharmacy with a clear purpose and want fast service.

Best Approach: Pharmacy staff should approach these customers with efficiency and promptness. Respect their time and prioritize their needs. Keep counselling brief and provide written information where possible.

Amiable social style is calm, patient, and cooperative. People with this social style prioritize harmony and create a supportive environment, making patients feel at ease. They are good at addressing difficult topics and resolving conflicts. Customers with an amiable social style value harmonious interactions and seek a supportive environment in the pharmacy.

Best Approach: Pharmacy staff can create a welcoming atmosphere for these customers by being friendly and empathetic. Take the time to listen attentively to their concerns and address any difficult topics or conflicts with care. Focus on building a positive relationship to make them feel at ease.

Expressive social style is enthusiastic and outgoing, excelling in building relationships. People with this social style are good at creating a warm and welcoming atmosphere for patients, but they sometimes need to be reminded to prioritize customers' needs and avoid distractions. Customers with an expressive social style may engage in friendly conversation and seek a warm and inviting environment.

Best Approach: Pharmacy staff should greet these customers with genuine warmth and friendliness. Be responsive to their social cues and engage in light conversation if appropriate. However, remember to prioritize their needs and avoid getting too distracted by casual talk.

www.clickthrough-marketing.com/blog/merrill-reid-social-styles-model

Analytical social style emphasizes accuracy, attention to detail, and structured processes. In general, people with analytical social style excel in data analysis, providing well-researched information and data-driven decisions. Retail staff with analytical social style shine at providing a wealth of knowledge to their customers but should be aware that some may find excessive details overwhelming. Customers with an analytical social style may ask specific questions about product ingredients, dosage forms, or potential interactions.

Best Approach: Pharmacy staff can best serve these customers by providing well-researched and evidence-based information. Be prepared to answer detailed questions and offer data-driven explanations. Be diplomatic about how you provide information that might conflict with what the customer believes is right.

The Myers-Briggs Type Indicator (MBTI)

The Myers-Briggs Type Indicator (MBTI) is a personality assessment based on the theories of Carl Jung. The MBTI aims to understand how individuals perceive the world, make decisions, and interact with others. It is commonly used for personal development, career counselling, and team building. The MBTI may be less directly applicable to customer service in community practice due to its focus on cognitive preferences rather than observable behaviour however it offers a deeper understanding of the individuals' traits.

MBTI categorizes individuals into 16 distinct personality types based on four dichotomies: Extroversion (E) vs. Introversion (I), Sensing (S) vs. Intuition (N), Thinking (T) vs. Feeling (F), and Judging (J) vs. Perceiving (P). Each combination of these preferences yields a specific personality type, such as ISTJ (Introverted, Sensing, Thinking, Judging) or ENFP (Extroverted, Intuitive, Feeling, Perceiving). The MBTI helps individuals understand their communication styles, decision-making processes, and work preferences.⁸

Energy direction	E – extroversion <i>Gains energy from social interactions</i>	I – Introversion <i>Recharges alone</i>
Information processing	S – Sensing <i>Relies on senses and facts</i>	N – Intuition <i>Explores patterns and possibilities</i>
Decision making	T – Thinking <i>Is logical</i>	F – Feeling <i>Emphasises empathy and emotions</i>
Approach to life	J – Judging <i>Prefers structure</i>	P – Perceiving <i>Is flexible</i>

An **extroverted customer** often enters the pharmacy with a cheerful demeanour, strikes up conversations with staff and other customers, and may share personal experiences or health-related stories while waiting for their prescription.

Approach: Provide a warm and welcoming environment to make them feel at ease. Offer personalized recommendations and take the time to explain their medications in detail. Engage in friendly small talk and actively listen to their stories.

An **introverted customer** usually prefers to keep to themselves, quietly waiting for their turn, and may seem hesitant to engage in conversations unless approached gently and respectfully.

Approach: Respect their need for privacy and personal space. Avoid excessive small talk and allow them time to process information. Offer a private consultation area if available and provide written information to review at their own pace.

A **sensing customer** may approach the pharmacy counter with a written prescription and ask detailed questions about the dosage, administration, and potential side effects of the medication.

Approach: Provide clear and concise information about their prescribed medication. Use visual aids or diagrams to explain instructions effectively. Offer them information leaflets or brochures for additional reading.

An **intuitive customer** may come to the pharmacy with a prescription but also inquire about alternative medications or natural remedies that align with their preferences and beliefs.

Approach: Be open to discussing alternative options and natural remedies. Offer evidence-based information on the effectiveness and safety of different choices. Respect their preferences and provide non-judgmental guidance.

A **thinking customer** carefully compares prices, reviews, and active ingredients of different over-the-counter medications before making a rational choice based on value and efficacy.

Approach: Provide detailed information on product specifications and comparisons. Offer insights into clinical studies and research findings to support their decision-making. Be patient and answer all their queries.

A **feeling customer** seeks a pharmacist's advice with compassion and empathy, expressing concerns about how the medication may impact their daily life and overall well-being.

Approach: Show empathy and understanding toward their emotions and concerns. Take the time to address their questions and provide reassurance. Offer additional support resources, such as helplines or support groups, if applicable.

A **judging customer** arrives at the pharmacy with a well-organized list of medications they need, expecting a quick and efficient service to fit into their planned schedule.

Approach: Acknowledge their organized approach and strive to meet their expectations for efficiency. Offer fast and accurate service, ensuring all medications are ready per their schedule.

A **perceiving customer** may come to the pharmacy with a prescription but is open to discussing different brands or forms of medication, willing to explore options before making a decision.

Approach: Engage in open discussions about various medication options and be flexible with their preferences. Provide comprehensive information about different brands and forms, empowering them to make informed choices.

It is important to recognize that individuals may exhibit a blend of MBTI traits, and their preferences can change depending on the context. Therefore, staff should approach customer interactions with flexibility and adaptability.⁷

This model offers a deeper and more comprehensive understanding, benefiting individuals significantly. While it may be more complex and challenging to determine a customer's specific profile, it provides valuable insights for staff to grasp their own intricacies, strengths, and weaknesses. It serves as an excellent tool for personal growth and self-awareness.



Summary

Each personality model has its strengths and weaknesses and the choice of which one to use depends on the specific context and goals of the assessment. Different individuals may find one model more relevant and useful to their specific requirements than others. It is crucial to approach personality assessment models responsibly, recognizing that they are tools for self-discovery and understanding. They are intended to be used as guides for personal growth, teamwork, and improving customer interactions.

The future of pharmacies hinges on their adaptability and commitment to cultivating patient loyalty. By upholding the values of personalised service, empathy, and patient-centred care, pharmacies can transcend their roles as medicine providers and continue to be partners in an individual's healthcare journey. In an evolving and fast-paced world, building patient loyalty will remain the foundation of success, ensuring that pharmacies continue to serve as an integral part of society's healthcare team.

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The Crucial Role of Pharmacists in Oral Health Management

01 Pharmacists can play an important role in managing common oral health issues because they:

- a) Are easily accessible
- b) Frequently engage with people at high risk of poor oral health
- c) Sell products and OTC medicines which are used to prevent or manage oral health issues
- d) Understand which common medications can cause oral health issues
- e) All of the above

02 Which of the following is true regarding oral health concerns seen in a community pharmacy setting:

- a) Teething occurs most commonly around three months of age and is very easy to distinguish from other childhood illnesses
- b) Mouth ulcers are short-lived but painful and usually heal within 7–14 days.
- c) Toothache can be managed with paracetamol and ibuprofen, and there is no need to refer to the dentist
- d) If a patient comes in with a knocked-out tooth, the best course of action is to wrap it immediately in a cloth or put it in water and see the dentist as soon as possible
- e) Periodontitis can be very uncomfortable for sufferers but will resolve with regular use of mouth wash

03 Which of the following options is incorrect regarding the link between oral health and chronic health conditions:

- a) A causal link has definitively been established between the oral health and chronic health conditions
- b) A causal link has not been established; however, there is a strong association between poor oral health and many chronic diseases
- c) Studies suggest the effect of poor dental health on chronic health conditions could be the result of bacteria entering the bloodstream via caries or dental pockets, as well as associated inflammation
- d) B and C
- e) A and C

04 Which is true of Xerostomia:

- a) A wide variety of medications can contribute to xerostomia, including medicines with anticholinergic activity, antidepressants, diuretics and anticonvulsants
- b) The incidence of xerostomia increases with age, the number of chronic conditions an individual has, and is strongly associated with medications
- c) Can be managed by adequate hydration, chewing sugar-free gum, and using saliva replacement products such as gels or sprays
- d) All of the above

05 Which of the following statement is incorrect:

- a) Toothbrushing is recommended when babies get their first tooth, usually around six months old.
- b) Brushing twice daily with high-fluoride toothpaste is recommended for children aged 18 months to 6 years.
- c) Adults should brush their teeth twice daily for 2 minutes with fluoride-based toothpaste and clean between the teeth with dental floss or an interdental brush
- d) Brushing after every meal is recommended for those who wear braces, as food can get trapped around the brackets
- e) Dentists might recommend a higher concentration of fluoride toothpaste (i.e. 1500ppm to 5000ppm) for teenagers, adults and older adults at an elevated risk of developing tooth decay.



LEARNING OBJECTIVES

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

- Understand why they play an important role in oral health management
- Outline simple and complex oral health concerns, their presentations, and management in a community pharmacy setting
- Understand the link between oral health and chronic health conditions
- Know which medications affect oral health and how these effects can be minimised or managed



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Knowing your Customer: Techniques to Better Serve your Customers Based on Personality Types

01 Which of the following options outlines the benefits of understanding your own and your customers' personality type?

- a) Improved communication
- b) Improved conflict resolution
- c) Improved customer interaction
- d) All of the above

02 Which of the following describes different personality types of Social Styles model?

- a) Dominance, Influence, Conscientiousness, and Steadiness
- b) Analytical, Dominant, Driver, Expressive
- c) Analytical, Driver, Amiable, Expressive
- d) Extroversion, Introversion, Sensing, Intuition, Thinking, Feeling, Judging, Perceiving

03 Which of the following statements is correct?

- a) DISC, Social Styles and MBTI are the only three models that describe different personality types
- b) DISC, Social Styles and MBTI are only intended for professional development
- c) All personality models are based on observable behaviours
- d) There are many different personality type models which can be used for personal growth, teamwork, and improving customer interactions



LEARNING OBJECTIVES

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

- Understand the advantages of knowing your own and your customers' personality type.
- Identify personality types of DISC, Social Styles, and MBTI personality models.
- Understand the differences between different personality models
- Understand how to tailor customer service to different customer personality types.

04 A person with a Driver personality style according to the Social Styles Model is?

- a) Critical of others and themselves and struggles to make data-driven decisions
- b) Has a wealth of knowledge but does not know how to communicate well
- c) Prefers quick interactions which are straight to the point
- d) Has low confidence and needs approval of others

05 A customer present asking for Travel Calm ginger tablets. She tells you her daughter who lives in UK has had a baby. It is her first grandchild child and she's very excited about becoming a grandma. She is very excited because she will be travelling to visit them next week. She needs ginger for the long bus drive from the airport to her daughter's house because she sometimes gets a bit of motion sickness. Reflecting on different personality types which do you think is the best way to provide personalised customer service?

- a) Engage in friendly small talk about her grandbaby before you process the transaction and give appropriate advice on how to take the tablets. You politely enquire if she will need anything else for her trip you might be able to help her with?
- b) Explain that there are many other alternatives to ginger tablets and go through the pros and cons of each product.
- c) Nod politely and process the transaction quickly and efficiently as there are other customers waiting.
- d) Tell her she should buy some garlic and horseradish tablets as it is winter in UK and it could reduce her chances of getting sick



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