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## — PHARMACY —

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# PRESIDENT'S MESSAGE

**Professor Trent Twomey**

National President, Pharmacy Guild of Australia

## Community Pharmacy's Evolution

**Next year is the final 12 months of the Guild's current 10-year plan, Community Pharmacy 2025. It's a strategy that has served both community pharmacists and patients well, guiding our response to a global pandemic, helping achieve cheaper medicines for all Australians and critically, preserving our proven community pharmacy model.**

The work starts now to develop the next community pharmacy plan – a strategy that will set our sector up for continued success out to 2035 and beyond. The most important part of this process will be a nation-wide consultation with community pharmacy's stakeholders including our most important stakeholders – patients.

In many ways, Community Pharmacy 2025 has laid strong foundations for the next 10 years, particularly in taking Full Scope of Practice from a concept on a page to a living, working reality in community pharmacies across the country.

For scope of practice evolution, it's been a hugely positive short period. In the past two months, governments in the Northern Territory, New South Wales and South Australia have all committed to empowering pharmacists to do more for their patients. Each jurisdiction drawing on the Queensland Pilot as the exemplar light on the hill.

Empowering community pharmacists to do more for patients is a no-brainer for governments seeking to relieve cost of living pressures and to find solutions to blown out GP waiting times and overcrowded emergency departments.

I was delighted to recently present to Green Cross Health New Zealand. New Zealand are early adopters of full scope of practice and in Australia we are fortunate enough to be able to draw on the experiences of our neighbours. Green Cross Health in particular is a blueprint for the delivery of holistic primary health care.

On page 9 of this edition of *Australasian Pharmacy*, readers will find a jurisdiction-by-jurisdiction progress summary of Australia's Full Scope of Practice roll-out. It's now beyond doubt: community pharmacy as we know it is evolving. It is changing from a traditional dispensary only model to holistic health hubs: a new frontier in the delivery of primary health care.



*World Pharmacists Day celebrations at Coober Pedy Pharmacy*





*Pharmacists Theo Skrembos and Farzanah Nowrozi at Bayside Pharmacy Practice in South Australia. Pictured with Chris Picton MP, Jayne Stinson MP, Manya Angle, Helen Stone, SA Branch Vice President Nick Panayiaris, SA Branch President Matt Gillespie, Chief Pharmacist Naomi Burgess and National President Trent Twomey following the SA scope of practice announcement on World Pharmacists Day*

With government support secured, the next challenge is for community pharmacists to undergo the study and training required to qualifying as a prescribing pharmacist. I have done it. Over the course of eighteen months, I went back to university and recently graduated with my prescribing qualifications.

In the following pages, recently appointed CEO of Australasian College of Pharmacy, Amanda Seeto writes about the College's important role in facilitating the upskilling of pharmacists to deliver scope. Amanda herself, now a prescribing pharmacist, explains how the merger between the College and GuildEd is making scope of practice and CPD learning more efficient and more accessible.

Wednesday 25 September was, of course, World Pharmacists Day and what a day it was! Australians from all over, including our Prime Minister and every state and territory leader, expressed their appreciation for the work community pharmacists do on behalf of patients every single day. Special thank you also, to my New Zealand counterpart, Keshree Naidoo-Rauf of the NZ Guild for sending a shout-out to Australian pharmacists on the day. It really was wonderful to see celebrations held in pharmacies across the country. On the day, the Guild took the opportunity to talk to the media about the growing trust Australians have in pharmacists to provide more services. Recent research by *Insightfully* found 9 in 10 Australians supported pharmacists to treat common and non-complex conditions.

Finally, during September, I was humbled to earn the endorsement of Guild members to represent their interests as National President for a further four years. It's an honour and a privilege to be entrusted as the Guild's leader for a second term and one I accept with utmost gratitude.

I extend my congratulations to incoming National Councillors: Mario Barone (NSW), Catherine Bronger (NSW), Peppe Raso (NSW), Matthew Gillespie (SA) and George Tambassis (Victoria) and pay tribute to outgoing National Councillors for their contribution in what had been four years of great significance for the community pharmacy sector: David Heffernan (NSW), Judy Plunkett (NSW), Adele Tahan (NSW), Amanda Seeto (Queensland), Greg Scarlett (SA) and Paul Krassar (Victoria).

The commitment of the Guild's representative leadership team during the past term was undoubtedly the key success factor in securing highly positive outcomes for community pharmacies and patients.

There is much work to do in the next term on behalf of community pharmacies and patients, including the development of the next 10-year community pharmacy plan and bedding down and accelerating the rollout of Full Scope of Practice. The Guild had also already begun planning for the negotiation of the Ninth Community Pharmacy Agreement, due in 2029.

### **Trent Twomey**

National President, Pharmacy Guild of Australia



# PRESIDENT'S MESSAGE

**Kesh Naidoo-Rauf**

President, Pharmacy Guild of New Zealand

**A groundbreaking community pharmacy minor health conditions service (MHCS) was piloted in 10 of 20 districts in New Zealand from June to September 2023. The government piloted the service during winter 2023 to reduce the demand on general practice, urgent care, and hospital emergency departments.**

In talks with the Minister of Health during 2023, the Guild leadership team were strongly supportive of this service and delighted that it was piloted, while seeking that the service be available nationwide.

Other key objectives of the pilot were to improve access to consultation, advice and treatment for common minor ailments, reduce inequity of health outcomes, and to promote care through community pharmacy by encouraging the use of community pharmacists as a first port of call for consultation and treatment.

Conditions covered under the service included diarrhoea, eye infections, pain and fever, scabies, head lice, eczema/dermatitis, and minor skin infections.

Children under 14 years of age (and their family members with the same symptoms), Māori and Pacific people, and Community Service Card (CSC) holders were eligible for the service.

Nearly 120,000 people accessed the service, some more than once, during the pilot, with over 157,000 consultations occurring.

An evaluation report recently released showed most service users reported receiving high quality care. Patients reported a similar level of satisfaction with pharmacy clinical care as with GP care across all measures.

Patients also reported that the MHCS was easy to access, it was available on a 'walk in' basis which avoids delays in waiting for a GP appointment, or to be seen in ED. A quarter of all MHCS consultations occurred after 6pm or on weekends.



**"PATIENTS REPORTED A SIMILAR LEVEL OF SATISFACTION WITH PHARMACY CLINICAL CARE AS WITH GP CARE ACROSS ALL MEASURES"**

The service reached priority populations, with over 40% of consultations provided to people from high deprivation areas. The MHCS improves access to healthcare by reducing the cost to service users compared to attending a GP appointment.

Report findings also noted that pharmacists were positive about the MHCS which required appropriate application of their clinical skills, with a high level of satisfaction in the provision of the service. Pharmacists did not need to complete any training in order to provide the service.

55% of respondents to the MHCS user survey reported that they would have attended GP or urgent care services for their condition if they had not been able to access the pharmacist and 6.5% of respondents reported that they would have attended an ED.

If this is representative of all people who used the MHCS, this would represent 82,626 GP appointments and 10,230 ED encounters avoided during the pilot. If the MHCS was commissioned nationwide, the annual reduction in GP and ED visits for the current range of minor health conditions is estimated to be 405,000 and 50,000 respectively. This represents about 4% of GP visits and about 4% of ED encounters.

With suitable development, the service has potential to reduce pressure on other parts of the health system. This service provides a pathway for funded treatment for minor health conditions that would have otherwise required an appointment at a GP or to be seen in ED or other urgent care setting, and intuitively is a means to improve efficient use of the health system by absorbing a substantial workload that would otherwise end up in other healthcare settings. The report noted the service was cost-effective compared to the cost of providing equivalent care in GP, urgent care, or ED settings.

The following factors limited the ability of the MHCS pilot to demonstrate full impact on wider system pressures and are consequently areas for further development:

- narrow scope of eligible health conditions
- narrow range of funded medicines available to treat the eligible conditions
- insufficient marketing of the service to the public that would have raised awareness of health conditions that can be managed via the service
- supply constraints for some pharmaceuticals
- limited duration of the MHCS
- service was not available in some geographical locations with high priority populations.

The MHCS pilot successfully identified learnings which can be included in a scale-up strategy to quickly implement a nationwide MHCS.

A nationwide MHCS aligns to priorities and actions under Te Pae Tata (New Zealand Health Plan) including the development of whole-of-system pathways for prevention and self-care to achieve nationally consistent, evidence-based care in the best setting for people and whānau. Aligning to the new Health Target of 'shorter stays in emergency departments', a MHCS can help reduce unnecessary pressure on EDs from patients seeking advice and treatment for minor health conditions.

We continue to be strongly in support of a nationwide minor health conditions service available via community pharmacies and will use the results of the evaluation report to continue advocating for this on behalf of members.

### **Kesh Naidoo-Rauf**

President, Pharmacy Guild of New Zealand





# COLLEGE MAKES SCOPE TRAINING ACCESSIBLE & EFFICIENT

In her first column for *Australasian Pharmacy*, recently appointed Australasian College of Pharmacy CEO Amanda Seeto explains how the College is setting community pharmacy up to seize the opportunities of its full-scope future.

Words | Amanda Seeto    CEO Australasian College of Pharmacy



**Almost every Australian state and territory Government has now committed to empowering community pharmacists to operate towards their full scope of practice. For governments challenged by GP shortages, ambulance ramping and rising costs of living, working with the community pharmacy sector to provide more affordable more convenient primary health care options makes perfect sense.**

I envisage scope of practice as not quite ever being full, but a continuous evolution of what pharmacists can do for their patients. In addition to the dispensing of medicines and provision of health advice, we can do more in the areas of preventative care, medication management, and prescribing for a spectrum of acute, common, chronic conditions.

In practice for pharmacists, already highly-qualified health professionals, it means being able to do what we are largely already trained to do. Of course, for patients it simply means better access to a greater range of primary healthcare options. Recent research by the Guild found 82% of Australians supported community pharmacists delivering treatments for a range of everyday health conditions.

My home state of Queensland is proudly the nation's expanded scope trailblazer. Queensland's Community Pharmacy Scope of Practice Pilot has set the standard in the delivery of services and the education and training framework needed to empower pharmacists to safely and effectively deliver more for their patients. Queensland continues to inspire other jurisdictions. Tasmania, Western Australia, South Australia, New South Wales, the Northern Territory, and the Australian Capital Territory are all on their own scope of practice journey, albeit at different stages.

The priority for community pharmacists wanting to seize the opportunity for their patients and businesses must be to gain the prerequisite upskilling needed to deploy their expanded scope of practice in their jurisdiction. The requirements vary, with the benchmark being a return to university, something the Guild's National President, Professor Trent Twomey and I have both recently completed, as part of the Queensland Scope of Practice Pilot.



*Pharmacists in training for the Queensland Community Pharmacy Full Scope of Practice Pilot*

## Queensland's Scope Blueprint

The Queensland Scope of Practice Pilot requires community pharmacists to complete a comprehensive training program. Since 2023, the program has been successfully delivered by James Cook University and the Queensland University of Technology. The program includes two components. One is a safe prescribing course aligned with the NPS MedicineWise Prescribing Competencies Framework featuring 120 hours of learning in practice. Component 2 addresses health assessment, examination techniques, diagnosis and specialised condition management.

Already there are Queensland pharmacists who are authorised by Queensland Health to participate in the Scope of Practice Pilot. The Queensland Government is supporting community pharmacists undertaking this training, enabling access to a training subsidy of up to \$7,000 for successful completion of an approved course. The College has been engaged by Queensland Health to manage the distribution of this funding and more information can be found via the College website, [acp.edu.au](https://acp.edu.au).

Queensland pharmacists wanting to get a head start on prescribing can complete the College's [Prescribing Hormonal Contraceptives Course, enabling pharmacist prescribing and management of contraceptives for eligible women aged of 16 years.](#)

Pharmacists practicing in other jurisdictions that have enabled the treatment of a limited number of conditions can access short courses delivered by the College such as the resupply for the oral contraceptive pill; UTI treatment; skin conditions management and take-home naloxone training, all of which, count towards CPD credits.



*Pharmacists in training for the Queensland Community Pharmacy Full Scope of Practice Pilot*

## The College's Role in Scope

Community pharmacy practice is evolving, enabling patients to not only access medication and advice, but also be treated by a pharmacist for everyday health conditions; receive support for long-term condition management and find the health and wellbeing products and lifestyle management they rely on.

The number one priority of the College in this time of transition is to support community pharmacy by providing an access point to the education, training and learning products required, that is convenient, tailored and cost-effective.

An important part of this priority has been the recent merger of the College with Guild Learning and Development to bring the education and training for all members of the pharmacy team – assistants, students, interns, pharmacists, managers and owners – to one place at the College. As of 1 October this year, GuildEd will be the College's online learning platform, ensuring the community pharmacy workforce has a contemporary catalogue of education in a familiar format at its fingertips.

I encourage all pharmacists to [become a member of the College](#) to enable complete access to the CPD Library, including access to most of the scope of practice courses. Guild proprietor members receive complimentary College membership, as a Guild member benefit. Interns enrolled in the [College Intern Training Program \(ITP\)](#) also receive complimentary College membership and the ITP is the start of their expanded scope of practice journey. Free subscriber accounts are also offered to pharmacy assistants and retail managers in the interests of continual learning and upskilling.

As a pharmacy owner, I know only too well the time constraints and competing pressures community pharmacy owners contend with. I understand that the prospect of fitting in further study can seem unrealistic. I also know the vast opportunities for our patients and our businesses what being able to do more represents. That's why as the CEO of the College, I take seriously my responsibility and challenge to make the scope learning experience as accessible, efficient and importantly, as relevant as possible. A new, expanded, patient-centric future is being written for community pharmacy. As a sector, as businesses and as individual pharmacists we must ensure we are positioned to be a part of this future together.

## Scope Services by Jurisdiction with Approved ACP Training Courses\*

	QLD	NSW	ACT	VIC	TAS	SA	WA	NT
Management of acute cystitis (UTI)	✓	✓	✓	✓	✓	✓	✓	✓
Resupply oral contraceptives		✓	✓	✓	✓	✓	✓	
Prescribe hormonal contraceptives	✓							
Herpes Zoster	*	✓	✓	✓				
Psoriasis	*	✓	✓	✓				
Atopic Dermatitis	*	✓	✓					
Impetigo	*	✓	✓					

\* Scope services (incl. those not listed above) are available in QLD under the Queensland Community Pharmacy Scope of Practice Pilot. Training is delivered at a university level by James Cook University and Queensland University of Technology. Training for administration of buprenorphine is delivered by ACP.



### Amanda Seeto

CEO of the Australasian College of Pharmacy; a community pharmacist and pharmacy owner.



Find out more at [acp.edu.au](http://acp.edu.au)

Queensland Health training subsidy [bit.ly/4eRi2yt](http://bit.ly/4eRi2yt)

### Direct links to short courses:

Prescribing Hormonal Contraceptives Course [bit.ly/3Nbo3dp](http://bit.ly/3Nbo3dp)

Oral contraceptive pill [bit.ly/4dyRW1Q](http://bit.ly/4dyRW1Q)

Urinary tract infection [bit.ly/3BF3xz9](http://bit.ly/3BF3xz9)

Skin condition management [bit.ly/4eua8Lo](http://bit.ly/4eua8Lo)

Take-home naloxone training [bit.ly/4gR3Rew](http://bit.ly/4gR3Rew)



# COMMUNITY PHARMACY EVOLVING AS SCOPE MOMENTUM BUILDS

**T** There is now a truly national movement to expand the services community pharmacists provide to their patients. Almost every state and territory government has empowered community pharmacists to increase their scope of practice and provide treatment for a range of everyday health conditions.



**Here, the Pharmacy Guild of Australia provides a jurisdiction-by-jurisdiction summary of the evolution of community pharmacy from dispensary-only to holistic primary health care hubs.**

## South Australia

On World Pharmacists Day, 25 September 2025, the Malinauskas Government announced a program to allow pharmacists to manage a wider range of health conditions, including ear infections, acne, shingles, gastro-oesophageal reflux, nausea, musculoskeletal pain, rhinitis, and wound care. This builds on the state's current services for treating uncomplicated urinary tract infections (UTIs) and resupplying oral contraceptives.

Since launching the UTI service in March, more than 4130 women have been treated, resulting in a 21% reduction in UTI-related emergency department visits in metropolitan hospitals. The oral contraceptive pill (OCP) resupply service, introduced in May, has seen over 380 women obtain their medication without needing a GP visit.

To support the expansion of services, the South Australian Government is working with universities, education providers and the Pharmacy Guild to offer comprehensive training. The program is set to be fully operational by 2026.



*L-R: Prof Trent Twomey, Chris Picton MP, SA Branch Vice President Nick Panayiaris, Jayne Stinson MP, SA Branch President Matt Gillespie*

## Australian Capital Territory

In the lead-up to the Territory's 19 October election, both ACT Labor and the Canberra Liberals pledged to expand community pharmacy scope of practice. If elected, they plan to enable pharmacists to treat everyday conditions, including ear infections, acne, nausea, and reflux, as well as manage chronic conditions, building on the success of Queensland's scope of practice pilot. These commitments follow the ACT's involvement in a NSW trial, where 15 ACT pharmacies treated uncomplicated UTIs and resupplied oral contraceptives. This trial demonstrated the positive impact of community pharmacists in reducing healthcare strain, particularly since one in ten Canberrans face GP wait times of three weeks or more.

Both parties also committed to allowing pharmacists to administer vaccines to people of all ages, enhancing healthcare accessibility across the ACT's 81 community pharmacies.



*L-R: ACT Branch President, Simon Blacker, ACT Chief Minister Andrew Barr, Colette Needham, Owner TerryWhite Chemmart Compounding Ainslie, and ACT Labor spokesperson for Health, Rachel Stephen-Smith*



## New South Wales

There has been significant progress on scope of practice in NSW. The NSW Health Minister, Hon. Ryan Park MP, announced at September's Pharmacy Connect Conference that his government would move to permanent practice for pharmacists to treat a range of acute health conditions, aligned with those in the Queensland trial, with the first patients expected to be treated in 2026. Additionally, the Minister announced a trial for a range of chronic conditions which will commence within the next 12 months.

Following a successful trial, NSW pharmacists have also been permanently authorised to treat uncomplicated UTIs since May 2024 and resupply of the oral contraceptive pill was made permanent practice on World Contraception Day, 26 September.

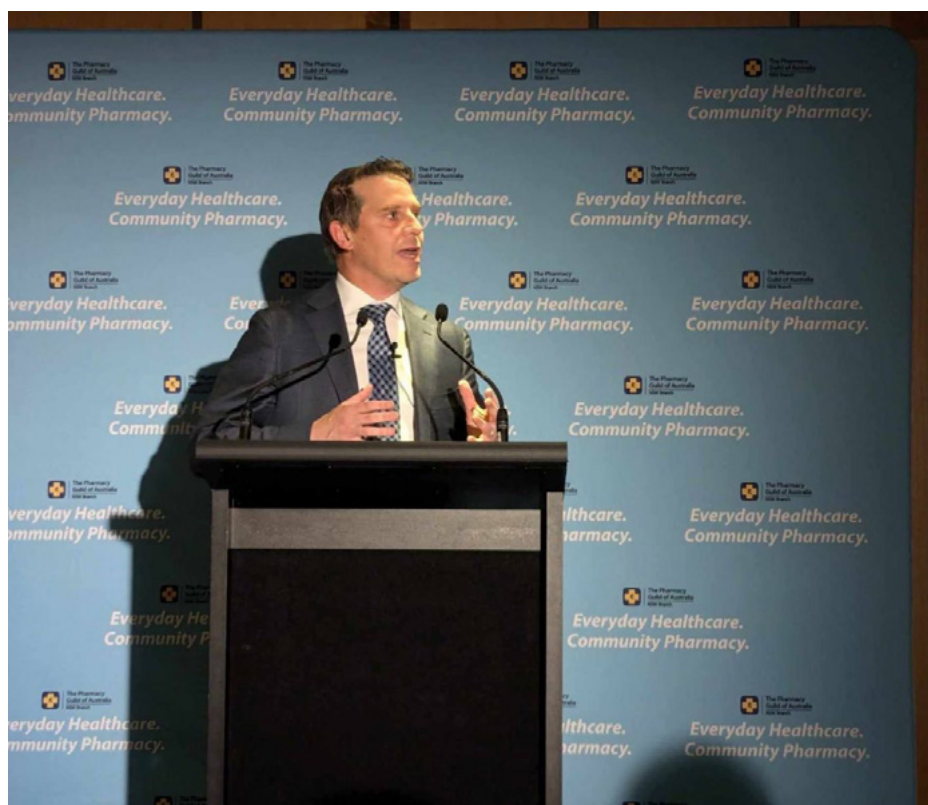
The pilot for the oral contraceptive pill and UTI treatment began in May 2023, and saw more than 16,000 women treated at over 900 pharmacies, proving particularly beneficial in regional, rural, and remote areas. A separate pilot for pharmacists to treat a range of skin conditions (impetigo, psoriasis and eczema) is currently in progress, with hundreds of patients already receiving treatment at their community pharmacy.

## Northern Territory

The Northern Territory is advancing its Community Pharmacy Scope of Practice program, with the new Country Liberal Party Government confirming pharmacist-led UTI treatment would begin within the first 100 days of office. Training for managing a range of other conditions, including asthma, wound care, and swimmer's ear is also anticipated to begin within 12 months and is set to become permanent practice from August 2025.

## Queensland

Queensland continues to lead the way in scope. Through the Queensland Community Pharmacy Scope of Practice Pilot, pharmacists completing 12 months of extra university study and practical training can now treat 22 conditions, including school sores, shingles, mild psoriasis, wound management, swimmer's ear, travel health, and hypertension. An independent survey found that three-quarters of surveyed Queenslanders supported the Pilot.



NSW Health Minister, Hon. Ryan Park MP, announcement at Pharmacy Connect

## Tasmania

Tasmanian pharmacists continue to offer pilot services for the treatment of uncomplicated UTIs, an initiative that was implemented in March 2023. This was the first step in implementing the recommendations of an independent review of the services offered by pharmacists and how their scope could be safely expanded. In mid 2024, the Tasmanian Government announced that pharmacists would be able to provide women with a two-year supply of their prescription oral contraceptive pill, provided they are between the ages of 16 and 50 and have been stable on the pill for at least two years. The Tasmanian Government has accepted all 12 recommendations made in the review, working towards the implementation of pharmacists' full scope of practice by 2026.

## Western Australia

Western Australia has permanently implemented treatment for uncomplicated UTIs and continues to expand the role of community pharmacists with the government committed to improving healthcare access for over 1 million Western Australians who visit pharmacies each week. WA pharmacists will soon be able to treat a range of acute conditions, including shingles, acne, dermatitis, musculoskeletal pain, nausea, vomiting and wound management. The services are expected to be fully available by 2027.

## Victoria

The Victorian pharmacist prescribing pilot has already delivered over 10,000 patient consultations across 760 pharmacies. Under this initiative, pharmacists are now authorised to treat uncomplicated UTIs, resupply oral contraceptive pills, manage minor skin conditions, and administer a wide range of vaccines and injectables, including travel health vaccines. With positive patient feedback, there is optimism for the further expansion of these services following the pilot's conclusion in October.



## Evolving Scope Timeline

Practice/Condition	State or Territory							
	QLD	NSW	VIC	TAS	SA	WA	NT	ACT
NIPVIP	✓	✓	✓	✓	✓	✓	✓	✓
LAIB	✓	✓	✓	✓	✓	✓	✓	✓
Uncomplicated UTI	✓	✓	✓	✓	✓	✓	✓	✓
Oral Contraceptive Pill (OCP) Resupply		✓	✓	✓	✓	✓	✓	✓
Hormonal contraception (Initial)	✓	●					2025	●
Medicine Management (therapeutic adaptation, substitution, continued dispensing)	✓			2026				
Acute exacerbations of mild plaque psoriasis (skin disease)	✓	✓	✓	2026	2026	●	2025	2025
Acute wound management	✓	2025	●	2026	2026	2027	2025	2025
Acute nausea and vomiting	✓	2025	●	2026	2026	2027	2025	2025
Acute diffuse otitis externa (inflammation of external ear canal)	✓	2025	●	2026	2026	●	2025	2025
Acute otitis media (middle ear infection)	✓	2025	●	2026	2026	●	2025	2025
Allergic and non-allergic rhinitis (inflammation of the nose)	✓	2025	●	2026	2026	●	2025	2025
Improved Asthma Symptom Program / Asthma Action Plan	✓	2025	●	2026	●	●	2025	2025
Cardiovascular Disease Risk Reduction Program (T2D, hypertension, dyslipidaemia)	✓	2025	●	2026	●	●	2025	2025
Chronic obstructive pulmonary disease (COPD) Monitoring Program	✓	2025	●	2026	●	●	2025	2025
Gastro-oesophageal reflux and gastro-oesophageal disease	✓	2025	●	2026	2026	2027	2025	2025
Herpes Zoster (shingles)	✓	✓	✓	2026	2026	✓	2025	2025
Impetigo (skin infection)	✓	✓	●	2026	2026	●	2025	2025
Management of overweight and obesity	✓	2025	●	2026	●	●	2025	2025
Mild to moderate acne	✓	2025	●	2026	2026	2027	2025	2025
Mild to moderate atopic dermatitis (skin disease)	✓	✓	●	2026	2026	2027	2025	2025
Acute mild musculoskeletal pain and inflammation	✓	2025	●	2026	2026	2027	2025	2025
Oral Health screening and fluoride application	✓	●	●	2026	●	●	2025	●
Smoking cessation	✓	●	●	2026	●	●	2025	●
Travel Health	✓	2025	●	2026	●	●	2025	●



Implemented prior to, or by 2024

**Date**

Government commitment to implementation



Pharmacy Guild advocated position to respective state/territory governments for introduction of SoP by 2027 – active and ongoing discussions are occurring with the state-territory governments WEF 31 August 2024.

# VAPES IN PHARMACY A CAUSE FOR CONCERN

**On 1 October, Australia witnessed a significant regulatory change impacting how and where vapes can be sold. In all states and territories except Tasmania, vapes can now legally be sold to adults at pharmacies without a prescription.**

Western Australia will soon follow Tasmania's lead and introduce regulations to override national laws. Elsewhere around the country, selling vapes remains optional and many pharmacies are choosing not to stock them.

Pharmacists and members of the public have raised significant concerns about the changes, most notably the lack of proven therapeutic benefit as tools for smoking cessation or nicotine dependence. Worse, there are many known risks associated with vaping, including lung scarring and cancer.

Pharmacists are healthcare professionals. We are trained to dispense medication that provides a therapeutic benefit, is approved by the Therapeutic Goods Administration (TGA), and registered on the Australian Register of Therapeutic Goods (ARTG). No vaping product has been approved by the TGA on the basis of its quality, safety and efficacy or performance in treating nicotine addiction.

Why, then, are we being asked to be the sole supplier of potentially harmful products? This feels like policy on the run.

The Guild has made its stance clear. Pharmacists are not tobacconists and we do not want this responsibility. In response to the regulatory changes, the Guild launched a national awareness campaign to educate consumers on the dangers of vaping. A core message of the campaign is to remind the public that pharmacists' primary role is to support safe and quality use of medicines, not hand out nicotine products. The campaign also aims to address the worrying rise in vaping among young people.



*Guild member resources in use at Michael O'Reilly Pharmacy in Wagga Wagga, NSW*

The risks for pharmacies that choose to stock vapes are notable. Pharmacies may face liability for harm caused if the products are not clinically appropriate or if informed consent is not obtained from the patient. Guild Insurance has warned that this could result in significant legal challenges. To mitigate risk, pharmacists must conduct patient assessments, document discussions, and ensure informed consent. Even then, a maximum of one month's supply can be dispensed.

Ultimately each pharmacy owner will choose whether or not to stock vapes at their premises and it is important to be informed of the implications either way. For Guild members, resources to display instore to communicate a decision not to stock vapes, and guidance on discussing alternatives with patients, have been developed and shared. The Pharmaceutical Society of Australia has updated the Guidelines for Pharmacists Providing Nicotine Dependence Support and PDL members can also access a Practice Alert on Schedule 3 supply of therapeutic vaping products.



*Guild member resources*



*Updated professional practice guidelines*



**Anthony Tassone**

Pharmacy Guild of Australia  
National Vice President

## Future-Proofing Your **PHARMACY CONSULTATION ROOM DESIGN**

# A

As pharmacies continue to step up to meet the growing healthcare needs of Australian patients, the imperative for well-designed, patient-centric consultation rooms has never been greater.

Words | Pharmacy Guild of Australia



*Guild member and proprietor Stacey Fuller, Capital Chemist Southlands*





Consult room at Emerton Amcal + pharmacy

## As pharmacies continue to step up to meet the growing healthcare needs of patients, the imperative for well-designed, patient-centric consultation rooms has never been greater.

Scope of practice reforms are gaining momentum across all states and territories making professional services such as vaccinations, administration of other injections, and UTI consultations commonplace. To ensure a safe, comfortable, and professional environment for patient services, pharmacies must consider how they will evolve to meet necessary standards for care in the future.

A well-designed consultation room is essential for facilitating safe and appropriate patient interactions. Comfort and privacy should underpin the design of consultation rooms; thoughtful design and layout are important, including accessibility, appropriate furniture and room size. Safety measures for both patients and pharmacy staff, along with hygiene standards, must be carefully integrated and proximity to waiting areas considered to enhance convenience. These elements are crucial to future-proofing the design of the rooms to ensure they meet evolving patient expectations and broadening pharmacy scope of practice.



**“PATIENT COMFORT, PRIVACY AND SUFFICIENT SPACE SHOULD UNDERPIN THE DESIGN OF CONSULTATION ROOMS.”**

Australian pharmacies are diverse in size and profitability, amongst other variables. Noting this, a step-by-step approach may be useful when considering potential room upgrades. Modifications and additions should be planned and executed in a sequence that maintain professional standards and anticipate future regulatory or service changes. A structured approach will facilitate changes that allow for pharmacies to meet patient, workforce and regulatory expectations, within the current limitations of their premises. This approach will also assist with redesign during pharmacy refits.

Rooms can be designed for essential professional services such as vaccinations, UTI consultations, or patient counselling. It is important that these rooms provide a functional space that are compliant with appropriate standards set out by state and territory health departments.

For pharmacies offering a broader range of services, higher specifications can be considered, which include more space and additional equipment to provide for longer patient consultations, and those where a carer may be present. Considerations include privacy, soundproofing and a more spacious room. Pharmacies with sufficient space and resources can consider planning for a significant increase in patient services. Consider what your future pharmacy could look like. If there is floor space and capacity to grow your services based on your local community's health needs, several consult rooms and a dedicated waiting area may be ideal.

The Pharmacy Guild of Australia is developing comprehensive consultation room design guidelines for members. These guidelines aim to help pharmacies continuously improve and adapt their premises, while complying with state and territory regulations, as well as Quality Care Pharmacy Program (QCPP) requirements. These guidelines will assist pharmacies to create flexible, scalable solutions that ensure readiness for future patient health needs, as scope of practice evolves.

# COMMUNITY PHARMACY IN NEW ZEALAND

## 2024 Recap

# 2

2024 was a year full of significant changes for community pharmacy, some of which were the result of the new coalition government delivering on their pre-election commitments.

General Manager – Membership and Professional  
Services, Pharmacy Guild of New Zealand

**Words** | Nicole Rickman



**Key changes for community pharmacies in New Zealand are summarised below.**

## Voluntary Bonding Scheme Opens to Pharmacists

For the first time, in March 2024, pharmacists were able to register for the Voluntary Bonding Scheme (VBS). The VBS was previously primarily only open to nurses, midwives, and general practice trainees.

The 2024 VBS covers graduate pharmacists working in rural and regional community settings, which includes pharmacies located around New Zealand, excluding the urban boundaries of Metropolitan Auckland, Tauranga, Hamilton, Wellington, Christchurch and Dunedin.

Pharmacists accepted for the VBS receive incentive payments at the end of bonding terms. They can move between eligible employers and remain eligible for VBS payments.

We strongly advocated for the inclusion of pharmacists and pharmacy technicians in the 2024 VBS, to help address significant recruitment challenges, workforce burnout and geographical shortage hotspots.

## Childhood Immunisation Changes

In April 2024, Health New Zealand and Pharmac allowed community pharmacies to provide funded childhood immunisations to children from 6 weeks old.

We welcomed this change as a great acknowledgement of the work community pharmacy has already done to lift vaccination rates. We fully supported increasing pharmacy vaccination sites to improve childhood immunisation rates.

Pharmacist vaccinators are required to become Authorised Vaccinators to vaccinate this new, younger age group. Pharmacy premises are also required to be approved. This is opt-in only – not all pharmacies will have workforce capacity, facilities or interest in vaccinating young children.

To enable this change, Pharmac removed restrictions for vaccines on the national immunisation schedule. This allowed pharmacies to order these vaccines at no cost and claim for administering these to eligible people. This allows pharmacies to administer the Infanrix-hexa, Infanrix-IPV, Hiberix, Prevenar 13, Varivax, and Rotarix vaccinations.

## Pseudoephedrine Reclassification

The Misuse of Drugs (Pseudoephedrine) Amendment Bill came into force in April 2024. This changed pseudoephedrine-based cold and flu medicines from prescription to restricted (pharmacist-only) medicines.

We recognised concerns from members about the potential security risks of storing and selling these products and had significant queries from members about their obligations, given the length of time since pharmacies were previously able to sell pseudoephedrine-containing products without a prescription.

We developed guidance that included storage, sale and recording requirements, clinical considerations, and safety and security measures.

The government did not believe there was a need for a programme to monitor sales of pseudoephedrine-containing products and it is not a legal requirement for pharmacists to check if a person has purchased pseudoephedrine-containing products elsewhere or check photo ID. The decision to supply sits solely with the pharmacist after a consultation with the patient to ascertain if the product is clinically suitable for them.

It is not compulsory for pharmacies to stock or sell pseudoephedrine-containing products.

## Therapeutic Products Act Repeal

In May, the government formally announced it would repeal the Therapeutic Products Act (TPA). The Therapeutic Products Act Repeal Bill was subsequently introduced with submissions closing on 29 July 2024.

The TPA was intended to replace the Medicines Act 1981. While the government acknowledges that the current Medicines Act is out of date, they believe the TPA was not the solution and would have over-regulated some products and imposed unnecessary costs on consumers, businesses and exporters.

The government intends to “develop a modern, risk proportionate regulatory regime for medicines and medical devices, and a separate modernised regime for natural health products”. We are monitoring this repeal work closely, with new government policy proposals due in November.

Until new legislation is passed, the Medicines Act and Dietary Supplement Regulations currently in place continue to apply.



**“COMMUNITY PHARMACIES WILL CONTINUE OPERATING IN A CHALLENGING AND FISCALLY CONSTRAINED ENVIRONMENT.”**



## Co-Payment Reintroduction

On 1 July 2024, the government reinstated the \$5 co-payment for prescriptions from approved providers, with exemptions for children aged under 14, people aged 65 and over, and Community Service Card (CSC) holders and their dependents. This followed a year of no co-payment charges, which we successfully helped the previous government deliver.

Patients with CSCs also do not pay a co-payment for specialist and unapproved provider prescriptions.

PMS vendors worked to minimise administration for pharmacy, including National Enrolment Service integration with the PMS to show a patient's CSC status.

We developed guidance for members that covered exempt population groups, approved and unapproved providers, claiming for prescription items already dispensed, IT changes, staff procedures and training, financial management, impact on inventory and stock management, service user categories and codes, resources and promotion.

We encouraged members to use social media, display posters, send email or text campaigns, etc. to help inform patients about the changes and assist patients in applying for exemption cards. We also developed promotional resources for members, including posters and tear-off pads.

## Covid-19 Funding Changes

2024 saw significant changes to Covid-19 funding, with the government moving to a business as usual response.

### COVID-19 ANTIVIRALS

From 1 July 2024, pharmacist-initiated supply of Paxlovid, previously claimed in 15-minute increments, up to a maximum of 45 minutes, became a single fee (equivalent to the 15-minute fee, with no ability to claim multiples).

A new, much lower fee was introduced for supply pursuant to a prescription, and payments for compliance packaging and delivery were removed.

We did not endorse the new fee structure and while it is the decision of each pharmacy whether to continue providing these services, we expect these changes to result in access issues in some areas.

### RAPID ANTIGEN TESTS (RATS)

Publicly funded RATs ended on 1 October 2024. These were RATs able to be ordered at no cost by pharmacies and provided free to their communities, with pharmacies paid a small fee for distribution.

### COVID-19 VACCINATIONS

The out of hours rate will cease on 30 November 2024, meaning any Covid-19 vaccinations delivered after 6pm on weeknights or during weekends or public holidays will be paid at the standard rate.

## ICPSA Discussions and Escalation

2024 was a difficult national annual agreement review (NAAR), with escalation of our funding and process concerns to the Health New Zealand (HNZ) Commissioner in September 2024.

In June 2024, HNZ announced their proposed 2.51% price uplift offer for 2024/25. We expressed our strong concerns that this offer failed to address cost pressures, and didn't meet the contract requirement to consider reasonable cost pressure adjustments.

We ultimately used the escalatory provisions within the NAAR Terms of Reference and provided separate advice to the HNZ Commissioner.

Following consideration of conflicting advice, the HNZ Chief Executive (on behalf of the Commissioner):

- reaffirmed HNZ's original 2.51% price uplift offer
- agreed that developing an ongoing minor health conditions service will be considered as part of HNZ's work programme
- agreed that HNZ officials should enter discussions about community pharmacy surcharging allowable within the Service Coverage Schedule
- agreed that updates to earlier independent reports on community pharmacy funding issues be incorporated into workplans for completion by June 2025, subject to budget availability.

We are currently progressing further escalatory actions to ensure HNZ's predetermined and flawed approach to NAAR is not repeated in 2025 and requesting that agreed future initiatives progress quickly.

## Looking Forward to 2025

Community pharmacies will continue operating in a challenging and fiscally constrained environment. Further policy and regulatory change will continue next year, as will the need to continue to address pressing workforce shortages.

We will remain focused on developing a sustainable core funding model for community pharmacy, addressing workforce sustainability, and supporting members with the development of useful tools, resources and member benefits.



The Pharmacy  
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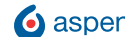
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# OFF LOCATING GLUCOJEL = SALES SUCCESS!

# H

Hailey, Sheree and the team at Ramsay Pharmacy Grafton have shown their enthusiasm creatively and exceeded their monthly sales target by off-locating Glucojel!



**In our September/October edition we asked to hear from you and for you to send through your Glucojel off-location displays! We received some amazing displays which are sure to capture additional purchases and drive basket size!**

A big shoutout to the highly engaged team at Ramsay Pharmacy Grafton. Hailey, Sheree and the team have shown their enthusiasm and put their creativity on display! They may be a smaller format pharmacy but that has not stopped them from showcasing their favourite jelly bean brand!

We also managed a lovely chat with the highly engaged retail manager, Sheree Gray.

**Felicity:** My personal highlight is your jelly bean necklaces! They are fantastic! What were some of the highlights for you?

**Sheree:** Our team had a great time planning and setting up the display. It gave everyone something to look forward to after a long, busy week and made for an extra fun Friday.

**Felicity:** I bet many smiles were received on the day! Did you find the local community engaged?

**Sheree:** The customers coming in store definitely appreciated the effort we had made and were asking lots of questions.

**Felicity:** Did you feel having the Glucojel off-located increased impulsivity resulting in more people purchasing?

**Sheree:** Absolutely, we have already exceeded our average monthly sales and we are only half way through the month. Glucojel is a long-standing trusted product that we are always happy to stock and promote.



**“THE CUSTOMERS COMING IN STORE DEFINITELY APPRECIATED THE EFFORT WE HAD MADE AND WERE ASKING LOTS OF QUESTIONS.”**



## GLUCOJEL COMPETITION: ONGOING

We love hearing from you!! The engagement has been so great that we have decided to extend the Glucojel Off-Location Display Competition. Everyone will be a winner!!

The bigger and more creative the display, the bigger the prize you will win! You never know – you may also feature in the next Australasian Pharmacy magazine!

So, what are you waiting for – capture those additional sales and drive your category growth!! Send all photos and entries to: **enquiries@goldx.com.au**





# PRICELINE KIPPA-RING USES BD ROWA™ TECHNOLOGY

## Priceline Pharmacy Kippa-Ring Uses BD Rowa™ Technology

W

We were delighted to have the opportunity of interviewing siblings Andrew and Matilda Twist, franchise partners of Priceline Pharmacy Kippa-Ring. The dynamic duo provided fascinating insights into their pharmacy, passion for automation and experiences working with BD Rowa™ Technology where automation has been a priority for over 6 years.





## **Congratulations on winning, what does this achievement mean to you and your colleagues?**

We could not believe it when we were announced as Priceline Pharmacy Store of the Year at the conference in Singapore. This was the second time we have won the award and we are so happy that we are able to share the win with our team who put in 110% effort every day. Our grandma, Jane Wilson opened the pharmacy in 1972 and my sister and I went on to become pharmacists and worked alongside her for many years before we bought the business from her 7 years ago. We have a long history of service within the community and have a great loyal customer base that makes turning up to work easy. The award was an accumulation of all the hard work from our team, who are driven by their love of customer service.

## **What do you believe are the contributing factors to winning this prestigious award?**

There are a number of criteria factors that are taken into consideration when they decide on the recipient of the award. Our store scores extremely high on customer satisfaction and has had solid sales growth in the last 2 years, which is no easy feat when we are such a longstanding shop with two other pharmacies in the same shopping centre. We believe that investment in staff and the way we always seek improvement and efficiency in our processes is a large contributing factor to our success and our ability to deliver exceptional customer service. The BD Rowa™ Robot has helped immensely in our dispensary operations which has then driven our growth across the whole store. Particularly during COVID when our team was under immense pressure, our dispensary continued to thrive.



**“IT IS EVEN MORE IMPORTANT NOW WITH 60-DAY DISPENSING, THAT WE DO ALL DISPENSARY OPERATIONS AS EFFICIENTLY AS POSSIBLE, SO WE CAN MAXIMISE OUR TIME EXPLORING ALL OTHER REVENUE OPPORTUNITIES.”**

## **How long have you had automation in your pharmacy?**

Back in 2017, we wanted to transform our dispensary to a forward dispense model. We really wanted to improve our patients' access to the white coat, but we were having trouble getting our pharmacists to leave their computers to serve our customers. We looked at other brands of dispensing robots, however the BD Rowa™ Smart was the best product on the market and was a comparable price to other inferior brands. Buying the BD Rowa™ Smart was the best business decision we ever made. It has greatly improved efficiency in our dispensary and given us the ability to maximise the opportunity in professional services. It enabled us to continue our normal script numbers while also administering over 10,000 COVID vaccines during the pandemic.

This year we bought a sachet packing machine and our storage capacity needed to increase, so we decided to trade in our BD Rowa™ Smart for a larger BD Rowa™ Vmax™ with internal ProLog™, which increased our storage capacity by five thousand packets. Having already discovered the advantages of automation and being so pleased with the return on investment of our original BD Rowa™ Smart, it was an easy decision for us to upgrade to the BD Rowa™ Vmax™ and further future-proof our business.

## **What would you say to pharmacists out there who believe that you must have an Autoloader when investing in a BD Rowa™ Robot?**

Buying the BD Rowa™ Smart was the best business decision we ever made, as it eliminates walking and the time required to pick stock, we are able to dispense a lot faster with optimal accuracy. It frees my team's time to focus on customer engagement and profit growing activity. Our customers are always amazed at how quickly we can turn their scripts around, and it has no doubt improved our patient loyalty. For example, our pharmacists are able to dispense an antibiotic script in front of the patient, whilst discussing adjunct products to assist their condition.

While the autoloader has massive advantages and we require it now, we grew our business and reaped the benefits for over 6 years by having a junior team member load the robot in between doing other tasks. In other words, with or without an autoloader will transform your dispensary and business, it simply depends on personal preference and what stage your business is at.

Another major advantage of the BD Rowa™ Robot is stock control as keeping on top of short-dated stock and slow movers is a breeze. Stocktaking the whole dispensary takes under one hour compared to the two days when we did not have the robot. The biggest advantage of having a BD Rowa™ Robot is you gain so much time to do other tasks that you never had time to do in the past.



### Can you share some benefits of your new BD Rowa™ Vmax™ with Internal ProLog™?

Having upgraded to the BD Rowa™ Vmax™ with internal ProLog™ has meant we no longer have to manually receive our dispensary orders as the BD Rowa™ Vmax™ marks your stock off against our wholesaler's delivery manifest as it puts it away. This is one less job we have to do each day, allowing our staff to gain valuable time to complete other critical jobs.

### How has BD Rowa™ Mosaic software improved your inventory and dispensing processes?

Having a BD Rowa™ Robot has revolutionised our dispensary processes. The biggest advantage is that it allows us time to maximise our forward dispense offer. All our staff have time to actually connect with our customers. When we first installed our BD Rowa™ Smart, our customers were concerned that it meant our staff's jobs could be at risk, however it's the exact opposite – our dispensary team has grown significantly since the installation of our robot. Our team also love having the time and ability to interact with our customers, as the BD Rowa™ Robot makes dispensing so easy.

Another benefit of BD Rowa™ Mosaic software is instantaneous stock reporting. At the touch of a button, we can see what is out of stock, what is in stock. We can also project orders from the software and see dead stock, quickly identifying items we can offload.

### What would you say to other pharmacy owners who are thinking of Automation?

Two things, BD Rowa™ Technology is the only brand I would partner with, as you can't go wrong and the second is you will never regret this investment. I wish we had invested in automation years and years ago. We were concerned that our business was not big enough to warrant the investment, but we had it wrong, the BD Rowa™ Robot has enabled our business to get to where we want it to be. It is even more important now with 60-day dispensing, that we do all dispensary operations as efficiently as possible, so we can maximise our time exploring all other revenue opportunities.

I urge any owners out there to contact BD Rowa™ Technology and get your automation journey started today.



#### FIND OUT MORE

To learn more about BD Rowa™ Technology, you can visit the website: **[bd.com/rowa](https://bd.com/rowa)**

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# STARTING & FINISHING STRONG

## Pharmacists and Body Corporates – The Pros and Cons from a Tax and Legal Point of View

P

Pharmacists' body corporates have grown in popularity since restrictions around their uses were removed many years ago. In this article, we explore how they are used in different structuring arrangements, and their pros and cons.

**Words** | Georgina Odell (Principal – Meridian Lawyers)  
Stuart Brandman (Director – 542 Partners)





## What is a Pharmacists' Body Corporate?

A pharmacists' body corporate is a company, limited by shares, subject to and governed in New South Wales by Schedule 5F of the Health Practitioner Regulation National Law (National Law) and Pharmacy Council of New South Wales requirements.

## What Structuring Arrangements Can Pharmacists' Body Corporates Have?

Pharmacists' body corporates can use one of the following structuring arrangements:

### A COMPANY LIMITED BY SHARES

In this scenario, the pharmacy business is structured as a company. That is, a Pty Ltd company limited by shares, operating and trading through a company structure, with one or more shareholders.

In most jurisdictions, there is a requirement for the shareholders in the pharmacy company to be "natural persons". This would typically mean that the shareholders would need to be individuals who satisfy Schedule 5F of the National Law regarding financial interests and ownership in the company.

Like other types of companies, pharmacists' body corporates have the benefit of limited liability for the shareholders (who are the owners) of the company, and a legal personality all of their own. Having a separate legal personality means that companies can enter into contracts in their own names (including lease agreements and employment contracts), and they can sue and be sued in their own name.

The concept of a "company" was invented to encourage entrepreneurial activities in society, with less fear of personal liability for the business people involved.

This separate legal personality distances the day to day liabilities of the company (and the pharmacy business operated by it) from the individual pharmacists who own the company, and therefore

the pharmacist's personal assets such as their home, personal bank accounts and personal investments are distanced from the liabilities and creditors of the pharmacy business.

It should be noted that creditors, financiers and suppliers sometimes take personal guarantees or security interests from the individual pharmacists who own the company, in order to have a right of recourse against the pharmacist's personal assets, as well as the business and assets of the company.

Pharmacists are advised to look out for documentation from landlords, financiers or suppliers which may contain personal guarantees and seek advice before signing them.

Companies can have just one shareholder and director, or multiple shareholders and directors. If there is more than one shareholder, it is strongly recommended that a shareholders' agreement is negotiated and signed to govern the operation of the company. Shareholders agreements can stipulate many things including:

- how often the directors are to meet and by what means (face to face or electronic),
- how often profits are to be paid to shareholders as dividends,
- what process is to be followed if a shareholder wishes to retire from the business, and
- what should happen should a shareholder default in some way (for example, by losing registration as a pharmacist).

### A PARTNERSHIP OF BODY CORPORATES

In the second scenario, the pharmacy business operates in a partnership structure, where at least two partners are pharmacists' body corporates.

In New South Wales, partnerships are governed by the Partnership Act 1892 which typically means that each company partner would be jointly and severally liable for the debts of the partnership.

Once again, it is recommended that a partnership agreement be negotiated and signed to govern the operation of the business and the partnership, and to provide pre-agreed processes if certain events occur, such as retirement, death or total and permanent disablement of a co-owner.

A rule of thumb commonly used around whether to structure the business through a company or a partnership of body corporates, lies in the composition and funding of the business owners. Where funding needs to be obtained separately (and to allow for incoming and outgoing partners), a partnership arrangement would typically be required, to better facilitate incoming and outgoing parties.

## The Pros of Pharmacists' Body Corporates

One of the key advantages in both scenarios, and why the use of pharmacists' body corporates has grown, is being able to control profit and tax outcomes. Most commonly, the fixed small business company tax rate of 25% applies.

The pharmacists' body corporate structure potentially avoids individual pharmacists being taxed personally on pharmacy profits. It also avoids the need to fund pharmacy debt from post-tax environments, which often incurs the highest marginal tax rate.

The company (as opposed to partnership) structure has the additional advantage that all initial pharmacy profit is taxed at the business level, prior to distributions being made available to respective partners. This can make it easier for all parties to understand and manage tax outcomes and can allow for better retention of funds in the trading entity if required for reinvestment (such as a refit, for example).



**"ONE OF THE KEY ADVANTAGES IN BOTH SCENARIOS, AND WHY THE USE OF PHARMACISTS' BODY CORPORATES HAS GROWN, IS BEING ABLE TO CONTROL PROFIT AND TAX OUTCOMES."**

## The Cons of Pharmacists' Body Corporates

Possible drawbacks include initial upfront costs and expertise required to set up a compliant pharmacists' body corporate.

For exit and capital gains, companies (unlike individuals) are not eligible to receive a 50% general discount for holding an asset greater than 12 months.

In addition, while small business Capital Gains Tax Discounts can still be accessed via a company limited by shares structure, there are added complications in extracting the net capital proceeds. These can unwind and offset some of the initial tax concessions.

There are also more stringent restrictions on the governance documents and ownership options for a pharmacist's company, than for a generic Pty Ltd company.

## Conclusion

When structuring a pharmacy or pharmacy interest, it's important to consider the legal, tax and practical issues of each structuring option, and to seek proper legal and tax advice.

*This article was written by Principal Georgina Odell of Meridian Lawyers and Director Stuart Brandman of 542 Partners.*



### HOW WE CAN HELP

Meridian Lawyers and 542 Partners are experts in pharmacy law and business.

**Meridian Lawyers** is a leading pharmacy law practice in Australia. We have acted for many pharmacists throughout the country and are the principal legal advisor to the Pharmacy Guild of Australia.

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



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# GRAB YOUR LEASE BY THE HORNS

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Director/Founder Lease1.au Australia's  
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**Words** | Phillip Chapman



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- 2. Regular Lease Reviews:** Lease Concierge provides ongoing reviews of your lease to ensure that you're not caught out by hidden costs or unfavourable terms. We monitor critical dates and conditions, so you don't have to.
- 3. Tailored Advice and Support:** Every pharmacy is different, and so is every lease. Our service offers customised advice based on your specific lease and business needs, ensuring that you're always a step ahead.
- 4. Cost Savings:** By optimising your lease terms and identifying potential areas for cost savings, Lease Concierge can significantly reduce your overheads, freeing up capital for other areas of your business.

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### Take Action Today

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Sign up today and start reaping the benefits of professional lease management done with you not for you.





# ***Lease** Concierge*

*“For Less Than A Coffee A Day”*

Manage Your Lease Like A Pro



**START TODAY**



# LEASE1.AU + GOLD CROSS

**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.



## 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**.

### 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



# THERE'S MORE TO INNOVATION THAN INNOVATION

**You've got a great idea! What next?**

Innovation can be a driving force to improve productivity & service delivery. It could even lead to new ways for your patients to manage and improve their healthcare outcomes. There's a process to follow in getting your idea out of your head and into practice.

Managing Partner of 10 successful community pharmacies over a span of 23 years.

**Words** | Greg Cadorin



## The Power of Innovation in Human Society

Human society has benefited from one innovation after another for 10,000 years. From fire to the wheel and from language to money, innovation has multiplied human productivity by many orders of magnitude, allowing us to progress from living in caves and subsisting on whatever we could catch or find to living in cities and exploring the entire world—and even space.

This is the power of innovation. An innovation is a change in process, methodology, equipment, or technology that allows us to perform tasks better than before or to accomplish things that were previously impossible.

In the past several decades, innovations widely adopted in community pharmacy include:

- Computerized dispensing
- PBS claims submitted online
- Implementation of point-of-sale computer systems
- Generic substitution
- EFTPOS (and subsequently integrated EFTPOS with POS systems)
- HMRS and DMMRs
- Prescription reminder services, which were the predecessors to online prescription and OTC ordering systems such as MedAdvisor
- Robotic dispensary stock management
- Immunization services
- Robotic DAA packing
- Health services such as blood glucose monitoring, leave certificate provision, sleep apnea services, and scope of practice extensions

The list above is not exhaustive but highlights some of the significant changes that have occurred in community pharmacy over the 30 years from 1994 to 2024. In addition to the innovations that have become industry standards, many others have been trialed by individual pharmacists or groups but failed to gain traction. For every innovation that proves useful and becomes the norm, many either do not add value or face insurmountable hurdles during implementation.

## Steps to Successfully Implement a New Innovation

1. Identify a problem or potential for improvement.
2. Generate or find an idea to address the problem or improve an outcome.
3. Design procedures for full implementation and assess whether the new idea is viable once implemented.
4. Create interim procedures or transition arrangements to prevent potential chaos during the transition from existing to new procedures.
5. Initiate transition arrangements.
6. Continuously assess the validity of prior assumptions and ongoing viability. Amend procedures as needed to ensure success, or retract the innovation and return to the previous position when significant flaws are exposed.

## A Real-Life Example

To demonstrate the above steps, let me share a real-life example.

### Identify a Problem

In a pharmacy where I was previously a managing partner, we serviced over 500 community Webster packs. This represented a significant part of the business and consumed a large volume of resources, especially labour.

### Find an Idea to Address the Problem

To improve the efficiency of this aspect of the business, we sought available solutions. One medication sachet packing company suggested we pack all our Webster packs into sachets and then repack them into Webster packs. I rejected this idea, as it did not improve efficiency and could potentially reduce it due to the specific conditions required for sachet packing.

We eventually found a company we had previously worked with for dispensary automation that was in the process of importing a Webster packing robot. Based on the proposed specifications, we decided it would enhance our operations.





## Design Procedures for Implementation

The pharmacy had a dedicated Webster packing space with two workstations. To implement the packing robot:

1. Staff packed a few weeks in advance.
2. The robot was commissioned in another area of the pharmacy prior to installation in one of the workspaces.
3. Once installed, most packing would be done by the robot, with only administration, changes, and medications that the robot could not handle done in the second workstation.

## Initiate Transition Arrangements

We began the above process: patient medications were packed two weeks in advance, the workstation to be replaced was cleared out, and the robot was delivered for commissioning.

## Assess Validity of Assumptions and Ongoing Viability

Initially, there were some teething problems with the robot. We discovered that manual calibration was required for each medication to be dispensed, which had not been previously communicated to us.

Even after manual calibration, the robot did not reliably dispense medications into the Webster packs as promised. After a week of trying to get the machine operational, it simply did not work.

At this point, my business partner and I requested the company to take the robot back and contact us when it was functioning correctly. Ultimately, this venture became a costly mistake, yielding no benefits for the business, and we lost the purchase price of the robot as the company went bankrupt.

The most significant error made during this process was our failure to recognize that we were not purchasing a proven technology but were instead being used as guinea pigs for a new product.

The process outlined above applies regardless of whether the implemented innovation is successful. In our example, it would have been preferable to identify flaws in our plan earlier in the process rather than at the end.



**“THE EXPANSION OF THE SCOPE OF PRACTICE WILL COMPEL PHARMACISTS TO CONSIDER HOW TO IMPLEMENT NEW SERVICE OFFERINGS AND WHAT IS REQUIRED TO MAKE THESE PROFITABLE.”**

## Other Considerations for Implementing Innovation

1. **Critical Mass:** Some new processes or programs are only worthwhile once a critical mass of participation is achieved. Examples include MedAdvisor, delivery services, e-scripts, or compounding. Promotion methods can include flyers, advertising, social media, and signage. However, from experience, I can attest that the most effective way to promote a new program is for staff and pharmacists to discuss it directly with patients who may benefit. Direct conversations are at least 10x more effective than passive communication methods.
2. **Staff Buy-in:** An owner or manager can have a world-changing idea, but without the buy-in and cooperation of staff, it will never be implemented effectively. Communicating the new idea to staff and considering their concerns is essential for successful implementation.
3. **Time and Space Resources:** Some new ideas fit seamlessly into existing pharmacy operations, while others require specific space and staff time. Resource requirements should be considered before implementation.
4. **Trial Run:** Whenever possible, running a small trial can provide insights into how full implementation might work and what process changes may be needed or flag potentially unsuccessful innovations.

The future of pharmacy will only see more change and innovation in the coming years. The expansion of the scope of practice will compel pharmacists to consider how to implement new service offerings and what is required to make these profitable. Following a stepwise process for implementing innovations should lead to more successful and profitable outcomes.



# WE SELL CANNABIS!

## Advertising Medicinal Cannabis

W

With the introduction of medicinal cannabis to Australia in 2016 and the phenomenal growth of this segment of pharmacy there has been a number of emerging companies all vying for their share of this potentially lucrative market. Many have been playing a game of cat and mouse with the TGA over what they can and can't advertise.





**With the introduction of medicinal cannabis to Australia in 2016 and the phenomenal growth of this segment of pharmacy there has been a number of emerging companies all vying for their share of this potentially lucrative market. Many have been playing a game of cat and mouse with the TGA over what they can and can't advertise.**

In February 2016 when federal laws were passed in this country to allow access of medical cannabis to Australian patients many enthusiasts had their hopes and dreams dashed when the fine print of the legislation meant that it was treated as a pharmaceutical molecule. It actually fit surprisingly well into the already existing Special Access Scheme or SAS.

This scheme allows Australians to access unregistered medicines which have some safety data but hadn't been thoroughly tested here. The system now in its 8th year, appears to be working pretty well and has been embraced in part by some in the medical profession. There are now well over 1000 different medical cannabis products available in Australia with new products emerging daily. Given that it is a prescription medicine, the same laws apply to advertising.

On a recent conference tour to the US, I was shocked to watch their local TV and see a bunch of prescription medicines like blood pressure, cardiac and anti-anxiety drugs being openly advertised on TV, many with extensive disclaimers including "incorrect use may cause death!"

The US is one of the only countries in the world to allow this and the FDA rules that advertising of prescription medicine must include a "major statement" of side effects.

Australian laws in contrast have been set up by the Therapeutic Goods Administration (TGA) to protect patients and don't allow direct advertising of prescription medicine to patients. The concern is advertising of medicine will create inappropriate demand for a product which may not be suitable for an individual.

The TGA has extensive guidance on advertising and has clarified it with regards to the medicinal cannabis industry with a document titled "Advertising guidance for businesses involved with medicinal cannabis" <https://www.tga.gov.au/resources/resource/guidance/advertising-guidance-businesses-involved-medicinal-cannabis-products>. This is aimed at cultivators, manufacturers, prescribers, pharmacies in the industry, and even those not in the industry but touting medicinal cannabis.

It covers a range of no-no's for the industry such as:

- Advertising or even mentioning medical cannabis, CBD or THC to the general public.
- Patient review of medical cannabis.
- Saying what conditions medical cannabis can be used for.
- Having a business name or product name involving cannabis.

There are a couple of important exemptions to the rules however, which exempt advertising directed to health professionals as per a traditional pharma rep model, and also practitioner to patient communication direct.

Substantial fines have been issued to individuals promoting cannabis and CBD products without licenses. In 2021 WA based St Francis Pharmacy was fined almost AUD\$40k for openly advertising medicinal cannabis on a poster in store and on its social media pages. It also referenced cannabis as a treatment for fibromyalgia.

A few large companies have also run foul of authorities and received hefty fines. In 2022 the TGA sent a big message to the industry when it issued just under AUD\$1M in fines to 3 major Australian medical cannabis companies including Cannatrek, Little Green Pharma and MGC. Most of these fines were related to a whopping 73 breaches of mainly cannabis promotion in their social media and websites.

Cannabis prescribers have also come under scrutiny. In 2022 a WA based practitioner was fined around \$13k for promotional information appearing on their social media, over \$130k for CA Clinics and \$106k for MiDispensary, once again for breaches on their website and in their socials. CA Clinics had previously changed their name from Cannabis Access Clinic.

In May 24 Better Leaf Pharmacy in Melbourne was fined over \$170k for, you guessed it...advertising breaches on its website and socials.

A massive showdown looms in the federal court between Melbourne based Montu also known as Alternaleaf. In April 2024 they were hit with 226 alleged breaches and vowed to "vigorously defend" against the TGA. The TGA have issue with them promoting medical cannabis directly to consumers.

Amongst the various usual breaches Alternaleaf was in process of negotiating a sponsorship deal with Dolphins NRL team, with them looking at having the Alternaleaf logo on their jersey and signs in stadiums, although they have since backed away from this. They are due in court in September. No one has really challenged the TGA up until now so if anything, it will give a good clarification of what is enforceable.

For the most part the cannabis industry is very wary of "big pharma" but as the cannabis industry grows so too does "big Cannabis" which is becoming increasingly influential. I for one have the popcorn ready to watch this major courtroom tussle.



Lawyer Mat Henderson is a lecturer at the Thomas More Law School at Australian Catholic University and is an expert in various aspects of medicinal cannabis law. He says that the key statutory powers under Chapter 5 of the Act are applied very broadly, hence pharmacists should keep this in mind when framing their physical and online presences.

Section 42DLB allows for civil penalties for advertising breaches. Any content or conduct that can be held to either directly or indirectly promote the use of medicinal cannabis products risks falling foul of the law. The subjective intent of the person making the content is not relevant, the regulator views content from the perspective of a potentially vulnerable consumer. For this reason, any mention of conditions/illnesses is a massive no-no.

The prevention of advertising of scheduled medicines to the public is a cornerstone of pharmaceutical regulation in Australia. The rules have not changed. Just because it's medicinal cannabis and you see a lot of wild content online (from, say, a competitor), doesn't mean there is safety in numbers. The law is the law and ultimately, it's not difficult to understand. Just don't advertise Medical Cannabis products.

So, to any Australian Pharmacy out there looking to stay out of trouble with the TGA it is best to make sure there is no mention of Medical Cannabis on posters in store, on web sites and socials, including referencing them to any medical conditions. Some of the fines above are a great motivator.

Over the last few years there has been the emergence of a number of Australian pharmacies or "dispensaries" using the American term that specialises in medicinal cannabis. Whilst a few have overstepped the boundaries and received fines the majority have grown their business by networking or being co-located with cannabis prescribers. The industry is still relatively small and there are only a few dispensaries in each state.



Australian pharmacist Lisa Nguyen founded Australia's first dedicated medical cannabis dispensary in 2020 in South Yarra, Melbourne. Prior to that time there had been a few pharmacies that had done well in the space, but it had been a subsection of the rest of the business. Lisa has a background as a pharma MSL and saw a gap in the market. She was experienced in networking with prescribers and steadily grew her business over the next few years to be one of Australia's biggest pharmacies with a medical cannabis specialty.

There are a few online forums where patients shared with others and then also gravitated towards her store. Lisa said of her success in building her business "For me, Astrid has always been driven by my mission to remove the stigma associated with medicinal cannabis by re-inventing the way we perceive traditional medicine or pharmacy. It started with replacing the traditional white pharmacy walls and filling it with beautiful plant-filled green spaces. But Astrid is more than just a lush, green space.

Over the past 3 years, I've filled these spaces with an expert team of specialty pharmacists and technicians who truly care and are empowered to educate patients. Pharmacy and medicine are changing. Patients, more than ever, deserve more care — and want to be heard. I believe that pharmacists, as frontline healthcare professionals, really have the power to be this change."

I have seen first-hand in certain US states some massive cannabis roadside signs promoting cannabis dispensaries on the side of highways, including this selection in downtown Seattle.

Obviously, you are not allowed to have a big flashing neon sign saying "Cannabis sold here" in Australia or indeed many other parts of the world. There are some really good ways to grow your specialty business whether it be cannabis or any other specialty drug and not upset the regulator.



1. Prescribers – contact specialty prescribers and explain your service. If a patient can get a better treatment experience and create less headaches for the prescribing doctor they will refer patients. The pharmacy may also end up referring patients to that prescriber. In the case of medical cannabis there are thousands of different product brands and if a patient walks into another pharmacy, they may not have the stock and it may take a week or two to order in as opposed to someone who specialises in it and will have the stock on their shelf. Patient journeys are important.
2. Patients – Obviously advertising direct is a big no-no but if it is an existing patient and in-store then they may be able to refer a specialty store to others within their network. Many are on social media platforms and often know other patients with similar medical conditions. Good service, good pricing and actually having the stock on the shelf all helps to attract customers.

The TGA does a really good job of protecting vulnerable and at-risk Australian patients. Several other jurisdictions in the world such as Germany and Canada have evolved from a medical cannabis system to allowing adult use/recreational cannabis and they have subsequently adopted strict laws about public use, children access, plain packaging etc.

Currently we don't have roadside billboards advertisements or vending machines selling medical cannabis but who knows what the future in Australia will bring...

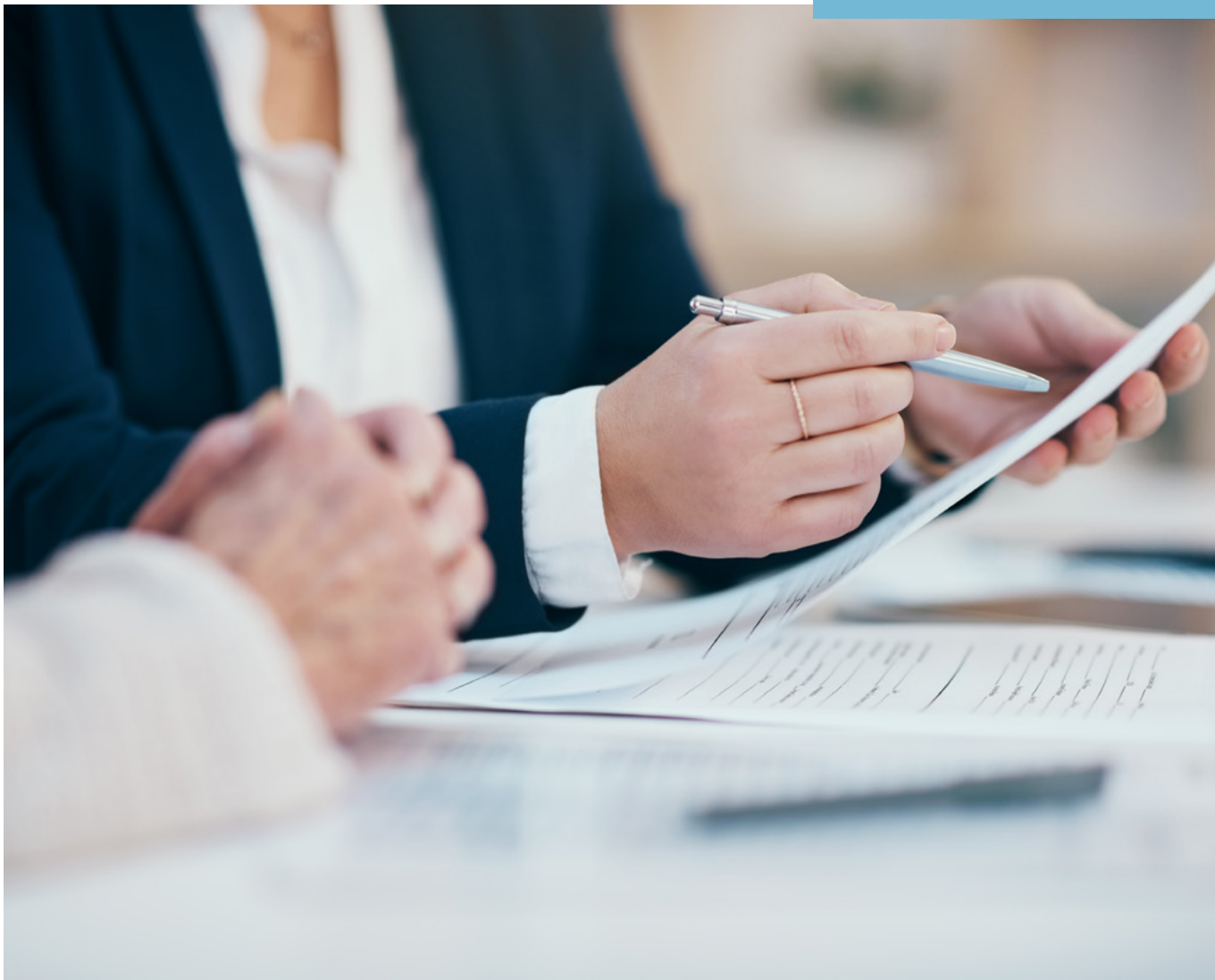
*\*\*These photos are an example of US advertising that is not compliant with Australian advertising law.*

# SIMPLE AND EASY FINANCE FOR MOTOR VEHICLE AND BUSINESS EQUIPMENT

G

Guild has been providing pharmacy owners with simple and easy finance solutions for motor vehicles and business equipment for more than 32 years. Importantly, funding that's provided directly by Guild Insurance, not through a broker.

**Words** | Jasmin Arguelles / Fiona Lee Saunders





**Jasmin Arguelles ("Jazz") is the new Lending Manager at Guild, replacing Chris Hickey who has decided to retire after 30 fabulous years of service.**

Since Jazz is the new face in town, we decided to ask her a few questions so we could all get to know her a little better.

**AP: What led you to pursue a career in finance, and how did you get started in the industry.**

**Jazz:** I initially studied Nursing at University and although I love taking good care of people, there are other aspects of nursing that did not quite suit me. I got started in this industry by landing a role as a bank teller in one of the local banks. This experience was invaluable, as it gave me hands-on exposure and a great introduction to the financial world.

Working at a local bank as a teller, gave me the opportunity to communicate with customers so I could better understand their needs. That understanding allowed me to help customers by finding finance solutions that would benefit them. I then leveraged this experience to land a position as an account manager at one of the Big 4 banks, where I further developed my skills and deepened my understanding of the industry.

To date I have over 22 years experience in the Finance Industry, having worked for various finance institutions and with a range of clients has taught me so much. I'm looking forward to providing a truly great experience for my clients while working with Guild.

**AP: You have been in the role for 3 months now, what is the point or points of difference you see with what Guild offers, compared to other finance companies you've previously worked for.**

**Jazz:** Oh, I could make a long list! But for me, what stood out the most was their collective values and the commitment to living those, to serving their community. I have not worked at any other company that practices its values so genuinely. You see it now and then with some companies, but with Guild it's very clear by the way they take care of their customer. The invaluable 'care' Guild provides to the customer, to understand their challenges and needs so they can provide the right solution.

**AP: How are Guild finance offerings different to other financiers?**

**Jazz:** The simplicity of Guild finance offerings is very different compared to some other finance companies, from documentation right through to the credit process. We provide fast approvals on our Motor Vehicle finance, usually approval within 24 hours of submitted application. Most importantly, we have a dedicated team to assist our customers with all their business equipment needs.

**AP: What do you find most enjoyable about your role?**

**Jazz:** In my role it's definitely talking to customers. I love getting to know my customers, especially finding out how they all started. We all have stories to tell, and I am always fascinated to hear about how and why my customers started and the journey they took to get where they are now. Hearing these stories and the passion they have for their business motivates me to work hard to help them grow. The reward is the way I feel once I can see the clients growth, it's more rewarding than anything else knowing I was part of that journey.

**AP: What do you believe is the most important quality for success in the finance industry?**

**Jazz:** For me, the most important quality for anyone to succeed in the finance industry is to make sure they listen to their customer. Listen to their needs, understand their challenges and deliver what you have promised. At the end of the day, my job does not exist without our customers.

**AP: How do you maintain a work-life balance, especially in such a demanding industry?**

**Jazz:** I have not been good at managing the 'work-life balance' in the past, but I am now practicing this every day. It's important for me to set boundaries for myself to ensure I spend quality time with my family and also have some 'me' time to do what I need to for myself.

I believe being present whether you are at work or with family is the most important part.



## CASE STUDY

One of our newer customers who owns a pharmacy in Sydney was completely unaware that as a member of The Pharmacy Guild of Australia, one of their PGA member benefits was an option to finance their business needs.

This particular customer was simply exploring the Gold Cross website which lists some of the perks of being a member of the PGA, when they realised one of those perks was "Guild Motor Vehicle & Equipment Finance".

The customer contacted Jasmin (Lending Manager) to request a finance quote. The customer was provided an application form to complete and within hours of receiving the application, one very satisfied customer was given approval.

Surprised and delighted by how fast and efficient the process is, our customer is now happily shopping for a vehicle knowing they already have approved finance.



**For more help and information contact Jasmin Arguelles on:**

M. 0431 558 335

E. [jarguelles@guildgroup.com.au](mailto:jarguelles@guildgroup.com.au)



**Scan the QR code to get in touch with Jasmin Arguelles.**

# Guild offers finance for your motor vehicle or business equipment.

We can help you with your motor vehicle or business equipment finance needs.

## Benefits includes

- > Competitive interest rates
- > Simple documentation process
- > No monthly account fees
- > Fast approval on motor vehicle approved within 24 hours

## Finance offerings

- > Motor Vehicles
- > Pharmacy Automation
- > Fixtures and Fittings
- > Other Business Equipment



To start your finance application, scan the QR Code.



**Jasmin Arguelles**  
Guild Lending Manager  
0431 558 335



# INNOVATION IN PHARMACY LEADERSHIP

Unlock Human Potential Beyond Hard Work

**A** As a pharmacy owner or manager, it's easy to assume that hard work alone will help you navigate the complexities of leadership, but today's dynamic healthcare landscape demands more. Staying in your comfort zone and relying on what you already know will no longer suffice. To drive innovation, build resilience, and unlock your full potential, you must challenge yourself and welcome the unknown.





## The Danger Of Sticking to What You Know

How often have you heard someone say, “This is how we’ve always done it”? While familiar processes might seem like the safest way to manage your pharmacy, this approach can lead to stagnation and stifle innovation. Change is inevitable—whether through the global pandemic, legislative shifts, or economic instability, the last four years have demonstrated how external forces constantly reshape the environment in which pharmacies operate.

Innovation often arises from necessity. When faced with problems like the pandemic, adapting to new regulations or managing economic downturns, we’re forced to think outside the box. These are the moments when creativity sparks, helping you uncover solutions that may never have surfaced while playing it safe. However, for this to work, pharmacy owners and managers must lead by example, guiding their teams through the process. It’s essential to bring the whole team along, ensuring emotional engagement, motivation, and accountability at all levels of the business.

## Choosing Challenges That Excite & Scare You

True innovation requires stepping outside the familiar. Seek out projects that excite and slightly scare you. Initially, don’t worry about the ‘how’; focus instead on the ‘what’—what is your bold goal? Whether it’s adopting digital health solutions, exploring new patient care models, or upskilling your team in communication and resilience, pushing into the unknown encourages different ways of thinking.

It’s during these moments of uncertainty that creativity flourishes. You’re compelled to approach challenges with fresh eyes, unlocking innovative solutions that can transform how your pharmacy operates and serves your community. That’s why we need to actively embrace the unknown and step out of our comfort zones—because real growth and innovation begin there.

Keep in mind, that it’s not just about you as the leader—your team needs to feel the excitement of innovation, too. Engage them with the vision, give them ownership of parts of the journey, and ensure everyone understands the shared goal. Always make sure you are present with them.

## The Power Of Uncertainty in Unlocking Growth

Embracing challenges without all the answers is key to real growth. Whether you’re exploring new customer engagement strategies or refining operational efficiencies, embracing uncertainty unlocks human potential—both within yourself and your team. This mindset shift strengthens resilience and develops high-performing leaders who confidently navigate the ever-changing pharmacy landscape. Leading with transparency and ensuring accountability at all levels enables everyone to contribute meaningfully to the innovation process.



**“PHARMACY LEADERS WHO PUSH BOUNDARIES, EMBRACE UNCERTAINTY, AND ENCOURAGE A CULTURE OF INNOVATION ARE THE ONES WHO WILL SHAPE THE FUTURE OF THE INDUSTRY.”**

## Embrace the Unknown for a Creative Breakthrough

Next time you’re tempted to play it safe, remind yourself that progress doesn’t happen within your comfort zone. Pharmacy leaders who push boundaries, embrace uncertainty, and encourage a culture of innovation are the ones who will shape the future of the industry. Step out of the familiar, dive into something new, and watch your creativity and potential flourish in unexpected ways.



## Six Steps to Think Big and Innovate

To help you think outside the box and transform bold ideas into reality, here are six practical steps:

- 1. Challenge the Status Quo** – Start by questioning the way things are. Why do you follow certain processes? Is there room for improvement? Ask yourself: What do I truly want, and what could I achieve without limitations? This mindset shift is the first step towards big ideas.
- 2. Visualise Bold Solutions** – Imagine a future where things run better. What does your ideal pharmacy service look like? What new technologies or methods could transform your business?
- 3. Identify Strategic Opportunities** – After pinpointing areas for improvement, identify where the greatest opportunities lie. Is it in patient engagement, operations, or team development? Focus on one major area at a time.
- 4. Break Down the Big Picture** – Innovation can feel overwhelming without a clear path. Break your big idea into smaller, manageable steps. Each step should be achievable and gradually move you closer to your goal.
- 5. Execute with Precision** – Turn your plan into action with a pragmatic, consistent approach through a workable Operating Rhythm that will keep the entire team (including yourself) on track, engaged and accountable. Make each step feel achievable for your team. Delegate responsibilities, set timelines, and track progress along the way. Adjust based on feedback and results to ensure each step progresses towards your innovative outcome. Don't hesitate to iterate or pivot when necessary – innovation demands flexibility and the right Operating Rhythm.
- 6. Expect Mistakes and Learn from Them** – Not everything will go your way, and mistakes will happen along the journey. That's why it's important to focus on taking action rather than becoming attached to specific outcomes. As long as you learn from mistakes and maintain focus on your goal with the end in mind, setbacks become growth opportunities. Consistency is key to long-term success—keep moving forward.

When pharmacy leaders embrace uncertainty, question the status quo, and break down ambitious goals into actionable steps, they unlock not just innovation, but sustained growth. By leading with vision, promoting emotional engagement, and maintaining accountability, you'll create a motivated team ready to take on challenges and opportunities.



**“THINK BIG, START SMALL, ACT NOW—INNOVATION BEGINS WITH THE FIRST STEP.”**



**Reem Borrows**

Human Performance Specialist –  
Dreem Coaching and Consulting

# INNOVATION DOESN'T NEED TO BE A UNICORN

W

When we think of innovation, we often imagine futuristic technologies or major breakthroughs. But innovation in pharmacy doesn't need to be extreme. Small, incremental changes can make a significant impact. By applying practical strategies and frameworks, pharmacists can introduce meaningful innovations into daily operations, benefiting both their teams and patients.





When we think of innovation, it's easy to imagine futuristic technologies or revolutionary breakthroughs. But innovation doesn't have to be something out of reach or abstract. For pharmacy owners and pharmacists, innovation can happen right now, within your team and your current systems, without the need for a major overhaul or a tech breakthrough.

## What is Innovation?

It's common to confuse creativity with innovation. While creativity fuels fresh ideas, innovation takes those ideas and transforms them into practical, useful solutions. For something to be truly innovative, it must not only be novel but also provide value. A creative idea may be exciting, but if it doesn't solve a problem or improve a process, it remains just that – an idea.

In the context of a pharmacy, innovation might look like implementing a new service, refining your customer engagement process, or simply upgrading how you communicate with your team. It doesn't have to involve big, disruptive changes, although those certainly have their place, but can include enhancing your existing processes to better serve your patients and business.

## Are There Different Types of Innovation?

When we talk about innovation, it's useful to distinguish between sustaining and disruptive innovation. Sustaining innovation involves improving current processes and services, allowing you to maintain your competitive edge. For instance, refining how you manage medication dispensing, incorporating automation in stock control, or enhancing customer service workflows are all examples of sustaining innovation.

On the other hand, disruptive innovation occurs when smaller changes make a big impact. This might involve entering a new market segment or introducing a service that addresses a gap not currently being served. Think of a new patient-focused service, like telehealth consultations or a medication review program aimed at specific populations.

Most pharmacies will benefit from a combination of both sustaining and disruptive innovation. Sustaining innovation helps maintain your position, while disruptive innovation can open new avenues for growth.

## How do I Create Innovation?

So, how do you introduce innovation into your pharmacy? You don't need to reinvent the wheel or wait for some major technological advance. Here are a few simple frameworks you can use:

1. **Clarify the Problem:** Start by identifying pain points. What processes are inefficient? Where are the bottlenecks in your service? Use research and observations to understand what's slowing down your workflow or affecting patient satisfaction.

2. **Ideate:** Once you've identified the problem, it's time to brainstorm. Encourage your team to suggest solutions. This is where creativity thrives, but remember, not every idea will become an innovation. What matters is focusing on solutions that are practical and achievable.
3. **Develop:** After selecting the most promising ideas, develop them further. This stage involves testing and refining. In a pharmacy setting, this might be piloting a new customer feedback system, trying out new communication tools, or adjusting how you schedule shifts.
4. **Implement:** The final step is putting your developed idea into action. This is where real change happens. Be sure to engage your team and communicate clearly about why the innovation is necessary, how it will improve their work, and what benefits it brings to the patients you serve.

## How do I Find the Time to Innovate?

While pharmacies are often operationally focused, delivering on daily tasks, maintaining inventory, and managing compliance, it's important to make space for innovation. This doesn't mean disrupting your workflow but creating an environment where new ideas can thrive. You can balance innovation and operations by fostering a culture that allows creativity within structured processes.

Encourage staff to think of new ways to improve services, whether it's reducing patient wait times, finding ways to enhance patient education, or streamlining dispensary tasks. By adopting solutions like LRNRX for staff training, you not only boost productivity but also empower your team to continuously improve their knowledge and skill set.

## How do I Practically Implement Innovation?

Innovation doesn't have to be daunting. It's not a mystical unicorn reserved for tech startups; it's simply about finding better ways to solve problems and improve patient care. By incorporating simple, structured approaches like clarifying problems, generating ideas, and testing solutions, you can lead your pharmacy to a future of continuous improvement.



**Krysti-Lee Patterson**

Founder of LRNRX, Meitheal Services



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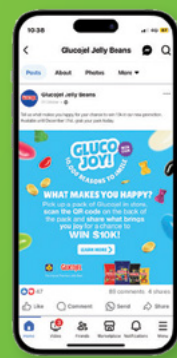
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# INNOVATION AND THE IMPACT OF A HIGH PERFORMING CULTURE

In today's competitive business environment, innovation is pivotal to success. Every business talks about the need to innovate, to find new, improved ways of doing things.

Words | Dean Anderson   CEO Leading Teams



**Importantly, and often overlooked in the considerations is the value that a great culture contributes to innovation. Without a strong, healthy team culture, innovations can be missed and even the most promising innovations can falter. In fact, at Leading Teams, we've found that fostering a high-performing culture is not only conducive to innovation—it's essential.**

## The Foundation: What Makes a Great Culture?

At its core, a great culture is built on trust, accountability, and mutual respect. In a workplace where these elements are missing, people tend to protect their own interests, fear making mistakes, and avoid feedback. These behaviours stifle innovation. Conversely, a culture where team members feel psychologically safe—where they are encouraged to take risks without fear of failure or judgement, share bold ideas without being punished or humiliated, and provide constructive feedback—paves the way for creativity and progress.

At Leading Teams, in our work with organizations across all sectors, we've observed that teams with higher levels of psychological safety consistently produce more innovative outcomes. That's because when people feel safe to challenge the status quo and experiment with new ideas, they're more likely to explore creative solutions to complex problems.

High performing cultures require high performing leaders who understand the powerful role that culture has in driving innovation. When your team has an agreed common purpose, and an agreed behavioural framework that defines how things get done in the workplace, the key remaining ingredients that optimise culture are strong professional relationships and genuine conversations – strong professional relationships foster a safe environment for genuine conversations. When feedback becomes a normal and welcomed part of daily interactions, team members are more likely to share new ideas. They understand that their contributions are valued and respected, even if those ideas don't always hit the mark.

Innovation is rarely the result of a singular "eureka" moment but emerges from the collaborative efforts of a group of people committed to the same goals. Without a culture that nurtures these efforts, even the best ideas carry a risk of failure.

## Feedback and Innovation

In high-performing teams, feedback is viewed not as criticism but as an opportunity for growth. It's a tool for continuous improvement, both individually and as a team. Innovation requires constant refinement, and feedback plays a crucial role in this process. We encourage teams to adopt the mantra, "feedback is a gift." When team members provide honest, constructive feedback, they help each other improve and innovate. Without this openness, teams often find themselves stuck in echo chambers, where ideas go unchallenged, and progress stagnates.

Genuine feedback on performance against agreed behaviours is fundamental to cultural success. When the group has a clear sense of what is expected and holds each other accountable to it, they can build on each other's ideas without fear of damaging relationships.

## Collaboration and Innovation

Innovation rarely happens in isolation. The most transformative ideas often come from collaboration—people with different perspectives and experiences coming together to solve problems. In teams with a great culture, collaboration happens naturally because there's a strong sense of shared leadership. Everyone is encouraged to contribute and take ownership, which ensures that no one person carries the burden of innovation alone.

By focusing on the strengths of individuals and encouraging collaborative leadership, innovation can flourish. When team members understand their roles and responsibilities, and when they trust that their teammates are equally invested, they can focus on what truly matters: developing and implementing new ideas.

## Case in Point: Innovation at Work

One example that comes to mind is our work with Australian Rules Football team, the Brisbane Lions. When Coach Chris Fagan took over in 2016, he had a clear vision: he wanted to create a player-led team. This shift in leadership dynamics empowered players to take ownership of their performance, their behaviour, and their relationships. Over the years, this cultural transformation has led to innovative approaches both on and off the field.

For example, the team adopted a new way of evaluating their success, focusing not just on wins and losses, but on quarter-by-quarter performance. This innovation in goal-setting allowed the team to celebrate small victories and stay motivated, even in challenging circumstances. Without the strong, player-driven culture that Fagan and the leadership group cultivated, this innovation would not have come to fruition.

## Conclusion: Culture is the Cornerstone of Innovation

At Leading Teams, we've long believed that a high-performing team is the foundation for innovation. A team that fosters psychological safety, embraces feedback, and encourages collaboration will be better equipped to experiment, adapt, and innovate. Culture is not just a "nice to have"—it is the critical factor that allows innovation to thrive. Whether it's in business, sport, or education, the teams that innovate successfully are the ones that invest in their relationships, communicate openly, and share leadership. As we look toward the future, it's clear that the key to staying ahead of the curve lies not just in our ideas, but in the cultures we build to support them.



**Dean Anderson**

CEO, Leading Teams Australia



The Pharmacy  
Guild of Australia

# Vital facts on community pharmacy

1



There are **5,935** community pharmacies in Australia<sup>1</sup>

2

On average, every person visits a community pharmacy **18** times each year, in metropolitan, rural and remote locations<sup>2</sup>.



3



Community pharmacies are the most frequently accessed and most accessible health destination, with over **443.6 million** individual patient visits annually and **2,127 pharmacies** open after-hours, including weekends<sup>3</sup>.

4



In 2023, under the PBS and RPBS, community pharmacies dispensed almost **227 million** Government subsidised (Above Co-Pay) prescriptions<sup>4</sup>.

5



Pharmacists are one of the most trusted professions along with nurses and doctors. Public opinion surveys have shown that **84%** of adults trust the advice they receive from pharmacists<sup>5</sup>.

1. PBS Expenditure and Prescription Report

2. Pearson, D., De lure, R. (2021) NAB Pharmacy Survey 2021. NAB. <https://business.nab.com.au/nab-australian-pharmacy-survey-2021-48091/>

3. GuildLink data

4. Department of Health, Date of Supply Supplementary Report, Accessed at <https://www.pbs.gov.au/info/statistics/dos-and-dop/dos-and-dop>

5. <https://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543>





6



In capital cities, **96%** of people have access to at least one pharmacy within 2.5 km radius, while in the rest of Australia **74%** of people are within 2.5 km of a pharmacy<sup>10</sup>.

7



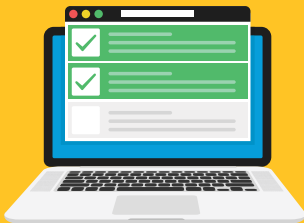
More than **95%** of pharmacies nationwide have achieved quality accreditation<sup>7</sup>.

10



There have been over **219 million** electronic prescriptions issued for patients (original and pharmacy repeat prescriptions)<sup>8</sup>.

8



As of 30 June 2022, **99.9%** of PBS or RPBS prescriptions are now claimed electronically online<sup>9</sup>.

11

As of December 2023, there were **37,949** registered pharmacists in Australia. **64%** of pharmacists are women; and about **58%** are under 40 years of age<sup>11</sup>.



9

**53%** of patients say they use one pharmacy for everything or at least one category of product / service. **38%** of patients state they were driven by convenience of location<sup>6</sup>.

## Vital facts on community pharmacy



6. CP2025\_Integrated Market Research Report 2018 – Orima Research

7. Quality Care Pharmacy Program

8. Australian Digital Health Agency, [www.digitalhealth.gov.au](http://www.digitalhealth.gov.au), Accessed July 2024

9. <https://www.servicesaustralia.gov.au/annual-report-2021-22>; Page 68

10. The Pharmacy Guild of Australia 2024

11. Pharmacy Board of Australia Registrant Data; March 2024



12

## 8CPA 8th Community Pharmacy Agreement

**Eight** Community Pharmacy Agreements have been negotiated between the Government and the Guild, underpinning patient access to PBS medicines and professional services for over 30 years.

13

In 2020–21, **660,071** of all hospitalisations were classified as potentially preventable. Of these, **188,572** potentially preventable public hospitalisations and **62,360** private hospitalisations were due to chronic conditions (excluding diabetes). Medicines adherence is an important role for community pharmacists.<sup>13</sup>



14



Community pharmacies provide a national network of National Diabetes Services Scheme access points for the **1,468,142** Australians with diabetes registered with the NDSS<sup>15</sup>.

16



Pharmacies support public health initiatives such as Opioid Replacement Therapy and needle and syringe programs and participating in the Return of Unwanted Medicines Program improving social, economic and health outcomes.

15

Between July 2023 and May 2024 there were **15.7 million** dose



administration aids provided by community pharmacies to patients to assist them to remain living at home<sup>14</sup>.

17



Community Pharmacist-Led medication adherence interventions have improved adherence rates by **9.3%** and reduced health system costs by **\$1.9 billion**<sup>12</sup>.

## Vital facts on community pharmacy

12. Dovepress Journal – Patient Preference and Adherence: Pharmacist-led medication non-adherence intervention: reducing the economic burden placed on the Australian Health Care system

13. Australian Institute of Health and Welfare Admitted Patient Care 2021–22; Table 8.2; <https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients>

14. <https://www.health.gov.au/resources/collections/pharmacy-programs-data>

15. <https://www.ndss.com.au/about-diabetes/diabetes-facts-and-figures/diabetes-data-snapshots> (March 2024)

## Your quick guide to

# SLINDA® (DROSPIRENONE 4 MG) PATIENT TYPES

## Effective estrogen-free oral contraception<sup>1</sup>

Slinda® provides gentle\* and effective estrogen-free oral contraception suitable for a broad range of women, from teens to menopause<sup>1-9</sup> – including those in at risk groups.

### Gentle Oral Contraception, \*Without Estrogen-Related Risks or Side Effects<sup>1-4,6-9</sup>

Estrogen-containing combined oral contraceptives (COCs) are associated with an estrogen-mediated risk of venous thromboembolism (VTE), particularly in women with known cardiovascular risk factors including obesity, advanced age, history (or family history) of VTE, smoking, and coagulation abnormalities.<sup>6,10-14</sup>

In addition, COCs are not advised (or are recommended with caution) in women with some common conditions, including migraine with aura, obesity, hypertension, and during the early post-partum period.<sup>6,11</sup>

Conversely, estrogen-free Slinda has a favourable tolerability profile across a number of clinical parameters and patient types, including:

- Breastfeeding: Appropriate for women post-partum, with the convenience of a 24-hour missed pill window.<sup>1,15</sup>
- Thromboembolic events: There were no reports of VTE throughout the clinical trial program for Slinda, comprising over 25,000 cycles.<sup>2-4,7</sup>
- Haemostatic variables: Slinda does not affect the balance between pro-coagulant and anti-coagulant factors (activated protein C, antithrombin III, D-dimer, C-reactive protein and coagulation factors VII and VIII).<sup>4,9</sup>
- Body weight: Slinda has neutral effects on body weight and BMI.<sup>2-4,16</sup>
- Blood pressure: Slinda has a neutral effect on blood pressure in normotensive women, and may decrease blood pressure in women with mild hypertension.<sup>2,4</sup>
- Bone health: Women produce their own natural estrogen. Mean estradiol levels with Slinda are within the bone sparing range.<sup>4,16,17</sup>
- Bleeding profile: Slinda has a favourable bleeding profile with a 96.5% acceptability rate and a high rate of amenorrhea reported in clinical trials (48.3% at the end of 13 cycles).<sup>4,18</sup>

### Suitable for a Broad Range of Women, from Teens to Menopause<sup>4-6</sup>

Slinda may be more suitable than estrogen-containing COCs for a broad range of women (see Table 1), and can be used from teens to menopause.<sup>4-6</sup>

	BREASTFEEDING MOTHERS <sup>1,15</sup>	✓
	OLDER WOMEN <sup>2,4,6</sup>	✓
	OBSE WOMEN (BMI ≥30 KG/M <sup>2</sup> ) <sup>4,6</sup>	✓
	WOMEN WITH A HISTORY (OR FAMILY HISTORY) OF VTE <sup>4,6</sup>	✓
	WOMEN WITH HYPERTENSION <sup>4,6</sup>	✓
	SMOKERS <sup>2,4,6</sup>	✓
	WOMEN WITH MIGRAINES (WITH AURA) <sup>6</sup>	✓

**Table 1. Patient types more suited to estrogen-free Slinda over combined oral contraceptives**

UKMEC category recommendations for progestogen-only pills. Ticks refer to patient types or conditions with a UKMEC category of 1 or 2.<sup>6</sup>





## Gentle\* Oral Contraception Without Compromising on Efficacy<sup>1-4,6-9</sup>

Slinda provides gentle oral contraception \*without estrogen-related risks or side effects, whilst maintaining similar efficacy to combined oral contraceptives.<sup>1-4,6-9</sup>

The contraceptive efficacy of Slinda was examined in two pivotal Phase III European studies, in 1,571 women across 14,329 exposure cycles, over 9–13 cycles of treatment. The inclusion criteria allowed for women with a broad range of baseline characteristics, many of whom had at least one cardiovascular risk factor including smoking, obesity, hypertension, and those with a personal or family history of venous thromboembolism.<sup>2-4</sup>



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

Slinda® is a registered trademark of Chemo Research S.L. Besins Healthcare Australia Pty Ltd. ABN 68 164 882 062. Suite 5.02, 12 Help St, Chatswood Chatswood, NSW 2067. Office phone (02) 9904 7473. For medical information call 1800 BESINS (237 467). [www.besins-healthcare.com.au](https://www.besins-healthcare.com.au) SLI-2072 June 2024.

# More than 99% effective

oral contraception suitable for a broad range of women, from teens to menopause, also including:<sup>1-9</sup>

(Pearl Index 0.73 in pivotal studies)<sup>1-3†</sup>



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

## 0% increase in estrogen-related risks or side effects<sup>1-7</sup>

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

Please review Product Information before prescribing.

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

References: 1. Slinda Product Information, accessed July 2022. 2. Archer D et al. Contraception 2015;92(5):439-444. 3. Palacios S et al. Acta Obstet Gynecol Scand 2019;98(12):1549-57. 4. Palacios S et al. Eur J Contracept Reprod Health Care 2020;25(3):221-27. 5. Palacios S et al. BMC Women's Health 2020;20:218. 6. Paton DM. Drugs of Today 2020;56(5):321-28. 7. Regidor PA et al. Gynecol Endocrinol 2016;32(9):749-51. 8. Apter D et al. Contraception 2020;101(6):412-419. 9. Therapeutic Guidelines: Sexual and Reproductive Health, Contraception [www.tg.org.au](http://www.tg.org.au). Accessed Aug 2022. 10. Melka D et al. Women's Health 2020;16:1-7.

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

FIND OUT MORE



# NUTRITIONAL CHALLENGES FOR OLDER AUSTRALIANS



Older Australians—defined as those over the age of 65—have distinct nutritional needs compared to younger adults. But unfortunately, age-related physiological and psychosocial challenges can complicate meeting these needs, putting this demographic at risk of malnutrition.







**It is currently estimated that over 50% of older adults are either at risk of malnutrition or are already malnourished.<sup>1</sup>**

Malnutrition is defined as insufficient nutrient intake or absorption leading to altered body composition.<sup>2</sup> The condition has been linked to poorer overall health, increased healthcare usage, higher fall and fracture rates, delayed wound healing, elevated infection risk, and accelerated mortality.<sup>3</sup>

To address this issue, health professionals must understand the factors contributing to poor nutrition for older Australians. By doing so, patients will receive better support and have more access to education on preventive and treatment strategies, thereby enhancing health outcomes and improving the quality of life.

## Nutritional Requirements of Older Australians

It has been shown that the decline in body weight after age 65 is often disproportionately of lean body tissue, which has more adverse effects compared to fat tissue loss.<sup>6</sup> In order to maintain body weight and bone density, which are significant challenges for this demographic, older Australians have increased needs for nutrients such as protein, calcium, and vitamin D.<sup>4,5</sup>

### PHYSIOLOGICAL FACTORS IMPACTING NUTRITION:

Natural ageing has several physiological impacts on the body that can affect the ability to meet changing nutritional needs. As individuals age, the digestive system often becomes less efficient at absorbing nutrients, which can lead to deficiencies despite adequate food intake.<sup>7</sup> Additionally, older adults have been shown to produce higher levels of anorexigenic hormones [such as cholecystokinin (CCK)] which contributes to a reduced appetite and quicker satiation.<sup>7,8</sup> These changes combined with decreased physical activity, which is common among the elderly, can exacerbate the challenge of maintaining proper nutrition.

### PSYCHOSOCIAL FACTORS IMPACTING NUTRITION:

The predominant social factors contributing to decreased nutritional status in older Australians include changes in financial circumstances and social isolation. As individuals age, many face reduced financial resources, which can make it challenging to afford food of good nutritional quality.<sup>4</sup> Additionally, around 25% of older Australians live alone, and those living alone have been shown to be less motivated to prepare and consume healthy meals.<sup>9</sup>

## Strategies for Promoting Healthy Aging

### 1. CONSUME ADEQUATE PROTEIN

Protein is essential for maintaining muscle mass, which is vital for strength and the ability to perform daily activities. Inadequate protein intake can lead to muscle breakdown exceeding muscle rebuilding, resulting in reduced strength and increased difficulty with everyday tasks. For older Australians, low-protein diets are associated with a higher risk of falls and contribute to frailty and instability.<sup>4,6,10</sup>

To ensure adequate protein intake, older Australians should be encouraged to select high quality protein sources such as lean meats, fish, eggs, dairy products, legumes and nuts. It is recommended that older Australians consume 20–25g of protein at each meal to maximise muscle maintenance. For patients struggling to meet their protein needs through regular food, meal replacement bars and beverages can be valuable alternatives.

### 2. ENSURE ADEQUATE CALCIUM AND VITAMIN D INTAKE

Calcium and vitamin D essential for maintaining bone health, a critical concern for older Australians who are at a heightened risk of bone-related issues.<sup>11</sup> Calcium is essential for bone mineralization, while vitamin D aids calcium absorption. Deficiencies can lead to fragile and brittle bones.<sup>4</sup>

To ensure adequate calcium intake, older Australians should consume at least four servings of calcium-rich foods daily, such as dairy products, fortified plant-based milks and leafy greens. While vitamin D can be obtained from foods such as fatty fish, egg yolk, and fortified cereals, sunlight exposure is the most effective source. It is recommended to expose 15% of the skin to UV rays for 10–15 minutes daily. For those unable to get sufficient sun exposure, vitamin D supplements may be necessary.

### 3. ENCOURAGE INVOLVEMENT IN THE COMMUNITY

Eating alone has been associated with reduced food intake, while social interactions can significantly enhance food consumption.<sup>3</sup> Research has demonstrated that older individuals can consume up to 50% more food when eating in the company of friends.<sup>13</sup> To help address this issue, older Australians should be encouraged to participate in community programs and services that offer social dining opportunities. These programs not only improve meal consumption but also enhance overall well-being by connecting individuals with social activities and support networks.

# SMARTER PAIN RELIEF

It has been an eventful 10 years in pharmacy since MAXIGESIC was introduced to Australia as the first approved paracetamol/ibuprofen combination in 2014, and this patented combination of 500 mg paracetamol and 150 mg ibuprofen remains the smarter choice for pain relief in the post-codeine era.



As the leader in the paracetamol/ibuprofen segment\*, MAXIGESIC has gone from strength to strength as a unique formulation that stands apart from other paracetamol/ibuprofen combinations – the only combination pain relief that provides the maximum recommended daily OTC dose of paracetamol and ibuprofen\*\*.

On the global stage as well, MAXIGESIC is taking giant leaps forward, selling in over 70 countries globally and now launching in the United States, the world's largest analgesic market.

With product extensions having recently been introduced in Australasia and other international territories – and with an exciting innovation pipeline to come – MAXIGESIC is well positioned to lead growth in the analgesics category as it enters its second decade in the Australian market.

## Why Smarter Pain Relief?



MAXIGESIC was developed by Perth born pharmacologist Dr Hartley Atkinson as an effective alternative to opioid

analgesics, to help avoid the risks of abuse and misuse that these analgesics, in particular codeine, presented.

While studies show that the additive effect of 60 mg codeine with paracetamol and ibuprofen has only a comparatively small increase in efficacy over the monotherapies<sup>1,2</sup>, MAXIGESIC is an opioid-free OTC analgesic that is clinically proven in dental studies to provide significantly more effective pain relief than paracetamol or ibuprofen alone<sup>3</sup>.

As part of the registration process for the US market, a key clinical study of postoperative pain relief after the removal of 2-4 wisdom teeth was conducted, and the results were conclusive<sup>3</sup>. The MAXIGESIC US formulation (bioequivalent to the MAXIGESIC Australian formulation), given in four divided doses within this double-blind study of 408 participants, provided significantly more effective and a faster onset of meaningful pain relief than the equivalent doses of paracetamol and ibuprofen alone<sup>3</sup>:



**78% MORE**  
effective pain relief  
than paracetamol alone<sup>3</sup>



**36% MORE**  
effective pain relief  
than ibuprofen alone<sup>3</sup>

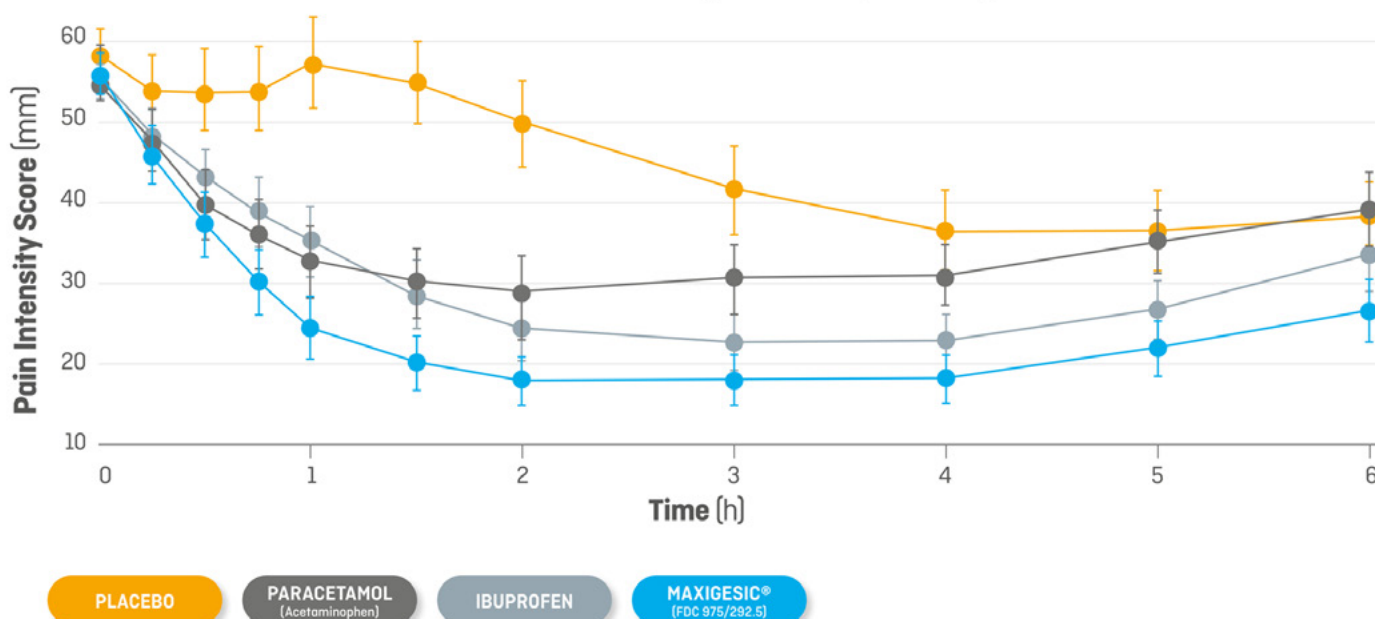


**FIRST 6 HRS**  
more effective pain  
relief than paracetamol  
or ibuprofen alone<sup>3</sup>



**FASTER**  
MEANINGFUL  
PAIN RELIEF  
than paracetamol or  
ibuprofen alone<sup>3</sup>

**Mean (+/- 95% CI) pain intensity score over the first dosing interval (6 hours)**



Whether your patients need fast relief to get their day back on track or sustained relief for tough disruptive pain over a number of days, MAXIGESIC can provide them with fast effective relief of temporary pain that is significantly superior to that of the monotherapies<sup>3</sup>



## Confirmed Safety Profile

A study of pooled safety population data also shows that the incidence of adverse events for MAXIGESIC is similar to, or below, that of paracetamol or ibuprofen, including gastrointestinal events and postoperative bleeding<sup>4</sup>. Overall MAXIGESIC is well tolerated and has a strong safety profile at single and multiple doses<sup>4</sup> with improved efficacy over monotherapy<sup>3</sup>.

## Suitable for a Wide Range of Pain

MAXIGESIC provides temporary relief for pains associated with:

- Headache
- Migraine headache
- Tension headache
- Sinus pain
- Toothache
- Dental procedures
- Backache
- Sore throat
- Arthritis
- Tennis elbow
- Period pain
- Muscular pain
- Rheumatic pain

MAXIGESIC also reduces fever.

### DOUBLE ACTION INNOVATION



The patented MAXIGESIC formulation is also available in the MAXIGESIC Cold & Flu Hot Drink variants, that are also exclusive to the Pharmacy channel. Not only do they provide effective relief from cold & flu symptoms such as headache, sore throat, sinus pain and fever, the MAXIGESIC Cold & Flu Hot Drink is also indicated for the same range of pain symptoms as the MAXIGESIC tablets – providing an alternative form of pain relief for patients who have trouble swallowing solid dose forms or a soothing alternative to tablets when desired.

With more innovation coming soon, MAXIGESIC will continue to offer smarter pain relief in pharmacy, now and in the future.

## Pharmacy Only

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*\*Source: IQVIA AU National Pharmacy scan data – paracetamol/ibuprofen units and dollar sales, MAT to 31/7/24*

*\*\*Based on 2 tablets of MAXIGESIC taken every 6 hours over 24-hour period (8 tablets total).*



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# HOW TO PROTECT YOUNG PHARMACISTS FROM BURNOUT

**E**ntering the pharmaceutical industry is a significant achievement for many passionate graduates. However, the early years of a pharmacist's career can be particularly challenging, due to the steep learning curve involved in applying theoretical knowledge to complex, real-world scenarios and the responsibility of ensuring patient safety.





## New pharmacists may also struggle to build confidence in their clinical decisions and face challenges in managing time and stress effectively.

This, coupled with a fast-paced retail or clinical setting, adds further pressure for those starting out in the industry. These challenges can leave new pharmacists at risk of overwhelm, exhaustion, and burnout. With nearly half of pharmacists under 30 considering leaving the field within five years (according to research from [International Journal of Pharmacy Practice](#)), it's more crucial than ever for industry leaders to ensure the right support is in place for those entering the profession.

## Understanding Burnout in Pharmacists

Burnout is a significant issue for pharmacists, with over **50%** reporting symptoms like emotional exhaustion, reduced efficacy, and a sense of detachment from their work. Key factors contributing to a rise in burnout include ongoing staff shortages, heavy workloads, and excessive non-clinical tasks. As pharmacists take on more responsibilities within patient care teams, the disconnect between their clinical training and administrative duties can compound their workload. On top of that, losing their professional autonomy and dealing with moral fatigue—especially during drug shortages—can make it even tougher for pharmacists to maintain wellbeing.

## Five Ways to Protect Pharmacists From Burnout

### 1. Structured onboarding and mentorship

Safeguarding against burnout starts with a comprehensive onboarding process that supports new pharmacists transitioning into the industry. In addition to covering essential workplace procedures, expectations, and systems training, pairing new hires with mentors offers access to valuable guidance and support, and will help new staff build relationships and a sense of belonging.

### 2. Manageable workloads and realistic expectations

For managers, having regular check-ins with staff will ensure workloads and deadlines are realistic and manageable. Regularly reviewing responsibilities to reflect ability and capacity will ensure new pharmacists are meeting expectations while also continuing to learn and develop in their role.

As pharmaceutical work is often routine and task-based, it's essential that managers ensure workloads are manageable and that there is time for reflection and learning, as this will be incredibly valuable to new pharmacists as they progress in their career.

### 3. Create a supportive workplace culture

Promoting a supportive work culture is also crucial to preventing burnout. Encouraging open communication and leading with empathy and understanding will create an environment where people can celebrate success, share ideas, raise concerns and ask for help when needed.

A culture that values work-life balance and employee wellbeing creates a healthier and more productive work environment. Offering flexible hours, including staggered shifts, and ensuring all workers can switch off outside work also protects against stress and burnout.

### 4. Regular professional development

Ongoing education and development opportunities ensure employees remain engaged, committed, and happy within their team. Workshops, online courses, in-house learning or knowledge-sharing sessions enable employees to upskill and stay up to date with new medications, patient care protocols and regulatory changes they should be aware of. Creating a development plan tailored to each employee that outlines their goals and the resources available to them can further support their growth in an actionable way.

### 5. Promote resilience and self-care

Encouraging new pharmacists to maintain their wellbeing is essential to mitigating burnout. Daily self-care practices such as regular sleep, light exercise, a balanced diet, and connection with friends and family, are all essential to good mental health and resilience.

Managers should also encourage pharmacists to take advantage of any wellness benefits offered by the company, and where possible, offer resilience training or coaching that's specifically tailored to any pressures they're potentially facing at work.

## What to do When Burnout Hits

For those already experiencing burnout, having a support network in place will enable them to prioritise their recovery. Start by encouraging them to share their experience and outline what support they need. Where possible, adjust workloads to alleviate pressure and stress, enabling them to focus on their recovery.

If mental health support is available through the company, be sure to provide information on how to access these programs.

Extended periods of uncertainty, work overload, and burnout can lead to employees disconnecting from day-to-day tasks and withdrawing not only from responsibilities, but also from the business as a whole. Supporting the wellbeing and work-life balance of new pharmacists is crucial to reducing high turnover and to building a sustainable and resilient workforce. As the industry faces increasing pressures, investing in the mental health and professional growth of pharmacists is not just beneficial—it is vital for the future of pharmacy.

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ASSESSMENT Q'S | P.79

# 67

## Organisational Behaviour Part 2: Job design, working in teams & dysfunctional behaviour

- Define the characteristics of job design
- Define 'synergy' within the organisational context
- Discuss how being part of a group can alter behaviour



ASSESSMENT Q'S | P.80

# 74

## Impetigo in Brief

- Recognise the prevalence and impact of impetigo
- Recognise impetigo clinical presentation and differential diagnosis
- Recall route of transmission and preventative measures
- Identify first-line treatment options for impetigo



## Organisational Behaviour Part 2:

# JOB DESIGN, WORKING IN TEAMS & DYSFUNCTIONAL BEHAVIOUR

**T** This article is the second in our series of articles on the topic of Organisational Behaviour. In the first article of this series, we considered the individual and some of the differences that can impact behaviour such as locus of control, perception, and personality. It can be accessed in the September/October 2024 edition.

This article will consider the job design and interpersonal/group aspects of organisation behaviour.







## Learning Objectives

After completing this activity, pharmacists should be able to:

- Define the characteristics of job design
- Define 'synergy' within the organisational context
- Discuss how being part of a group can alter behaviour

### Introduction

Organisational Behaviour is the study of human behaviour in organisational settings, at the interface between human behaviour and the organisation, and of the organisation itself. The goal of organisational behaviour as a management discipline is to explain, predict and influence behaviour.

It also discusses the interrelation between an individual and an organisation on the following levels:

- Individual (concerned with personal growth);
- Interpersonal (concerned with social competencies);
- Group (concerned with group dynamics); and
- Organisational (concerned with organisation structures and culture).

While there is a significant amount of information available on this topic, and traditional studies of organisational behaviour differentiate between groups and teams, this article includes the main themes and those most likely to be experienced commonly within the pharmacy environment.



### AUSTRALIA

#### Competency standards addressed:

2.2, 2.3, 2.4, 4.3, 4.4, 4.5, 4.6



**Accreditation Number:** A2411ITK1

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

### NEW ZEALAND

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

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



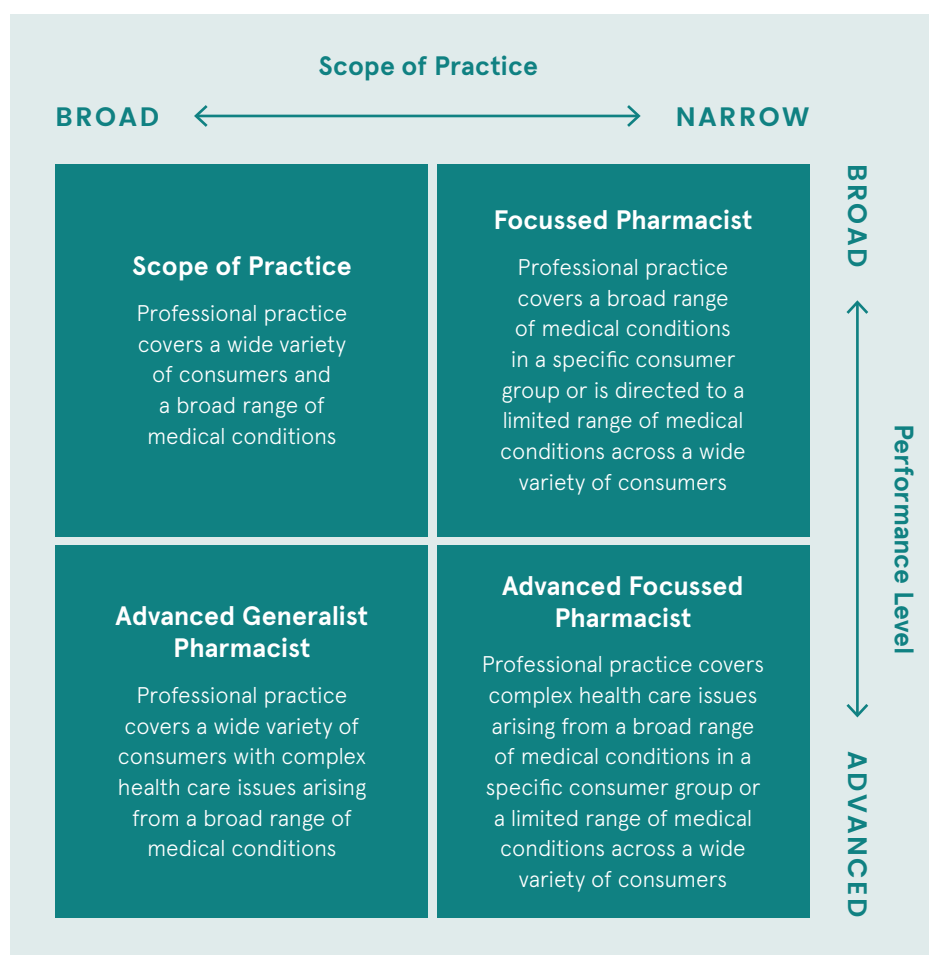
“THE GOAL OF ORGANISATIONAL BEHAVIOUR AS A MANAGEMENT DISCIPLINE IS TO EXPLAIN, PREDICT AND INFLUENCE BEHAVIOUR.”

## Aspect 1 – Job Design

In organisation behaviour, the purpose of 'job design' involves the planning and specification of tasks and work settings to make jobs meaningful, interesting and challenging. While the design of jobs/roles fits with the 'individual' aspects of organisational behaviour discussed in article 1 of this series, it can also apply to group roles that will be covered in this article, and also plays a major role in motivation which is to feature later in this series. Therefore, it is fitting that we consider it in this article in order to gain an understanding of job design early on in our study of organisation behaviour.

There are two key concepts that we can first consider when changing existing roles, that of **horizontal loading** and **vertical loading**. Using the definition provided by Wood *et al.* (2013) we can consider these within the context of the pharmacy workplace:

- **Horizontal loading** involves increasing the breadth of a job by adding to the variety of tasks that the worker performs. These new tasks will be at the same skill and knowledge level as those currently being completed by the employee, but will require the employee to learn different aspects of the business. In the pharmacy environment this might be a dispensary technician taking on compounding tasks, or a pharmacist expanding their scope of practice horizontally (see figure 1);
- **Vertical loading** involves increasing job depth by adding responsibilities like planning and controlling, supervising etc. This might be giving a supervisor greater responsibility or increasing the size of their team. A pharmacist might move towards advanced practice (see Figure 1).



The horizontal dimension of a pharmacist's role, reflecting the breadth of practice and referred to as 'scope of practice', and the vertical dimension reflecting the depth of practice and referred to as 'performance level'.

Source: An Advanced Pharmacy Practice Framework for Australia, available from: [https://www.shpa.org.au/sites/default/files/uploaded-content/field\\_f\\_content\\_file/51\\_appf\\_october\\_2012.pdf](https://www.shpa.org.au/sites/default/files/uploaded-content/field_f_content_file/51_appf_october_2012.pdf)

**Job simplification** involves clearly defining tasks and making roles very specific. Think about an assembly line in a manufacturing plant, where one employee is responsible for a single or narrow set of tasks that he/she will perform repeatedly throughout their working day. While this was popular some years ago, in today's working environment it has limited application and is associated with low employee motivation. However, it can be seen in larger pharmacies where pharmacists may be confined to dispensing prescriptions while another is involved in counselling patients. The danger with job simplification for pharmacists and pharmacy staff is the loss of existing skills and knowledge through lack of application.

**Job enlargement** involves increasing task variety by combining into one job, tasks of similar skill levels that were previously assigned to separate workers. This is essentially horizontal loading, and adds to the variety of tasks an employee is responsible for, however it does not add any further responsibility. Job enlargement is suitable to boost motivation and alleviate boredom, however care should be taken to ensure the employee's workload remains achievable.

**Job rotation** is a job design strategy that is increasing in popularity, and in fact is now common place in large corporations and is a permanent staff development strategy employed by the Australian Public Service. Job rotation involves the employee rotating around jobs that require different tasks at similar skill levels, whether that be internally within the same business or externally. This allows the employee to experience different aspects of the organisation, gaining a deeper understanding of their own role and where it fits within the organisation.

In the pharmacy environment, job rotation might occur between roles or functional areas within the same workplace, such as a floor manager rotating into a HR or administrative role; a pharmacist might temporarily fill a management role.

External job rotation is also a fantastic opportunity to develop leadership skills by immersion in different workplace cultures, experiencing a broader range of individual personalities, personal and organisational values etc. Examples include pharmacists rotating between stores within their own group as part of their regular routine, or may participate in 'job swaps' with pharmacists from regional areas, small/larger pharmacies, or pharmacies that specialise in specific demographics for a few months at a time.

Job rotation can include either horizontal or vertical loading, however, positions with vertical loading usually need an underpinning coaching or mentoring program, or a support program to ensure the employee is confident with their new role. Clearly defining learning outcomes for the activity also gives the rotating employee direction.

**Job enrichment** involves expanding an employee's job content by adding motivating factors, and usually includes vertical loading, contributing to employee development. For a pharmacist, job enrichment might include the addition of management or leadership tasks into their role, or might allow for the pharmacist to coordinate or participate in a specific project designed to extend their capabilities.

Engaging in a Group 3 CPD activity is a perfect opportunity for job enrichment, as is the exploration of advanced practice.



**"ENGAGING IN A GROUP 3 CPD ACTIVITY IS A PERFECT OPPORTUNITY FOR JOB ENRICHMENT, AS IS THE EXPLORATION OF ADVANCED PRACTICE."**

## Part 2 – Working in Teams

One of the implicit aims of working in groups and teams within an organisation is to achieve **synergy**. That is –many people combining their efforts and working together to accomplish more than any one person could accomplish alone.

Synergy in an organisation occurs where people work well together while using available resources to pursue a common purpose.

But working in groups or teams can often be the cause of many workplace conflicts and issues. An effective manager understands the team development phases and structure including its needs, to ensure that various needs are met in order to achieve and maintain ultimate synergy.





## Group Development

It is likely that you have heard something about Tuckman's five stages of group development. This details the 'lifecycle' that groups go through. Each group will go through this cycle, and this also applies to some degree to your existing staff each time there is a new recruit. Any time there is a change to the group, the cycle will be completed by at least the new employee, extending to the rest of the group dependant on variables such as the position/authority of the new member and how much this changes the team tasks or dynamics.

Tuckman's five stages of group development are (Wood, 2013):

1. **Forming** – the "meet and greet" stage of the initial entry into the group;
2. **Storming** – the jockeying stage where member expectations, outside demands and formation of cliques all contribute to high emotion and tension during this stage of group development
3. **Norming** (initial integration) – the coalescing stage where the group begins to come together, ironing out minority viewpoints and tendencies to deviate from or question the group's direction
4. **Performing** (total integration)– the maturing stage where the group is organised, well-functioning and task focused – this is sustainable.
5. **Adjourning** – the group's ability to disband when the task is completed, and work together in the future

Keeping this in mind, once integrated, each team also operates at three levels (Wood, 2013);

1. **Team task level:** teams are organised to carry out a specific task or goal. It is a common mistake for teams to be so conscious of the need to accomplish the task that it is unaware of the other levels of need that operate simultaneously.
2. **Individual needs level:** each group member's individual needs impinge upon the team and its task. Individual needs might include social interaction, direct work assistance, technical advice, emotional support, a sense of identification and belonging etc. It is at this level that teams are often deficient, because individual needs are usually hidden behind the task drive of the team, or the personal drive of the team leader/facilitator.
3. **Team maintenance level:** to accomplish tasks, teams need to recognise and maintain relationships in which they are constantly interacting. This is most commonly seen as team building activities which may or may not be relational to the team's tasks. While action at this level is usually the responsibility of the team leader/facilitator, it is a factor that the entire team should be cognisant of.

Understanding group development can assist with the management and influencing of the team at various points, and being aware of the three levels at which teams operate can assist in developing a successful, coherent team with optimum performance outcomes.

## Disruptive and Dysfunctional Behaviour

One common problem when working in groups or teams is 'social loafing' or 'freeloading'. This occurs when one or more group members perform at a lower standard than they are capable of. German Psychologist Ringelmann (Wood et al., 2013) noted two reasons for this:

1. The individual contribution is less noticeable;
2. They prefer to see others carry the workload.

Understanding the levels that your team works at is an important step in ensuring it is cohesive and productive. Take time to realise the needs of the individuals within the team as well as encouraging team maintenance.

This leads to discussion about the group developing 'norms', where group members observe each other's behaviour and develop an unwritten and unspoken set of 'normal behaviours', such as how hard to work; how much input to have; how to speak to others and how to behave in the environment. Social loafing is certainly a behaviour that can become an issue if it becomes a 'norm' for a few group members.

Social loafing is present in most workplaces in some form. In pharmacy, we might see this on a day to day basis where staff might be tired of serving customers, so they busy themselves doing something less important, with the idea that the other staff will 'pick up the slack'. Or a pharmacist might not like preparing Webster packs, so they leave this for the weekend pharmacist, even if it means the customer might have to wait when they arrive to collect it.

Social loafing impacts customers, disrupts the workload of other staff, and can be the cause of a feeling of unfairness within the workplace. Social loafing rarely goes unnoticed, and can negatively impact the way other employees perceive you, your competence and your attitudes towards work. You can be perceived as lazy, carefree, or even careless. This, in turn, negatively impacts the respect and authority you and your position can command. It is hard for staff to respect you and your authority if you are seen to be constantly 'shirking your responsibilities'.

Pharmacists, managers and senior staff should ensure they are not seen to be displaying such behaviour, as role models for other staff. Care should also be taken to ensure social loafing is not a 'norm' within the workplace as it will quickly escalate & over time be very difficult to eradicate. As mentioned, it also gives rise to issues amongst staff.

It is also normal to see a display of emotion from time to time within a group setting. Disappointment, happiness, sadness, dissatisfaction etc. are all normal emotions and simply unavoidable. Wood (2013) suggests that managers should embrace such emotions rather than preventing their expression. Managers will need to use discretion in deciding if and how to respond to such and whether to do so in a group or individual setting, all the while maintaining professionalism.

Other examples of disruptive and dysfunctional behaviours that can impact a team include:

- Aggression between team members;
- Lack of respect or trust for each other;
- Infighting;
- Refusal to participate and/or cooperate;
- Using the group as a social platform at inappropriate times;
- Competing for attention and/or recognition.

While it is not within the scope of this article to discuss a range of management strategies and techniques for dysfunctional behaviour, it is vital that the effective manager is aware of such potential problems and remains alert to their occurrence. Early action to stop such behaviours is critical to the success of the team.

But there are also occasions when behaviour and subsequent conflict can be beneficial for the group, as we will now consider.

## Conflict

Conflict is another area that requires careful management to prevent it from escalating into a much larger issue, and to use it in a positive manner wherever possible. Managers are likely to encounter two main types of conflict:

1. **Substantive conflict** is a fundamental disagreement over goals and the means for their accomplishment, such as a disagreement with your manager about the ordering of dispensary stock. This is usually associated with task-oriented conflict, and the most likely to lead to better team performance; and
2. **Emotional conflict**, which is interpersonal difficulties that arise over feelings of anger, mistrust, fear or resentment. An example of this might be your dislike for a co-worker who can speak in an offensive or abrasive manner. Often appearing as a personality clash, this conflict is often the cause of interpersonal issues within the group.

However, conflict can be classed as constructive or destructive. Conflict can facilitate learning, creativity and change, or it can reduce the effectiveness of the group and reduce employee satisfaction.

**Constructive conflict** delivers positive benefits to the group or organisation; can stimulate problem solving, creativity and innovation; can reveal hidden fundamental flaws in a company's work processes. An example of this may be two pharmacists that disagree about the workflow of the dispensary, stemming from differences in personal work practices. By discussing and managing this conflict, the dispensary team can develop a better system that addresses both sides, satisfying as many individual needs as possible, while also improving dispensing time and reducing the probability of dispensing errors.

**Destructive conflict** works to disadvantage a group or organisation, and can contribute to decreased productivity and job satisfaction, and increased turnover and absenteeism. An example of this might be team members who have a clash of personalities. The root of the issue must be addressed and the individuals counselled so as to prevent the conflict from spreading to other staff.

Suggestions for defusing destructive conflict can include:

- Listen carefully to employees to prevent misunderstanding;
- Monitor employees work to assist them to understand and coordinate their actions;
- Encourage employees to approach the manager when they cannot solve difficulties with co-workers on their own;
- Clear the air with regular meetings;
- Provide a suggestion box (for anonymous suggestions);
- Offer as much information as possible to minimise confusion and resentment;
- Use employee surveys (formal or informal) to identify potential conflicts that have not yet surfaced.



**“CONFLICT CAN FACILITATE LEARNING, CREATIVITY AND CHANGE, OR IT CAN REDUCE THE EFFECTIVENESS OF THE GROUP AND REDUCE EMPLOYEE SATISFACTION.”**



## Implications for Managers

As mentioned throughout this article, the effective manager has many aspects of organisational behaviour that require consideration in various circumstances. This also translates into opportunities for influencing performance and work outcomes, and ensuring a cohesive team and positive work environment.

In brief, Wood *et al* provide these useful checklists for managers, which may also be a prompt for further research and investigation.

### Ten Characteristics of an Effective Group

1. A sense of urgency and direction; purpose and goals;
2. A lot of work at the start, setting a tone and specifying a clear set of rules;
3. A broad sense of shared responsibility for the group outcomes and processes
4. Effective approaches to recognising problems and issues and making decisions;
5. A high level of commitment and trust among members;
6. A balance in satisfying individual and group needs;
7. A climate that is cohesive yet does not stifle individuality;
8. An ability to confront differences and deal with conflict;
9. An ability to deal with minority opinions effectively;
10. Communication patterns with a proven track record.

### Ten Ways to Build a High Performing Team

1. Communicate clear high-performance standards;
2. Set the tone in the first team meeting;
3. Create a sense of urgency; set a compelling context for action;
4. Make sure team members have the right skills;
5. Establish clear rules for behaviour by the team;
6. As a team leader, 'model' the expected behaviours;
7. Identify specific objectives that can be achieved to create early 'successes';
8. Continually introduce new facts and information to the team;
9. Make sure the team members spend time together;
10. Give positive feedback; reward and recognise high-performance results.

### Ten Rules for Team Leaders to Create Effective Teams

1. Use the organisation's strategy to guide team actions and plans;
2. Do not tolerate undesirable behaviour, because it will undermine team morale and performance;
3. Do not allow your self-interest to dominate team interest, because resentment, competition and conflict will ensure;
4. Do not allow fear to influence team behaviour;
5. Do not allow cliques to develop that will undermine the unity of the team;
6. Deal with conflict promptly so team morale does not suffer;
7. Refuse to recognise lack of trust as an excuse, but seek to develop trust on an ongoing basis;
8. Encourage risk-taking by all members of the team;
9. Share information so the team retains its shared sense of purpose;
10. Manage processes carefully.

### Seven Steps for Leaders to Encourage Positive Norms

1. Act as a positive role model;
2. Hold team meetings to gain agreement on desired behaviours;
3. Recruit and select new members who can and will perform as desired;
4. Train and orient new members in the desired behaviours;
5. Reinforce and reward the desired behaviours;
6. Hold team meetings to discuss feedback and review performance;
7. Hold team meetings to plan ways to increase effectiveness.

## Summary

An effective leader will be able to ensure their team is cohesive and works well together by employing various strategies; from designing jobs to optimise the performance of individuals, to monitoring team dynamics and skilfully managing disruptive and dysfunctional behaviours. Being able to effectively manage your human resources is a skill that will greatly influence the success of your business, and will enhance the experience of all involved. There are many flow-on effects from such, including increased productivity, employee satisfaction and reduced staff turnover. This is a perfect example of how making small changes can make a big difference within your business.



# IMPETIGO IN BRIEF

Impetigo, also known as school sores, is a common skin infection in hot and humid Australia. This article provides a concise overview of this condition, highlighting diagnosis and recommended treatment options.





## Learning Objectives

After completing this activity, pharmacists should be able to:

- Recognise the prevalence and impact of impetigo
- Recognise impetigo clinical presentation and differential diagnosis
- Recall route of transmission and preventative measures
- Identify first-line treatment options for impetigo

## Introduction

**Impetigo is a highly contagious infective skin condition caused infection of the superficial skin by bacteria *Staphylococcus aureus* and/or *Streptococcus pyogenes*.**<sup>1,2</sup>

While it may occur at any age, its high prevalence in environments with close contact such as schools and daycares has earned the nickname 'School Sores'.<sup>1-3</sup>

Impetigo is more common in hot humid climates, and prevalence increases in the hotter months.<sup>5,6</sup> It is considered endemic in some remote communities in central and northern Australia.

While considered a 'normal' condition of childhood, unmanaged skin infections have consequences for individual wellbeing, growth and educational development.<sup>4,5</sup> This impact is disproportionately borne by Aboriginal and Torres Strait Islander children residing in remote communities, with high prevalence of impetigo and other infective skin conditions.<sup>4,5</sup>

Topical antibacterials are the mainstay of treatment in non-endemic areas, with systemic antibacterials recommended based on risk of complications.

Pharmacists play an important role in the management of impetigo, providing differential diagnosis, referral, and counselling for affected patients. This has been expanded in recent years with some states and territories supporting trials and pilots that allow pharmacist supply of schedule 4 antibacterial agents in non-endemic settings.

This article will provide a brief overview of impetigo, covering diagnosis, treatment options and the pharmacist's role in supporting patients to minimise the spread of infection.



### AUSTRALIA

**Competency standards addressed:**

2.2, 2.3, 3.1, 3.2, 3.5



**Accreditation Number:** A2411ITK1

**Expires:** 31/10/2026

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

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## Presentation & Complications

Impetigo can occur spontaneously, but more commonly occurs following a break in the skin or disruption of the skin barrier by insect bites, minor trauma.<sup>4,5-7</sup> It can also occur as a secondary infection following scabies, tinea or lice infestation.<sup>4,5-7</sup>

There are three distinct presentations, distinguishable by clinical features and the associated bacterium:<sup>1,11</sup>

- Non-bullous impetigo
- Bullous impetigo
- Ecthyma



### RISK FACTORS FOR IMPETIGO INCLUDE<sup>1,8</sup>

- Immunosuppression
- Skin trauma
- Poor hygiene and crowded environments
- Warm, humid environments

### NON-BULLOUS IMPETIGO<sup>1-7</sup>

Non-bullous impetigo is the most common form, accounting for approximately 70% of presentations.<sup>6</sup> Caused by *Staphylococcus aureus* and/or *Streptococcus pyogenes* it is more likely to occur in areas where there has been disruption of skin integrity.

It typically presents with an erythematous macule, progressing to clusters of pustules or vesicles that rupture leaving a honey-coloured crust.<sup>1,6</sup> Development of further sores is common following contact with fluid or crusts from another sore.

Lesions can occur anywhere on the body but are often seen near the mouth and nose or arms and legs. Distribution is often seen in areas of skin that touch each other such as each side of the underarms.

Itch is common and systemic symptoms are rare with patients appearing otherwise well.<sup>1</sup>

Note: the causative pathogen of non-bullous impetigo appears to vary based on location. *S. Pyogenes* is the key causative pathogen in Indigenous children in remote Australia, while *S. Aureus* is more common in other settings.<sup>4</sup>

### BULLOUS IMPETIGO<sup>1-3,5-7</sup>

Bullous impetigo is similar in presentation to the non-bullous form, although less common. It is almost exclusively caused by *Staphylococcus aureus*.

Bullous impetigo is more common in infants, with children under two years of age accounting for 90% of presentations.<sup>3</sup>

It is usually found on the face, trunk, extremities, buttocks and perineal lesions.

It presents as rapidly appearing single blisters that rupture and ooze yellow film. Bullous impetigo is associated with systemic symptoms.

**Ecthyma** is a deep ulcerative form of impetigo (affecting the dermis) characterised by crusted sores with deep ulcers underneath. It may be caused by *S. Pyogenes* or *S. Aureus*.<sup>6,7,10</sup>

While people of all ages can be affected, children, older people and immunocompromised patients appear to have higher rates of infection. Ecthyma may result from untreated impetigo.<sup>6,7,10</sup>

### COMPLICATIONS

Impetigo is usually self-limiting without severe complications, resolving in 14–30 days without treatment (within 10 days with treatment).<sup>1,5</sup> However, if untreated it can lead to scarring (more common with ecthyma), post-inflammatory pigmentation and more serious complications.<sup>1,2</sup>

Serious complications include acute post-streptococcal glomerular nephritis (APSGN), widespread infections (cellulitis, lymphangitis and bacteraemia) staphylococcal scalded skin syndrome, acute rheumatic fever and streptococcal toxic shock syndrome.<sup>1,7,8</sup>

Aboriginal and Torres Strait Islander children are at higher risk of complications including acute post-streptococcal glomerular nephritis (APSGN), acute rheumatic fever, sepsis, and osteomyelitis.<sup>12</sup>

Those at higher risk of complications require more intensive treatment and should be referred even in situations where the pharmacist is able to supply schedule 4 medicines.



Acute rheumatic fever is a multi-system immune-related complication of *S. pyogenes* infection.

It most commonly affects children aged 5–14 years. People at higher risk include those living in endemic settings and affected by overcrowding and/or socioeconomic disadvantage.



# Differential Diagnosis

Diagnosis is generally based on clinical features and history rather than skin swab.<sup>1</sup> Swabs are recommended if there is no response to empirical therapy, or in patients with more severe disease.<sup>11</sup>

Prior to the rupture of vesicles and subsequent honey-coloured crusting it may appear similar to other skin conditions that feature erythematous macules such as atopic dermatitis or tinea and those that feature vesicles such as chickenpox.<sup>1,2</sup>

Differential diagnoses include viral infections (herpes simplex, varicella zoster), parasitic infections such as scabies, fungal infections, and atopic dermatitis.<sup>1,12</sup>

	Scabies <sup>14</sup>	Varicella zoster <sup>15</sup>	Primary Herpes Simplex 1 <sup>16</sup>	Tinea infections <sup>17,18</sup>	Atopic dermatitis
Appearance	Linear nodules in skin colour, red-brown or violet	Red papules progressing to vesicles	White vesicles that evolve to yellowish ulcers (primary) Small closely grouped vesicles (recurrent)	Round or oval red scaly patches with clearing center	Red dry skin, may be weeping and include vesicles
Itch	Generalised, worse at night time	Very itchy and uncomfortable	Prior to vesicle appearance (recurrent)	Common	Common
Location	Rarely affects the neck and above. Generally hands to underarms and waist to buttocks.	Variable	Tongue, throat, palette, inside cheeks. Recurrent – face and lips	Any part of the body (face uncommon)	Variable
Patient features	Family outbreaks common	Most cases in children under 10 years old	Children	All ages affected	Common in children but can occur at all ages.
Other symptoms	Linear scratch marks	May experience high fever, headache, cold-like symptoms, vomiting and diarrhoea	Fever, difficulty eating	May have multiple body areas affected	Fluid is generally clear



## Red Flag Symptoms

The following red flag symptoms suggest more serious disease and require immediate referral:

- Widespread painful rash
- Raised non-blanching rash
- Generalised erythema (>90% of the skin surface)
- Blistering of skin and mucous membranes
- Signs and symptoms of systemic illness (nausea and vomiting, fever, lethargy, headache)
- Chronic sores or ulcers

## Treatment

Treatment is guided by spread of lesions and infection setting (whether endemic or non-endemic setting). Antibacterial treatment is recommended for all patients.<sup>11</sup>

Oral antibacterials are recommended for bullous impetigo, widespread non-bullous infection, when topical treatment fails, and for people at high risk of complications or who are systemically unwell.<sup>1,11</sup>

### NON-ENDEMIC SETTING

Localised skin sores:<sup>11</sup>

Mupirocin 2% applied topically every 8 hours for 5 days

Multiple skin sores, or recurrent infection<sup>11</sup>

### ENDEMIC SETTINGS (REMOTE AUSTRALIA)

benzathine benzylpenicillin intramuscularly, as a single dose

adult: 1.2 million units (2.3 mL)

child < 10 kg: 0.45 million units (0.9 mL)

child 10 kg–20 kg: 0.6 million units (1.2 mL)

child > 20 kg: 1.2 million units (2.3 mL)

OR

trimethoprim+sulfamethoxazole 160+800mg twice a day (12 hourly) for 3 days

OR

trimethoprim+sulfamethoxazole 320+1600mg orally, daily for 5 days

Note: All are considered first line treatment choices according to the Therapeutic Guidelines.<sup>11</sup>

### NON-PHARMACOLOGICAL MANAGEMENT ADVICE

Impetigo is easily spread, and non-pharmacological measures center on reducing the likelihood of spread. Children should be excluded from school or daycare until lesions are healed and crusted over/ no longer weeping, or 24 hours after commencing antibiotic treatment.

Advice for patients and carers includes:<sup>1,2,6,11</sup>

- Prevent scratching as much as possible. Cover sores with watertight dressings and cut fingernails to reduce bleeding, scarring or further infection
- Gently remove crusts from the sores prior to applying topical antibacterials
- Bleach baths may be used to remove crusting on lesions and decrease bacterial load to reduce spread
- Avoid sharing towels with the affected person
- Change clothing, towels and bedding daily and wash at hot temperatures.
- Lesions should be covered with a waterproof dressing when at school/daycare.

## Role of the Pharmacist in Australia<sup>19,20</sup>

Pharmacists have traditionally played a supportive role in the treatment of impetigo by providing referral, advice on preventing transmission, and counselling on any prescribed antibacterial agents.

In recent years expansion of scope of practice has allowed for appropriately trained pharmacists to provide treatment with schedule 4 medicines to eligible patients under various state and territory trials and pilots.

Each pilot or trial has specific eligibility requirements for patient inclusions, with referral to a medical practitioner recommended for patients with red flag clinical features and those at high risk of serious complications such as acute rheumatic fever.<sup>19,20</sup>

Schedule 4 medicines must be supplied in accordance with the Therapeutic Guidelines, and may include oral antibacterial agents depending on the trial/ pilot protocol inclusions.<sup>19,20</sup>

Expansion in these areas of practice is expected to continue, with several states and territories announcing their intention to deliver expanded scope services in coming years.

## Conclusion

Pharmacists are poised to provide greater assistance with the treatment of impetigo with supply of schedule 4 medicines under expansion of scope of practice in trials and pilots. An understanding of impetigo symptoms and management is important for pharmacists in all areas of practice.

Skin conditions like impetigo have the potential to cause serious complications and disproportionately affect our most vulnerable members of the community. Pharmacists in all areas of practice can support patients and carers with non-pharmacological advice and referral for further treatment.

### First line

Dicloxacillin 500mg four times a day (6 hourly)

OR

Flucloxacillin 500mg four times a day (6 hourly)

### Delayed non-severe sensitivity (and children) to penicillins

Cefalexin 500mg four times a day (6 hourly) for 7 days

OR

Cefalexin 1g twice a day (12 hourly) for 7 days

### Immediate hypersensitivity to penicillins

trimethoprim+sulfamethoxazole 160+800mg twice a day (12 hourly) for 3 days

OR

2nd line – trimethoprim+sulfamethoxazole 320+1600mg orally, daily for 5 days

## Organisational Behaviour

### Part 2: Job Design, Working in Teams & Dysfunctional Behaviour

01

You have recently had a performance review and your manager has suggested a few additions to your role to help you develop your skills and knowledge. This is an example of:

- a) Job simplification
- b) Job enrichment
- c) Vertical loading
- d) Both b & c

02

You are a member of a banner group that has multiple stores in your area. As part of a new management and leadership development initiative, a small group of pharmacists will work between three different pharmacies, spending on average four months in each. There will be coaching sessions in addition to the placements, and each manager will have a set of learning objectives to meet at each placement. This program is an example of:

- a) Job simplification
- b) Job enlargement
- c) Job rotation
- d) Job enrichment

03

There are eight people in your dispensary team, including non-pharmacist staff. After reading this article you decide that there is a deficiency at the team maintenance level, and plan to rectify this. Which of the activities below IS NOT a team maintenance activity?

- a) A group cooking class
- b) A team meeting to discuss the suggested changes to dispensary staff uniforms
- c) The pharmacy's annual Christmas-in-July party
- d) Individual meetings with each staff member to review their performance

04

Which of the following is an example of emotional conflict?

- a) A disagreement over the required timing of orders
- b) Two employees arguing over who needs access the new equipment first
- c) A pharmacy assistant is upset because she feels the pharmacist does not like her way of ordering Schedule 2 medicines
- d) A complaint from a staff member about the lack of opportunities for training

05

Which of the following statements is INCORRECT? A key strategy in building a high performing team is:

- a) Establish clear rules for team performance and behaviour
- b) Allow the team to navigate their way to high performance
- c) Identify specific objectives for individuals and the team
- d) Give positive feedback whenever possible and appropriate



#### LEARNING OBJECTIVES

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

- Define the characteristics of job design
- Define 'synergy' within the organisational context
- Discuss how being part of a group can alter behaviour



#### SUBMIT YOUR ANSWERS TO EARN CPD CREDITS

Answers can be submitted through GuildEd at [gilded.guild.org.au](http://gilded.guild.org.au). Australasian College of Pharmacy members can submit answers online at [acp.edu.au](http://acp.edu.au) in the CPD Library.



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## Impetigo in Brief

**01** Your regular patient RR has brought in her 19-month-old daughter FR who has recently developed a flat red patch of skin under her nose with small vesicles around the edge of patch. Upon further questioning you determine it is very itchy, and FR attends regular daycare locally.

Which of the following skin conditions may be considered based on these symptoms?

- a) Atopic dermatitis
- b) HSV 1
- c) Tinea
- d) All of the above

**02** True or False?  
Skin swabs are recommended for all patients with suspected impetigo prior to commencing antibacterial therapy.

- a) True
- b) False

**03** A 3-year-old boy, AB has come into your pharmacy in metropolitan Sydney. He has an asymmetrical red patch on his cheek which appears to be two patches joined together. The edge of the patch has some isolated vesicles, with honey-coloured crusting.

What is the first-line treatment?

- a) Mupirocin 2% applied topically every 8 hours for 5 days
- b) Dicloxacillin 500mg four times a day daily for 5 days
- c) Cefalexin 1g twice a day (12 hourly) for 7 days
- d) Benzathine benzylpenicillin 0.6 million units (1.2 mL) intramuscularly, as a single dose

**04** Which of the following is NOT appropriate lifestyle advice to give to AB's parents/carers?

- a) Prevent scratching as much as possible
- b) He can return to daycare immediately
- c) Cover sores with watertight dressings and avoid direct contact with lesions
- d) Change clothing, towels and bedding daily and wash at hot temperatures.

**05** Which of the following is INCORRECT regarding the prevalence and impact of impetigo in Australia?

- a) It is a common and mild childhood illness with minor complications
- b) Aboriginal and Torres Strait Islander children are disproportionately impacted by impetigo
- c) Prevalence is higher in hot, humid and crowded environments
- d) While it can occur at any age, most cases are in young children



### LEARNING OBJECTIVES

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

- Recognise the prevalence and impact of impetigo
- Recognise impetigo clinical presentation and differential diagnosis
- Recall route of transmission and preventative measures
- Identify first-line treatment options for impetigo



### SUBMIT YOUR ANSWERS TO EARN CPD CREDITS

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

## What's a scope of practice pilot?

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

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