

Australasian

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This issue's cover: Wally Maguire is a prescribing pharmacist, read his full story on page 50

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Guild of Australia



PHARMACY GUILD
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From the editor

It is with great humility and excitement that I step into the role of Editor for *Australasian Pharmacy*.

After more than 15 years in journalism, much of it in public broadcasting across the Asia Pacific with the BBC, I have had the privilege of telling stories which matter – from field reporting in Hong Kong, Malaysia, Indonesia, and Australia, to producing programs out of Singapore for BBC Newsday and Asia Business Report, and working in ABC local newsrooms in Canberra.

Each experience has strengthened my commitment to clear, meaningful, important storytelling – and to telling stories that matter - for our children, our families, friends, and colleagues.

I look forward to learning from, collaborating with, and sharing the stories of this extraordinary profession, and to contributing, to making a difference in the lives of patients, pharmacists, and the broader community.

On page 15 of this issue, you'll find out how the future of patient-centred care is being shaped with the Pharmacy Guild of Australia's bold new strategic plan, *Towards 2035*.

In our *News in brief* section, you can read about the women's health event held in August at Australia's Parliament House - which saw members of parliament and visitors experience a full-scale model consultation room complete with clinical examination essentials such as a treatment bed, blood pressure monitor, and basic diagnostic kits.

And on page 46, you'll meet the pharmacist featured on our front cover, Wally Maguire, who is now among Australia's first pioneering full-scope pharmacists.

Best,

Sarah C Porter
Editor



News in brief

Australia to cut PBS co-pay, saving patients millions

Australia's lawmakers have passed legislation to reduce the maximum general co-payment for Pharmaceutical Benefits Scheme (PBS) prescription medicines from AUD31.60 to AUD25.00, effective January 1, 2026 — delivering welcome cost-of-living relief to millions of Australians.

The Pharmacy Guild of Australia's National President Professor Trent Twomey welcomed the move, calling it a "positive action for patients" and a sign the Government is prioritising medicine affordability.

"This is great news for 20 million Australians without a concession card, who will collectively save AUD689 million over the next four years," Professor Twomey said.

For more on this story, please visit: <https://australasianpharmacy.com.au/articles/2025/07/government-moves-to-cut-pbs-co-pay-saving-patients-millions>



Pharmacist Bailey Stratford sitting with Australian Prime Minister Anthony Albanese and Canberra patient advocate Cara on the day of the announced cut to the PBS co-pay

Pharmacy Connect 2025 a resounding success

Pharmacy Connect 2025 brought Australia's pharmacy community together for three exciting days of learning, networking, and innovation. Held from September 3 to 5 at the Hyatt Regency Sydney, this year's Pharmacy Connect embraced the theme *From Inspiration to Action*.

The Premier of New South Wales, the Hon Chris Minns MP, addressed delegates at the Opening Plenary on day two.

The three-day event offered pharmacists, pharmacy assistants, pharmacy owners, group executives, students, interns, and industry representatives three days of education, networking, and inspiration.

For more on this story, please visit: <https://australasianpharmacy.com.au/>

PGA joins national alliance for sensible small business regulation

The Pharmacy Guild of Australia has joined an alliance of industry associations calling for practical changes to unlock productivity gains across the Australian economy, including for community pharmacy and other small businesses.

The alliance includes almost 30 groups representing the country's small, medium and large businesses, universities, farmers, pharmacies and the investment community. The move came ahead of the Federal Government's economic roundtable, which was held from August 19 to 21.

The national alliance has called for sensible, business-friendly regulations, including a 25 percent cut to red tape by 2030, improved planning and major project approvals, among other reforms.

World Pharmacists Day, September 25, 2025

The Pharmacy Guilds of Australia and New Zealand proudly celebrate World Pharmacists Day on September 25, honouring the dedication of pharmacists who deliver trusted healthcare to millions every year. Across both countries, community pharmacists are the most accessible health professionals, providing essential medicines, expert advice, and continuity of care. The PGA acknowledges the vital contribution pharmacists make to healthier communities and stronger primary healthcare systems.

Women's health event at Parliament House in Canberra

Parliament House in Canberra played host on Wednesday August 27 to a major showcase by the Pharmacy Guild of Australia (PGA), celebrating the growing role of community pharmacy in women's health. Held during a sitting week in Canberra, the theme of the event was Supporting women's health, one conversation at a time.

Members of parliament, stakeholders and visitors toured a model consultation room which demonstrated how pharmacists provide safe, accessible primary healthcare for women.

A group of prescribing pharmacists including three from Queensland – Lucy Walker, Jess Burrey, and Catherine Whalan – were able to share their firsthand insights, underscoring the important role they play in supporting women's health.

With more than 150 prescribing pharmacists across Australia able to diagnose, treat and prescribe medications for everyday health conditions and support the management of long-term chronic conditions – community pharmacies are making it easier for women to receive vital healthcare treatment.

For more on this story, please

visit: <https://australasianpharmacy.com.au/articles/2025/08/parliament-house-event-highlights-community-pharmacys-vital-role-in-womens-health>



From L to R- Pharmacists Lucy Walker, Jessica Burrey, PGA National President Professor Trent Twomey, Georgina Twomey, Harriet Wright, and Cate Whalan

New governance for Health New Zealand

The New Zealand Government has announced the re-establishment of the Health New Zealand Board, with new members appointed to advance its priority of providing timely, high-quality healthcare for all New Zealanders, Health Minister Simeon Brown said.

The new board will replace the Commissioner and Deputy Commissioners appointed in 2024, who were tasked with stabilising the organisation and setting a clear direction.

"Under Professor Lester Levy's leadership as Commissioner, Health New Zealand has delivered a strong financial plan, and a clear Health Delivery Plan is now in place," Minister Brown said.

"He is refocusing the organisation on patients and driving progress on the Government's health targets, which are seeing waitlists reduced."

For more on this story, please visit: <https://www.beehive.govt.nz/release/new-governance-health-new-zealand>



President's message

Professor Trent Twomey

National President, the Pharmacy Guild of Australia

In the very first sitting days of the 48th Parliament, Australia's re-elected Albanese Government introduced legislation to make cheaper medicines a reality. This was a bipartisan commitment – to cut the general PBS co-payment from AUD31.60 to AUD25.00 – marking only the second co-payment reduction in nearly 80 years of the Pharmaceutical Benefits Scheme (PBS).

I was proud to stand in Canberra with the Minister for Health, Disability and Ageing, the Hon Mark Butler MP, to announce the tabling of the legislation. Minister Butler described it as one of the core components of Labor's new health agenda.

Alongside us was Jess, a patient advocate from the Affordable Medicines Now campaign, who candidly shared the toll medicine costs have taken — and the relief she and many others will feel when the reduction takes effect from January 1, 2026.

This success was only possible through collaboration. The Pharmacy Guild of Australia (PGA) partnered with more than 20 health and patient advocate organisations through the Affordable Medicines Now campaign, and it was a privilege to celebrate this win with them in Canberra recently. We proved the change we can affect and the good we can do – when we work together.

Many of my fellow National Councillors joined me in Canberra during the first sitting period. We thanked members of parliament and senators for their support for cheaper medicines and began introducing new parliamentarians to the role of community pharmacy and the PGA's policy priorities.

Meeting with the Minister

Our first extended meeting with Minister Butler and his team this term was productive. We discussed the benefits cheaper medicines will deliver from 2026 and wasted no time in exploring opportunities to collaborate on more positive change in the term ahead.

We also met with Australia's Shadow Health Minister Senator Anne Ruston, Assistant Minister for Health Emma McBride and the new Special Envoy for Men's Health, Dan Repacholi.

Women's health in Canberra

On August 27, PGA in partnership with Sexual and Reproductive Health Australia, hosted a very special event which highlighted how community pharmacy is improving women's healthcare by providing faster, safer and more affordable essential services.

The event was held at Parliament House and featured a full-scale model consult room complete with clinical examination essentials such as a treatment bed, blood pressure monitor, and basic diagnostic kits.

Members of parliament, stakeholders and visitors were all given an opportunity to experience the consultation room and speak with our prescribing pharmacists about how community pharmacy is changing the face of healthcare for women across the country.



Prescribing pharmacists Georgina Twomey and Jessica Burrey with Australia's Special Envoy for Men's Health, Dan Repacholi MP, together with prescribing pharmacists Lucy Walker and Cate Whalan

Small business reform

The PGA has recently joined an alliance of more than 30 leading business groups, led by the Business Council of Australia, calling for sensible regulation and genuine economic reform.

Key among our positions is support for a 20 percent company tax rate for businesses with turnover under AUD20 million, down from the current 25 percent, a reform championed by the Council of Small Business Organisations of Australia.

Towards 2035 strategic plan

The best part of being National President is meeting and reconnecting with community pharmacy owners from across the country at events like the recent Pharmacy WA Forum 2025 and Pharmacy Connect, which was held in Sydney at the beginning of September.

The communities and the patients we serve are diverse, but we're united in our commitment to deliver excellence in primary healthcare. In my conversations with members, I have been buoyed to hear of more opportunities than challenges.

And, following the largest member consultation in the PGA's history, I feel our new strategic plan – *Towards 2035* – strikes the right balance between mitigating the risks and tackling the headwinds while seizing the opportunities and forging a path of growth.

At its heart, *Towards 2035* sets bold but achievable targets: by 2035, 80 percent of community pharmacies examining, diagnosing, and treating acute and chronic everyday health conditions and 80 percent of community pharmacists qualified to prescribe.

Independent modelling shows that delivering on this goal would free up 6.5 million general practitioner consultations annually, relieve 52,000 hours of emergency department demand, generate AUD1.4 billion in productivity returns through reduced absenteeism and presenteeism, and yield AUD 5.1 billion in annual healthcare system savings.

If you haven't yet engaged with *Towards 2035* and its four key focus areas, I strongly encourage you to do so.

Our Purpose: to create healthier communities.

Our Vision: for Australians to think pharmacy first for healthcare.

Together, I am confident, we will achieve this.

Professor Trent Twomey

National President, the Pharmacy Guild of Australia.



President's message

Kesh Naidoo-Rauf

President, the Pharmacy Guild of New Zealand

At our annual general meeting on June 18, members overwhelmingly approved the Pharmacy Guild of New Zealand's (PGNZ's) new constitution, with 94 percent of members present (including proxies) voting in favour of the proposed changes.

The PGNZ is an incorporated society registered under the Incorporated Societies Act 1908. We must re-register under the Incorporated Societies Act 2022 by April 5, 2026 to continue to exist.

Our Guild Board (the board) saw the legislation change as an opportunity to review the constitution and consider broader strategic changes to the governance of PGNZ.

The board's desire to review its governance structure and practices was further influenced by the sector challenges PGNZ and the wider community pharmacy sector are likely to face over the next five years.

These include the sector's workforce pressures, change of government policy and legislative or regulatory settings, and Integrated Community Pharmacy Services Agreement (ICPSA) developments.

The board considers it critical to ensure the governance of PGNZ's, and in particular, its board composition and structure, is fit for purpose, aligns with best practice and helps achieve good governance in the long-term.

Member consultation

The board met with our legal advisors and worked through possible strategic changes to the constitution, which led to recommended changes to the board composition and structure to ensure it is fit for purpose and delivers best practice governance.

We consulted with members on these changes via webinars in August 2024, December 2024, March 2025, and April 2025, and roadshows in November 2024.

We also developed a document, including frequently asked questions, on the proposed changes in April 2025, and shared a proposed new constitution and explanatory document in May 2025.

Constitution changes

The new constitution will see several changes to the makeup of our board over the next two years, with the move to a fully appointed board.



Appointed board members

When board vacancies occur, appropriately skilled members and other experts put themselves forward for consideration, an appointments panel will interview and assess them, and then recommend the most qualified candidate with the right skills for each vacancy.

These board member recommendations will be sent to the entire membership to be voted on at each AGM. Importantly, at least half the board is required to be made up of current PGNZ members, ensuring strong member representation remains.

All candidates will be considered against a 'board needs framework' or 'skills and competencies framework'.

The framework sets out desirable skills and experience such as in governance, financial acumen, leadership, marketing, sector specific experience, member representation, and government relationships, among others.

The intention is for these skills and experience to be present in the board as a collective.

This framework will be revisited every year before starting the appointments process, with existing board members assessing themselves and each other against the framework.

This will help identify any gaps in skills or experience on the board at the time, and guide recruitment and appointment of new board members.

This will help ensure the right mix of expertise, skills, and experience on the board, and enable greater diversity of thought and background around the table.

Reduced board size

The board will comprise seven members, with the power to co-opt two additional members if needed.

An odd number of board members prevents voting ties. Having fewer board members is likely to reduce governance costs.

Co-opting can be used to address unexpected short-term vacancies or skills and knowledge gaps on the board.

Increase board tenure

Board tenure will increase to a maximum of three consecutive terms of three years each, with a provision for a total of 15 non-consecutive years on the board. The expiry of board terms will be staggered.



Board member recommendations will be sent to the entire membership to be voted on at each AGM. Importantly, at least half the board is required to be made up of current Guild members, ensuring strong member representation remains.

This will support effective ongoing stability in PGNZ's governance arrangements, providing greater continuity and strategic oversight. A three-year term is a common board tenure among other incorporated societies.

Our purpose

PGNZ's purpose was updated to promote flexibility and support current and future sector and membership needs and challenges.

The updated purpose of PGNZ is to support and advance the business and professional needs of community pharmacy, including to promote, protect, and improve the collective interests of members, and of their businesses and profession; to help members improve the efficiency of their businesses; to provide sector leadership and advocacy on issues affecting members; and to act for members in negotiations with funding agencies.

Other changes

We also made minimum compliance changes as required under the Incorporated Societies Act 2022, along with amendments recommended by our lawyers as best practice and to ensure clarity.

The new constitution will take effect once PGNZ is re-registered as an incorporated society.

Members can view the new Constitution on our website, www.pgnz.org.nz

Kesh Naidoo-Rauf

President, the Pharmacy Guild of New Zealand

From red tape to real care: Rethinking New Zealand's health regulation



Nicole Rickman, General Manager
Membership and Professional Services
The Pharmacy Guild of New Zealand

In March, New Zealand's Ministry of Health released a consultation paper on improving how healthcare workers are regulated. The goal: to make sure everyone in New Zealand can get timely access to quality healthcare.

Health professionals – including doctors, nurses, and pharmacists – are regulated under the Health Practitioners Competence Assurance Act 2003. This Act created 18 regulatory authorities, including New Zealand's Pharmacy Council, with the job of protecting public health and safety.

They do this by making sure practitioners are competent and fit to practise, handling registration, issuing annual practising certificates (APCs), and stepping in with disciplinary action if needed.

The Ministry asked for feedback from healthcare professionals on four main areas:

- Making sure regulation puts patients first
- Making regulation simpler and more efficient
- Tailoring regulation to the level of risk involved
- Making sure regulation is ready for the future.

We provided a strong submission, calling for a patient-focused, forward-looking approach that cuts unnecessary bureaucracy and enables pharmacists to work to their full clinical potential.

Our submission focused on several key areas:

- Making it easier to recognise overseas trained pharmacists
- Lowering APC fees and removing unnecessary duplication in regulation
- Expanding pharmacist prescribing rights in line with the UK and Australia
- Introducing modular scopes for services such as point-of-care testing and minor ailment management
- Ensuring regulation supports rather than hinders workforce sustainability, innovation, and better access to care
- Keeping profession-specific governance in any merged regulatory model, to protect medicine access and uphold pharmacy standards.

Recognition process for overseas-trained pharmacists

At the moment, internationally qualified pharmacists face complex, expensive, and slow processes to enter our health system. These delays and barriers have knock-on effects for patients, as workforce shortages and underused skills can affect access to care.



At the moment, internationally qualified pharmacists face complex, expensive, and slow processes to enter our health system. These delays and barriers have knock-on effects for patients, as workforce shortages and underused skills can affect access to care.

We believe these processes need to be simplified. That includes faster recognition of overseas qualifications, clear return-to-practice pathways for pharmacists re-entering the profession, and alternative entry points for people with strong foundational skills who could be trained into pharmacy support roles.

Any changes should focus on risk, cultural safety, and proven competency – not just ticking off set time requirements or complicated steps. Patient safety remains crucial, so bridging programmes, supervised practice, and targeted upskilling should be used to ensure pharmacists meet New Zealand standards without unnecessary delays.

APC fees and avoiding duplication

Merging regulators could help cut back-office duplication and reduce APC fees, which are currently high for smaller professions like pharmacy. High fees have already led some part-time pharmacists to leave the profession, worsening workforce shortages and making it harder for patients to get care.

We're also concerned there aren't enough safeguards to stop fees from climbing too quickly. In fact, pharmacist APC fees have risen by 20 percent over the past two years.

Expanding pharmacist prescribing rights

Right now, the willingness to broaden scopes of practice varies between regulators. Patients would benefit from a more proactive and consistent approach that allows all health professionals – including pharmacists – to work at the top of their skill set.

In countries like the UK, Canada, and Australia, it's common for autonomous pharmacist prescribers to work independently in community pharmacies. In New Zealand, however, pharmacist prescribers must be part of a collaborative health team, which limits the potential for improving access and health outcomes.

Modular scopes for services

We think regulation can be flexible while still keeping patient safety front and centre. Options include:

Risk-based regulation: Higher-risk activities would require full registration, while lower-risk roles might only need basic certification or supervision.

Micro-credentialling and modular scopes: Formal recognition of skills like minor ailment treatment and point-of-care testing, so the workforce can adapt more easily.

Pilot programmes: Short-term, closely monitored trials of new roles or services to test their safety and effectiveness before making permanent changes.

Supportive regulation

Overly cautious regulation is slowing down much-needed innovation and making it harder to redesign services in a way that meets patient needs. In a pressured health system, regulators need to be more agile and supportive of new care models – including pharmacist-led services like point-of-care testing, minor ailment prescribing, and digital triage – especially when pharmacists are already trained and working within evidence-based frameworks.

If regulators focus only on avoiding risk, they can unintentionally limit patient access, increase costs, and push professionals out of the system due to burnout or frustration with bureaucracy. A balanced approach is needed – one that takes into account workforce capacity, equitable access, and evolving care models that reflect what communities actually need.

Profession-specific governance

We support creating a shared regulatory framework to reduce duplication and costs. However, it's vital that each profession keeps authority over its own scopes of practice, standards, and safety requirements – especially in high-risk areas like medicine management.



The willingness to broaden scopes of practice varies between regulators. Patients would benefit from a more proactive and consistent approach that allows all health professionals – including pharmacists – to work at the top of their skill set.

You can read our full submission at www.pgnz.org.nz



Towards 2035: How the future of patient-centred care is being shaped

In August 2025, the Pharmacy Guild of Australia (PGA) launched *Towards 2035*, a 10-year strategic plan aimed at transforming community pharmacies across the country. The strategy is designed to strengthen the role of pharmacies in providing accessible, patient-centred care while expanding the services offered to communities.

It is not just a roadmap, but a declaration of an unwavering belief in the power of community pharmacy to create healthier communities.

It is a future underpinned by the patient–practitioner–practice relationship.

It is underpinned by PGA's core values of authenticity, connection, and excellence.

During 2024 and 2025 the PGA undertook the most comprehensive member consultations in its history, engaging members from every state and territory and at every step in their pharmacy ownership journey.

The objective was clear: to understand what members need from the PGA and how those priorities could be translated into a practical, long-term strategy that supports the profession and benefits patients across Australia.

Consultation methods included nationwide surveys, interactive workshops, and direct feedback sessions with members. This input has been central to shaping *Towards 2035*, the PGA's new strategic plan, providing a clear, evidence-informed roadmap for the development of community pharmacy over the next decade and beyond.

By listening to members' experiences and perspectives, the PGA has ensured the plan reflects the realities of daily practice while charting a path toward growth and innovation in healthcare delivery.

Purpose

To create healthier communities.

Vision

Our communities think pharmacy first for healthcare.

Mission

To serve, empower and ignite community pharmacies to reach their potential to provide accessible healthcare in their local communities.



By listening to members' experiences and perspectives, the PGA has ensured *Towards 2035* reflects the realities of daily practice

Four focus areas

Towards 2035 is structured around four focus areas, each supported by targeted strategies and measurable outcomes:

1. Patient Services and Innovation

Putting patients first through accessible, innovative care.

2. Member Services, Value and Engagement

Empowering members to thrive in a changing healthcare landscape.

3. Advocacy and Partnerships

Championing Pharmacy as a pillar of Australia's health system.

4. A Thriving Community Pharmacy Network

Building a future-ready, equitable and resilient community pharmacy sector.

Ambitious but achievable goals

The plan sets measurable milestones to guide the profession's progress. By 2035, the PGA aims for 80 percent of community pharmacies to deliver full scope of practice services and for 80 percent of community pharmacists to be qualified to prescribe. Achieving these targets will require commitment, coordinated effort, and the continued engagement of PGA members, but they reflect an achievable vision for the profession.

Next steps

Implementation of *Towards 2035* will be phased, with ongoing monitoring and reporting to ensure strategies remain aligned with the evolving needs of pharmacies and their communities. The PGA will continue to engage members throughout this process, providing updates, guidance, and practical support to help pharmacies meet their goals.

With a clear roadmap, structured focus areas, and measurable outcomes, *Towards 2035* positions community pharmacy to continue its central role in Australian healthcare while supporting pharmacists and pharmacy teams to deliver services that are accessible, effective, and responsive to patient needs.

Learn more



Question Time with...

Senator the Hon Anne Ruston has represented South Australia in the Senate since 2012 and is now Deputy Leader of the Opposition in the Senate and Shadow Minister for Health and Aged Care, among other portfolios. In this Q&A Senator Ruston spoke with *Australasian Pharmacy* about access to care, affordable medicines, and what she might be doing if she weren't in politics.



Anne Ruston is Deputy Leader of the Opposition in the Senate; Shadow Minister for Health and Aged Care; Shadow Minister for Disability and the National Disability Insurance Scheme; Shadow Minister for Sport; and Senator for South Australia



I've been really impressed to see innovative point-of-care testing models being used in a growing number of community pharmacies across the country.

A strong voice on health policy, Senator Ruston has called for greater use of community pharmacies to ease cost and access pressures. She highlights the benefits of point-of-care testing in regional areas, backs reduced PBS co-payments, and is pushing for the release of the Scope of Practice Review so pharmacists can play a bigger role in primary care.

Our first question is always about your local community pharmacist – who is yours when you're at home in Renmark?

The Priceline Pharmacy in Renmark is my local and it's currently owned by my old mate, Sam Scaffidi. It's changed name a few times, but I would be giving away my age if I admit that I can remember when it was John's Chemist and the pharmacist was Clacker John. I can remember many a Saturday afternoon dropping by John's Chemist to get advice or an ice pack after a hockey injury.

You've been involved in politics in one shape or another since the late 1980s – what areas of Australia's healthcare landscape do you believe have seen the biggest advancements?

There have obviously been some significant and astounding advancements when it comes to innovation and technologies in Australia's healthcare system – the first titanium heart certainly comes to mind as a standout. From a population-wide perspective, one of the most important advancements in recent times has been point-of-care testing. It is so important for preventative health outcomes and early intervention. But most particularly, it's an important health equity piece.

As a girl from the regions, I see the benefit for Australians living in rural, regional and remote areas who would otherwise have to travel many, many miles to access the testing and care they need. I've been really impressed to see innovative point-of-care testing models being used in a growing number of community pharmacies across the country.

You were appointed Deputy Leader of the Opposition in the Senate on January 24, 2025 – what are the top three things, personally or professionally, that have changed for you since then?

Coming into this new parliamentary term and taking on a more senior role in the Opposition, I've been particularly focused on how I can help mentor the next generation, especially the incredible female candidates and new MPs we have in our ranks. I also remain focused, as I always have, on using my position to cast a regional lens over policy, because I believe it is so important that we hear the voices of regional Australians in Canberra.

Too often, we see such a city-centric approach from government, and we know that health outcomes are worse the further we get from a capital city. I've also had the privilege of adding disability and the NDIS to my portfolio responsibilities, which is a really important opportunity to look at all three of our care sectors and how we can address the challenges with a more holistic approach. I believe they have been siloed for too long, despite how interconnected they should be when it comes to the workforce in particular.

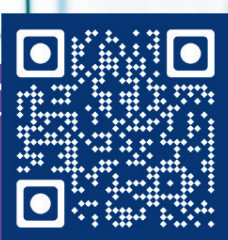
As Shadow Minister for Health and Aged Care, and given your concerns around the rising out-of-pocket costs of going to see a GP in Australia, what more would you like to see happen regarding full scope of practice for community pharmacists in Australia?

I have significant concerns about the growing out-of-pocket costs in our primary healthcare system right now. The data tells us that it has never been harder or more expensive for Australians to see a doctor.

In the midst of this crisis, we do not have the luxury of underutilising the resources we have available in our health system. That is why I am really keen to see the Government's response to their Scope of Practice Review, which they have so far failed to release. I do not want to see this review continue to collect dust on the Health Minister's desk.



I have significant concerns about the growing out-of-pocket costs in our primary healthcare system right now. The data tells us that it has never been harder or more expensive for Australians to see a doctor.



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What feedback have community pharmacists and members of the public shared with you regarding the recent bipartisan-supported reduction in the PBS co-payment?

The feedback I've received is that it has never been more important to ensure Australians have affordable access to the medicines they need. We know that more and more Australians are avoiding accessing essential healthcare right now because they just cannot afford it. In fact, 8 percent of Australians avoided or delayed refilling their scripts last year due to cost concerns. This is unacceptable in a country like ours. We took the lead on committing to reduce the PBS co-payment at the 2022 election, and we were happy to commit to its further reduction in recognition of the rising healthcare costs facing Australian families.

The Pharmacy Guild of Australia is set to commission a white and green paper to explore the ethics of AI in community pharmacy – what do you see as the potential for using AI in our health sector?

I believe opportunities for innovation in our health sector are always important, especially if they can add efficiency into the system, reduce the administration burden facing our health professionals and free up our available resources – especially at a time when we are facing workforce shortages and increased wait times for care. But of course, we must ensure that the appropriate safeguards are in place to keep up with these significant advancements in technology.

What keeps you up at night in relation to your position as Shadow Minister for Health and Aged Care?

Something I really struggle with is the idea of bureaucracy preventing Australians from getting access to the care they need and deserve. We are seeing this right now with the home care wait list, which has skyrocketed to 87,000 older Australians because the Government has failed to add new packages into the system. I find it unacceptable that older Australians are having to wait as long as 16 months to get access to the care they have been assessed as needing, simply because of bureaucratic processes and government-initiated delays.

As a public figure, and considering your portfolio, do you feel responsible for modelling good health and wellbeing for all people in Australia – and can you tell us your three top tips for good health?

I feel strongly about the need to focus on preventative health by encouraging Australians to live active and healthy lifestyles. Not only is it important for people's physical health, but it is critical for their mental wellbeing as well.

So, my top three tips would be: find the time each day to be active, even if it's just a walk; focus on eating whole foods; and get outdoors to spend some time in the sunshine or amongst nature. We should not underestimate the importance of daily movement, avoiding processed foods and time spent outdoors for our general health and wellbeing.



Senator Ruston says she remembers dropping in to her local pharmacy when she was a younger person on many a Saturday afternoon to get advice or an ice pack after a hockey injury

In addition to your political positions, you've also been a commercial rose-grower and chief executive of the National Wine Centre – what would you be doing now if you weren't representing South Australia?

I'm someone who truly believes in those sliding door moments and grasping the opportunities that come my way with both hands, so it is hard to say what I would be doing now, but I can say for certain that I would be keeping myself busy. My interests have always been tethered to regional South Australia, whether that be working as a grower in the Riverland, representing our wine industry, or working on public policy to support regional healthcare, so I believe that would not have changed regardless of the opportunities that came next.

What are you most proud of from your time in politics?

I am proud of the contributions I have been able to make to public policy that have had a real impact on the lives of Australians, whether that be supporting Australians through COVID with JobSeeker, launching and implementing Australia's Disability Strategy 2021-2031, or introducing the Escaping Violence Payment to support women who have made the brave decision to leave a violent relationship. Looking forward, a lasting legacy I would be proud to achieve is contributing to a healthier Australia.

Community pharmacies: The heart of patient-centred healthcare



Doug Hoey
President, World Pharmacy Council

As the President of the World Pharmacy Council (WPC), I am truly honoured to lead the organisation representing the collective interests of community pharmacists globally. Established in 1987 as 'Pharmintercom', the organisation initially convened annually to facilitate discussion and debate among seven founding member countries.

Recognising the absence of a multi-national entity dedicated to advocating for the value of community pharmacies within national healthcare systems, the Pharmintercom members acted on the imperative for community pharmacists to have an advocacy platform to influence the development of health policy at the international level. Consequently, we resolved to establish the WPC at our 2016 meeting.

Why we matter

To serve as a global voice for community pharmacies, the Council also secured representation and recognition within the Business at OECD (BIAC), the voice of business within the Organisation for Economic Co-operation and Development (OECD).

The OECD is an intergovernmental organisation comprising 36 member countries, committed to enhancing the economic and social well-being of individuals worldwide. The WPC's ongoing engagement has already resulted in heightened visibility of community pharmacies through recognition in OECD reports that contribute to global health policy formulation.

What we do

The Council also proactively engages with multilateral organisations such as the WHO and UN. Fundamental to the growing success of the WPC is our annual Pharmintercom conference held this year in Singapore at the end of May.

We were delighted to welcome our delegates from our 13 national member organisations, in addition to our affiliate members, and hosted guest representatives from the Association of Finnish Pharmacies (AFP) and the Japan Pharmaceutical Association (JPA).

This year's meeting theme was Innovating and Advocating for Person-Centred Pharmacy, which emphasised the need for innovative solutions as community pharmacies continue to balance financial pressures with the expansion of patient care roles and technological integration amidst growing geopolitical uncertainty.

Throughout the conference, delegates engaged in lively debate with external experts from various disciplines and experts from our own membership who addressed the key policy challenges for community pharmacy across the developed nations of the world.

What we achieved

We had a deep dive into the opportunities and threats posed by the growing impact of artificial intelligence and cybersecurity. There was a thorough and insightful discussion on the future of the pharmacy workforce.

We also debated the ever-present challenges of drug shortages and different strategies to mitigate their considerable impact on our time and ability to serve the needs of our patients. We explored the importance of securing sustainable funding models for community pharmacies to ensure patient accessibility to medication.

What I thought

My own personal highlight of the conference is having the opportunity to hear the insightful presentations from our own national associations. They are always a very candid expose of the threats and opportunities available to community pharmacy at a national level and leave me both humbled and inspired by the resilience, commitment, compassion and patient-focused work of our members in advancing our profession.

These country updates also serve to highlight some of the greatest benefits of WPC – the sharing of challenges, progress and solutions. Some convey to other countries and some don't, but WPC delegates have a buffet to choose from which can then be taken back to each delegate's home country and help accelerate domestic adoption.

What was the takeaway?

The universal truth for all our members is that health costs are continuing to exponentially rise, and increasingly governments are focusing on the use of new technologies to transform traditional models of care. Community pharmacies must be part of the debates, both domestically and internationally, to develop recognition of their role in the provision of healthcare today and to shape the narrative of the future of how pharmacies are an integral part of innovative healthcare systems.



Community pharmacies continue to balance financial pressures with the expansion of patient care roles and technological integration amidst growing geopolitical uncertainty.

What's next

The WPC is advocating on an international level, calling on policymakers to recognise prescription dispensing as a crucial clinical service. One of the important products from the meeting is the development of a policy on dispensing and core funding as this activity is foundational to the building of additional patient care services provided by the pharmacist and their team. It is essential that governments invest in community pharmacy as a strategic health asset to build more accessible, efficient, and resilient healthcare systems.

While WPC delegates come from different countries from all over the world with different customs and even speaking different languages, we are united in our singular belief in the power of community pharmacists. The work of WPC continues as we seek to fulfil our Mission to promote international recognition of community pharmacy's role and value, securing its position as a fundamental pillar of person-centred, sustainable and resilient health systems.



It is essential that governments invest in community pharmacy as a strategic health asset to build more accessible, efficient, and resilient healthcare systems.



Official group photo from World Pharmacy Council's annual Pharmintercom conference

Historic win: Prescription medicine costs cut to ease burden for millions



Mario Barone
NSW Branch President
The Pharmacy Guild of Australia

Following a sustained campaign led by the Pharmacy Guild of Australia (PGA), the cost of prescription medicines will soon be significantly reduced — bringing relief to millions of Australians.

This achievement marks only the second time in history that the cost of PBS (Pharmaceutical Benefits Scheme) prescriptions has been lowered, and it's a testament to the power of patient advocacy and collaborative action.

The campaign was supported by more than 20 partner organisations, including Patients Australia, Asthma Australia, Sexual and Reproductive Health Australia, QENDO, Australian Association for Adolescent Health, Wounds Australia, Parents & Citizens Queensland, the Pharmaceutical Society of Australia and Advanced Pharmacy Australia.

It was driven by a simple but urgent goal: to make medicines more affordable and accessible for all Australians. We heard countless stories from patients struggling to afford the medications they need to manage chronic conditions, and we knew something had to change.

In July, Australia's Albanese Government introduced legislation to cap the price of PBS-listed prescription medicines at AUD25, down from the current AUD31.60, starting January 1, 2026.



Research commissioned during the campaign revealed one in five Australians had been unable to afford a prescription in the past three years.



Australian Prime Minister, Anthony Albanese committed to reduce the general PBS co-payment in March at APP. Five months later, his government introduced the enabling legislation to Parliament



From L to R - PGA National President Professor Trent Twomey, patient advocate Jess, Assistant Minister for Rural and Regional Health, Emma McBride, and Minister for Mental Health and Ageing, Mark Butler

The announcement was made at Capital Chemist Kingston, in Canberra, with Health Minister Mark Butler, Assistant Minister Emma McBride, and the PGA's National President, Professor Trent Twomey, in attendance. PGA proudly supported this historic moment.

At the heart of our campaign were patient advocates like Jess and Cara, who bravely shared their personal experiences.

They spoke about the daily challenges of living with chronic illness, the high cost of medications, and the difficulty of accessing the right dosage.

Their stories resonated deeply with the public and policymakers alike, highlighting the human cost of unaffordable healthcare.

This reform is a huge win for patients

As this magazine went to print, Australia's lawmakers passed the legislation in a late-night vote on September 1. It means fewer people will have to make heartbreaking decisions between buying food or filling a prescription.

It means fewer patients will be forced to ration their medication or ask pharmacists how to reduce their dosage to make it last longer. It means better health outcomes for individuals and communities.

Research commissioned during the campaign revealed one in five Australians had been unable to afford a prescription in the past three years.

The figure was even higher among women and those living in regional and rural areas, underscoring the urgent need for change. These statistics are more than numbers — they represent real people facing real barriers to care.

As healthcare professionals, we understand the consequences when patients don't take their medicine as prescribed.

Poor adherence leads to worsening health, increased hospitalisations, and greater strain on the healthcare system.

Making medicines more affordable is a critical step toward improving adherence and building healthier communities.

We were pleased when the Australian Government responded to our calls for action. The reduction to AUD25 per script will make a meaningful difference in the lives of many Australians.

Importantly, the change also applies to new PBS-listed medicines, including treatments for menopause, endometriosis, breast cancer, and various forms of arthritis and cancer.

This ensures patients have access not only to affordable medicines, but also to the latest and most effective treatments.

In addition to the price reduction, the Australian Government has committed to accelerating the listing process for new medicines on the PBS.

This is a vital step forward. Timely access to breakthrough therapies can dramatically improve patient outcomes, and we welcome this commitment to innovation and equity.

With the legislation now passed, pharmacies and healthcare providers across the country will begin preparing for the transition.

Patients are encouraged to speak with their local pharmacist to understand how the changes will affect them and which medications will be covered under the new pricing structure.



We were pleased when the Australian Government responded to our calls for action. The reduction to AUD25 per script will make a meaningful difference in the lives of many Australians.

The PGA will continue to work closely with government and industry partners to ensure a smooth rollout and to advocate for further reforms that support patient care.

We believe every Australian deserves access to affordable, high-quality healthcare — and this law brings us one step closer to that goal.

I am incredibly proud to have been part of this campaign.

It was driven by compassion, collaboration, and a shared commitment to putting patients first.

Together, we've made history — and together, we'll keep working to build a healthier, fairer Australia.



From L to R: Assistant Minister Rural and Regional Health Emma McBride, pharmacist Bailey Stratford, Prime Minister Anthony Albanese, patient advocate Cara, Health Minister Mark Butler

Medicinal cannabis explained: How pharmacies can protect patients



Siena Barry
The Pharmacy Guild of Australia

Despite existing restrictions on how cannabis products are made, sold and used in Australia, a crackdown is now underway on what has become a wild frontier of cannabis prescriptions.

Since 2016, medicinal cannabis has been used in Australia for the treatment and management of a range of conditions, including chronic pain and mental disorders.

Despite existing restrictions on how cannabis products are made, sold and used in Australia, a crackdown is now underway on what has become a wild frontier of cannabis prescriptions.

A booming telehealth industry has sprung up around granting medicinal cannabis prescriptions to almost anyone with almost no medical justification.

What's happened this year?

In July 2025, the Australian Health Practitioner Regulation Agency (AHPRA) reported some companies which provided coaching for patients on saying 'the right thing' to get a prescription, others which exclusively prescribed their own products, and some which did not check the identity or medical history of their patients.

With more than 10,000 prescriptions given in six months – some of which were through appointments lasting for as little as a few seconds – the need for reform was obvious. AHPRA's updated prescribing guidelines aim to tighten the industry and prevent patient harm through increased regulation on advertising and obligations to conduct thorough real-time health assessments.



With more than 10,000 prescriptions written in six months, some through appointments lasting only between a few seconds and a few minutes, the need for reform was obvious.

Though community pharmacists are not prescribing medicinal cannabis products themselves, they have responsibilities when it comes to filling prescriptions for patients.

As a peak body in the industry, the Pharmacy Guild of Australia's position statement on medical cannabis is a valuable resource for pharmacists playing an active role in ensuring their patients' safety and wellbeing.

How does medicinal cannabis work?

The cannabis sativa plant contains at least 60 active chemicals, with the most notable being THC (tetrahydrocannabinol) and CBD (cannabidiol).

THC produces most of the psychoactive effects of cannabis, particularly the 'high'. But CBD – while chemically similar – does not have the same psychoactive properties.

The interaction of these chemicals with the brain can, in some cases, alleviate pain, nausea, and anxiety.



The PGA considers a patient's regular healthcare provider as the most appropriate clinician to manage the prescribing and dispensing of medicinal cannabis

What is medicinal cannabis used for?

Medicinal cannabis is often prescribed for the treatment and management of symptoms associated with conditions including epilepsy, cancer and cancer treatment, HIV/AIDS, and severe neuropathic or arthritic pain.

However, the evidence base for medicinal cannabis treatment is low, and it is not considered appropriate as a first-line option. Some patients report adverse effects including dependence and mental health issues as a result of prescribed cannabis use.

The Pharmacy Guild of Australia (PGA) advocates for increased research and more training and development in the health workforce to better support clinicians and improve outcomes for patients.

How is medicinal cannabis accessed in Australia?

Of the medicinal cannabis products available for use in Australia, only two are registered and approved by the Therapeutic Goods Administration (TGA). Most of the market consists of unapproved products which have not been evaluated by the TGA for quality, safety and efficacy.

With evidence of aggressive and unlawful marketing tactics driving sales, the market has become highly vulnerable to abuse. Online and telehealth clinics which bypass comprehensive consultation in favour of quick prescriptions and easy access can be incredibly harmful to patients who may not be fully aware of what they are taking, how it will interact with existing medications or conditions, or if it will even help them.

Many of these practices are now under investigation by AHPRA for significant breaches of their ethical obligations to patients.

What is the role of pharmacists in medicinal cannabis dispensing?

The PGA considers a patient's regular healthcare provider as the most appropriate clinician to manage the prescribing and dispensing of medicinal cannabis – making collaboration between GPs and community pharmacists a crucial component of responsible practice.



Most of the market consists of unapproved products which have not been evaluated by the TGA for quality, safety and efficacy.

For prescribers, good care may look like talking to patients about their history and needs, providing them with a treatment management plan, and ensuring there is real therapeutic need for any products being prescribed. AHPRA's updated guidelines advise pharmacists may refuse to supply a prescribed medicine if they believe it is unsafe to do so.

What are the PGA's recommendations for responsible medicinal cannabis dispensing?

By working closely with stakeholders across the industry – including TGA, AHPRA, and government health departments – the Guild hopes to use the existing expertise of community pharmacists to build stronger safeguards for patients. This includes restricting the use and marketing of unapproved products, instituting real-time consultations with prescribers, thorough registration processes and supply arrangements, and informed patient choice.



Learn more



Read the PGA's full position on medicinal cannabis here.



Learn more about AHPRA's new guidelines here.

Rethinking affordability: Why co-payment reductions outperform 60-day dispensing



Anthony Tassone
Chair of the Health Economics & Policy Committee

September 1, 2025, marked the two-year anniversary of 60-day PBS prescriptions in Australia. While 34.4 million of these prescriptions have been dispensed, a closer look at the data reveals direct co-payment reductions have delivered far greater savings to patients, answering important questions about the most effective path to medicine affordability.

Patient savings from 60-day dispensing and co-payment reductions

In their Impact Analysis Report for the AUD25.00 co-payment, Australia’s health department included a table which compared the patient savings from various medicine affordability measures introduced to the PBS since 2022 – including Safety Net threshold reductions, co-payment reductions and freezes, and 60-day dispensing.

The figures showed the January 2023 reduction in the general co-payment (from AUD42.50 to AUD30.00)

had generated patient savings more than three times as much as 60-day dispensing.

Co-payment reductions have a much broader effect and achieve savings without introducing the potential for negative clinical outcomes or medicine wastage.

With the decision to reduce the maximum co-payment further to AUD25.00 from January 1, 2026, the Pharmacy Guild of Australia (PGA) predicts savings from the co-payment reductions, and the co-payment freeze introduced through the 8th Community Pharmacy Agreement (8CPA), will reach AUD1.6 billion by the end of 2026.

Affordability measure	Prescriptions	Patient savings
2022 Safety Net threshold reduction	71,666,343	\$535,765,814
2023 general patient co-payment reduction	59,937,171	\$758,299,154
2023 60-day dispensing	34,371,235	\$247,204,792
2025 concessional patient co-payment indexation freeze	77,294,748	\$11,215,939
2025 general patient co-payment indexation freeze	12,509,884	\$15,458,394

Additional Community Supply Support (ACSS) payments

The government's announcement of the introduction of 60-day prescriptions triggered a response from the community pharmacy sector and other stakeholders that ultimately resulted in the negotiation of the 8CPA one year earlier than scheduled.

Importantly, after recognition of the financial impact of the new policy, new ACSS payments were introduced as part of the 8CPA and enshrined in federal legislation. The ACSS payments are designed to financially support community pharmacies for dispensing PBS medicines, particularly those with increased dispensing quantities.

The ACSS payments include two parts:

Component 1 - an additional Administration, Handling and Infrastructure (AHI) fee for every 60-day prescription dispensed; and

Component 2 - a balancing amount that will ensure the AUD2,111 million in ACSS committed to under the 8CPA will be paid in full.

There is no direct offset for the loss of dispensing fees; however, the introduction of the ACSS payments is in recognition of the significant fixed costs involved in pharmacy operations, including the core function of dispensing.

The chart below shows (in red) the month-by-month lost dispensing remuneration (dispensing fees and AHI fees) because of 60-day dispensing. The blue bars show the ACSS payments in comparison.

Crucially, the 8CPA includes a Payment Adjustment Mechanism (PAM) which ensures that the AUD2,111 million will be fully paid. This will be implemented through six-monthly adjustments to Component 2 of the ACSS payments.

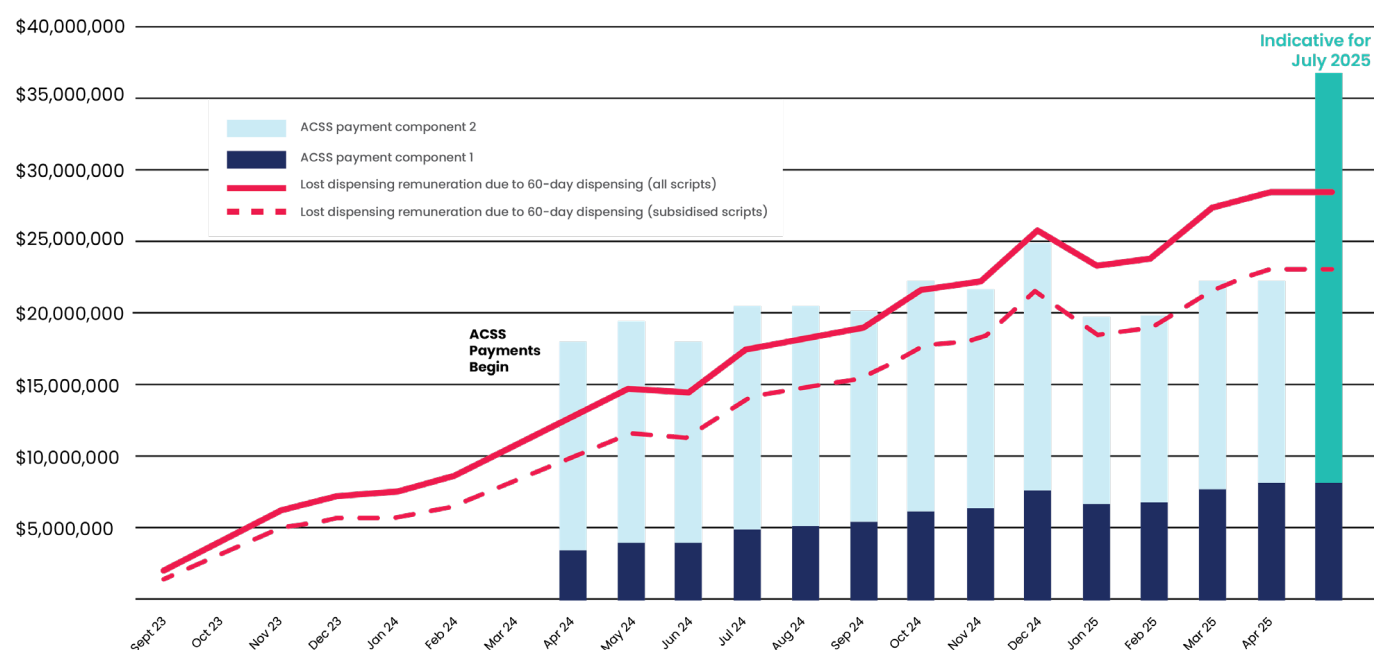
Monthly remuneration effect of 60-day dispensing and ACSS payments

The first adjustment, applied from July 1 through to December 31, 2025, has resulted in an increase in that component from the initial level of AUD0.78 to AUD1.57 per subsidised prescription dispensed (both 30 and 60-day prescriptions).

Although July 2025 PBS data was not available at the time of writing, the last bar in the chart provides an indicative impact of this adjustment.

Monthly remuneration effect of 60-day dispensing and ACSS payments

September 2023–April 2025

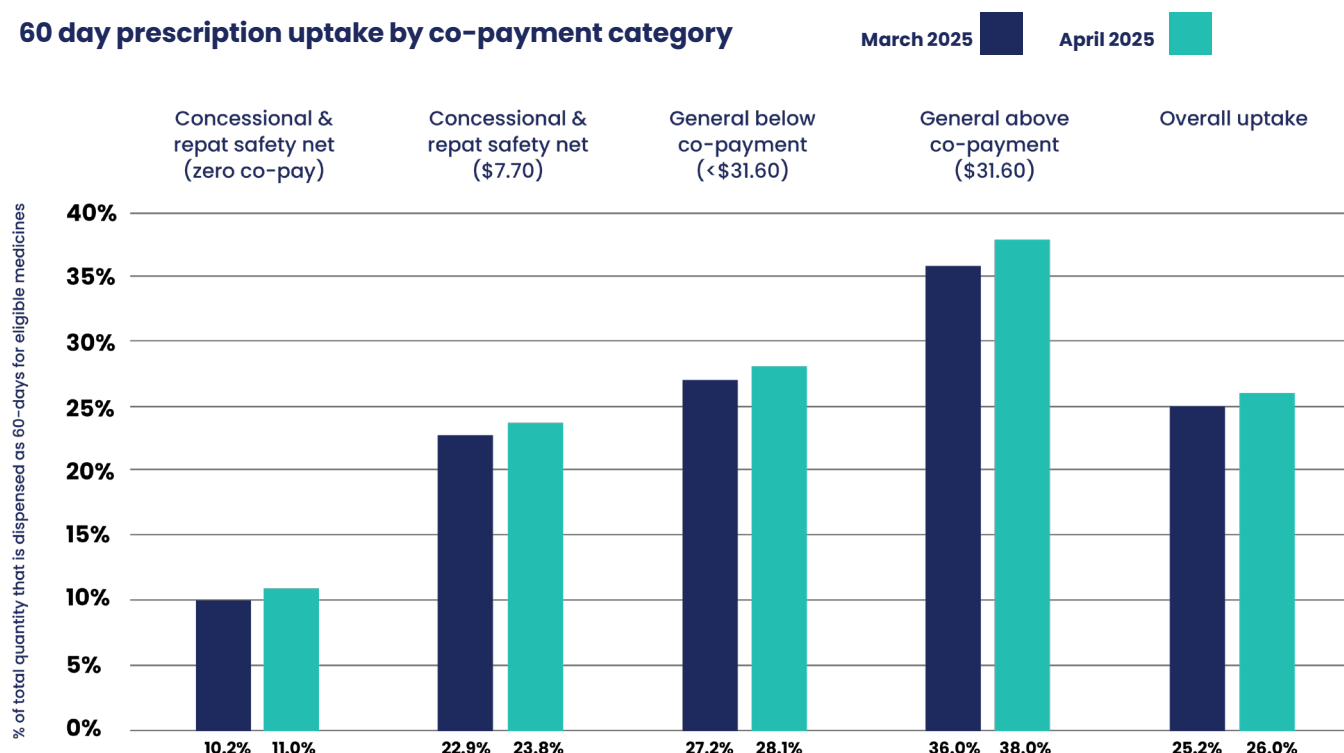


60-day uptake varies by co-pay level

Official PBS data through to April 2025 shows that the uptake rate of 60-day prescriptions varies widely, in line with co-payment levels. This may be partly due to the different levels of savings that accrue to the patient from 60-day scripts but also may be a sign of the different levels of complexity in medicine regimens.

For instance, concessional patients who frequently reach the safety net often manage complex medication regimens. Many prescribers may deem them unsuitable for longer dispensing durations, favouring more frequent pharmacist consultation and monitoring.

60 day prescription uptake by co-payment category



60-day prescription uptake by co-payment category – the New Zealand context

New Zealand readers will have read about Australia's 60-day prescriptions and compared it to their own 90-day stat prescription duration, and discussions there about extending prescription duration to 180 days. There are, however, some crucial differences between the arrangements on either side of the Tasman.

Firstly, in Australia, the number of repeats and the dispensing frequency (typically one month until 60-day prescriptions, now often two months) is determined solely by the prescriber. The pharmacist has no ability to override the prescribed frequency.

In New Zealand, 90-day all-at-once dispensing is the default; however, registered Long-Term Conditions (LTC) patients can have their frequency of dispensing changed to any duration that their pharmacist deems appropriate to meet that LTC patient's compliance and adherence needs¹.

For non-LTC patients, pharmacists may authorise dispensing in monthly lots without prescriber authority. No such flexibility exists in Australia in relation to 60-day prescriptions. Patients may have their medicines periodically packed in dose administration aids (DAAs, "compliance packs" in New Zealand); however, there is no dispensing fee attached to this.

Secondly, Australians pay a co-payment for every dispensing, whether it is an original or a repeat (New Zealanders only pay for the original). This is how the patient saving is derived – essentially from a system that is already less affordable than the NZD5.00 maximum co-payment in New Zealand.

A new initiative was announced in New Zealand's 2025 budget to extend the maximum prescription length from three months to twelve months. However, from an Australian perspective, it is important to understand what this means. It does not mean there will be 365 days of medicine dispensed all at once.

Medicines in New Zealand will continue to be dispensed at a maximum of three-month intervals. The announced change relates to the period of validity for a prescription before a new one is required from a GP.

Co-payment reductions effectively improve medicine affordability

The latest data from the ABS in the chart below shows that medicine affordability continues to be a major problem in Australia, which is not surprising when our maximum co-payment – even at AUD25.00 – sits near the highest in the developed world, many times higher than in New Zealand.

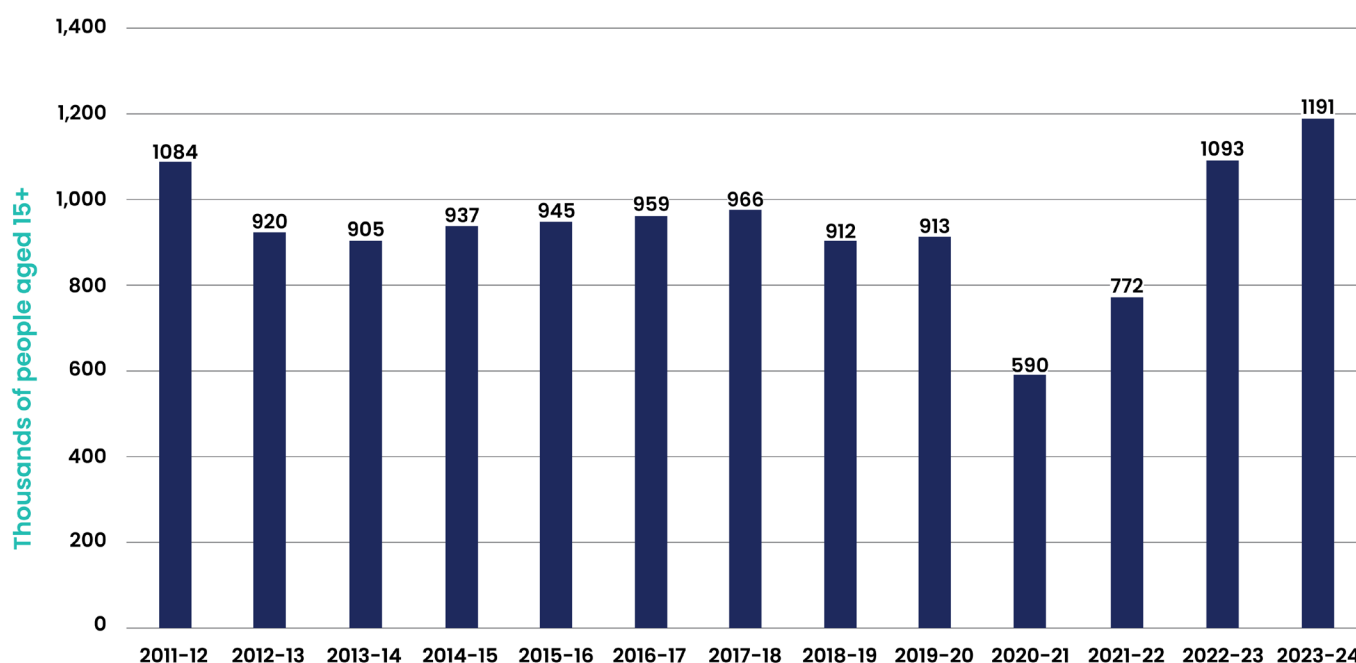
While 60-day prescriptions are here to stay, the evidence shows co-payment reductions are a far more effective way to improve medicine affordability, with the bonus of having the full support of the Australian public and the community pharmacy sector and not reducing the frequency of valuable patient encounters with health care professionals.

By reducing the emphasis on price, patient interactions with pharmacists can focus on optimising quality use of medicines. By continuing to prioritise direct affordability measures, we can ensure all Australians – regardless of their circumstances or which medicines they are prescribed – can access the medicines they need without financial hardship, through a highly accessible, thriving network of community pharmacies.

Equity of access is a key principle of our National Medicines Policy, and the Pharmacy Guild of Australia will continue to advocate on behalf of patients to make medicines more affordable.

ABS data on medicines affordability

Delayed getting or did not get prescribed medication due to cost



Number of persons 15 years & over (thousand), in the previous 12mths – ABS Patient Experiences Survey, 2011-12 to 2023-24

1* <https://www.pharmac.govt.nz/pharmaceutical-schedule/general-rules-section-a>

AI as a force for good: PGA to be guided by five principles



Siena Barry
The Pharmacy Guild of Australia

No industry has gone untouched by the recent boom in artificial intelligence (AI) – and healthcare is no different. With AI models around the world already making enormous leaps in areas including antibody development, drug efficacy and disease diagnostics, the message is clear: innovate or get left behind.

To harness AI to its full potential, and to the benefit of both patients and pharmacists, the Pharmacy Guild of Australia (PGA) announced in July it would commission the development of a green and white paper on the ethics of AI in community pharmacy.

The PGA's Executive Director Gerard Benedet announced the move at the Medical Software Industry Association conference in Brisbane, where industry leaders and experts



AI must be a force for good.
And in our hands, it will be.

joined together to share ideas and strategies in the rapidly evolving landscape of medical technology.

Speaking to delegates, Mr Benedet highlighted the importance of embracing innovation without sacrificing human connection – and of building robust infrastructure to support high quality service now and into the future.

By balancing a future-forward approach with the unmatched value of face-to-face connection in community pharmacy, the PGA aims to protect and advance existing service models with informed strategies, practical policies, and all the best that new technologies have to offer.

Following the July announcement, Mr Benedet answered *Australasian Pharmacy's* questions about PGA's approach to the complex world of artificial intelligence.



At PGA, we believe responsible AI integration must rest on five key principles: patient-focused design, transparent collaboration, ethical efficiency, governance and accountability, and preserving the human connection.





PGA's Executive Director Gerard Benedet

Q. What are some of the practical applications of AI in healthcare, and community pharmacy in particular?

A. Ideally, we want to use AI in a way that can make us smarter, more connected, and more proactive. We want to see pharmacists spending more time with patients and less time on paperwork, and we think AI can offer those solutions.

For example, AI could help pharmacists flag drug interactions instantly and accurately, without having to wade through fragmented records from multiple different healthcare providers. It could assist in inventory forecasting, ensuring that critical medications are available to meet patients' needs. With behaviour modelling and predictive analytics, we can better support patients to stay on treatment and identify high-risk patients before they fall through the cracks.

And given the way AI is developing, there's plenty more on the horizon we haven't even imagined yet. Even if we can't predict the future, we want to look at ways we can stay dynamic and flexible in a field known for its rapid evolution.

Q. How do you envision community pharmacy's unique service model intersecting with AI?

A. At the PGA, we believe responsible AI integration must rest on five key principles: patient-focused design, transparent collaboration, ethical efficiency, governance and accountability, and preserving the human connection.

What that means is ensuring AI is built around people. It should enhance pharmacists' ability to connect and support team-based and interdisciplinary care, not replace them.

It should improve outcomes for all patients without compromising human dignity. It should be equitable and accessible, with ongoing reviews and open feedback loops to make sure we're using the best tools for the right jobs. And above all, it should never come at the cost of what makes this profession so special: human connection with your trusted local pharmacist.

Q. What is the Guild's vision for the future?

A. Used responsibly, AI can elevate the entire primary care network. It will give pharmacists more time to care and counsel, provide pharmacists and GPs with smarter, faster insights, identify at-risk patients earlier, and help us close gaps in underserved communities.

This isn't just about technology and ethics: it's also about smart health policy. It's something that effects all of us, and something that we must be decisive and proactive about in these early stages.

We need to create something that pharmacists can use and use well, something that patients are comfortable with, and something that ultimately works to the benefit of everyone.

This paper will provide the foundation we need to bring our pharmacies into the future – sustainably, responsibly, and ethically.

Junior wage rates face potential significant change following employee association application



Andrew Ngeow
Chair, Workplace Relations and Member Engagement Committee
The Pharmacy Guild of Australia

In late 2024, the Shop, Distributive and Allied Employees Association (SDA) made an application to the Fair Work Commission of Australia (FWC) to vary the junior rates payable under three modern awards: the General Retail Industry Award 2020, the Fast Food Industry Award 2020, and the Pharmacy Industry Award 2020 (PIA).

In late 2024, the Shop, Distributive and Allied Employees Association (SDA) made an application to the Fair Work Commission of Australia (FWC) to vary the junior rates payable under three modern awards: the General Retail Industry Award 2020, the Fast Food Industry Award 2020, and the Pharmacy Industry Award 2020 (PIA).

These awards were specifically identified in the SDA application due to the high number of junior employees they cover.

Relative to the retail and fast-food industries, community pharmacy employs fewer juniors, however research indicates a significant portion of pharmacy assistants are under 21 years of age.

Junior rates have been part of the Australian industrial relations system since its inception.

They have previously been considered by numerous industrial bodies, including the FWC, to ensure they remain fit for purpose.



Research indicates a significant portion of pharmacy assistants are under 21 years of age.

Traditional arguments in support of junior rates have considered the lesser economic needs of young employees, as well as their relative lack of desirable skills and experience and the need to encourage their employment so that such skills might be gained.

Employee advocates, including the SDA, have historically and continue to, hold the position that junior rates are unreasonably discriminatory and are not grounded in tangible evidence necessitating their existence.

Notably, junior rates were abolished in New Zealand in 2008, although in 2013 a new 'Starting Out' wage was introduced, which pays young people with less than six months continuous experience with an employer 80% of the adult rate.

There has been ongoing discourse in the media as to the success of New Zealand's abolishment of junior rates, as youth employment rates have remained substantially the same.



Junior rates have been part of the Australian industrial relations system since its inception.

Current PIA junior rates compared with proposed rates

AGE	Current PIA Junior Rates			SDA Proposed Junior Rates		
	%	PA Level 1	PA Level 2	%	PA Level 1	PA Level 2
<16	45%	\$11.54	\$11.80	50%	\$12.83	\$13.12
16	50%	\$12.83	\$13.12	50%	\$12.83	\$13.12
17	60%	\$15.39	\$15.74	75%	\$19.24	\$19.68
18	70%	\$17.96	\$18.37	100%	\$25.65	\$26.24
19	80%	\$20.52	\$20.99	100%	\$25.65	\$26.24
20	90%	\$23.09	\$23.61	100%	\$25.65	\$26.24

Figure 1.

However, there has been some evidence of age-based substitution which indicates fewer juniors aged under 16 are being employed.

Currently, the junior rates set out in the PIA apply to all pharmacy assistants classified at levels 1 and 2 who are under 21 years of age.

If the model proposed by the SDA is adopted by the FWC, all junior wage rates in the PIA for employees aged between 18 and 21 would be abolished and the full adult rate would apply.

Additionally, the rate for under 16, 16 and 17-year-old juniors would increase.

No change is proposed for employees classified as pharmacy assistants at level 3 or 4, as they must be paid as adults regardless of their age. The SDA's application is compared to the current minimum rates in the PIA in **Figure 1**.

The Pharmacy Guild of Australia, along with other employer associations and advocates filed submissions for this matter on July 11, 2025, the matter is scheduled for hearings in late October and early November 2025.

All submissions filed by both employee and employer interest groups can be found on the FWC website.

www.fwc.gov.au



If the model proposed... is adopted by the FWC, all junior wage rates... for employees aged between 18 and 21 would be abolished and the full adult rate would apply.



No change is proposed for employees classified as pharmacy assistants at level 3 or 4

How AHPRA is helping Australian pharmacists face complaints without fear



Miranda Cook

The Australian Health Practitioner Regulatory Agency (AHPRA) is changing how it manages pharmacists under review, aiming to reduce stigma and better support mental health.

Susan Biggar, AHPRA's National Manager of Regulatory Experience and engagement, said pharmacists and other healthcare workers who receive a professional complaint often feel distressed, isolated, and fearful about their career's future.

In 2023, a report commissioned by AHPRA revealed at least 16 practitioners involved in the scheme died by suicide while under a notification between January 2018 and December 2021.

"Many feel the regulator is going to view it as a stain on their career, but complaints come in a large variety, and they are not in and of themselves indicative of a poor practitioner," Ms Biggar said.

"It is exceptionally rare for someone to be referred to the tribunal for potential professional misconduct, which is what practitioners spend a lot of time worrying about."

In the 2023–24 financial year, 466 notifications were made about 372 pharmacists to AHPRA, representing 1.7 percent of the profession. That figure has changed little over the last five years.

Almost 60 percent of complaints relate to topics of medication, while communication accounts for around nine percent, followed by behaviour at five percent.

Ms Biggar said AHPRA was required to review every complaint it received, despite most cases being considered less serious.

"Depending on the complaint, the common outcome is that the board decides to take no further regulatory action, or it might be that the pharmacist hears the concerns, addresses them through education or process change, as an example, and the board deems it safe for them to continue to practise.

"Just because we are looking into it doesn't mean we think this pharmacist is in trouble or they really blew it here."

Phoning pharmacists to discuss their complaint instead of notifying them via letter, raising awareness and normalising the regulatory process at conferences, and actively encouraging practitioners to seek professional mental health care are just some of the ways AHPRA hopes to improve the experience.

Ms Biggar said pharmacists should set up an in-house complaint process.



Sometimes patients only come to us because the pharmacy had no complaints process, and the patient feels they haven't been heard, and they want to give feedback.

"Sometimes patients only come to us because the pharmacy had no complaints process, and the patient feels they haven't been heard, and they want to give feedback."

"We think a lot of the things that are raised with us would be much better raised and resolved locally."

In a bid to destigmatise feelings of shame, AHPRA launched a video campaign asking healthcare leaders to share their lived experience of receiving a notification.

Kay Dunkley, Executive Officer at Pharmacists' Support Service, said the service received more than 500 calls for support in the 2024–25 financial year. Regulatory notifications were the third most common reason pharmacists contacted them.

"It becomes a threat to personal identity because they feel judged, and they think they're going to lose their registration," Ms Dunkley said.

"A lot of it is reassuring them that receiving a notification is not that uncommon."

Her advice for pharmacists is to speak to family, friends, and colleagues to reduce feelings of isolation, and to reach out to their indemnity provider.

Naomi Lim, a Professional Officer with Pharmaceutical Defence Limited, said pharmacists who have received a notification should report the incident as soon as possible.

Ms Lim said if the policy is triggered and a verbal or written response to the notification is required, a representative will be assigned to help the pharmacist with their response.

"We can only provide support if we are aware of the situation," she said.

"Look at it as an opportunity to tell your side of the story."

"Reflect on your practice, identify changes that can be made and consider prevention strategies. Risk mitigation is key."



Susan Biggar, AHPRA's National Manager of Regulatory Experience



Executive Officer at Pharmacists' Support Service, Kay Dunkley



Pharmaceutical Defence Limited Professional Officer, Naomi Lim

Pharmacists' support service



The free service is available 365 days of the year, between 8am and 11pm AEDT.

The anonymous hotline is managed by pharmacists, who can provide advice and support for pharmacists, students and interns.

Ph: 1300 244 910

Watch now



Scan the QR to watch some of Australia's most senior healthcare workers share their lived experience of receiving a AHPRA notification.

How gossip is hurting your pharmacy team – and how to stop it



Matthew Vandermeer
Leading Teams

Whenever we talk with pharmacy teams about the behaviours which can slow them down, one problem keeps surfacing: gossip – or third-party conversations.

The reality is these discussions occur all the time, in every part of the pharmacy, from the dispensary to the back office. And research supports this. A study in the journal *Human Nature* found 70 percent of all conversations are social in nature, while Scientific American reported 65 percent of normal conversations involve swapping stories and gossip. We're wired for it – children start gossiping as soon as they can talk.

But if we know it gets in the way of delivering high-quality patient care and maintaining a cohesive team, why do we keep doing it?

Hardwired for gossip

To understand this, we need to go back – way back – to when we lived as hunter-gatherers. Sharing social information was vital for survival. Talking about others helped us decide who to trust, who was dependable, and who might put the group at risk.

This need to track social dynamics helped shape our brains. Gossip became one of the earliest functions of language. It made the invisible social hierarchy visible.



Gossip is often driven by low trust or fear of confrontation. While it may feel like a release in the moment, it rarely resolves the underlying issue and often damages team cohesion.

Gossip also determined our status in the group. If others spoke well of you, you gained credibility and protection. If they didn't, you were likely pushed to the margins, and back then social exile could mean death. Yes, gossip is hardwired into us. It used to be essential for survival.

Pharmacy is not a tribe in the wilderness

Today, we're not tracking who's hoarding food, we're tracking prescription compliance, and patient safety. But our brains are still operating with ancient wiring.

In a modern pharmacy, gossip often shows up like this:

Instead of addressing a colleague directly, I talk to someone else about them.

Gossip is often driven by low trust or fear of confrontation. While it may feel like a release in the moment, it rarely resolves the underlying issue and often damages team cohesion.

Closing the loop in the pharmacy

Not all third-party conversations are unproductive. Discussing performance concerns with your pharmacy manager or sharing feedback in supervision sessions can be healthy. Referrals, for instance, are a form of constructive third-party dialogue.

The key is this: close the loop.

If you're discussing a concern about a team member with a colleague to sense-check your reaction, that's okay. But someone eventually needs to bring the feedback to the person directly. Whether you're a pharmacist, a technician, or a team lead, closed-loop communication is what builds trust and drives performance.

Next time you find yourself in a 'safe' side conversation, ask yourself

Am I avoiding talking to someone directly?

And if I am, is someone going to close the loop?

The pressure in the pharmacy environment can be high. Clear, direct communication matters. And closing the loop doesn't just reduce workplace drama – it's how you create a culture of safety, trust, and professionalism.

And maybe, just maybe, it's how we stop behaving like cavemen in white coats.



A study in the journal *Human Nature* found 70 percent of all conversations are social in nature, while *Scientific American* reported 65 percent of normal conversations involve swapping stories and gossip.



"If we're not talking to each other, we're usually talking about each other"

ABOUT THE AUTHOR: Matthew is a partner and facilitator with Leading Teams – an Australian consulting company focused on leadership and performance in the fields of elite sport business, government, and education. Matthew helps professionals improve how they work together by challenging habits, surfacing tough issues, and building a culture of trust.

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Pharmacy interpreters help close gap on vital healthcare for refugees

Fleeing poverty and starting over in a new country can make accessing healthcare especially challenging for refugees.



Miranda Cook



Dee Maguire has four full-time staff working as interpreters and health navigators in her pharmacy



Victory Square Pharmacy owner Dee Maguire and in-house interpreter and member of the local Myanmar refugee community Emily Phow, affectionately known as “Zember”

When Dee Maguire bought Victory Square Pharmacy in Nelson, New Zealand, 17 years ago, she was shocked by how many patients were falling through the cracks.

The regional city is home to some 2,500 refugees, most from Myanmar, with growing Bhutanese, Colombian and Pakistani communities.

A common hurdle is navigating health and social services in an unfamiliar language.

“All the things you take for granted, they struggle with,” Ms Maguire said.

“They can’t lift the phone to call their GP or an ambulance.

“They miss appointments and get kicked off waitlists because the appointment letters are in English.”

As a key point of contact for these communities, Ms Maguire often struggled to explain symptoms, medications, label instructions and other healthcare advice.

“I was having heart attacks, asking myself, ‘how do I know if they’re taking their medications properly, do they know how to measure out their dosage?’.”

Determined to bridge the gap, she successfully lobbied her local District Health Board in 2014 for rare government funding to employ a full-time interpreter.



Understanding what our community needs and being able to respond has been really rewarding.

Today, her pharmacy has four staff working as interpreters and health navigators. Some have gone on to complete pharmacy assistant and technician training.

While based at the pharmacy, the team organises GP and specialist appointments, hospital discharges, medication reviews, prenatal and antenatal care, breast screening, nutrition advice and social service referrals.

They also attend appointments to ensure nothing is lost in translation.

“We take them to their eye appointments – how can they read the top line of an eye exam without the interpreter?” Ms Maguire said.

“We just do everything and anything related to health.”

Ms Maguire’s model of care was recognised in 2014 when Victory Square Pharmacy was named Community Pharmacy of the Year.

“Understanding what our community needs and being able to respond has been really rewarding,” she said.

“Over the years, some of them have told us, they’d be lost without our staff, so it feels nice to know we’ve made a difference.”

Navigating the rules: Setting up a PBS pharmacy in a large medical centre



Georgina Odell
Meridian Lawyers



Gathering evidence and providing it to the ACPA in an understandable format is key to a successful application.

Understanding large medical centres

In this article, we outline some of the requirements necessary for the ACPA to grant approval for a new PBS pharmacy in a large medical centre.

To qualify as a 'large medical centre', the proposed premises must fit within the criteria defined in the Rules. A key requirement is that the medical centre (of which the new pharmacy will be part) operates under single management.

What you need to know

A large medical centre may comprise the general medical practice and the pharmacy, and may accommodate subleases or licences with dental practitioners, pathology, and allied health providers who occupy part of the centre.

One of the most challenging aspects of an application under Item 136 is negotiating arrangements which (a) are commercially satisfactory to each of the occupants of the medical centre, and (b) fit within the requirements of the Rules.

Item 136 of the Pharmacy Location Rules (Rules) sets out the requirements which must be met before the Australian Community Pharmacy Authority (ACPA) can approve a new PBS pharmacy in a large medical centre.

Management responsibility challenges

It's common for the general medical practice to be hesitant about assuming responsibility for the maintenance of the entire centre, especially where individual occupants have their own maintenance responsibilities under their own lease or licence. In these circumstances, it can assist in establishing a legal agreement between the occupants of the medical centre delineating responsibilities for marketing, maintenance, and administration of the centre as a whole.



It can assist in establishing a legal agreement between the occupants of the medical centre delineating responsibilities for marketing, maintenance, and administration of the centre as a whole.



Meeting PBS subscriber requirements

Another crucial requirement to be satisfied is the Authority is satisfied that, during the two months before the day on which the application is made and until the day the application is considered by the Authority, the number of PBS prescribers at the medical centre is equivalent to at least eight full-time PBS prescribers, of which at least seven PBS prescribers must be prescribing medical practitioners.

PBS prescribers include medical practitioners, participating dental practitioners, authorised optometrists, authorised midwives, and authorised nurse practitioners. To achieve the minimum number of hours required to meet the equivalent of 8 full-time PBS prescribers, the medical centre must account for a total of 304 hours per week (the equivalent of 38 hours weekly). In addition, the medical centre must be open for general practice appointments for a minimum of 70 hours per week and ensure one or more prescribing medical practitioners is available during at least 70 of those operational hours.

Accurate record keeping is key

Great attention to detail will be required on the part of the medical centre to record the real-time working hours (start and finish times) of the PBS prescribers included in support of the application. This documentation should also reflect any breaks or periods when prescribing is not taking place. All PBS prescribers must confirm their prescriber and provider numbers and declare there are no conditions attached to their registrations preventing them from prescribing under the PBS.

Gathering this evidence and providing it to the ACPA in an understandable format is key to a successful application under Item 136 of the Rules, as is high levels of co-operation and support between the pharmacist applicant, the owner of the medical practice, and the PBS prescribers who occupy the medical centre.

Preparing for potential deferrals

Applicants and those who are providing evidence for an application should be prepared for the possibility of the ACPA deferring the application, particularly if there are objections raised from nearby pharmacists. In those circumstances, the applicant, the medical practice, and the PBS prescribers should be prepared to continue to gather and record the necessary evidence regarding hours of operation of the medical centre and the working times and days of the PBS prescribers, at least until the deferred ACPA meeting.

Single management is defined as:

(a) an arrangement in which a single entity, or two or more entities working cooperatively under an agreement, are responsible for marketing, maintenance and administration for the centre as a whole, and

(b) does not include independent owners or tenants of premises of a building or centre that cooperate:

- on occasions; or
- in relation to some but not all the matters mentioned in subparagraph (a) in relation to the building or centre.

Further information

This article focuses on one aspect of the Pharmacy Location Rules, regarding establishing a new pharmacy in a large medical centre. For further assistance in navigating the requirements, please contact Georgina Odell at Meridian Lawyers on godell@meridianlawyers.com.au

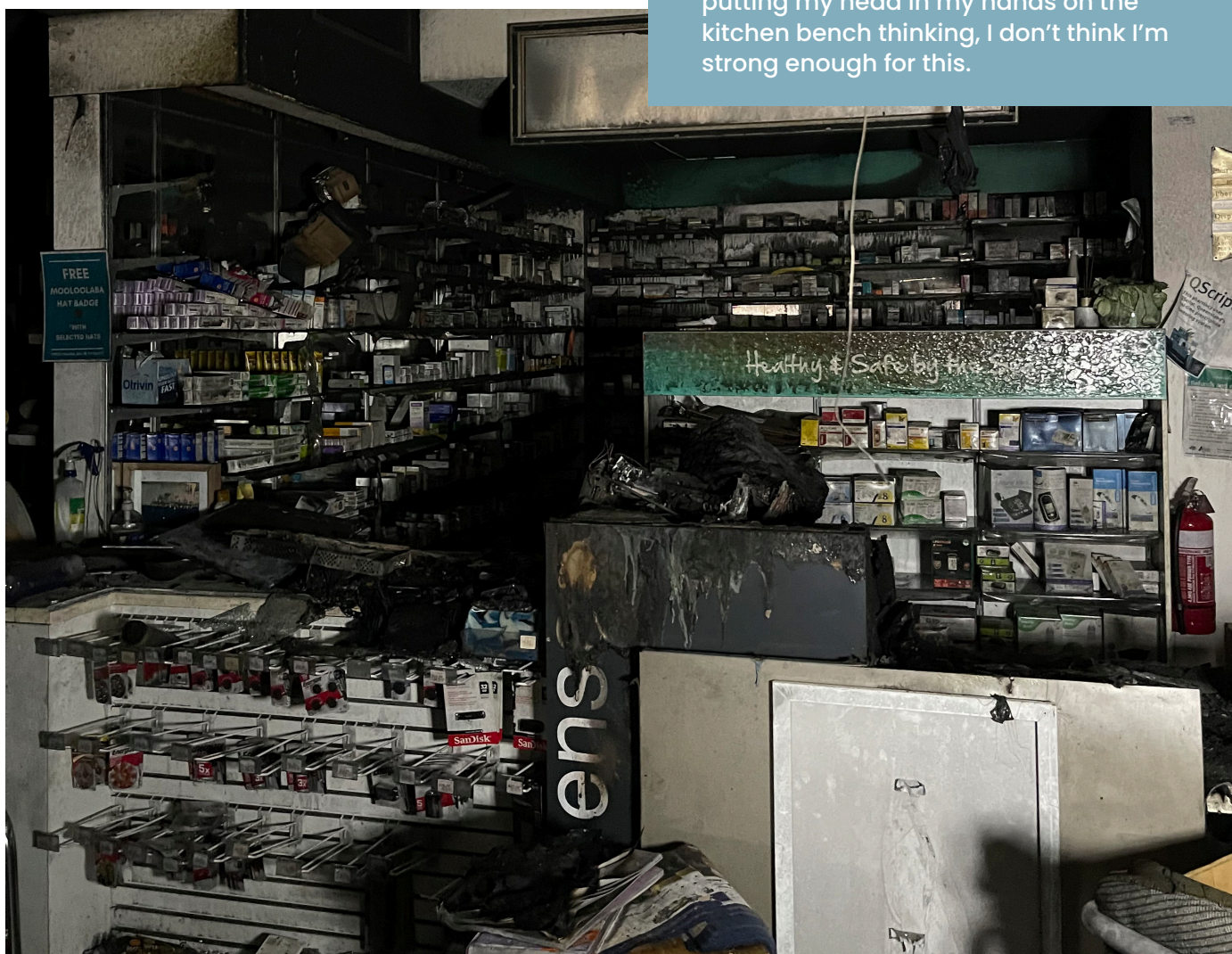
From devastation to innovation: Fire sparks pharmacy transformation



Miranda Cook



I remember going home that night, putting my head in my hands on the kitchen bench thinking, I don't think I'm strong enough for this.



A ferocious fire destroyed Mooloolaba Beach Pharmacy, in Queensland, in 2022

The owners of a busy beachfront pharmacy gutted by fire turned a disaster into an opportunity to focus on healthcare over retail — and it's paying off.

Only a charred shell remained of Mooloolaba Beach Pharmacy on Queensland's Sunshine Coast after an electrical fire sparked by a battery tore through the premises in 2022.

Mario Barbagallo, who has been involved with the pharmacy for 37 years — many as co-owner — and Jo Host, co-owner for the past eight, were stunned by the destruction.

"The premises had to be completely stripped out — back to the bare bones," Mr Barbagallo said.

For Ms Host, who was already dealing with an accident that had seen her husband become an amputee, the fire was nearly too much.

"I remember going home that night, putting my head in my hands on the kitchen bench thinking, I don't think I'm strong enough for this," she said.

But community spirit lifted them up.

Offers from fellow pharmacists flooded in — help with Webster-paks, donations of computers, software, and more. Incredibly, they were operating from a temporary site just two weeks later.

"We would never have got through it without the people in this profession," Ms Host said.

Looking for a silver lining amid the ashes, the pair decided to rebuild with a focus on clinical services, shifting away from retail-heavy operations.

They engaged pharmacy design experts and industry leaders to help future-fit the business.

"Before the fire, the pharmacy was made up of 60 per cent retail and 40 per cent dispensary and medicines," Mr Barbagallo said.

"It's so tempting to do things the way we always have — I understand this because I've been in the industry for 50 years.

"We used to jokingly call the pharmacy 'a surf shop with a dispensary at the back' because you would find beach umbrellas, souvenir t-shirts and bodyboards.

"My advice is to invest in getting the design right — that's not a place to cut corners."

Now, the refurbished pharmacy features two consultation rooms offering services such as blood pressure checks and vaccinations. Since reopening, turnover has jumped 25 per cent.

Ms Host also became a prescribing pharmacist, allowing her to assess, treat, and refer patients for around 20 conditions — including ear infections, staph infections, shingles, dermatitis, impetigo, asthma and hypertension.

Holidaymakers especially appreciate avoiding long GP waitlists.

"We have visitors from all over Australia and abroad complimenting how beautiful our store is, and our decision to remove the junk and lollies, and just focus on healthcare.

"We've got a beautiful round counter and timber fluting at the front, where we greet the customers."

What began as a devastating loss is now a powerful example of resilience, reinvention, and the evolving role of pharmacy in modern healthcare.



The newly designed pharmacy feels more like a health hub than a retail outlet



Co-owners Jo Host and Mario Barbagallo at the opening of their new and improved store

Liebherr pharmacy refrigerators: Engineered to meet Australasia's most stringent standards

Liebherr designs and manufactures refrigerators specifically tailored to meet the rigorous requirements of Australasian pharmacies. These appliances are engineered to comply with the QCPP (Quality Care Pharmacy Program) standards for the safe storage of vaccines, which demand exceptional temperature accuracy and reliability.

Thanks to precise electronic controls, high-quality materials, and meticulous manufacturing, Liebherr pharmacy refrigerators deliver outstanding temperature stability, advanced safety features, and lasting durability, ensuring full QCPP compliance.

Best in class for vaccine and medicine storage

Liebherr pharmacy refrigerators are considered Best in Class for the reliable storage of sensitive substances, medicines, and vaccines. These appliances maintain a maximum temperature deviation of just $\pm 2^{\circ}\text{C}$ from the set point, safeguarding both product integrity and efficacy. In the event of a malfunction, the built-in $+2^{\circ}\text{C}$ SafetyDevice activates to stabilise the temperature, trigger an alarm, and protect contents from freezing.

Convenience features such as "One Touch" Min/Max temperature display make compliance with Australia's 'Strive for 5' guidelines easier. This function allows users to manually check and record temperature data, saving time while ensuring regulatory compliance.





Efficient and sustainable performance

Liebherr pharmacy appliances are among the most energy-efficient on the Australasian market, with power consumption as low as 1 kWh per 24 hours, without compromising on performance. Designed to minimise both running costs and maintenance effort, they support busy healthcare environments with low operational demands and high reliability.

Made in Europe using premium components, Liebherr refrigeration units are also built with sustainability in mind. Manufactured with up to 97% recyclable materials and using only natural refrigerants, Liebherr has achieved a Gold Sustainability Rating from EcoVadis. All production facilities run on 100% green electricity.

The right fit for every healthcare setting

From pharmacies and aged care facilities to hospitals, medical practices, and research institutions, Liebherr offers a wide range of models to suit every application. Electronic controllers and long-lasting, high-performance components ensure consistent reliability and energy efficiency across all models.

Supporting strive for 5 compliance

All Liebherr pharmacy refrigerators are factory-set to +5 °C, the midpoint of the +2 °C to +8 °C range recommended by the 'Strive for 5' guidelines. With precise temperature control and easy access to Min/Max temperature data, Liebherr appliances help simplify compliance and ensure vaccines are stored under optimal conditions.

Peace of mind, backed by warranty

Liebherr is exclusively distributed in Australia by Andi-Co Australia Pty Ltd. Every pharmacy appliance is backed by an industry-leading 5-year warranty, offering total peace of mind.

Explore the Liebherr professional range

To learn more about Liebherr's purpose-built refrigeration for pharmacy and healthcare environments, visit home.liebherr.com



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Melbourne pharmacy launches first-of-its-kind HIV injection service



Miranda Cook

The owner of a pharmacy in a busy Melbourne suburb popular with the LGBTQIA+ community has launched a first-of-its-kind program to deliver pharmacist-administered HIV injections.

The owner of a pharmacy in a busy Melbourne suburb popular with the LGBTQIA+ community has launched a first-of-its-kind program to deliver pharmacist-administered HIV injections.

When Sengqi Na started at Equal Health in Fitzroy, Melbourne, in 2023, before becoming an owner earlier this year, he saw the need to improve medicine adherence for people living with HIV.

Cabenuva (cabotegravir/rilpivirine) is the only long-acting injectable HIV treatment in Australia. Patients receive two intramuscular gluteal injections either monthly or every second month, instead of taking daily tablets.

"I've got more and more people wanting to switch to the injectable to be free from the burden of remembering to take a pill every day," Mr Na said.

Before this pharmacy-based option, patients had to attend a hospital or sexual health clinic.

Mr Na wanted to offer a more discreet, judgement-free service without long wait times.

"People would tell me that they needed to reschedule work for half a day to get the medicine at the hospital.

"I also think the longer trading hours of the pharmacy makes it more convenient for people."

Since launching in December, around 20 patients have signed up, some travelling from across the city.

"I think the LGBTQIA+ community can sometimes be mistreated, and they feel safe to come to the pharmacy because they get to know the pharmacist on a personal level."

Getting to this stage was no easy feat.

With no existing model to follow, Mr Na built the service from scratch, including an electronic referral system.

"I had to create all policies and procedures, look at staff workflow, undergo risk assessment, create a referral system, a booking system, and a safety reporting system."

He completed vaccination training through the Pharmaceutical Society of Australia and further training with the drug's manufacturer, ViiV Healthcare, which certified his injection technique. Before administering the injection, he also requires authorisation from individual prescribers.

"It's all been worth it – I never expected the demand to be so high."

The service is funded through a \$20 administration fee charged for all vaccinations at the pharmacy. Mr Na and his partner also established the Equal Health Foundation to waive this fee for concession card holders.

He has since been invited to speak about the initiative at several national conferences, including mental health event The Collab in Sydney.

"I really need to thank my staff who helped me streamline the process and ensured every aspect of the project ran smoothly."



From L to R - Equal Health pharmacy owner Sam Odgers, pharmacy manager Tanya Caruso, pharmacy owner Shengqi Na

PREMs and PROMs: Elevating patient-centred care in community pharmacy



Harriet Wright
Practices and Health Services
The Pharmacy Guild of Australia

As primary healthcare services expand and evolve, the updated Australian Community Pharmacy Standard highlights the importance of patient-reported measures (PRMs). These tools capture patients' experiences and outcomes, giving pharmacies valuable insights into the quality and impact of care. Embedding PRMs into practice helps ensure services are effective, responsive, and centred on patient needs and expectations.

As community pharmacies take on a wider range of services and adopt the updated Australian Community Pharmacy Standard (AS85000:2024), an important new focus is the use of patient-reported measures.

PRMs are gathered through well-researched, validated questionnaires which ask patients about both their healthcare experiences and the results of their care.

The aim is to provide pharmacies with regular, meaningful feedback which should help them keep improving and delivering truly patient-focused services.

When this information is grouped together, it can also help assess how well community pharmacies are providing primary healthcare services and whether these services are having the intended impact.



By looking at both PREMs and PROMs, pharmacies can monitor their performance and ensure patient services are continually improved and, importantly, centred around patients' expectations of care.

There are two main types of PRMs used to support ongoing improvements in pharmacy care:

Patient-Reported Experience Measures (PREMs)

PREMs come directly from the patient – with no interpretation or filtering by the pharmacist. This feedback covers things like the quality of communication, whether the patient felt respected, and whether they felt genuinely seen and heard. These questions give patients a chance to share their experience of the services provided through their local pharmacy.

Patient-Reported Outcome Measures (PROMs)

PROMs focus on the patient's health results after using a pharmacy service. They might include questions about improvements in symptoms or conditions, correct use of medicines or treatments, confidence in managing their own health, and how well they were able to follow advice.

By looking at both PREMs and PROMs, pharmacies can monitor their performance and ensure patient services are continually improved and, importantly, centred around a patient's expectation of care.

What are PREMs and PROMs?

There are two types of measures which will be recorded for the purpose of continuous improvements in pharmacy service provision to patients. The first type is the Patient-Reported Experience Measures (PREMs).

The second type of measure is Patient-Reported Outcome Measures (PROMs) which refers to the patient's health-related outcomes following their pharmacy service experience.



Benefits for patients and pharmacists

For patients, these measures encourage active involvement in managing their own health and making informed decisions, leading to increased participation in patient-centred care experiences.

For pharmacists, they strengthen their role in improving health outcomes while ensuring services remain focused on patients' choices, needs and expectations. This process will in turn build trust and foster strong partnerships between patients and their community pharmacists.

Although PRMs are still being developed, the community pharmacy sector recognises the importance of collecting this information in a consistent way across the country, gathered via well-researched, validated questionnaires.

Doing so will provide high-quality data which supports and strengthens the role of community pharmacies in primary healthcare.



Although PRMs are still being developed, the community pharmacy sector recognises the importance of collecting this information in a consistent way across the country, gathered via well-researched, validated questionnaires.



At the frontline of pharmacy innovation in Australia: Wally Maguire's story



Siena Barry
The Pharmacy Guild of Australia

Wally Maguire has always had a knack for spotting opportunities where others see obstacles. From his early days at Queensland University of Technology, he combined a natural curiosity with a determination to improve patient care.



Wally says going back to university for full scope training was a bit different after 12 years of being a community pharmacist



Doctors are hard to come by in rural and regional Queensland... It showed me that we needed to find a way to reduce the pressure on already overworked health professionals.

"I was a terrible student but good at talking and finding ways to get the best outcomes for my patients," he said.

Innovation and change have always been part of the journey for Wally, particularly when it comes to improving healthcare access in rural and regional communities.

In 2011, the Pharmacy Guild of Australia's National Student Business Plan Competition called for pharmacy students across the country to bring their innovative ideas and entrepreneurial spirit forward – and Wally answered the call.

The competition connected him with an intern scholarship at LiveLife Pharmacies in the Whitsundays, and he has been a partner at LiveLife Pharmacies in Bowen, Queensland, since 2018.

In one of the most exciting milestones for community pharmacists, Wally studied in the first cohort to achieve full-scope qualifications through James Cook University and the Queensland University of Technology.

Wally quickly embraced the increased professional services that came with the 5CPA and 6CPA, and with LiveLife he was among the first 29 pharmacies able to give influenza vaccinations under the Queensland Pharmacist Immunisation Pilot in 2014.

In 2024, 10 years into the permanent pharmacy immunisation program, more than 267,000 Queenslanders received their flu vaccination from their community pharmacy.



Full scope elevates our pharmacists from medication experts to frontline clinicians with enhanced skills. Our community and patients stand to benefit immensely through fast and convenient access to care.

Increasing access and reducing barriers to health professionals in remote areas is a key motivator in Wally's drive to innovate community pharmacy.

"Doctors are hard to come by in rural and regional Queensland," he said.

"In Bowen, we saw our health system come under the pump throughout the pandemic, from waiting times to see local doctors to our hospital emergency department being overrun with patients.

"It showed me that we needed to find a way to reduce the pressure on already overworked health professionals."

The Queensland Community Pharmacy Scope of Practice Pilot began delivering services on 23 April 2024. By training community pharmacists to treat more health conditions, the pilot aimed to give patients more options for the treatment they needed and ease pressure on a healthcare system still reeling from COVID-19.

It was a natural step for Wally, who has made a career out of pushing the boundaries of what pharmacists can do, with a strong belief that the right clinical training and communication skills can transform healthcare systems.

Before any of that, though, it was back to school to learn a whole new way of delivering care.

"Going back to university for full scope training was a bit different after 12 years of being a pharmacist.

"It was more hands-on and labour-intensive than I ever thought it would be.

"If anyone had told me back in 2011 that I would be gathering best possible medication histories, social histories, prescribing, examining and recalling patients, I'd probably tell them they were dreaming."

Graduating among Australia's first pioneering full-scope pharmacists made it all worth it.

With seven full-scope LiveLife pharmacies having offered over 500 pharmacist consults across the Whitsundays region alone, Wally has seen local patients, hospitals and doctors take up the new services with open arms.

Now, as more pharmacists prepare to undertake their scope training, Wally has his sights set on empowering everyone to do – and be – more.

The call to action of full scope services is felt and heard across his pharmacy staff, from the pharmacy assistants triaging patients and supporting point-of-care testing to the new cohorts undertaking training to become fully enabled prescribing pharmacists.

Wally talks proudly of the LiveLife staff becoming prescribing pharmacists through partially funded study, travel and accommodation for exams, enabling even remote students to make the most of their courses. For the patients and pharmacists of Bowen, the future is bright with more options, greater accessibility, and increasingly personalised healthcare through full scope pharmacies.

"Full scope elevates our pharmacists from medication experts to frontline clinicians with enhanced skills," Wally said.

"Our community and patients stand to benefit immensely through fast and convenient access to care, more choices, and lower out-of-pocket costs."



Going back to university for full scope training was a bit different after 12 years of being a pharmacist. It was more hands-on and labour-intensive than I ever thought it would be.

Staying ahead in vaccine care: Key updates for pharmacists



Harriet Wright
Practices and Health Services
The Pharmacy Guild of Australia



If you are a vaccinating pharmacist, it is a requirement to administer vaccines in according with the Australian Immunisation Handbook



Staying informed about the latest recommendations is one of the most effective ways pharmacists can ensure safe care and optimal protection for their patients.



With expanding immunisation authority across states and territories, pharmacists play a crucial role in building healthier communities through vaccination.

With the continuing expansion of authority for pharmacists to immunise across states and territories, staying informed with the latest vaccination developments is essential to maintaining high-quality, effective care and building healthier communities through immunisation.

Have a question you'd like answered or a topic you'd like us to explore? We'd love to hear from you.

Email us at vaccinations@guild.org.au



Staying informed about the latest recommendations and updates is one of the most effective ways you can ensure safe care and optimal protection for your patient

The best clinical guidance

The Australian Immunisation Handbook (AIH) is the primary source of up-to-date clinical guidance for health professionals on the safest and effective use of vaccines.

Developed by the Australian Advisory Group on Immunisation (ATAGI), it contains to-date all information on all vaccines available in Australia.

If you are a vaccinating pharmacist, it is a requirement to administer vaccines in according with the AIH. Staying informed about the latest recommendations and updates is one of the most effective ways you can ensure safe care and optimal protection for your patients.

Some recent updates include:

Immunocompromised patients

- There is a new chapter on managing vaccinations for patients with immunocompromise.
- It contains greater clarity on definitions of immunocompromise with a new categorisation based on severity across various types of conditions.
- It classifies compromise as mild, moderate, or severe, based on underlying medical conditions and therapies, with several tables to guide immunisers in determining the overall level of a patient's immunocompromise.
- For more information on the new guidelines and managing patients with immunocompromising conditions, we recommend checking out the National Centre for Immunisation Research and Surveillance (NCIRS) resources here: [Vaccination for people with immunocompromise – NCIRS](#).

Respiratory Syncytial Virus

Australia comes out of its peak Respiratory Syncytial Virus or RSV season usually between the months of June and July. At the time of writing, to support providers in reducing Australia's respiratory disease burden, a number of changes have been recently made :

- Adults aged 50-59 can now choose to receive the RSV vaccine Arexvy®, if they have a medical condition which increases the risk of severe outcomes from RSV infection, in addition to other adults already urged to receive the vaccine.
- A minor clarifying change has been made, the maternal RSV vaccine Abrysvo is now recommended for pregnant women from 28 weeks gestation (rather than from 28 to 36 weeks).

Vaccine administration errors and the latest RSV reports from ATAGI

For most RSV products administered, no adverse events were reported. However, product administration errors have been common.

ATAGI has strongly recommended providers adopt several measures to reduce the risk of errors, including:

- Differentiating between age-appropriate vaccine products with separate, labelled storage areas.
- Educating and training staff about the differences between products.
- Following clinical recommendations by checking the correct product, person, time, and patient eligibility (including whether the vaccine is available under the NIP schedule and NIPVIP-funding).

ATAGI has also emphasised where an error does occur, it must be reported as an adverse event, in line with state and territory procedures.

Scope of Practice across Australia and New Zealand

COMMUNITY PHARMACISTS ACROSS AUSTRALIA AND NEW ZEALAND

1 2 4

While there are jurisdiction-specific requirements for the delivery of these services, patients can now access them in community pharmacies Australia and New Zealand-wide.

	#	Practice/Condition
Programs/ services	1	National Immunisation Program Vaccination in Pharmacy (NIPVIP)
	2	Long-Acting Injectable Buprenorphine (LAIB)
	3	Medicine Management (therapeutic adaptation, substitution, continued dispensing)
Acute conditions	4	Uncomplicated Urinary Tract Infection (UTI)
	5	Acute exacerbations of mild plaque psoriasis
	6	Acute minor wound management
	7	Acute nausea and vomiting
	8	Acute diffuse otitis externa (inflammation of external ear canal)
	9	Acute otitis media (middle ear infection)
	10	Allergic and non-allergic rhinitis (inflammation of the nose)
	11	Gastro-oesophageal reflux and gastro-oesophageal reflux disease (GORD)
	12	Herpes zoster (shingles)
	13	Hormonal contraception – initiation
	14	Impetigo (school sores)
	15	Mild acute musculoskeletal pain
	16	Mild to moderate acne
	17	Mild to moderate atopic dermatitis
	18	Oral health risk assessment and fluoride application
	19	Travel health
	20	Smoking cessation
Chronic conditions	21	Management for overweight and obesity
	22	Asthma
	23	Cardiovascular disease risk reduction (type 2 diabetes, hypertension, dyslipidaemia)
	24	Chronic obstructive pulmonary disease (COPD)

NT

PERMANENT SERVICES:

1 2 4

PLANNED AND/OR PILOT SERVICES:

5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20
21 22 23 24

WA

PERMANENT SERVICES:

1 2 4

PLANNED AND/OR PILOT SERVICES:

5 6 7 8 9 10 11 12
13 14 15 16 17 18 20 21
22

SA

PERMANENT SERVICES:

1 2 4

PLANNED AND/OR PILOT SERVICES:

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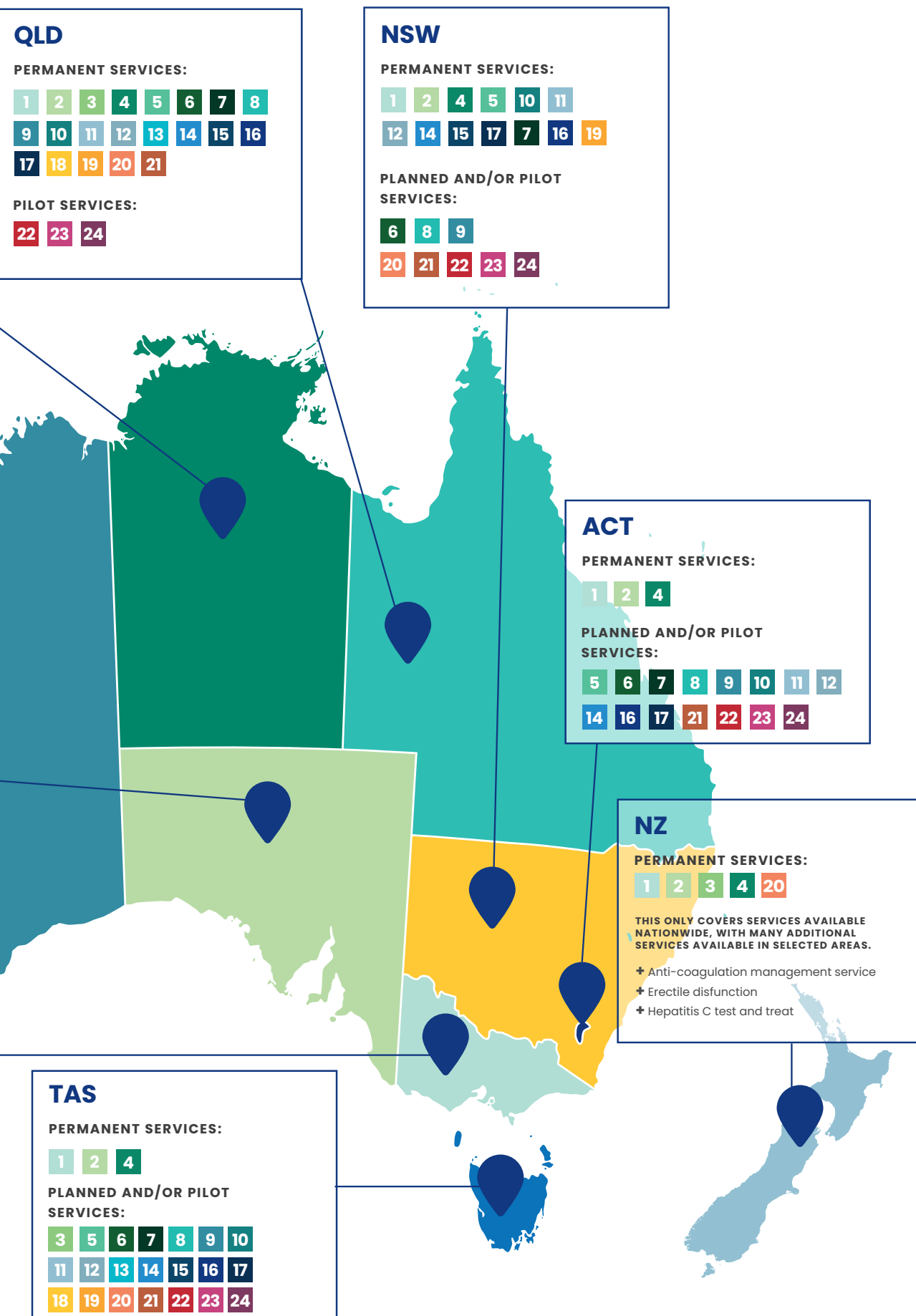
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PERMANENT SERVICES:

1 2 4 5 12 19

PLANNED AND/OR PILOT SERVICES:

6 7 8 9 10 11 13
14 15 16 17 18 20 21
22 23 24



Future-proofing community pharmacy: Priceline Kincumber's BD Rowa™ journey

Ryan Young, BD Rowa's commercial manager, spoke with Trent Playford, proprietor of Priceline Pharmacy Kincumber on the Central Coast of NSW, to find out how Rowa™ Automation has boosted efficiency and freed staff for patient care.



Trent started his journey as a year-10 pharmacy work experience student in 1998

Who is Trent Playford?

I've been a pharmacist for nearly 20 years and have always worked on the Central Coast, north of Sydney in New South Wales, in Australia. I started at Kincumber Pharmacy as a year-10 work experience student in 1998. Years later, after graduating from the University of Sydney, I returned as an intern and was honoured to be awarded Pharmaceutical Society of Australia (PSA) NSW Intern Pharmacist of the Year. In 2007 I went into business with my mentors, Victor Frangos and Paul Wilson, and in 2021 became a partner in Priceline Pharmacy Kincumber. Our team is committed to serving the local community with innovation and care.

What drives your work as a pharmacist?

I registered in 2005 and have always been passionate about using technology to improve efficiency and patient care. My wife calls me a 'gadget guy' — I love finding innovations which help streamline pharmacy practice. By reducing repetitive tasks, I can focus on quality patient interactions. That balance of innovation and community service drives me every day.



With so much of our staff's time taken up with putting away stock and collecting medications, we decided to review our dispensing process to improve efficiency.

What advantages come from being part of Priceline Pharmacy?

Being in one of Australia's largest banner groups gives us strong brand recognition and centralised support in areas like stock management and marketing. This allows more time for patient care and clinical services. Regular meetings with our business development manager also help us benchmark and innovate, while the network of stores fosters collaboration. It's a model that works equally well in communities across Australia and New Zealand.

Why did you decide to automate your pharmacy?

Our team spent too much time unpacking stock and retrieving medicines. We wanted to increase efficiency, reduce dispensing errors, and free staff for clinical services. Reliability during busy periods, such as the COVID-19 pandemic, was another key factor. Installing the BD Rowa™ Vmax proved transformative — it streamlined workflows, reduced wait times, and helped us become a finalist for Guild Pharmacy of the Year in 2024.

What reassured you about BD Rowa™ technology?

Knowing BD Rowa™ systems have operated in Australia for 14 years and in Europe for nearly three decades gave me great confidence. More than 14,000 systems are installed worldwide, with 99.9 percent uptime. That track record, combined with strong local support, meant I could invest knowing it would be dependable for years to come.

What model did you choose and why?

We've used the BD Rowa™ Vmax with Internal ProLog for four years. It has high-capacity storage and automates stock

loading, reducing manual handling. It suits our busy workflow and allows us to manage high prescription volumes with speed and accuracy, improving service for our patients.

How was the installation and support experience?

The installation was impressive. The robot was pre-assembled, shipped in parts, and rebuilt in-store with a design tailored to our layout. Since commissioning, the support has been excellent. Proactive maintenance ensures uptime, and our territory manager provides personalised assistance. That reliability means our team can focus on patients rather than technology.

What benefits have you seen since adopting BD Rowa™ Robots?

The robot has delivered faster dispensing, fewer errors through barcode scanning, and better stock management. This frees staff for services like vaccinations and medication reviews. Our customers benefit from shorter wait times and more personalised care. Staff also report lower stress levels, which translates into stronger patient relationships.

What advice would you give other pharmacy owners?

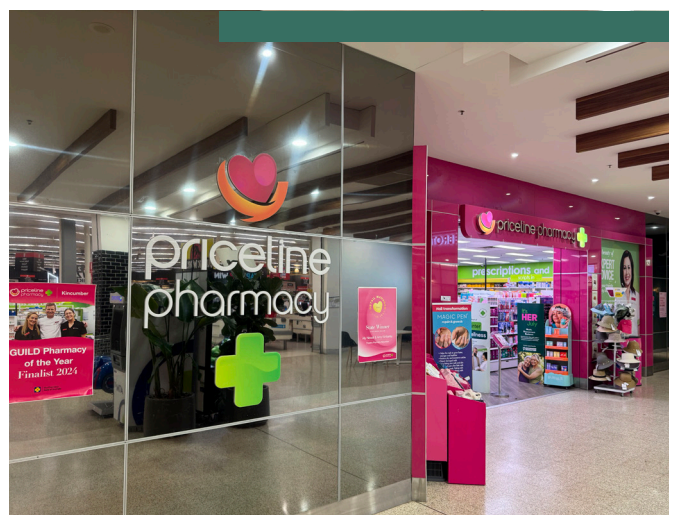
Embrace automation to future-proof your business. Think about return on investment: robots reduce errors, cut labour costs, and improve wait times while enabling revenue-generating services. Assess your prescription volumes and space to select the right model, and lean on the expert support of BD Rowa (TM) for planning and installation. Starting early keeps you competitive in an evolving healthcare landscape.



BD Rowa™ Automation has transformed our pharmacy by reducing manual tasks, allowing staff to focus on clinical services and customer care.



Trent says knowing BD Rowa™ systems have operated in Australia for 14 years and in Europe for nearly three decades gives him a lot of confidence in the product



To learn more about BD Rowa™ Technology, visit bd.com/rowa or call Becton Dickinson Pty Ltd. Australia, Toll free: 1800 MY ROWA (697692).

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Gold Cross glycerol. The simple solution for dry, stressed skin

In a world of complex skincare routines and crowded ingredient lists, the simplest solutions are often the most effective. Gold Cross Glycerol is one of those quiet achievers – a clear, odourless liquid that softens and moisturises the skin, can aid with constipation, and comes from a trusted Australian brand.

**Pure, preservative-free,
vegan-friendly, and backed
by more than 80 years of
pharmacy heritage.**



As a humectant, glycerol draws moisture into the skin, restoring softness and comfort without added fragrances or unnecessary ingredients.

Why consumers love it and pharmacies stock it

Gold Cross Glycerol is simple, no-fuss, and effective. Pure, preservative-free, vegan-friendly, and backed by the trusted Gold Cross name – a brand with more than 80 years of heritage in Australian pharmacies.

For pharmacy owners, it delivers both consumer trust and commercial reliability. To maximise shelf appeal, place it alongside winter essentials such as lip balms, hand creams, and barrier ointments.

WELL-BEING



Part of a dependable pharmacy range

Gold Cross Glycerol complements other trusted products, including Paraffin Liquid, Iodine Tincture, and Hydrogen Peroxide Solution – staples in many pharmacies valued for their clarity of purpose. In a competitive retail environment, these SKUs offer strong value and support pharmacy teams in providing simple, effective solutions for everyday health and personal care needs.

Glycerol's hidden talents

Beyond skin moisturising, glycerol has a surprisingly diverse resume. Naturally sweet-tasting, it's used as a sugar substitute in food and pharmaceuticals. Its ability to hold moisture makes it useful in baked goods, ice cream, and even stage fog machines.

Final thoughts

Gold Cross Glycerol's proven efficacy and stability make it a valuable component in healthcare. Backed by a trusted brand with over 80 years of Australian pharmacy heritage, it's a smart addition for pharmacies and healthcare businesses.

Sometimes, the most trusted products are simply the ones that work.

How to use Gold Cross glycerol:

Active ingredient: Glycerol 1 mL/mL (100%)

Uses: Softens and moisturises the skin externally.

Acts as a mild laxative when taken internally.

Warnings: If you are diabetic or at risk of dehydration, check with your pharmacist before use. If symptoms persist, consult a healthcare practitioner. Drink plenty of water and increase fibre in your diet. Prolonged use of laxatives is undesirable and may lead to dependence.

Directions for use: Use as directed by a medical practitioner.

Always read the label and follow directions for use.

AU-2025-07-0146



Training closer to home puts pharmacists at the heart of community care



Miranda Cook

As Australia's GP shortage worsens, Melanie Moses has seen the growing need for frontline care firsthand.

She owns three pharmacies in regional areas – one in Darwin and one in Palmerston in the Northern Territory, and one in Orange in New South Wales.

Each community faces their own health challenges, but a common thread is limited access to primary care.

Ms Moses recently embraced the opportunity to become a pharmacist prescriber, thanks to new local training options. She is one of 28 pharmacists completing the Graduate Certificate of Advanced Practice and Prescribing for Pharmacists through James Cook University (JCU).

In July, JCU held its residential placement in Darwin for the first time.

Previously, students who were required to complete two in-person sessions had to travel to Brisbane for their studies.

"The extra study is a lot on top of your full-time work and running a business, so not having to travel helped," Ms Moses said.

"I loved the chance of meeting other pharmacists in the local area – I feel like we can reach out to each other for support."

Over the week-long placement, students put theory into practise, learning how to use a stethoscope and otoscope, check blood pressure and pulse, conduct comprehensive health history consultations, and more.

Graduates are then authorised to prescribe for around 21 conditions, such as impetigo, otitis media and externa, psoriasis, dermatitis, asthma, chronic obstructive pulmonary disease, and hypertension.

Their scope also includes preventive health services, including cardiovascular risk reduction and hormonal contraception.

Keely Quinn, Pharmacy Guild of Australia's Northern Territory branch director, said all students in the program have ties to the NT, and most received NT government subsidies for their training.

"Getting into a GP in the Northern Territory can take up to six weeks, so having our pharmacists manage some of these conditions will ensure early intervention and lead to less hospitalisations," Ms Quinn said.

"After we had conversations with the government, it was important to make the residential as easy as possible because a week out of a pharmacy is quite a long time, and that work has to be done by a replacement pharmacist or locum."

Students finished the week energised by their new capabilities and the impact they hope to have.

"Lots of people were talking about practising on their kids, moving onto spouses, [and] extended family," Ms Quinn said.

"As pharmacists, they don't tend to touch people, so this is very new and sometimes a little bit confronting.

"But the realisation of what they'll be able to... contribute to their patient's life... that excitement was palpable in the room on the last day," Ms Quinn said.



I loved the chance of meeting other pharmacists in the local area – I feel like we can reach out to each other for support.



Some 28 pharmacists are completing the postgraduate prescribing course in Australia's Northern Territory, through James Cook University



Pharmacist prescriber students practised checking blood pressure and pulse at the James Cook University residential, held in Darwin in July



Students examined each other's ears and eyes in preparation to carry out physical examination on patients



Pharmacy owner Melanie Moses is just one of the pharmacists completing the postgraduate prescribing course through JCU



In preparation for carrying out physical examinations on patients, students examined each other's ears and eyes

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Australasian College of Pharmacy members and subscribers can submit answers online via the College CPD Library (formerly known as GuildEd) at www.acp.edu.au.

Note: Pharmacists will be required to join the College as a member or subscriber to be able to submit answers to these assessments.

Emotionally intelligent leaders for a thriving pharmacy business

Sandra Rackemann
B.Pharm (Hons), MPS CredPharm (MMR)



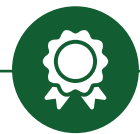
Learning Objectives

After completing this activity, pharmacists should be able to:

1. Define Emotional Intelligence and its relevance in a successful career and workplace
2. Recognise Goleman's four domains and the competencies for Emotional Intelligence
3. Identify the relevance of Emotional Intelligence in healthcare leaders and their daily practice
4. Outline methods for identifying and improving emotional intelligence in oneself.



Emotional Intelligence (EI) is a term which describes the ability to perceive, understand, and manage one's own emotions, as well as recognise and respond appropriately to the emotions of others.



AUSTRALIA

Competencies addressed:

1.4, 2.2, 2.3, 2.4, 4.1, 4.3

Accreditation Expires: 31/08/2027

Accreditation Number: A2509AUP1



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.

Introduction

Emotional Intelligence (EI) is a term first introduced in 1990 by psychologists John Mayer and Peter Salovey. It describes the ability to perceive, understand, and manage one's own emotions, as well as recognise and respond appropriately to the emotions of others. [1]

However, it was psychologist Daniel Goleman who popularised the term through his publishing of 'Emotional Intelligence: Why It Can Matter More Than IQ' in 1995. Goleman raised EI as an important factor to thrive successfully in life, including leadership. [2]

Pharmacy business owners, pharmacy managers and those seeking to step into leadership positions should seek to understand personal self-development of Emotional Intelligence, as healthcare leaders with strong EI are more likely to build more cohesive teams, foster positive workplace culture, enhance patient communication, and navigate complex interpersonal dynamics with greater effectiveness. [3, 4]



Leaders who demonstrate high EI often exhibit qualities such as warmth, openness to emotional expression, sociability, empathy, and the ability to remain composed in stressful environments.

Emotional Intelligence

Emotional Intelligence is a concept with rising popularity in many organisations, especially within leadership and teamwork roles. [4] It is the ability to identify, manage and understand your own emotion and the emotions of others, detecting nuances, to guide thinking and behaviour, relationships, and social complexities. Interestingly, Goleman's research shows that EI makes up two thirds of the essential skills required for effective performance in a range of jobs and companies globally. [4]

Research indicates that individuals with higher emotional intelligence tend to be more effective in their roles, as they demonstrate skills that contribute directly to healthier and more successful business outcomes. [5, 1] In many organisations, EI is now considered a fundamental and core skill for managerial and leadership positions. It has become a prominent topic across psychological and business disciplines, reflecting its growing importance in effective leadership and career advancement. [6]

People with high emotional intelligence possess a strong understanding of social contexts and emotional regulation. Leaders who demonstrate high EI often exhibit qualities such as warmth, openness to emotional expression, sociability, empathy, and the ability to remain composed in stressful environments. These are traits that foster trust, collaboration, and resilience within teams, thus leading to greater likelihood of overall organisational success and performance. [6, 7]

To understand EI better, Goleman's framework breaks down four components that make Emotional Intelligence. These serve as the overarching domains of developing EI, categorised as self-awareness, self-regulation, social awareness, and relationship management. [1]

In addition to this, 12 competencies further branch from the four domains [7]:



“Emotional intelligence refers to a different way of being smart. EI is a key to high performance, particularly for outstanding leadership. It’s not your IQ, but rather it’s how you manage yourself and your relationships with others.”

– Daniel Goleman

The four domains and competencies are summarised and explained a little more here:

Self-awareness [8, 1]

Self-awareness describes the ability for oneself to know their emotions/feelings and understand them. Individuals with self-awareness can relate their emotions to the things that they do and recognise the impact of their actions. They are also able to make an evaluation of their own weaknesses and strengths whilst being both confident and willingly open to self-development.

Self-management [8, 1]

Self-management involves an individual recognising what they ought to do with their emotions whilst having control over them, remaining composed even in times of pressure. It is the ability to be flexible, innovative, and conscientious of how to regulate and process themselves in difficult environments.

Social awareness [8, 1]

Social awareness is the ability to 'read the room' and sense the different emotions or perspectives of others. Leaders with good social awareness open opportunities in these settings and can recognise individual needs, showing empathy. This in turn results in improved communication, engagement, and collaboration.

Relationship management [1]

Relationship management refers to the ability to manage conflict effectively, influence, inspire and mentor others well. It also involves navigating disagreements, coordination and providing guidance as a coach/mentor/leader.

While some may view EI as an innate personality trait from birth, EI can be learned, developed, and taught. Although certain individuals may naturally find it easier to navigate emotional dynamics, these skills are learnable and can be developed by anyone with the determination to grow. [6, 3] Unlike the Intelligence Quotient, or IQ, emotional intelligence can be developed and enhanced over time. The measurement of EI is also referred to as Emotional Quotient (EQ).

Pharmacists as Emotionally Intelligent Leaders

Is Emotional Intelligence relevant to pharmacy?

As previously discussed, individuals with higher emotional intelligence are more likely to thrive in high-performing executive roles in organisations. [4] The healthcare sector should not be an exception, especially in environments where collaborative and patient-centred care are fundamental. [6] EI in pharmacy should not be regarded as merely a 'nice to know' concept, but rather as a critical skill and strategic approach that is cultivated, driving high-quality outcomes. Members of the leadership team such as pharmacy owners and managers

should be equipped with the tools to develop and practise their EI skills and be open to explore ways of improvement.

Whilst knowledge and intellect play a vital role in healthcare (particularly in clinical decision-making), the delivery of high-quality care and effective clinical governance demands more than just being 'book smart'. Emotional intelligence, communication, and interpersonal skills are equally essential for navigating patient needs and internal team dynamics. [3] In many instances, healthcare requires a team of health professionals and collaborative care, where good communication is key to safe delivery of healthcare. [3]

Impact on patient-centred healthcare work

Traditionally, for most health professionals, clinical training often takes precedence, while soft skills (personal and interpersonal skills) and EI are often treated as secondary considerations. However, as awareness increases around patient-centred care and collaborative decision-making, many healthcare organisations and clinically focused education content seek to include holistic patient care. [9] This is where EI comes into play, and these skills should be actively developed to support more empathetic, effective, and inclusive care.

Some may argue that strengthening emotional intelligence is not as inherently important as clinical skills. However, within the Australian pharmacy sector and its practice standards, the emphasis on patient-centred care, professional responsibility, accountability, collaborative practice, and effective healthcare delivery clearly highlights the need for a strong foundation in soft skills and EI. [10]

Self-improvement on EI should be viewed as an essential responsibility for pharmacists, especially where the PSA Pharmacists' Professional Practice Standards and various health guidelines continue to emphasise the importance of work practices that include person-centred care, responsibility and accountability, collaborative practice, and other core values. [10] In fact, in every standard of the Professional Practice Standards document, each criterion can be performed with greater efficacy with high EI, highlighting the importance in continually developing these skills.

Impact on internal teamwork

Working in a busy, patient-facing role can often exacerbate moments of stress. The way a leader manages their team in challenging environments can significantly influence staff morale, workplace culture and subsequently the quality of work delivered. [4] If leadership is ineffective or lacking, this in turn, can lead to poorer healthcare delivery and potentially harmful consequences for patients.

The ability for a worker to complete tasks efficiently and achieve KPI's is important, however, this does not outweigh the value of clear communication, effective collaboration and fostering healthy team dynamics. They are key elements in cultivating a positive and productive workplace culture, which are crucial for achieving goals successfully and driving and sustaining business growth. [1]

Leaders in pharmacy should recognise that EI is not limited to leaders but should be openly encouraged within staff as a

tool of self-development. Research shows that productivity, performance, and targets are met more consistently in people with higher EI. [5] Additionally, high EI also encourages positive relationships and effective stress management. [5]

Working with Emotional Intelligence in mind

When considering EI in leadership, Norwich University recently published an infographic highlighting the impact of Emotional Quotient (EQ) stating [11]:

- That the difference between average and outstanding managers found that 90% was due to better EQ.
- Certain studies found that managers with well-developed EQ were able to outperform annual revenue targets compared to those with lower EQ.
- EQ is a stronger predictor of success in one's field rather than IQ.
- 67% of competencies companies seek in employees are related to EQ, compared to 33% which are other competencies.
- Employees with high EQ managers are four times less likely to leave their role than those with low EQ managers.

Given the growing understanding of emotional intelligence and its connection to leadership, these principles can be practically applied across various work environments—including pharmacy.

Strategies for developing Emotional Intelligence

Understanding the concept of EI is a first step to developing higher EQ, however, putting these skills into practise is far more challenging. With the right motivation, pharmacy owners and managers can actively pursue ways to strengthen their skills in this area. EI is easily defined, but developing a new skill or behaviour requires active pursuit, a character of willingness and a desire to improve.

The human brain is capable of neuroplasticity, allowing the ability to 'rewire' itself and create new neural pathways throughout life. Repeated engagement in specific activities or behaviours strengthens these neural paths, effectively leading to 'rewiring'. [7] Over time, consistent practice forms new habits, which eventually become natural and automatic. [7] Treatments like mindfulness and cognitive-behaviour therapy are examples of the neuroplastic abilities of the brain. [12]

Engaging in new habits can feel counterintuitive at first but is fundamental to the developing EI, as EI is not an innate trait. Its growth requires motivation, extensive application, constructive feedback (such as through 360-degree reviews), and through repeated rehearsal of the newly learnt skills. [8]

Self-awareness

- Recognising when a situation in pharmacy is stressful, such as managing a high workload within limited timeframes.
- Being aware of your own emotional response during stressful or unexpected encounters in the pharmacy, whether with patients or colleagues.
- Understanding your own capabilities, including being honest with yourself about your ability to complete a task effectively.

Self-regulation

- Remaining calm and composed when faced with situations, such as an upset patient or a tense interaction with a colleague.
- Staying in control during frustrating situations, including technical difficulties or unexpected disruptions like power outages.
- Responding thoughtfully rather than reacting impulsively by maintaining composure and choosing an appropriate response.

Social awareness

- Recognising staff's attitudes and emotions in response to certain situations or changes in workplace.
- Identifying signs of discomfort when consulting or counselling patients.
- Adapting communication methods to suit the individual needs of the person, for example organising a one-on-one meeting where appropriate.

Relationship management

- Acknowledging and proactively resolving conflict in a manner that is empathetic and respectful.
- Humbly mentoring and leading by example to support and guide other staff members.

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Rate your Emotional Intelligence

The first step in personal development is to self-evaluate on your current skill level. There are various tools which help with the assessment of EI, some of which are formal and some that are easily accessible, such as the Emotional Intelligence Test on Psychology Today or from the Frameworks of Tampa Bay website, 'Test Your Emotional Intelligence'. [13, 14]

You can also simply compare yourself against the 12 competencies above and determine how you currently perform in those areas. This leads to self-awareness (one of the four domains).

However, adding on other practices may also help to strengthen skills. These include:

Journaling

Revisiting your day and evaluate on your activities and tasks. Think about your performance, how you felt about the activities of the day and whether you had any positive or negative interactions. This can help you gain insight into your own behaviours and how you typically respond to specific situations/patterns.

360-degree assessment

Consult those around you including peers, colleagues, and managers on how they believe you are performing – together with both strengths and weaknesses. This can help you understand how others may perceive your work and allow you to compare this with your own self-assessment to establish whether there are any gaps or areas which require improvement.

Practise active listening

Stay actively engaged in your daily conversations. Try to focus on the speaker and listen with empathy. Paraphrasing, gesturing with nodding and maintaining eye contact can help engage in conversations.

Be aware of your emotions

Check in with yourself regularly throughout the day. Understand how you are feeling, especially in various settings and try to determine why you might be feeling that way. Understanding your own emotions is key to understanding those around you.

Try an online course or training

Many online courses or trainings are available and can assist in building on self-improvement. Just as regularly completing clinically focused CPD activities is essential, those that support EI are equally important.

Practising EI skills such as self-awareness, empathy, emotional regulation, and adaptive communication not only enhances daily interactions, but also cultivates core leadership qualities. Although changes in behaviour do not happen overnight, continuing to reinforce new habits will eventually enable leaders to feel more confident and authentic with their EI skills. Over time, this creates a humble, self-aware leader who can navigate challenging situations with clarity and compassion, resulting in impactful and resilient leadership.

Conclusion

Emotional intelligence is a dynamic and learnable skill that enables individuals to recognise and regulate their own emotions, while also being attuned to and capable of influencing the emotions of others. In today's healthcare environment, EI is increasingly vital for accomplishing personal growth and achieving success in both business and professional career development. For pharmacy owners, managers, and those aspiring to leadership roles, proactively self-assessing EI and identifying areas for improvement should be viewed as a strategic priority. Within the healthcare workforce, EI should not be overlooked. Patient-centred care and collaborative decision-making, which are fundamental to holistic healthcare, rely heavily on emotional intelligence and the ability to perceive and respond to emotional dynamics.



Questions & References



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Shingles in brief: Recognition, management, and the role of pharmacists

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Learning Objectives

After completing this activity, pharmacists should be able to:

1. Recognise the prevalence and impact of herpes zoster (shingles)
2. Recognise herpes zoster (shingles) clinical presentation and differential diagnosis
3. Identify first-line treatment options for herpes zoster (shingles)
4. Recognise management and prevention strategies for herpes zoster (shingles)



Complications have been estimated to occur in between 13 to 26% of people with herpes zoster. [3] The incidence and severity of complications is noted to increase with increasing age.



AUSTRALIA

Competencies addressed:

3, 1.5, 2.2, 2.3, 3.1, 3.2, 3.5

Accreditation Number: A2509AUP3



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.

Introduction

Shingles is the term given colloquially to herpes zoster and is associated with a painful, self-limiting vesicular rash in a dermatomal distribution^[1-3]. It may be preceded by systemic symptoms, and presentation may share features with other dermatological presentations. Early identification and treatment of shingles is vital to minimise discomfort and potentially serious complications, including ongoing pain associated with post-herpetic neuralgia. Pharmacists play an important role in all jurisdictions assisting with recognition and referral, alongside provision of supportive measures. In some jurisdictions pharmacists may also diagnose shingles and prescribe or supply antiviral medications^[4-6]. This article follows on from our 'Impetigo in brief' article and provides a brief overview of the management of shingles and the role of that pharmacists can play.

Shingles ¹⁻⁵

Shingles is the reactivation of previously dormant infection with varicella zoster. Following recovery from acute infection with the varicella zoster virus, the virus remains dormant in the dorsal root ganglion.^[1-2]

Risk factors:

- **age over 50**
- **Immunocompromised**

Reinfection is prevented primarily by a competent immune system. In situations where the immune system response is reduced the virus may overwhelm the immune system and cause an acute infection of the peripheral nervous system. ^[1-2]

As such herpes zoster infection requires exposure to varicella zoster, which is common in Australia, particularly in the over 50 years cohort. ^[3] There do not appear to be clear-cut precipitating factors ^[2], although some sources suggest triggering factors such as infection, injury or emotional stress. ^[1,7]

The prevalence of HZ, and the severity of infection increases with age ^[3] potentially due to age-related immune decline, among other factors. The lifetime risk of HZ for people who live to 80 years of age is around 50%. ^[3] This trend to increasing incidence with increasing age is seen in several developed countries. ^[8]

In Australia, there are approximately 560 cases of HZ per 100,000 people per year across all age groups.^[3]

Complications

Complications have been estimated to occur in between 13 to 26% of people with herpes zoster. ^[3] The incidence and severity of complications is noted to increase with increasing age.^[3]

The most common complication is post-herpetic neuralgia, which occurs more frequently in older adults.



Shingles (herpes zoster) rash on lower side of torso

Other complications include:

- Secondary infection of lesions
- Scarring
- Pneumonia
- Infections involving other body systems such as the eye (herpes ophthalmicus), ear (herpes oticus) or broader central nervous system and viscera (disseminated herpes zoster)

Post-herpetic neuralgia ^{3,4}

Persistence or recurrence of pain in the same area, more than three months following the onset of herpes zoster.

May be a burning sensation with increased sensitivity or a spasmodic pain.

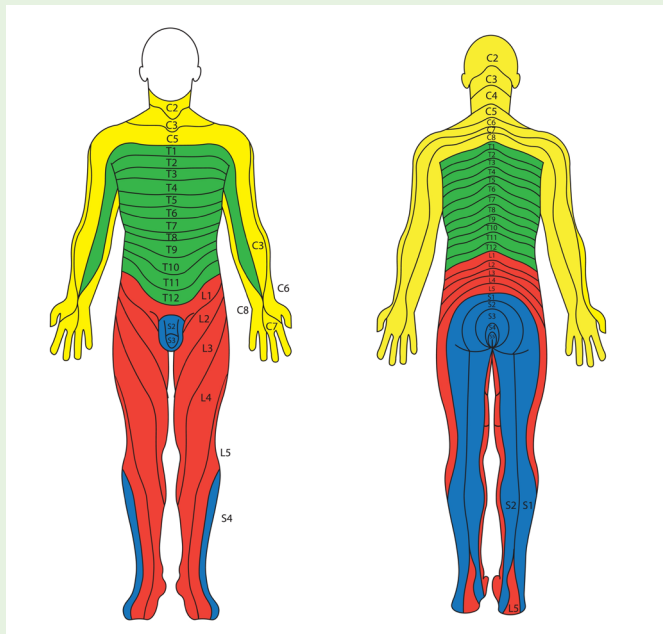
Presentation and differential diagnosis [1-5,7]

The hallmark of herpes zoster infection is a vesicular rash, on an erythematous base, in a unilateral dermatomal distribution (following a line along the dermatomes of the peripheral nervous system). [1,2]

HZ presents with prodromal symptoms and localised discomfort in the area approximately 1-3 days prior to the eruption of the characteristic rash.

Prodromal symptoms include:

- Localised nerve pain (described as burning)
- Lethargy, fever, headache
- Abnormal skin sensations
- Lethargy, fever, headache



The presence of prodromal symptoms prior to rash eruption is a clue to the diagnosis of herpes zoster. This highlights the importance of comprehensive history taking when patients present with skin conditions as these symptoms may not be readily volunteered by patients.

Once the rash erupts, it will typically be a crop of red papules. These are typically unilateral along a dermatomal line (see image 2 for a reminder on dermatome locations). Some lesions may appear outside of this area (satellite lesions).

Fluid-filled vesicles may continue to erupt for 3-5 days, becoming pustular and then scabbing over around 7-10 days after the initial lesions occurred.

The most common location for herpes zoster rash is the chest, neck, forehead or lower back (sacral/lumbar nerve

supply regions). When nerves close to the eye or ear are involved, there are additional considerations.

Involvement of the trigeminal nerve will present with blistering around the eye and/or eyelid with pain, redness and swelling. This is referred to as **herpes zoster ophthalmicus**.

Involvement of the vestibulocochlear nerve presents with earache and blistering in and around the ear canal, with or without facial involvement. This is referred to as **herpes zoster oticus/Ramsay Hunt syndrome**.

Involvement of the central nervous system or other viscera (heart, lungs etc) is referred to as disseminated herpes zoster. It occurs more frequently in immunocompromised patients.

Diagnosis and patient history

Diagnosis is based on patient history and examination of the rash rather than laboratory confirmation. It may be required in situations where the diagnosis is uncertain, or where the patient does not recall previous exposure to varicella zoster.

A comprehensive patient history should be taken as part of the diagnosis and to assess the safety and appropriateness of potential treatment.

This should include: 4

- Age
- Pregnancy and/or lactation status
- Nature, severity, and frequency of symptoms
- Nature of rash (examination recommended to confirm), distribution, appearance and number of lesions
- Onset and duration
- Precipitating and relieving factors
- History of past varicella zoster infection
- Underlying medical conditions
- Current and recently ceased treatments
- Strategies used to treat current symptoms and response
- Allergies or adverse reactions experienced previously
- Immunisation status for varicella and herpes zoster



Differential diagnosis

Differential diagnoses include other viral infections (herpes simplex, primary varicella zoster), impetigo, contact dermatitis, and insect bites. 7

	Herpes Zoster	Varicella zoster (10)	Primary Herpes Simplex 1 (11)	Insect bites (12)
Appearance	Fluid filled vesicles with an erythematous base	Red papules progressing to vesicles	White vesicles that evolve to yellowish ulcers (primary). Small closely grouped vesicles (recurrent)	Small blister or cluster of blisters with surrounding erythema
Itch	Possible, more commonly burning sensation	Very itchy and uncomfortable	Prior to vesicle appearance (recurrent)	Itch and burning sensation
Location	Unilateral, along dermatomes	Variable	Tongue, throat, palette, inside cheeks. Recurrent – face and lips	Variable
Patient Features	Older adults more common	Most cases in children under 10 years old	Children	Variable
Other Symptoms	Tingling, burning sensation. May experience prior to rash eruption	May experience high fever, headache, cold-like symptoms, vomiting and diarrhoea	Fever, difficulty eating	N/A

Red flag symptoms [4,5]

Early treatment of shingles is key to prevention of complications, and it may be appropriate to treat concurrently with referral.

Note: the specifics of which populations must be immediately referred, or that pharmacists may treat and refer, are dictated by the legislative instruments and protocols associated with pharmacist prescribing and supply in the jurisdiction. Pharmacists are reminded to adhere to their jurisdictional requirements.

Referral is required in all jurisdictions when: [4]

- **Diagnosis is unclear**
- **The patient is pregnant and does not have a past history of varicella zoster virus**



Referral is required in the following situations, although providing treatment alongside referral may be appropriate and permitted in some jurisdictions:

- Patient is immunocompromised
- Superinfection of lesions is present*
- Multi-dermatomal rash or disseminated zoster*
- Complications are present (eg. postherpetic neuralgia)*
- Rash affecting the face or genital area*
- Pain management is required beyond mild pain*
- Patient is pregnant (known history of varicella zoster)*
- Inadequate response to treatment
- Previous vaccination against herpes zoster
- Patient is breastfeeding a neonate⁵ (note that to protect older breastfed babies the rash should be covered)
- Complications suspected (scarring, pneumonia, neurological complications)*
- Rash present for > 72 hours
- Early presentation of pain prior to rash onset [5]

This is not an exhaustive list.

**Immediate referral required in some jurisdictions*

Urgent referral to the emergency department is recommended in situations where the eye and/or ear are involved (Herpes Zoster Ophthalmicus or Herpes Zoster Oticus). [4,5]



Treatment [4,5,13]

Pharmacological management of herpes zoster includes antiviral therapy and pain management. Symptoms are usually self-limiting, but the use of antiviral therapy is indicated if commenced early enough.

Antiviral treatment can reduce symptoms including acute pain, rash duration, viral shedding, and the risk of complications if started within 72 hours of rash onset. [4]

For immunocompromised patients, initiation of antiviral treatment reduces complications at any stage of rash duration. [4]

As such, antiviral treatment is indicated for the treatment of adults: 13

Immunocompetent adults who present within 72 hours of rash eruption

Adults with immune compromise at any stage following rash eruption

Antiviral therapy should commence as soon as possible with: 13

1. Valaciclovir OR	1g orally, every 8 hours for 7 days Child 2 years or older: 20mg/kg up to 1g
1. Famciclovir OR	500mg orally, every 8 hours for 7 days. Dose adjustment required in adults with kidney impairment
2. Aciclovir*	800mg orally, 5 times per day for 7 days

*Famciclovir and valaciclovir may be more effective in reducing acute pain in adults with shingles and are considered first line. There is insufficient data to support use of famciclovir in pregnancy, and limited data to suggest valaciclovir may be safe in pregnancy.

Intravenous antiviral therapy is recommended for shingles in situations of disseminated disease, invasive disease, and nerve involvement of the eye or ear (herpes zoster ophthalmicus and herpes zoster oticus).[13] As previously noted, these presentations warrant immediate referral.

Pain management [14]

Mild shingles pain can be managed with oral paracetamol or nonsteroidal anti-inflammatory medications.

Ice packs may also be useful.

Neuropathic pain can be treated with lidocaine 5% patches, provided the area has no broken skin or lesions. This limits the usefulness of this treatment in an acute presentation.

Ongoing neuropathic pain (post-herpetic neuralgia) may be treated similarly to other neuropathic pain.

Non-pharmacological management advice [8,9]

Non-pharmacological management includes avoiding irritation and preventing infection by strategies such as:

- Wearing loose clothing
- Keeping the area clean and dry
- Using a cooled towel on the area
- Covering the rash to avoid transmission

Covering of the lesions is recommended to reduce transmission, as herpes zoster is infectious to those who have not previously been infected with varicella zoster. [4,5,10]

Vaccination against herpes zoster is recommended as the primary prevention strategy. Vaccination is recommended for people at moderate to high risk of severe illness and complications for shingles.

The Australia Immunisation Handbook recommends vaccination for: [3]

- People aged 50 and over (NIP funded 65 and over)
- Immunocompromised people aged 18 and over
- People aged 50 and over, living in a household with someone with a weakened immune system.

Role of the pharmacist in Australia

Pharmacists have traditionally played a supportive role in the treatment of herpes zoster by providing referral, advice on preventing transmission, and counselling. 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.

At time of writing, appropriately trained pharmacists in Queensland and Victoria can provide antiviral treatment to adult patients (over the age of 18) with shingles under the Community Pharmacy Scope of Practice Program and the Community Pharmacist Program respectively. New South Wales allows provision of antiviral treatment under the NSW Pharmacy Trial, due to conclude 31 August 2025. [6]

Other jurisdictions have expressed their intentions to include management of herpes zoster as their individual programs roll out.

Each jurisdiction 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.

In Queensland, pharmacists can prescribe oral antiviral therapy and oral analgesia for mild shingles pain (non-neuropathic pain) in accordance with the Therapeutic Guidelines. [4]

Victorian and New South Wales pharmacists are permitted to dispense antiviral medications and non-prescription analgesia as per protocol. [5,6]

Conclusion

Early diagnosis and appropriate treatment of herpes zoster decreases the likelihood of experiencing lasting complications.

Pharmacists can play a greater role in the diagnosis and management of herpes zoster under expansion of scope of practice. An understanding of symptoms, management and referral requirements remains important for pharmacists in all areas of practice.

A thorough history can assist pharmacists to appropriately diagnose or refer patients in a timely manner and should be undertaken wherever possible. Appropriate use of antivirals within the first 72 hours of presentation is vital to management, and pharmacists should prescribe/supply or refer within that period wherever possible.

Pharmacists in all areas of practice can support patients and carers with non-pharmacological advice and referral for further treatment.



Questions & references



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