

Australasian

— PHARMACY —

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FROM THE EDITOR

Welcome to the winter edition of *Australasian Pharmacy*.

A time of year when community pharmacy teams are continuing to work hard to protect Australians from flu.

June 7 marked four years since the first COVID vaccination was administered in community pharmacy. It represented a transformation in how patients perceive their local community pharmacy. A change from dispense only to a more holistic, more convenient and highly accessible primary health care destination.

Most significantly, the success of the vaccination roll out provided a proof point to Government, that community pharmacy had more to give.

Building on this success, in this edition, we celebrate what are landmark multi-million-dollar commitments by state governments to allow community pharmacists to deliver more for patients. The blue-print state for scope of practice, Queensland, has made permanent, the treatment of 16 acute conditions such as acne, wound care and ear infection. Such permanency is incredibly important for patient and practitioner certainty.

In Tasmania and South Australia community pharmacists will be supported to do the training they need to become prescribing pharmacists, which brings the jurisdictions in line with Queensland and fellow scope leader, the Northern Territory.

In Victoria, a satisfaction rating of 97% among patients, was the impetus to make the state's Community Pharmacist Statewide Pilot permanent. In a nation's first, the Victorian Government also committed \$18 million to subsidise patients' treatment costs in community pharmacy.

Communicating what these regulatory changes mean to patients is as important as achieving the changes at a government level. In this edition, marketer Stephen Thirgood of Curious Minds Media outlines five ways to create meaningful connections with patients. The good news is, as researcher Leanne White writes, Australians are already highly supportive of accessing treatment for acute and chronic everyday conditions in community pharmacy.

Recent changes to award rates of pay; what it means for community pharmacy businesses and the results of the Guild's latest State of the Industry Report, are also must-reads in the pages ahead.

Enjoy!

Acting Editor

Laureta Wallace

The Gold Standard for Pharmacy

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Our cover: Trent Playford of Priceline Pharmacy, Kincumber, NSW.

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NEWS IN BRIEF

WORLD PHARMACY COUNCIL 2025

The World Pharmacy Council convened its annual Pharmintercom conference in Singapore this May. The National President of the Pharmacy Guild of Australia and the President of the Pharmacy Guild of New Zealand were both in attendance, along with representatives from peak organisations for community pharmacy around the world. With presentations covering digital health, changing technology, sustainable pharmacy and outcomes-focused advocacy, there are plenty of exciting new opportunities on the horizon.

Read more: worldpharmacycouncil.org



Attendees at the World Pharmacy Council Annual Conference 2025 in Singapore.

VACCINE NUMBERS STILL LOW

From January to March 2025, Australia recorded 48,586 laboratory-confirmed cases of influenza – an increase of nearly 60% from cases in the same period in 2024, according to the National Notifiable Disease Surveillance System. Despite soaring infections and warnings of an intense flu season, vaccination rates have remained low with as few as 14.6% of Australians aged 15–50 years vaccinated by the end of May 2025.

Read more: <https://www.health.gov.au/our-work/nndss>

AUSTRALIAN PHARMACY COUNCIL COLLOQUIUM

The APC's 2025 Colloquium explored *Breaking boundaries: Education as an enabler of trust in healthcare*. The program, delivered over one day in Melbourne, asked how pharmacies can prepare for a future shaped by expanded scopes of practice, misinformation, and the challenges of changing planetary health. The answer? Education – for pharmacists, interdisciplinary health practitioners, patients and communities.

Read more: pharmacycouncil.org.au/media-hub/Health-professions-unite-with-a-focus-on-trust-IPE-Colloquium-2025-wrap-up

DIGITAL HEALTH FESTIVAL

As the National Digital Health Strategy continues to advance, Melbourne's Digital Health Festival was an opportunity for thousands of experts to share ideas and celebrate progress. With over 8,000 attendees and over 200 exhibitors exploring everything from AI, cybersecurity, clinical trials, digital transformation and more, the future of health was on full display.

Read more: digitalhealthfest.com.au

NSW GPS NOW ABLE TO TREAT ADHD

In New South Wales, GPs will soon be able to access subsidised training enabling them to treat and diagnose people with ADHD. These changes follow similar models in Queensland and Western Australia making it easier and cheaper for patients to access the care they need, when and where they need it.

Read more: nsw.gov.au/ministerial-releases/game-changing-reforms-allow-gps-to-treat-adhd-to-reduce-wait-times-and-costs



PRESIDENT'S MESSAGE

Professor Trent Twomey

National President, Pharmacy Guild of Australia

From historic investments to strategic change, it's been a huge year for community pharmacy. The World Pharmacy Council Conference in Singapore this June was a fantastic opportunity to catch up with peers around the world and share some of the amazing things happening in Australia.

With so much advancement and change across the country, I'd like to take this moment to pause and take stock – not only of where we've been, but where we're going.

A bright future

The Guild has officially launched its new strategic plan, bringing to life months of work from all corners of our organisation. For all of us, *Towards 2035* represents a shared path forward for stronger, more empowered community pharmacies.



To design a strategy that reflects our reality, we embarked on an eight-month consultation process with members, elected officials and Guild staff. This involved two nation-wide surveys and face-to-face workshops in every State and Territory so that we could hear directly from our people and build a strategy that serves and uplifts them.

With some 1,500 respondents engaged across every stage of the process, I could not be more grateful for the generosity, commitment and passion of all who contributed. The depth of the feedback helped us identify not only the top-priority risks and opportunities ahead, but also the best ways to meet and make the most of them.

By focusing distinctly on patients, members, partnerships and the broader community pharmacy network, we hope to bring the already enormously positive impact of accessible healthcare to the next level. Whether it's through providing more affordable medicines, offering more treatments through a broader scope of practice or

building our partnerships across the primary healthcare network, the potential for growth in all aspects of community pharmacy is unmatched. Our goal is to harness that potential, and we're well on our way.

To everyone who took the time to share their insights with us – thank you. We look forward to bringing you towards 2035, and beyond, with us.

Stronger systems for all

The May Federal Election delivered victory to the Australian Labor Party – and with it, unprecedented investment in the Australian healthcare sector.

In the week before the election was called, Prime Minister Anthony Albanese addressed the industry at APP2025 to announce what thousands of Australians so desperately needed: a reduction in the PBS general co-payment, down from \$31.60 to just \$25 from 1 January 2026.

This historic achievement was a team effort through and through. With support from over 20 health and community groups, including the Australian Patients Association, Advanced Pharmacy Australia and the Pharmaceutical Society of Australia, we are putting \$689 million back in patients' pockets over the next four years.

This was just one of many healthcare promises that gained support across Australia's political spectrum, in an election campaign where healthcare was in constant focus. With the Hon Mark Butler reappointed to his role as Health Minister, and the Hon Anne Ruston as Shadow Health Minister, I look forward to continuing the Guild's excellent collaboration with our peak government representatives. We were delighted to host Minister Butler at last month's Guild Member Webinar where he shared insights into the new health agenda. The changes ahead prove not only the powerful impact we're having but how much more we have to give.

Cover that grows as fast as your scope.



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

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

What's a scope of practice pilot?

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

An additional benefit for Guild customers.

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

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

1800 810 213
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Don't go it alone

Broader scope, better services

This potential is embodied in the Guild's vision for a national scope of practice.

In the last few months, we've seen huge commitments to advancing scope across the country. With \$18 million to make a successful pilot into permanent practice in Victoria, \$5 million for training subsidies in Tasmania and \$2.2 million to support training and implementation of expanded scope in South Australia, more and more states are answering the call to bring bigger and better health services to more patients across the country.

See a detailed map outlining Scope of Practice status in each jurisdiction on pages 48-49.

This is an exciting time for community pharmacy, but it can be a daunting one too. With every announcement comes an imperative for pharmacies to reconsider, re-evaluate, and even restructure their business.

These changes won't always be easy, but the Guild will remain by your side on the journey. My hope is that we, as a profession, can take them as an opportunity to learn, grow, and come out stronger. My promise is that no matter where your pharmacy is – in a scope state or not, in the city or the country – you won't be in it alone.

Trent Twomey

National President, Pharmacy Guild of Australia



"MORE AND MORE STATES ARE ANSWERING THE CALL TO BRING BIGGER AND BETTER HEALTH SERVICES TO MORE PATIENTS ACROSS THE COUNTRY."



Doug Hoey, World Pharmacy Council President and Pharmacy Guild of Australia National President Professor Trent Twomey at the World Pharmacy Council Annual Conference 2025.



Attendees at the World Pharmacy Council Annual Conference 2025 in Singapore.



PRESIDENT'S MESSAGE

Kesh Naidoo-Rauf

President, Pharmacy Guild of New Zealand

In May, we had the opportunity to meet with the Minister of Health, Hon Simeon Brown, our first meeting since his appointment in January.

We aimed to continue our close, positive, trusted working relationship with government and seek Ministerial recognition that community pharmacy has a vital and growing role to help deliver what the government wants – more timely access to quality healthcare, improved health outcomes and getting better value for money from existing health funding.



Guild Vice President Brooke McKay, Guild President Kesh Naidoo-Rauf, Health Minister Hon Simeon Brown and Guild Chief Executive Andrew Gaudin.

Growing role of community pharmacy

We believe that community pharmacy can play an even greater role in primary healthcare, including further improving immunisation rates, helping to reduce ED waiting times, and taking pressure off stretched general practices and after hours/urgent care.

We recognise the significant fiscal challenges currently faced by the government and across our health system. This is why it's so important to get better value-for-money from existing health funding, such as delivering an expanded range of more cost-effective services through community pharmacy with Health New Zealand (HNZ) "investing to save" in services such as acute minor health conditions faced everyday by New Zealanders (e.g. pain and fever, skin conditions, eye infections), long-term chronic condition medicine management services, and after-hours and urgent care.

We were pleased to hear the Minister's want for best value for money access and improved health outcomes to be delivered from within available funding and also to learn more about how the community pharmacy sector is well positioned to help deliver on the governments priorities and how this can be progressed.

We were clear that our sector has ably demonstrated its ability to respond to new service growth challenges and can do more to help. Community pharmacy is a key part of the solution – and remains ready, willing and able to deliver what the government wants.

There is compelling evidence, both locally and internationally that demonstrates the economic merits of expanded service investment in community pharmacy. Community pharmacy services also represent better value for money for government (e.g. \$25 for a pharmacy visit, versus \$49 for a GP visit and \$655 for an ED visit). This adds up to multi-million dollars savings very quickly. This would however require HNZ to reprioritise and repurpose existing funding.

While initial work is underway to explore investment in an expanded range of services by HNZ, we are not aware of any work yet being done to reprioritise and repurpose existing health funding to get best value for money access and health outcomes.

We agreed to some concrete actions on how to progress this work and the Guild HQ team have already begun working with the key officials recommended to us by the Minister.

We also plan to use the Community Pharmacy Leaders Forum (CPLF), a group we facilitate and that consists of the leaders of national and local community pharmacy organisations, to progress and deliver on our service expansion discussions with the Minister.



"COMMUNITY PHARMACY HAS A VITAL AND GROWING ROLE TO HELP DELIVER WHAT THE GOVERNMENT WANTS – MORE TIMELY ACCESS TO QUALITY HEALTHCARE AND IMPROVED HEALTH OUTCOMES."

One of CPLF's two key priorities is advancing full scope of practice. Implementing full scope of practice will allow New Zealanders to see their pharmacy team for treatment of a broader range of conditions. CPLF recently committed to setting up a subgroup to advance this action.

Funding certainty

We also raised the financial sustainability of community pharmacies, and the issues experienced in last year's national annual agreement review (NAAR) process of our funding contract, the Integrated Community Pharmacy Services Agreement (ICPSA).

We noted that HNZ has not engaged in good faith and had adopted an unfair and inconsistent approach in 2024 to the consideration and recognition of reasonable cost pressures, and that this is causing considerable and avoidable angst in the community pharmacy sector.

We further noted our detailed review of the 2024 contracting process, including HNZ's breach of ICPSA requirements to consider our sector's reasonable cost pressures, and that HNZ has now backtracked on its commitment to complete a sustainable funding model review for community pharmacy by June 2025 after many years of similar broken promises.

We asked the Minister to support us in addressing this.

Next steps

The meeting was a very positive start to our relationship. The Minister had read our February briefing advice, on which the discussion was based, and agreed to meet with us again. We look forward to growing our relationship and working with the Minister to advance members interests.

Kesh Naidoo-Rauf

President, Pharmacy Guild of New Zealand



PHARMACY GUILD
OF NEW ZEALAND

CONCERNS WITH 2024 COST PRESSURE UPLIFT DECISION FOR COMMUNITY PHARMACY



Andrew Gaudin

Chief Executive, Pharmacy Guild of New Zealand

The Pharmacy Guild of New Zealand raised many concerns during 2024 with Health New Zealand (HNZ) over their failure to consider “reasonable cost pressure adjustments” for community pharmacy, as part of the 2024/25 National Annual Agreement Review (NAAR) of the Integrated Community Pharmacy Service Agreement (ICPSA), as contractually required each year.

Our concerns arose because there was no transparency around HNZ’s consideration and decision-making of reasonable cost pressure adjustments for community pharmacy. HNZ’s analysis estimated cost pressures of 5.62% facing community pharmacy for 2024/25, yet the HNZ Board decided to apply a cost pressure adjustment/price uplift offer of 2.51%.

We now have increased transparency on the decision-making that occurred in 2024/25 following HNZ’s belated response on 19 February 2025 to our Official Information Act (OIA) request of 30 September 2024. This followed escalation of our OIA request to the Ombudsman in December 2024.



Escalation of our concerns

We recently wrote on behalf of our members escalating our significant concerns with HNZ's approach to the funding of reasonable cost pressure adjustments for community pharmacy in 2024/25. This follows our correspondence with the HNZ Commissioner and engagement with HNZ's commissioning team in 2024.

This followed our detailed review of HNZ's analysis and decision-making for 2024/25 cost pressure funding uplifts, based on our analysis of HNZ's seriously delayed OIA request response and the government's fiscal policy settings for Budget 2024 decisions.

We found that HNZ's overall approach to funding cost pressure uplifts in 2024/25 and to the NAAR process was flawed.

Our review identified key areas that require action before any HNZ decisions are made regarding the price uplift offer for reasonable cost pressure adjustments for community pharmacy for 2025/26.

Cost pressure uplifts

HNZ's commissioning approach demonstrated an apparent unjustified preference towards general practice by giving full recognition to general practice's reasonable cost pressures.

General practice cost pressures were effectively funded at 5.88% for 2024/25 (4.00% funded price uplift, plus 1.88% through permitted patient co-payment increase) – which is funding at 100.9% of HNZ's cost pressures estimate of 5.83% for primary care. Community pharmacy was funded at 2.51% price uplift for 2024/25 (with no contractual ability to increase patient charges to offset unmet pressures) – which is funding at 44.7% of HNZ's reasonable cost pressures estimate for community pharmacy of 5.62%.

This means general practice are making no productivity/efficiency contribution to offset their own cost pressures in 2024/25 and consequently other healthcare providers, such as community pharmacy (which has delivered efficiency gains over the last 16 years), are being unfairly disadvantaged through reduced reasonable cost pressure recognition.

This approach does not align with the government's fiscal policy intentions for cost pressures funding in Budget 2024, and the assumption of a 77% contribution towards HNZ's annual cost pressures estimate.

This unfair and inconsistent cost pressures funding allocation aligns with our long-term trend analysis of community pharmacy service fee growth being much lower than the rate of inflation, unlike general practice fees, which have been growing at around inflation. Ongoing cross-subsidisation of reasonable cost pressure uplifts across service providers is inconsistent, financially unsustainable, and unfair. This allocation issue requires urgent attention.



“HNZ'S OVERALL APPROACH TO FUNDING COST PRESSURE UPLIFTS IN 2024/25 WAS FLAWED. AS A RESULT, THERE WAS A SIGNIFICANTLY ADVERSE COST PRESSURES UPLIFT FOR COMMUNITY PHARMACY IN 2024/25.”

Key review findings

HNZ's overall approach to funding cost pressure uplifts in 2024/25 and to the NAAR 2024/25 process was flawed. As a result, there was a significantly adverse cost pressures uplift for community pharmacy in 2024/25. We have found that HNZ:

- **failed to align with the government's fiscal policy intentions for cost pressures funding for Budget 2024**
- **failed to properly consider “reasonable cost pressure adjustments” for community pharmacy, in contravention of its contractual commitments in the ICPSA**
- **failed to work collaboratively, transparently and in good faith with providers/provider representatives throughout the 2024/25 NAAR process under the ICPSA. This failure was underscored by HNZ's delay in providing requested supporting information for its cost pressure uplift offer during discussions in 2024.**

Next steps

We are determined to avoid a repeat of this approach from HNZ for community pharmacy reasonable cost pressure adjustments for the 2025/26 NAAR process.

We sought to urgently meet with HNZ to discuss our review findings and general concerns with the NAAR 2024 process and requested a written response to our letter.

Following our further enquiry, we have now received a written response from HNZ, this included a commitment to meet with us to discuss our concerns. We are engaging with HNZ to progress these serious matters on members behalf.

PRECISION DOSING SOLUTION

Methadone is a common treatment against opioids addictions, such as cocaine for instance. It was first tested and used in the USA and is now widely recognised as a valid and effective treatment worldwide.

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bottle-top dispensers enable simple volume adjustment by means of a sliding cursor with clear volume readings on graduation scale, to avoid setting mistakes. Thanks to three bottle-neck adapters supplied, the Calibrex™ bottle-top dispensers can fit on any bottle containing a Methadone solution. A three way stop cock provides a great benefit, as it enables the recycling of the liquid during the priming process, directly in the bottle and avoids costly losses.

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QUESTION TIME WITH ...

**the Hon Mark Butler MP,
Minister for Health and Ageing,
Disability and the NDIS.**

In his first term as Health Minister, Mark Butler presided over the first ever cut to the PBS co-payment and the formation of the historic Eighth Community Pharmacy Agreement. Fresh from a decisive election win and a commitment to make medicines even more affordable, the reappointed Health Minister answered *Australasian Pharmacy's* questions.



The Hon Mark Butler MP Minister for Health in conversation with Stacey Fuller, one of the owners of Mawson Capital Chemist, ACT.



The Hon Mark Butler MP Minister for Health at Mawson Capital Chemist, Mawson ACT.

AP: Who is your local community pharmacist in Adelaide?

MB: My local pharmacy is TerryWhite at Grange. Mario and his staff are always helpful and have been part of the community for many years.

AP: After the campaign, the excitement of the election win and a new Cabinet, how have you recharged the batteries for another big parliamentary term?

MB: I've spent some time recharging back at home and I'm taking a range of briefings for the appointed portfolio of health, disability and ageing. We have a momentous task ahead of us and our reinvigorated health, disability and ageing team is ready to deliver on our commitments to the Australian people.

AP: The Albanese Government was the first government to make a cut to the co-payment in the PBS' 75-year history. In your view, why had it never been done before? And recalling the decision, what was the catalyst to make the historic change?

MB: The ABS told us that over a million Australians went without their medications due to the cost. Access to cheaper medicines isn't just good for their patients' hip pockets, it's also good for their health. Our first term delivered multiple rounds of cheaper medicines that have saved Australians over \$1.3 billion on cheaper medicines. But we're not stopping there, we know Australians are

continuing to feel cost of living pressures and we're committed to making cheaper medicines even cheaper. From 1 January 2026, we will reduce the maximum cost of a PBS script from \$31.60 to \$25. For the first time in over 20 years the cost will be reduced to \$25 per script. And we've frozen the co-payment for concession card holders and pensioners for the rest of the decade.

AP: During the first term and the campaign, you visited many community pharmacies. What's stayed with you about these visits?

MB: It's in the name; 'community'. As I visit community pharmacies across the country, I'm always struck by the depth of the connection between the pharmacy staff and their communities.

AP: What's been the feedback from patients and community pharmacists from across the country about the benefits of more affordable medicines?

MB: Since we came to government in 2022, we have continued to make medicines cheaper. In our first term we implemented 60-day scripts, reduced the co-payment, increased the medicines listed on the PBS and froze the maximum cost of scripts for all Australians. Costs should never be a barrier to accessing medicines and our cheaper medicines policies have alleviated that pressure for millions of Australians. Community pharmacists have seen this positive impact first hand as their patients continue to see the hip pocket and health benefits.

AP: To take the load off GPs and EDs, community pharmacists in every jurisdiction can do more for their patients, if only enabled by state and territory regulation. Will the Federal Government do more to influence its state and territories counterparts, to normalise community pharmacists' full scope of practice?

MB: We want pharmacists to work to their full scope of practice. Following the Unleashing the Potential of our Health Workforce Review, the Government is considering the findings and recommendations to remove barriers and incentives for all health professionals including pharmacists. This will optimise use of the health workforce across a stretched primary care sector and improve patient access particularly in rural and remote areas.

Many of the recommendations will require collaboration between the Commonwealth and state and territory governments, as well as consultation with peak professional organisations, patient groups and the sector more broadly. I look forward to these discussions. States and territories remain responsible for determining which health professionals can prescribe, dispense, and administer medicines and are also conducting trials and inquiries to look at expanding the scope of practice of pharmacists.

AP: In relation to your portfolio, what keeps you awake at night?

MB: As we look to the future, we are facing a greater ageing population. It is critical that Australia continues on its path to managing an increasingly older population, and our once-in-a-generation aged care reform ensures we're set up to manage the baby boomer generation's transition into aged care.

AP: As health minister, it's important you model good health and wellbeing. Do you have a daily routine to stay in tip-top condition physically and mentally?

MB: I try to keep a consistent routine to manage the pressures of the job. No matter the day or where I am, I try to fit in time to exercise in the morning and keep to a consistent sleep schedule. This helps me manage the job day to day.

AP: If you weren't an MP and Health Minister, what would you be doing?

MB: If I didn't have the great honour of serving as the Minister for Health and Ageing and the Minister for Disability and the NDIS I would be continuing my work from my early career, fighting for the rights of workers.



"AS I VISIT COMMUNITY PHARMACIES ACROSS THE COUNTRY, I'M ALWAYS STRUCK BY THE DEPTH OF THE CONNECTION BETWEEN THE PHARMACY STAFF AND THEIR COMMUNITIES."



The Hon Mark Butler MP with Prime Minister Anthony Albanese and Hon Peter Khalil MP at Bell Street Pharmacy in Pascoe Vale South, VIC.

AP: What's the last TV series or movie you watched? Do you like medical dramas?

MB: I've almost finished the later White Lotus season but still haven't found the time to watch the final episode.

AP: How do you want history to judge your time as health minister?

MB: Over 40 years ago the Labor Party introduced Medicare with the promise of making health care "cheaper, simpler and fairer." As we continue to build on this promise by continuing to strengthen Medicare for all I hope to create lasting and impactful change.



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ELECTION WASH UP: A LANDSLIDE POLLING OUTCOME FOR LABOR'S SECOND TERM



Mario Barone

Chair, Government & Public Relations Committee,
The Pharmacy Guild of Australia

On May 3, Australians went to the polls and delivered a decisive election victory to the Albanese Labor Government. With a large majority in the House of Representatives, and a potentially easier to navigate Senate, it means the government will be looking to deliver changes for lasting reform.



(L-R) Hon Julie Collins MP, Monique Licht, Senator Richard Dowling, and Hon Rebecca White MP at Complete Care Pharmacy Rosny Park supporting the Affordable Medicines Now campaign during an election visit.

The Labor Party had a strong focus on health during the campaign, announcing \$8.5 billion to increase Medicare bulk-billing rates to 90% by 2030, another 50 Urgent Care Clinics, \$1 billion to fill gaps in support with free mental health services, a 24/7 health advice line – and of course, a further reduction to the general PBS copayment to \$25, advocated for by the Guild and a coalition of more than 20 leading health and community organisations.

The Labor Party has a strong, ongoing commitment to Medicare. It was an ALP government which created Medicare in 1984 as part of the Australian Accord, an agreement between the government, the ACTU and business aimed at addressing the prevailing economic challenges at the time. There was a strong focus on controlling wage growth to allow broad economic reform, while delivering “social wage” improvements to benefit workers, including universal healthcare through Medicare.

A lot has changed since 1984 – including the health profile of Australians. With an ageing population, health care is less about acute occasions of service, and more about ongoing care for chronic conditions.

During the last term of government, Minister Butler commissioned a range of reviews with the intention of restructuring Medicare to better serve the current health needs of Australia. Many of those reviews reported towards the end of the last parliament.

In the cabinet announcement, Minister Butler was returned to the health portfolio. He will be focused on delivering the commitments made over the course of the campaign, as well as implementing the recommendations of the reviews undertaken through the last parliament.

This is good news for anyone working in the health space, including pharmacists. It means the policy focus on health care will continue through this term of the parliament.

The reduction to the PBS copayment will come into effect from 1 January 2026. This reduction, campaigned for by the Guild, will see a reduction in the cost of 400,000 prescriptions a week. Combined with the previous cut to the copay after the last election, from 1 January 2026, PBS medicines will cost \$25 a script compared to the \$50+ they would have reached.

Of other interest to pharmacists, the response to the Unleashing the Potential of our Health Workforce review (also known as the Cormack Review) will prompt a discussion around scope of practice. The response to the review will look at the structural barriers to health professionals – like pharmacists – delivering care within their skills, training and experience. The Guild will be working to ensure that pharmacists are supported to work to their full scope of practice across the country.

During the campaign the Coalition Shadow Minister for Health, Senator Ruston, matched the ALP commitments meaning that the \$25 PBS copay would have been delivered whatever the outcome. But the future direction for the Coalition in terms of health is hard to predict, as they undertake a full review of the policy post their election defeat.

CONNECT WITH MARIO

in @mario-barone-9984a6176



PBS GENERAL CO-PAYMENT WITH AND WITHOUT INTERVENTION

	With pre-2023 policy	Actual & new forecast	With pre-2023 policy	Actual & new forecast
	General Co-pay		Concessional Co-pay	
2020	\$41.00	\$41.00	\$6.60	\$6.60
2021	\$41.30	\$41.30	\$6.60	\$6.60
2022	\$42.50	\$42.50	\$6.80	\$6.80
2023	\$45.60	\$30.00	\$7.30	\$7.30
2024	\$48.10	\$31.60	\$7.70	\$7.70
2025	\$49.40	\$31.60	\$7.90	\$7.70
2026	\$50.60	\$25.00	\$8.10	\$7.70
2027	\$51.90	\$25.20	\$8.30	\$7.70
2028	\$53.20	\$25.40	\$8.50	\$7.70
2029	\$54.50	\$25.60	\$8.70	\$7.70
2030	\$55.90	\$25.80	\$8.90	\$7.90





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COMMUNITY PHARMACY FOCUS SHIFTING TO HEALTH SERVICE OFFERINGS



Anthony Tassone

Chair, Health Economics & Policy Committee,
The Pharmacy Guild of Australia

The most recent State of the Industry Report for community pharmacy has been published by the Guild, showing key trends in the sector over the first quarter of 2025 and supporting members understanding of the environment in which they are operating.

Dispensing medicines continues to be at the core of community pharmacy practice, with most medicines dispensed through community pharmacy being done under the Pharmaceutical Benefits Scheme (PBS).

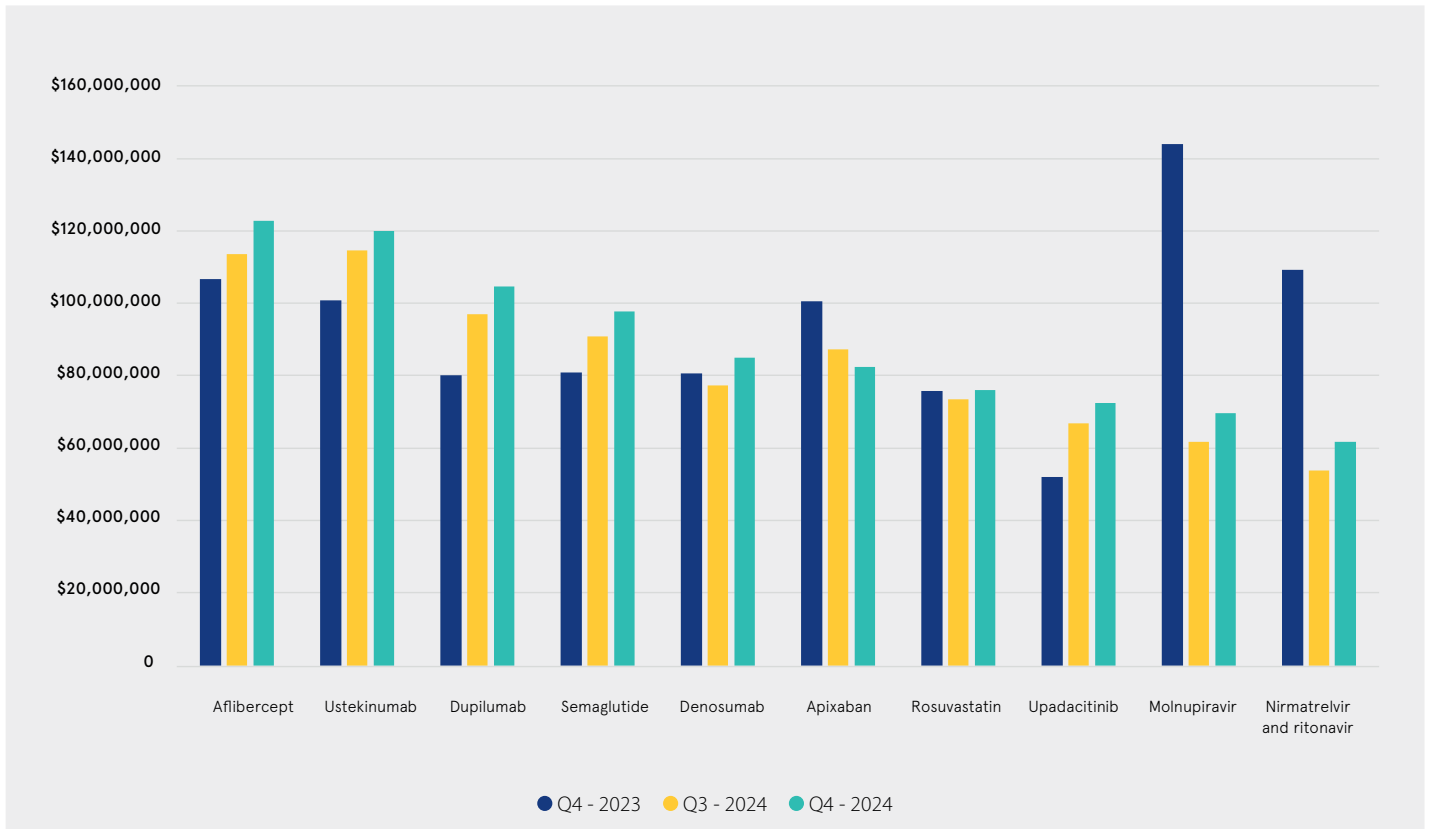
While the highest volume drugs that are supplied under the PBS continue to be older molecules such as statins, antibiotics and medicines used to treat hypertension, an increasing trend is seen across the past few years for the highest total expenditure to be on biologics such as Eylea® (aflibercept) used to treat macular degeneration, Stelara® (ustekinumab) used in the treatment of a number of autoimmune diseases, and notably, Ozempic® (semaglutide) which is used to lower blood glucose, but increasingly used in addition for weight management. On the other end of the spectrum, the volume of anti-viral medications used to treat COVID-19 has been rapidly declining as the impact of the pandemic diminishes.

The top types of conditions for which PBS medicines were dispensed were related to the cardiovascular system (31%), with antidepressants coming second (23%). The third highest class of medicines supplied under the PBS was for gastrointestinal conditions and chronic metabolic diseases such as diabetes (16%). This was a trend consistent with previous years.

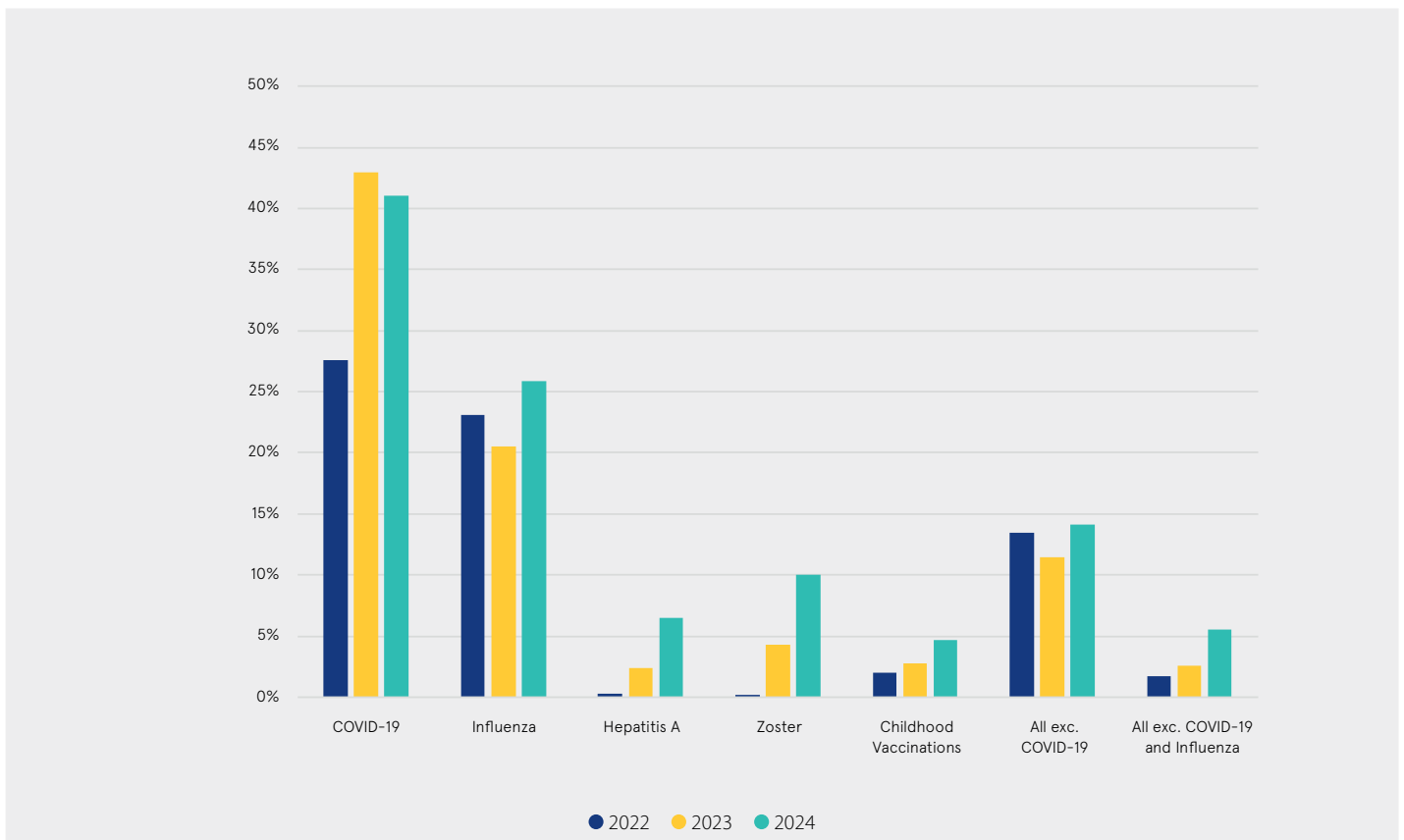
Impact of longer scripts

The impact of 60-day dispensing was seen on script volumes with Q4 2024 volumes being slightly lower than the same quarter in the previous year by around 500,000 scripts, though the impact continues to be lower than anticipated (approximately 20% of eligible scripts are dispensed as 60-days, versus a government projection of 58% for FY2025). There has been some impact on the mix between PBS-subsidised and non-subsidised scripts due to the increase in dispensed prices for 60-day medicines, however this was minor when compared to the same quarter in the previous year and mainly reflected the increasing rate of medicines that are claimed as PBS-subsidised due to patients reaching the Safety Net across the course of the year.

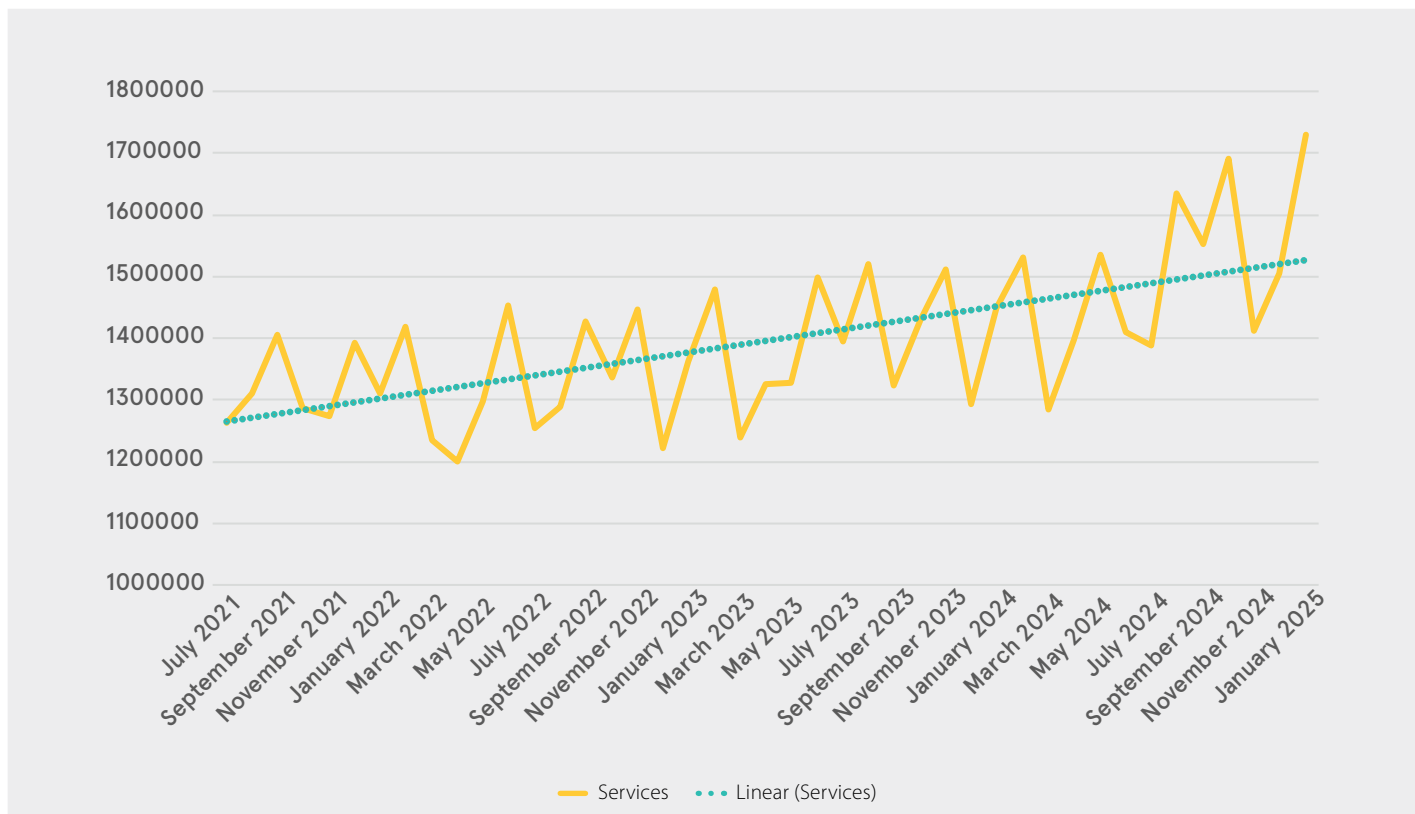
TOP PBS MEDICINES BY EXPENDITURE



PHARMACY MARKET SHARE BY VACCINE CATEGORY & YEAR



EIGHTH COMMUNITY PHARMACY AGREEMENT DOSE ADMINISTRATION AIDS



Focus on service offerings

With pharmacies increasingly turning their focus to health service offerings through greater recognition of full scope of practice, the share of vaccinations being given to Australian patients through community pharmacy has been rising, demonstrating the acceptance of patients to receive their care in the most accessible healthcare location. A strong increase in influenza vaccinations occurred, which saw 25% of all influenza vaccinations given to Australians provided through community pharmacies in 2024. This was up from 20% in 2023 and supported by the participation of community pharmacy in free flu vaccination programs offered in some states during the year. A reduction in the proportion given by GPs was seen (54% down from 60%), showing more patients choosing community pharmacy as their vaccination providers of choice.

COVID-19 vaccination rates remained strong, with over 40% being provided through community pharmacy during the year. Work by State and Territory Governments to increase the range of patients that can be vaccinated in pharmacy also drove an increase in childhood vaccinations, with 5% of all childhood vaccinations given in pharmacy during 2024, up from 2% in 2022. This is a service that we expect to continue to develop as patient awareness and confidence in pharmacists as primary health care providers grows.

The focus on health service growth was also seen in the number of services delivered under 8CPA programs. Patient demand for these services continued to increase, driven by the change in the weekly Dose Administration Aid program base cap from 60 to 90 per week, meaning patients who were previously unable to access funding for this program due to caps were able to receive much needed cost-of-living relief through Government subsidies towards the cost of this service.

At a broader economic level, growth slightly above core inflation was seen in retail turnover (3.6%) and even more so in pharmaceutical turnover (11.3%), which includes all components of the pharmaceutical supply chain including medicines. Meanwhile, core inflation fell from 3.3% to 2.9%, based on the trimmed mean Consumer Price Index for March 2025. This puts core inflation back in the Reserve Bank of Australia's target band, in promising signs for the Australian economy.

CONNECT WITH ANTHONY

in @anthony-tassone



REMUNERATION SNAPSHOT REFLECTS TRENDS IN THE PHARMACY SECTOR



Cate Whalan

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

The Remuneration Trends report (Rem Trends), updated yearly, is produced by the Pharmacy Guild of Australia to provide an analysis of remuneration in the pharmacy sector. Remuneration is a crucial part of attracting and retaining a skilled workforce and understanding how the workforce is evolving.



To produce the Rem Trends, the Guild conducts a yearly survey that utilises payroll data from a range of pharmacy banner groups and independent pharmacies. This data is deidentified and secured, it is then used to understand the market rate and average ordinary time earnings (OTE) and map these against the award rate specified in the *Pharmacy Industry Award 2020 (PIA)*.

The Remuneration Report (also produced yearly by the Guild) serves to capture this remuneration data on a micro level, whilst the **Rem Trends report provides a macro snapshot that is easily digestible and useful for pharmacy owners when planning their budgets and understanding their pharmacies standing in the field.**

National minimum wage increase

The recently published 4th edition of Rem Trends reflected the National Minimum Wage (NMW) increase of 3.6% in 2024, compared to the 5.6% increase in 2023. The market rate comparison to the award furthermore demonstrates that professional qualifications (Pharmacists, Experienced Pharmacists, Pharmacists in Charge, Pharmacist Managers and Pharmacy Interns) are consistently paid above award rates, whilst Pharmacy Students and Assistants are more likely to be paid at the award rate. It must be noted that the nature of the Pharmacy Assistant (PA) role is highly flexible and correspondingly a significant portion of the PA workforce are junior employees who remain enrolled in full time secondary or tertiary education therefore indicative of the lower percentage of above award rate pay, given the transient nature of this workforce.

Results from our remuneration survey see all professional pharmacist classifications paid between 23-40% above award rate. This is reflective of the highly valued nature of pharmacists by both owners and the community. Further, level 4 Pharmacy Assistants are paid, on average, 14% above award rate, reflective of the high regard to which trained Pharmacy Assistants are held in. The Rem Trends report assists in visualising how these above or at award rate percentages have changed over many years and assist in pharmacy owners planning for coming years.

The Guild's Rem Trends report provides accurate and relevant Remuneration data that informs pharmacy owners, prospective owners and stakeholders of the current Community Pharmacy market. The yearly trends of the market may assist to inform wage decisions and/or job transiency if relevant. Please refer to the Guild's website to access this member only resource to better inform yourself or your staff.

Expressions of interest for this year's Remuneration Survey have just opened via the Guild's website. Should you/your pharmacy be interested in participating in this year's Remuneration Survey please complete this form and we will be in touch with more information. This is a great opportunity to assist in understanding the real Rem Trends of the pharmacy sector, all participants in the survey will gain access to an advanced copy of the Rem Trends report.

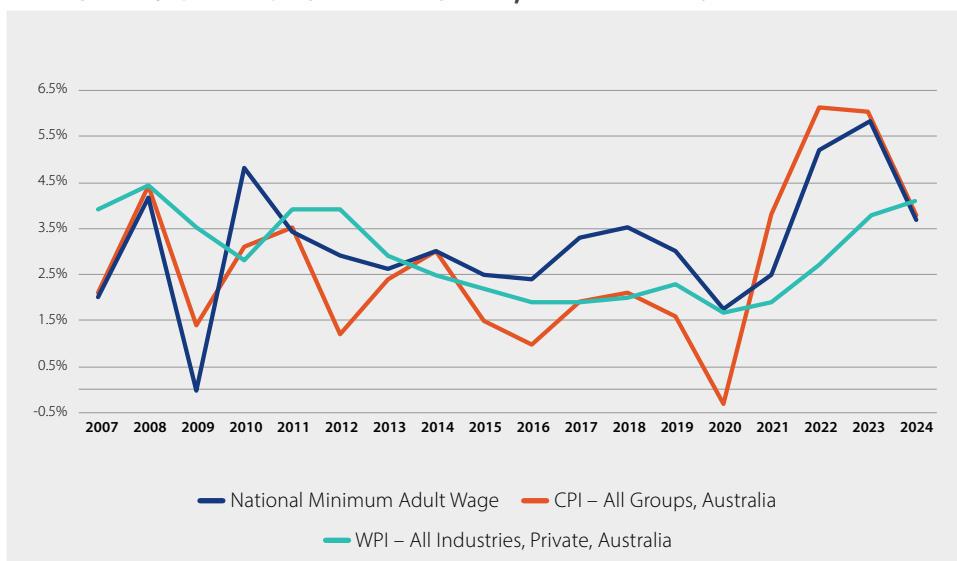
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MINIMUM WAGE, CONSUMER PRICE INDEX, WAGE PRICE INDEX ANNUAL % CHANGES – NATIONAL, 2007–2024.

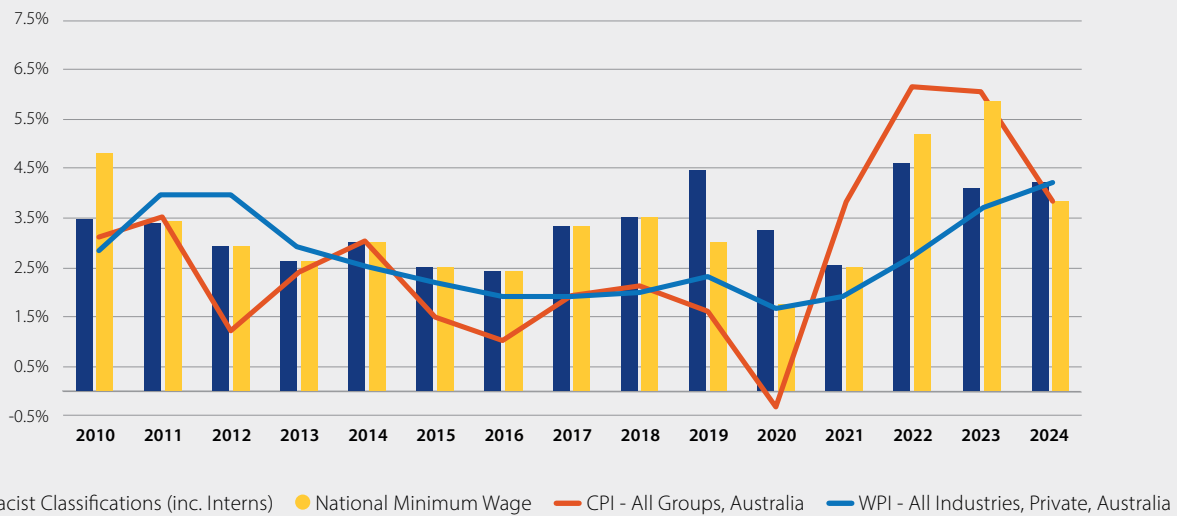


Source: ABS and Fair Work Commission



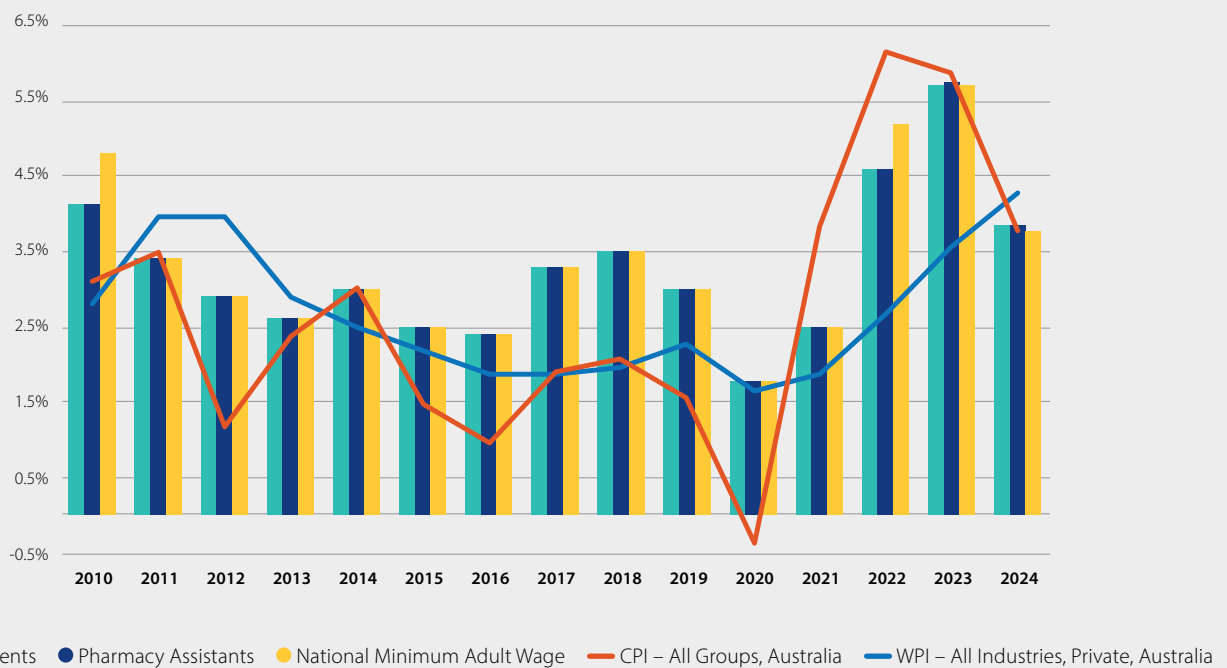
“REM TRENDS REPORT PROVIDES A MACRO SNAPSHOT THAT IS EASILY DIGESTIBLE AND USEFUL FOR PHARMACY OWNERS WHEN PLANNING THEIR BUDGETS AND UNDERSTANDING THEIR PHARMACIES STANDING IN THE FIELD.”

PIA PHARMACIST CLASSIFICATION WAGE RATE PERCENTAGE COMPARISON AGAINST NMSW, CPI AND WPI, 2010–2024



Source: ABS, Fair Work Commission and Squareup

PIA NON-PROFESSIONAL CLASSIFICATIONS WAGE RATE PERCENTAGE COMPARISON AGAINST NMW, CPI AND WPI, 2010–2024.



Source: ABS, Fair Work Commission and Squareup

REMUNERATION SURVEY



Should you/your pharmacy be interested in participating in this year's Remuneration Survey please complete this form and we will be in touch with more information.

MEMBER RESOURCES



Get ahead of the curve with the Guild's Workforce Capability Reports—your essential guide to pharmacy's evolving future. Exclusive to members of the Pharmacy Guild of Australia.

FWC'S GENDER UNDERVALUATION DECISION SIGNALS AN INCREASE IN AWARD RATES



Andrew Ngeow

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

In early 2024, the Fair Work Commission of Australia (FWC) commenced an inquiry into several modern awards to investigate historic gender undervaluation in various industries. The Pharmacy Industry Award 2020 (PIA) was one of several priority awards identified as needing urgent review due to the nature of community pharmacy as a female dominated sector.



Pharmacy Assistant at Capital Chemist Charnwood preparing script documentation.

The inquiry examined the rates of pay for all pharmacist classifications in the PIA, including interns. Historically, the PIA and its preceding awards were never aligned with the Metals Framework set out in the Metals Industry Award 1976, which is considered the standard for well-fixed wages. The Metals Framework is a trade focused structure, but it included a proposed theoretical rate for four-year degree-qualified professionals, known as the C1(a) rate, which Nurses and Teachers have recently had their wages aligned to.

Gender undervaluation

On 16 April 2025, the Expert Panel concluded that there was sufficient evidence to support the claim of gender undervaluation in the community pharmacy industry. The panel noted that community pharmacy is predominantly a female profession, and the proportion of women in the field is increasing. As such, they suggested that women are more affected by the misalignment between the PIA and the Metals Framework than men. Furthermore, the panel indicated that female pharmacists are more likely to be paid the award rate than male pharmacists, exacerbating the effect of undervaluation.

The FWC decided in favour of aligning the pharmacist rate with the C1(a) for a registered to practice four-year degree qualified professional. This result was expected by both the Pharmacy Guild of Australia and the Association for Professional Engineers, Scientists, and Managers as the two major industrial bodies appearing in the PIA portion of these proceedings. This decision will increase the underlying weekly rate for pharmacists paid at the award rate from \$1,337.60 to at least \$1,525.90 over a three-year period. The current relativities in the PIA for professional classifications will be retained, and will all receive a 14.1% pay increase by the 2027/28 financial year, as outlined in Figure 1.

FIGURE 1: COMPARISON OF CURRENT RATE AND NEW (FINAL) RATE BY EMPLOYMENT CLASSIFICATION

Employment Classification	Current Weekly Rate in PIA	New Weekly Rate
Pharmacy intern – 1 st half of training	1089.00	1242.30
Pharmacy intern – 2 nd half of training	1126.10	1284.60
Pharmacist	1337.60	1525.90
Experienced pharmacist	1465.10	1671.30
Pharmacist in charge	1499.60	1710.70
Pharmacist manager	1671.00	1906.20

The increases to the rates of pay will be phased in equally over a three-year period, with the first increase in force from 30 June 2025. The two subsequent phase-in dates to achieve the new wage rate are 30 June 2026, and 30 June 2027 respectively.

FIGURE 2: PHASE IN INCREASE FROM 30 JUNE 2025 (STAGE 1)

Employment Classification	Phase in Stage 1 Weekly Rate	Increase in \$ value from current rate
Pharmacy intern – 1 st half of training	\$1140.10	+ \$51.10
Pharmacy intern – 2 nd half of training	\$1178.90	+ \$52.80
Pharmacist	\$1400.40	+ \$62.80
Experienced pharmacist	\$1533.80	+ \$68.70
Pharmacist in charge	\$1570.00	+ \$70.40
Pharmacist manager	\$1749.40	+ \$78.40

These figures will change in accordance with the FWC's Annual Wage Review Decision, which will vary minimum wages by a further 3.5% from the start of financial year 2025/26. The phase-in of the increase will also be subject to the next 2 years' Annual Wage Review Decisions, so the final wage rates will be higher than those set out in the FWC gender undervaluation decision.

The increase in the award rate signifies substantial recognition of the crucial services provided by pharmacists to Australian communities. With the implementation of evolving practice initiatives nationwide, the scope of healthcare services that community pharmacists are empowered to perform has reached an unprecedented level. This expanded scope not only enhances the role of pharmacists within the healthcare system but also improves public access to healthcare. This FWC decision acknowledges the significant contributions of pharmacists and aims to ensure that their remuneration accurately reflects the value of their work. By addressing historical gender undervaluation, the FWC's decision sets a precedent for other industries, promoting gender equity and fair wages across the Australian workforce.

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PHARMACY INDUSTRY COLLECTIVELY EMBRACING INNOVATION AND DIGITAL HEALTH



Siena Barry

The Pharmacy Guild of Australia

The National Digital Health Strategy 2023–2028 (NDHS) is a five-year plan that sets the vision and pathway for Australia's digital health future.

The Strategy includes a Delivery Roadmap that outlines 80 initiatives, including in relation to workforce, to advance the overall objectives of the document.

Since 2023, the NDHS has advanced its vision for an inclusive, sustainable and healthier future for all Australians through a connected and digitally enabled health system. In the past year, significant progress has been made through initiatives like the National Healthcare Interoperability Plan, Provider Connect Australia and Path/Di legislative reform – but what does this mean for community pharmacists, and how are they answering the call?

A report, produced September 2024 by ORIMA Research, aimed to understand the best ways to support widespread use of digital health tools in community pharmacy. Through interviews and surveys with Guild members and a national patient survey, researchers investigated how digital health was tracking through the lens of both pharmacists and consumers.

The results show an industry ready to make the most of digital health solutions to improve business and patient outcomes. As embracing new technology becomes the norm of doing business in modern Australia, pharmacists are far from reluctant to innovate. Awareness, adoption and use of key digital health tools is widespread across the sector, and support for continuing advancements – including the increased use of electronic prescriptions – is also high.

Both pharmacies and patients felt positively about digital health's potential to enable improved health outcomes,



BOTH PHARMACIES AND PATIENTS FELT POSITIVELY ABOUT DIGITAL HEALTH'S POTENTIAL TO ENABLE IMPROVED HEALTH OUTCOMES."

whether it's through improved patient safety and continuity, increased efficiency and convenience, or more holistic health care provision and improved decision-making. Pharmacists also felt that the unique risks of digital tools, including the potential for privacy breaches and unpredictable system outages, were far outweighed by the tangible benefits, and even in some areas mitigated the risks inherent with manual processes.

For pharmacy operators, the main obstacle is uncertainty over whether they are using their existing digital health systems correctly or to their full potential. Pharmacies can instead find themselves operating at what feels like "peak inefficiency", needing to find and fill any script their patient has been given with high investments in systems and staff trainings.

More education needed

On the other side of the dispensary, the report found almost 50% of patients had significant concerns about the privacy and security risks of using digital health tools, and about one third were worried about the reliability of technological systems. Despite a growing number of patients – around 30-40% – saying strong digital health capabilities were key considerations for them in choosing a pharmacy, the majority are wary of entrusting their health to systems that they don't understand, or which aren't fully implemented yet.

Though these pose barriers to expanding the use of digital tools, the report found that they did not reflect an inability or unwillingness from pharmacies to try. Attitudes, intentions, capability and capacity within pharmacies are not barriers to progress – rather, the report finds that pharmacists are "players in a system that is not yet mature enough for them to get the advantages or benefits from". By focusing on improvements outside the pharmacy, including system functionality improvements and patient education, a more unified understanding of digital health and how to harness it is possible.

Achieving the vision of a connected health system will take collaboration across pharmacies, government, the Guild and other peak organisations. Members felt the government continued to have the biggest role to play, first by improving the functionality and efficiency of the current systems before actively driving their uptake. Ensuring systems and data interoperability, back-up processes, accessibility for patients and ease of use for pharmacists are some of the top priorities to build the foundation for strong systems and a smooth transition to unified digital health.



"EMBRACING THE POSSIBILITIES OF THE NATIONAL DIGITAL HEALTH STRATEGY 2023-2028 CAN TRANSFORM THE INDUSTRY INTO A LEADER OF MODERN HEALTHCARE."

Advocacy, practical support and technical advice vital components

The Pharmacy Guild of Australia's role as industry advocate was also considered a vital component to advancing the Strategy. Representing the perspective and expertise of community pharmacists can ensure that digital health tools are fit for purpose and intuitive for use in community pharmacy. Practical support, including technical advice and set-up, can also help keep pharmacy businesses operating at their best even amid change.



Word maps from pharmacy participants indicate the highest-priority tasks for government and Guild representatives in bringing digital health to community pharmacy.

Community pharmacies are some of the most accessible healthcare destinations in Australia, with enormous potential to keep bringing better care to more people. Embracing the possibilities of the National Digital Health Strategy 2023-2028 can transform the industry into a leader of modern healthcare – and with the right support, pharmacists are ready to take the leap.



MEMBER-ONLY RESOURCE



Learn more about digital health in community pharmacies via myGuild.



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1. Optometry Australia. Dry eye disease cases soar in Australia following COVID-19. (Retrieved April 2, 2025), from <https://goodvisionforlife.com.au>

2. Horizon Grand View Research. Australia Dry Eye Syndrome Treatment Market Size & Outlook. (Retrieved May 22, 2025), from <https://www.grandviewresearch.com.com.au>

3. Public Relations Institute of New Zealand. New report reveals Kiwi's online habits that defined 2020 (Retrieved May 22, 2025), from <https://prinz.org.nz>

4. Crowther Centre. When should we be worried? (Retrieved May 22, 2025), from <https://www.crowthercentre.org.au/resources/screen-time/>

5. Workplace Vision Health Report. Employee digital eye strain impacting productivity (Retrieved May 22, 2025), from <https://eyeonoptics.com.au>

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BOLD VISION SHAKES UP TRADITIONAL PHARMACY MODEL



Miranda Cook

Stepping into Kristina Fox's community pharmacy in Tasmania, you might easily mistake it for a futuristic GP clinic, a place seamlessly integrated with healthcare services. And that's how the pharmacist of 15 years has meticulously planned it to be.



Pharmacy Guild of Australia National President Professor Trent Twomey with Complete Care proprietors, (from left) Monique Licht, Damian Scott and Kristina Fox.



With dynamic spaces, Complete Care pharmacists provide more one-on-one time in a quiet place where patients feel safe.

Inspired by the pain points of the job – double handling, dispensing headaches and diminished scope of practice – Ms Fox launched Complete Care Pharmacy, in Rosny Park, in 2023.

A complete transformation from the traditional pharmacy model, Complete Care Pharmacy is innovative to say the least. It comes as no surprise the store has been named the 2025 Pharmacy of the Year, by the Pharmacy Guild of Australia.

Every decision, whether it be the layout, the technology and placement of staff, has been carefully considered in a bid to drive efficiencies so pharmacists can spend more uninterrupted time with their patients and provide more clinical care.

"We wrote down all the things we wished we could improve, and we asked, 'how could we achieve this?'"

"We need to be able to do more for our communities with this amazing asset and resource in our pharmacies but we haven't been utilising our knowledge to its fullest," Ms Fox said.

Retail space is minimal, with health-focused products replacing beauty items. Most of the store is devoted to clinical services, including full consultation rooms and stand-up consultation pods.

"Most pharmacies are made up of 80% front of shop and 20% of the pharmacy is back of house, but that's where you actually do 80% of the work."

When patients step inside, they're greeted and triaged by a pharmacist



"WE WROTE DOWN ALL THE THINGS WE WISHED WE COULD IMPROVE, AND WE ASKED, 'HOW COULD WE ACHIEVE THIS?'"

or pharmacy assistant. With a click of a few buttons staff create a high tech 'virtual basket' system, called Excipient.

"Typically, you've got these stuffed in physical baskets, you have no idea how long a patient has been waiting or who needs to be served next.

"Our software creates queues according to priority. It takes away the chaos in your mind," she added.

Virtual baskets containing repeat prescriptions go to the discreet dispensary, where technicians can get on with the job, freeing up pharmacists to spend the day helping their patients without distraction.

Depending on their needs, the patient, along with their virtual basket, are dispersed to different areas within the pharmacy. As an example, they might be sent to a pod for new medication counselling or to a consultation room for a vaccination.

"Patients feel more comfortable to ask more questions and speak openly in the privacy of



Complete Care's digitalisation has freed pharmacists from tedious tasks, giving them time to provide more clinical care to patients.

a pod. They talk about things they might be embarrassed about and didn't want to bring up on the floor."

A nurse practitioner is onsite providing prescriptions, blood tests, pap smears, stitches, casts, catheterisation and much more.

"Patients have affordable and timely access to medication. They can see the nurse practitioner the same day, if not the next day."

Guild President Trent Twomey was blown away when he visited the store in May.

"Being 100% present during one-on-one consultations has had a positive impact on clinical outcomes for Kristina's patients, but also commercially by doubling her script count," Mr Twomey said.

"The thing I found impressive is that she is going head-to-head with two large discount model pharmacies on either side, she is



"PATIENTS FEEL MORE COMFORTABLE TO ASK MORE QUESTIONS AND SPEAK OPENLY IN THE PRIVACY OF A POD. THEY TALK ABOUT THINGS THEY MIGHT BE EMBARRASSED ABOUT AND DIDN'T WANT TO BRING UP ON THE FLOOR."



Technicians preparing prescriptions in the dispensary.

smack bang squeezed in the middle and she is absolutely thriving."

The model is quickly catching on around the country. Seven Complete Care Pharmacy franchise stores have opened with more on the way.

Whilst Excipient is for Complete Care stores only, a light version called Worx is available through FRED. This is available for non-franchise pharmacy owners looking to improve everyday workflow. Large corporations are also looking to implement the technology.

"I figure if we can implement the model and use the software in little communities all over Australia. We are then giving pharmacists the best chance of working to their full scope to improve the health and wellbeing of their patients," Ms Fox said.

"And that gets me really excited."



"WE NEED TO BE ABLE TO DO MORE FOR OUR COMMUNITIES WITH THIS AMAZING ASSET AND RESOURCE IN OUR PHARMACIES, BUT WE HAVEN'T BEEN UTILISING OUR KNOWLEDGE TO ITS FULLEST."



LISTEN



Complete Care Pharmacy owner Kristina Fox explains the workings of her innovative model, which is flipping the traditional pharmacy model on its head.

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5 SIMPLE WAYS TO DEEPEN PATIENT ENGAGEMENT IN YOUR PHARMACY



Stephen Thirgood

Curious Minds Media

Pharmacists hold a unique place in Australia's health system, consistently ranked as one of the most trusted professions. It's no surprise. While other health professionals might only see a patient a few times a year, pharmacists might see their patients every few weeks. This high-frequency, long-term contact creates something rare: trust built over time.

That trust gives you more than goodwill. It opens the door to a range of opportunities: deeper engagement, greater influence in health decisions, stronger advocacy on behalf of your patients and better two-way communication – including how patients share their information and talk about your pharmacy with others.

In other words, trust unlocks more than service delivery. It creates a relationship. And with a few simple, modern strategies – in person and online – you can make that relationship even stronger.

Here are five ways to turn everyday engagement into long-term connection.



1. MAKE CONVERSATIONS EASY – AND VALUABLE

Not every interaction needs to be formal. Often, the most impactful exchanges come from simple, well-timed comments or questions. Patients might not know everything you offer, but they know they can trust you. Use that trust to start meaningful conversations.

If someone's collecting a prescription, that's a chance to mention a related service.

Tip: Try saying, *'Just so you know, we're now able to help with several skin conditions. I'm happy to explain how that works if you're ever curious.'*

2. INVITE PATIENTS INTO A TWO-WAY DIALOGUE

Engagement isn't just about telling people what you offer. It's also about listening. That starts with giving patients space to ask questions and share what they're unsure about. Dialogue builds trust and opens the door to future care conversations.

It also creates a feedback loop. When patients feel heard, they're more likely to come back – and tell others about the experience.

Tip: Ask, *'Is there anything else on your mind while you're here today?'* This simple question can uncover hidden needs and show that you care about the whole person, not just the transaction.



"ENGAGEMENT ISN'T JUST ABOUT TELLING PEOPLE WHAT YOU OFFER. IT'S ALSO ABOUT LISTENING. THAT STARTS WITH GIVING PATIENTS SPACE TO ASK QUESTIONS AND SHARE WHAT THEY'RE UNSURE ABOUT. DIALOGUE BUILDS TRUST AND OPENS THE DOOR TO FUTURE CARE CONVERSATIONS."

3. USE SIGNAGE AND REVIEWS TO SPARK ENGAGEMENT BEYOND THE COUNTER

Engagement doesn't stop at the counter. Your website, signage and online reviews all play a role in building trust, often before a patient walks through the door. A sign that says, *'Did you know we can treat UTIs?'* invites questions. A Google review from a grateful patient helps others trust you before they even walk through the door.

Don't be afraid of bad reviews. Respond to them with empathy and solutions. Handled well, they become public examples of care and accountability.

Tip: If you haven't already, activate Google reviews and encourage feedback via email or SMS after a service. A follow-up like, *'Thanks for visiting, if we helped today, we'd love a review'* can go a long way.

4. FOCUS ON INFLUENCE, NOT JUST INFORMATION

You can shape patient behaviour, not by pushing, but by guiding. Many people still don't realise pharmacists can now help with a growing list of everyday health conditions. A short, confident suggestion can lead someone to choose faster, more accessible care.

This influence isn't about promotion. It's about using your trusted position to help people make informed, timely decisions, whether that's starting treatment with you today or following up with a GP.

Tip: Try saying, *'We can treat that here if you'd like to get it sorted today – no need for an extra appointment.'*

5. COLLECT THE RIGHT DETAILS AND USE THEM WELL

Building engagement also means making it easier for patients to stay connected with you. That starts with having up-to-date contact details and communication preferences. Whether it's email reminders, SMS follow-ups, or a hotline that functions more like a chat line, convenience matters.

Used well, this data exchange can support better care and stronger relationships.

Tip: Make sure your website is up to date. If you don't have one, get one. Invite patients to opt in to SMS or email updates, not just for promotions, but for service reminders or seasonal health tips.

IT ALL COMES BACK TO TRUST

You don't need a major campaign or expensive tools to build stronger relationships with patients. You already have the most important ingredient: trust. What matters now is how you use it, whether to start conversations, support decisions or encourage word-of-mouth for your pharmacy within the community.

Every interaction is a chance to strengthen the connection. Start small. Stay consistent. And make every conversation count.

CONNECT WITH STEPHEN

in @stevethirgood



HOW TO STAY COMPLIANT WITH UPDATED GUIDELINES AS A COMPOUNDING PHARMACIST



Marina Holt

Education and Training Manager at PCCA Australia

It's now been about nine months since the Pharmacy Board of Australia updated its Guidelines on Compounding of Medicines which were originally released almost 10 years ago in 2015. However, for many compounding pharmacists, the new guidelines which came into effect in October 2024 have proven challenging to integrate into their existing compounding business.



Demonstrating precision and care – A pharmacist operates specialised equipment in the compounding lab to prepare customised medicines for patients with specific needs.

For those of us in the industry who were involved as stakeholders or had some previous insight into corresponding changes which were occurring overseas in the United States Pharmacopeia (USP), the changes represented a finalisation of discussions and submissions and lengthy representations for pharmacists and patients to the regulators.

However, for many compounding pharmacists, the new guidelines which came into effect in October 2024 have proven challenging to integrate into their existing compounding business. Approximately a third of pharmacists report that they still find some of the requirements of the new guidelines difficult to navigate or time consuming to achieve.

And of course, this is a very fair comment—if you haven't expected significant changes in rules, it's easy to get caught unaware. These changes have come at a time when there has been a lot of movement in other areas of pharmacy practice, with pharmacists needing to navigate new scope of practice areas and new areas such as medicinal cannabis supply.

To add insult to injury, almost simultaneously with the release of the new guidelines, a plethora of new products which had previously been core products for most compounders were released as registered "commercial" TGA products meaning that they could no longer be compounded.

While the comments of "What's the point of compounding anymore!" and "my patients are being impacted, particularly those patients who live in regional and rural areas where we have to post, the new expiry dates are a real problem."

At PCCA my Clinical Services team and I have fielded so many of these types of calls over the past few months and would like to share some of our suggestions which might be useful for compounders.

Firstly, if you haven't been in touch with us in a while, give us a call. We are well aware of the challenges and are here to help you. Sometimes you just need to use our team as a sounding board. We have all worked in a retail pharmacy setting and understand the pressures you face on a daily basis.



Quality and accuracy in every dose – A pharmacist compounds tablets to provide tailored treatment options not available in standard formulations.

Many compounders are making it a targeted project to review formulas. It's a good time to retire older formulas with short expiry dates and investigate whether there are newer formulations with extended beyond use by dates, and newer anhydrous bases which allow a default of a longer expiry. However, we want to make sure that your patients' care will not be impacted by such changes, so we urge pharmacists to discuss it with our team.



**"CHANGING A BASE
JUST FOR THE SAKE
OF IT MAY NOT
ALWAYS BE THE BEST
COURSE OF ACTION."**

For example, a menopausal patient who has been stable on a specific cream for many years may not do all that well with a change to an anhydrous base which may have a different absorption profile.

In the US, compounders anticipated changes to guidance documents such as USP 795 for several years, and our formulations teams at PCCA have been on the front foot with their "Formula Plus" Program which now has more than 300 BUD formulations covering a large range of products and therapeutic areas. Many of these formulations include "bracketed studies" which means that there is an extended range of strengths of the various actives included in the BUD results. The "Formula Plus" program encompasses "reliable stability -indicating studies based on global standards as described in the APF 26.



Innovative dosage forms – Compounded medicines can take many forms that support patient adherence and individualised care.

Most PCCA members are already using our range of member-only PCCA bases, but perhaps it's time to review whether the formula that you are using now has an extended BUD.

These studies are carried out using PCCA ingredients. As such, **the BUD is only valid if the compounding pharmacy only uses PCCA ingredients, giving PCCA members a strong advantage in the compounding space, knowing that your formulation has met all the international requirements to assign an extended BUD.**

Many of the combination hormone creams which you regularly fill for your patients are likely to already fit into this category. Choosing an extended BUD formula is particularly helpful if you need to post to patients. By taking advantage of a BUD formulation which has an extended expiry date, often up to 180 days, the patient doesn't lose 5 days of a 28 -day (default expiry date) period



“KEEPING UP WITH DOCUMENTATION IS ALWAYS A CHALLENGE FOR PHARMACISTS WHO ARE FANTASTIC AT JUGGLING MANY JOBS AT ONE TIME BUT FIND IT DIFFICULT TO KEEP ON TOP OF PAPERWORK.”

while it is being posted. In many situations the current formula being used might only require a slight adjustment, if at all.

Changes such as these also give compounders an additional opportunity to reach out to prescribers and to discuss the recent changes in guidance as well as touch base with new compounding ideas and to hear from them about the medication challenges which many of their patients face on a daily basis.

Consider if you have a compounding lab technician who can assist you with this and think about where specifically you require additional help. If, for example, you need assistance with retiring old formulas and are not quite sure of the best way to do this, have your staff contact our software team. They will be happy to talk them through the process and show them the most appropriate options which you can later decide on.

Simple tasks such as having a document file where all necessary items such as risk assessment forms are readily accessible to print or attach to emails are a great first step and can easily be assigned to other staff. Our software team can provide options for you to complete or save your risk assessment forms directly to your compounding software if you are choosing to go paperless.



“DON'T HESITATE TO LOG A CALL WITH OUR TEAM, WE CAN ARRANGE A TIME TO GO THROUGH THE BASICS TO GET YOU STARTED AND UNSCRAMBLE ANY UNRESOLVED DOCUMENTATION CONCERNS. IT'S A GOOD INVESTMENT OF YOUR TIME PARTICULARLY IF YOU HAVE A QUALITY CARE AUDIT LOOMING.”

SOPs are a necessary part of documentation in a compounding lab and a requirement for Quality Care. Perhaps you have an older SOP manual that needs updating, or do you just need help getting started? Do the words in the SOP look like spiders crawling on a page.

The Pharmacy Board guidelines advise pharmacists of the importance of conducting self-audits and suggest that third party audits may be beneficial. At PCCA through our Third-party Audit Service we have been able to assist many pharmacists to assess their overall compliance with regulatory requirements and any relevant standards and have made suggestions which have helped them to improve many aspects of the compounding service, lifting it to a higher standard.

Do not hesitate to reach out to us if you would like more information on these or any other PCCA membership services. As you continue your compounding journey this is a great time to expand your access to supported services. We look forward to further discussions with both our existing members and other pharmacists who might be considering PCCA membership.

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LIEBHERR

AUSTRALIAN PATIENTS HIGHLY SUPPORTIVE OF EXPANSION IN PHARMACIST PRACTICE



Leanne White

Founder & Managing Director, Insightfully

As 'full scope of pharmacist practice' rolls out across Australian pharmacies, practitioners will be encouraged to hear there is significant support from their patients to access a wider range of services.





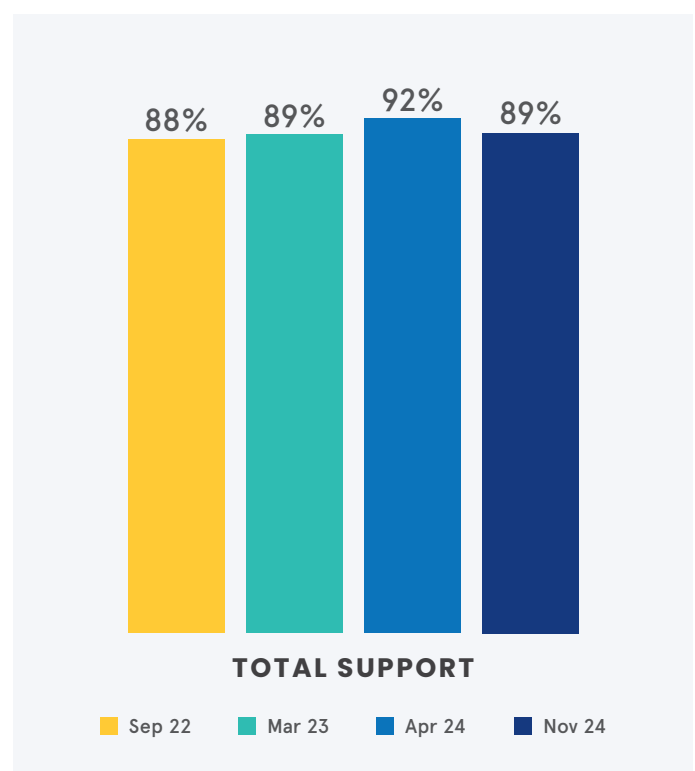
At Insightfully, we've been tracking the views of Australians towards pharmacy full scope of practice for the past five years. Since 2020 we've conducted more than 11,500 qualitative and quantitative research interviews with Australians to understand their evolving views of full scope. First research started in March 2020 in Queensland (the first trial state for full scope) and nationwide tracking began in September 2022.

The full scope of practice program has required significant engagement with governments at the state and federal level in Australia, so the research was undertaken among registered voters, who make up about 93% of the Australian adult population.

Support for full scope of practice

Support for full scope has remained steady since the first nationwide benchmark in September 2022 [see graph]. In that original nationwide track, 88% of Australian voters supported community pharmacists being able to provide more health services to their patients, provided they are trained and follow professional standards and guidelines. In the most recent national track in November 2024, support was almost the same at 89%.

FULL SCOPE OF PRACTICE PATIENT SUPPORT - NATIONAL TREND





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This public support for full scope shows that the community is welcoming the program as they hear more about it and are gradually provided access to more and more services from their community pharmacists. In fact, in Queensland, where full scope is arguably most advanced, public support has increased. Early in the program, 84% of Queenslanders supported the program; this increased to 88% as Queenslanders had more access to full scope services.

It's human nature to be sceptical or concerned about something new; this research demonstrates that patients become more comfortable with full scope over time and are likely to become more comfortable as they access these services more and more.

Evolving healthcare system

Community pharmacists in Australia can be confident in embracing full scope of practice services in an evolving healthcare system. Patients are feeling the pressure of reduced access to traditional health services such as general practitioners and emergency departments and are looking for more timely and convenient ways to access healthcare.

In our most recent national track in November last year, we found that now, more than a third of Australians (37%) are waiting longer than what they deem is acceptable to get an appointment with their GP. Furthermore, nearly one in five (19%) had been forced to visit the Emergency Department at some point over the past three years because they could not get timely access to their GP.

This further highlights the need for community pharmacy to evolve to meet the changing needs of patients as traditional healthcare access becomes constrained.

Naturally, again due to that hesitancy about the unfamiliar, patients are more comfortable receiving some services from pharmacists than others. For example, patients are more comfortable receiving vaccinations and anti-virals for influenza than they are having pharmacists diagnose and treat common ENT infections. However, even for the pharmacist services patients are less familiar with, comfort levels are still very high. 72% of patients are comfortable receiving ENT diagnoses and treatment, and this is likely to increase over time.

Placing value on time and convenience

Finally, and perhaps most importantly for community pharmacists navigating the business implications of introducing these new services, our research shows many patients are willing to pay to have timely and convenient access to these services rather than waiting for an appointment with a GP, for example, that might be days or weeks away.

When planning how to roll out these paid services to patients in the most effective way for the business bottom line, it's worthwhile pharmacy owners knowing that **some cohorts are significantly more willing to pay than others**. Our research found that more time-poor groups such as women between 35 and 54 years of age are 7% more likely to pay for these services from a pharmacist than the average patient. And older patients with more time on their hands, such as over-55s are more willing to wait for a lower-cost option.

While it will be important for pharmacy owners to target full scope services to those who most need them, one thing is certain: patients are clearly supportive of accessing a broader range of services from their community pharmacist.



"THIS FURTHER HIGHLIGHTS THE NEED FOR COMMUNITY PHARMACY TO EVOLVE TO MEET THE CHANGING NEEDS OF PATIENTS AS TRADITIONAL HEALTHCARE ACCESS BECOMES CONSTRAINED."



CONNECT

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 www.insightfully.com.au

SCOPE CHANGES SWEEPING THE NATION



Siena Barry

The Pharmacy Guild of Australia

Expanding pharmacy scope of practice is a visionary project that will make healthcare more accessible to more Australians, when and where they need it. Over the years, Australia has seen incredible advancements in training, enabling pharmacists to provide more advanced care in their communities. With programs tailor-made for each State and Territory, take a look at the current state of scope in Australia and learn more about what's next for community pharmacy.



Pharmacy services in the consult room at Priceline Pharmacy Kincumber, NSW.

Queensland

The Queensland Community Pharmacy Scope of Practice Pilot had been going for just under a year when Queensland Minister for Health, Tim Nicholls announced at APP2025 that it would become a permanent fixture in community pharmacies across the state.

As of this July, Queenslanders can access treatment for **16 everyday health conditions** simply by going to their local pharmacy. The successful pilot led the way in expanding Australian pharmacists' role as trusted healthcare professionals and strengthened the primary care network by easing pressure on GPs and diverting patients from hospitals and emergency clinics.

Tasmania

In May, the Tasmanian Government committed **\$5 million** towards supporting scope expansion for pharmacists, with new treatments expected to become available to patients next year.

The funding will go towards subsidising the necessary training for pharmacists to treat new conditions, as well as a trial program for pharmacists to prescribe medication to aged care residents in collaboration with their GPs.

The training subsidy is expected to drive early uptake for interested pharmacists, and enable Tasmanians to access more health benefits at their most accessible frontline healthcare destinations: community pharmacies.

Victoria

With a 97% satisfaction rate among patients, Victoria's Community Pharmacist Statewide Pilot was a resounding endorsement of bringing more services to pharmacies. This was reflected by the Victorian Government's incredible **\$18 million investment** in making the pilot permanent, with treatment for 22 health conditions soon to be available through community pharmacies. With subsidised services, Victoria also becomes the first and only state to offer expanded services at no cost to patients.

At a time when cost of living pressures have led many Australians to sacrifice their health, bringing treatment for a raft of everyday conditions to community pharmacies makes healthcare more accessible than ever.

South Australia

In South Australia, community pharmacy is headed for a **\$2.2 million promise** to develop and implement expanded scope in the state with subsidised training for up to 120 pharmacists over three years and funding to support new clinical guidelines and upgraded software.

The commitment comes after reforms enabled South Australian women to receive advice and treatment for uncomplicated urinary tract infections (UTIs) and resupply of the oral contraceptive pill.

The announcement came as South Australia opened its fourth ever 24-hour pharmacy, making healthcare more accessible than ever. In just one year of operating, the three existing after-hours pharmacies helped over 270,000 visitors, dispensed more than 105,000 scripts, and greatly eased pressure on hospital emergency rooms.

Scope of practice — Current state of play*

Community pharmacies have an important role to play in the provision of accessible healthcare. Pharmacists are well trusted by Australian patients. And community pharmacy is the most accessible healthcare destination, located across Australian cities and into the furthest reaches of regional, rural and remote communities. Not only are pharmacists highly qualified healthcare professionals, but many community pharmacies are open after hours and on weekends making them an important resource in the broader healthcare system.

The services identified in scope of practice pilots are those which are:

- most frequently seen in hospital emergency rooms
- preventable should patients have had timely access to a healthcare practitioner.

The legislation that governs which conditions can be included in pharmacists' scope of practice is managed by State & Territory governments. The Guild is asking for this legislation to be harmonised across the country so that it provides access to the same care for Australian patients, no matter where they live.

The map over the page shows the progress of the scope of practice rollout around Australia.

*As at 23 May 2025.

What are the health conditions?

Governments roll out healthcare reforms by first implementing pilots and trials to test, refine and stagger their spending. The list below shows the conditions and services as they currently stand, while the map shows the progress across the states & territories of their rollout. **The map is accurate as at 25 May 2025.**

	#	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
	21	Management for overweight and obesity
Chronic conditions	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

HARMONISED ACCESS ACHIEVED

1 2 4

While there are jurisdiction-specific requirements for the delivery of these services, patients can now access them in Community Pharmacies Australia-wide.

WA

PERMANENT SERVICES:

1 2 4

PLANNED AND/OR PILOT SERVICES:

6 7 11 12 15 16 17

SA

PERMANENT SERVICES:

1 2 4

PLANNED AND/OR PILOT SERVICES:

5 6 7 8 9 10 11 12
14 15 16 17

QLD**PERMANENT SERVICES:**

1 2 4

PERMANENT FROM 1 JULY 2025

3 5 6 7 8 9 10 11

12 13 14 15 16 17 18 19

20 21

**PILOT SERVICES CONTINUING
BEYOND JULY 2025:**

22 23 24

NSW**PERMANENT SERVICES:**

1 2 4 10 11 15

PERMANENT FROM AUGUST 2025:

5 12 14 17

**PLANNED AND/OR PILOT
SERVICES:**

6 7 8 9 16 19 20 21

22 23 24

ACT**PERMANENT SERVICES:**

1 2 4

**PLANNED AND/OR PILOT
SERVICES:**

5 6 7 8 9 10 11 12

14 16 17 21 22 23 24

VIC**PERMANENT SERVICES:**

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**PLANNED AND/OR PILOT
SERVICES:**

6 7 8 9 10 11 13 14

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TAS**PERMANENT SERVICES:**

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**PLANNED AND/OR PILOT
SERVICES:**

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21 22 23 24

CASTOR OIL – THE TRUTH BEHIND THE VIRAL TREND

GOLD  CROSS

What is the castor oil trend?

Influencers on TikTok have been rubbing castor oil onto their bellies, pouring it into their belly buttons, or wrapping towels soaked in castor oil around their stomach. Why? They have suggested it can melt belly fat, help with bloating, soothe menstrual symptoms, and regulate bowel movements. This article will uncover the truth (if any) behind these unusual, suggested uses.



Castor oil plant, (*Ricinus communis*) is a large plant from the (Euphorbiaceae) family, grown commercially for the pharmaceutical use of its oil.



Where did the idea of castor oil on the belly come from?

The first recorded use of castor oil appeared in the Ebers papyrus of ancient Egypt – that's over 3,500 years ago.¹ Over 1,000 years ago Pliny The Elder listed 16 remedies using castor oil, one of which is still used today (more on that below).^{2,3}

In the Indian practice of ayurvedic medicine, applying oils to the belly button is called 'nabhi poorana', which translates to 'navel filling therapy', or 'nabhi basti', meaning 'navel oil retention therapy'.⁴ In both cases, lukewarm oils are applied over the belly button and allowed to sit for 10 to 45 minutes. This may be combined with navel massage or pressure.⁴ The theory behind this practice is that the belly button is one of the most important vital energy points of the body (called marma), thought to control digestive and metabolic processes as well as energy production in the body. The oils are believed to help activate this marma point and its related energy channels.⁴

Does it work?

Your belly button is simply the scar left over from when your umbilical cord was cut after you were born,⁵ rather than a channel to the inside of your body. Castor oil itself is not well absorbed through the skin,⁶ so it's unlikely to influence the symptoms and processes talked about on TikTok when applied to the belly. However, there is plenty of evidence for castor oil being beneficial in other ways when applied to the skin, or even when taken orally.

When **applied to the skin**, castor oil helps to nourish and smooth skin and hair. It is used in over 1000 cosmetic products from moisturisers, makeup and bath soaps to fragrances and hair products.⁷

When taken orally, castor oil can act as a laxative to help relieve constipation.⁸ While the mechanism behind this is unknown, one theory suggests that the main component of castor oil (a type of fatty acid called ricinoleic acid that makes up about 90% of castor oil) works on the intestines to encourage bowel movements – just like Pliny said it did.¹⁻³

How to use Gold Cross Castor Oil

INGREDIENTS:

Castor Oil 1 mL/mL

DIRECTIONS:

INTERNAL USE:

Adults: Take 15–30 mL (1–2 tablespoons) daily.

EXTERNAL USE:

Apply to skin or hair, massage gently and allow to penetrate.

If using as a laxative, prolonged use of castor oil may cause serious bowel problems. Do not use when abdominal pain, nausea or vomiting are present, or if you develop diarrhoea. Use with caution if you are pregnant or breastfeeding. Drink plenty of water. If symptoms persist, talk to your health professional.

ALWAYS READ THE LABEL AND FOLLOW THE DIRECTIONS FOR USE.

References: 1. Tunaru S, et al. Proc Natl Acad Sci USA 2012;109(23):9179–84. 2. Patel VR, et al. Lipid Insights 2016;9:1–12. 3. The Natural History. Pliny the Elder. John Bostock, M.D., F.R.S. H.T. Riley, Esq., B.A. London. Taylor and Francis, Red Lion Court, Fleet Street. 1855. 4. Verma HM, et al. Int J Res Ayurveda Pharm 2024;15(5):86–90. 5. Gardani M, et al. Acta Biomed. 2019;90(4):504–509. 6. Mein EA, et al. Evid Based Integrative Med 2005;2(4):239–244. 7. Cosmetic Ingredient Review. Ricinoleic acid. Available from: <https://cir-reports.cir-safety.org/cir-ingredient-status-report/?id=1177e805-f55a-499f-94b2-468f6bf18814> (accessed May 2025). 8. Australian Register of Therapeutic Goods (ARTG), Castor Oil Public Summary.

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CONSULT ROOMS: CARE BEYOND THE COUNTER



Harriet Wright

Senior Manager, Practice and Programs,
The Pharmacy Guild of Australia

Harriet Wright, Senior Manager, Practice and Programs at the Pharmacy Guild of Australia, chats to *Australasian Pharmacy* about how to set up a consult room without blowing the budget and taking up too much space. Consult rooms allow pharmacists to extend their clinical services, meaning they can do more for their patients, while also attracting and retaining new staff, including graduates.

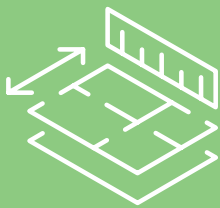


Think about the patient's experience

Patient experience should be the first consideration when setting up a consultation room. The space should be comfortable, confidential and uncluttered.

Considerations:

- Make the room inviting by using light colours to create a sense of cleanliness and professionalism.
- Ensure the room is soundproofed or away from loud noise, so the patient doesn't feel they can be heard by others.
- Choose easy-to-clean materials with longevity to reduce maintenance costs.



UTILISE SPACE

Before construction begins, ensuring you have enough space is vital.

Considerations:

- Decide the types of clinical services you want to offer as this will determine how big the room needs to be.
- Ensure staff and patients can move around comfortably, and there are no physical barriers – this will help promote connection and communication.
- Ensure easy access for people of all abilities.
- Ensure emergency workers can fit their equipment in the room should an emergency arise.



SAFETY

Staff safety is priority when designing a consult room.

Considerations:

- Have security policies and procedures in place, so staff know how to respond to physical or verbal abuse in the room.
- Have an emergency call out procedure.
- Install a security system, possibly CCTV or a panic alarm.
- Ensure pharmacy staff have easy access to the door.



EQUIPMENT

During the design phase, decide the types of clinical services you would like to offer – this will impact the equipment needed.

Considerations:

- Prescribing pharmacists must use a height-adjustable examination table or fully reclining bed chair.
- Vaccinating pharmacists must have adequate seating for patients.
- Mandatory items in all consultation rooms include hand sanitising station, waste disposal bins, first aid kit. In consultation rooms where vaccinations are performed – anaphylaxis kits and access to Australian Immunisation Register are required.
- Items that aren't mandatory but are helpful include a desk and chair for the pharmacist, computer, storage unit, sink and fridge.

What if I feel I don't have the space or the budget?

If you're working with a small budget take a minimalist approach, which includes the mandatory items and some seating, Mrs Wright said.

"We recognise that not every pharmacy can do this tomorrow – there are inherent challenges, so start small and see this as a journey."

When it comes to utilising space in smaller shops, consider replacing retail space, Mrs Wright said.

Understandably, some pharmacy owners will be concerned about the bottom line. Mrs Wright said, however, once pharmacists offer more clinical services, they will see a return on their investment.

"I'm not saying get rid of everything because part of the attraction of pharmacy is the coexistence of a retail space and healthcare services – it's important to have both.

"But it's time we reconsidered what our patients will need in the future – that is more services."



Harriet Wright has been a pharmacist for more than 35 years and owned a small community pharmacy in rural Gulgong, in central west New South Wales.

She set up a consultation room around 10 years ago, when she saw the demand for primary healthcare services soar.

After selling her pharmacy in 2023, Mrs Wright is now the Senior Manager of Practice and Programs, at the Pharmacy Guild of Australia.

It should be noted her advice is based on best practice in Australia, and rules may differ in other countries.



Model of consult room, furnished by Gold Cross partners Team Medical and Liebherr, on display at APP2025.



LISTEN



The Pharmacy Guild of Australia's Harriet Wright explains how to set up a pharmacy consult room to maximise space, improve patient privacy and support clinical services.



MEMBER RESOURCES



Pharmacy Guild of Australia has a suite of member-only resources to help your pharmacy premises ensure a safe, comfortable, and professional environment for patient services.



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So, if you want feet through your door, you need Glucojel on your shelves.

*Source: Bliss Mobile post campaign reporting



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PATIENT TRUST AT HEART OF PHARMACY ACCREDITATION



Miranda Cook

Just the thought of being under the watchful eye of an assessor while juggling the day-to-day demands of a busy pharmacy is stomach churning. But Director of Australia's Quality Care Pharmacy Program, Lesley Jordan, said the reward of national accreditation far outweighs assessment jitters.

"Being an accredited pharmacy provides assurance to community members, if they attend that pharmacy, they're going to get safe, high-quality care.

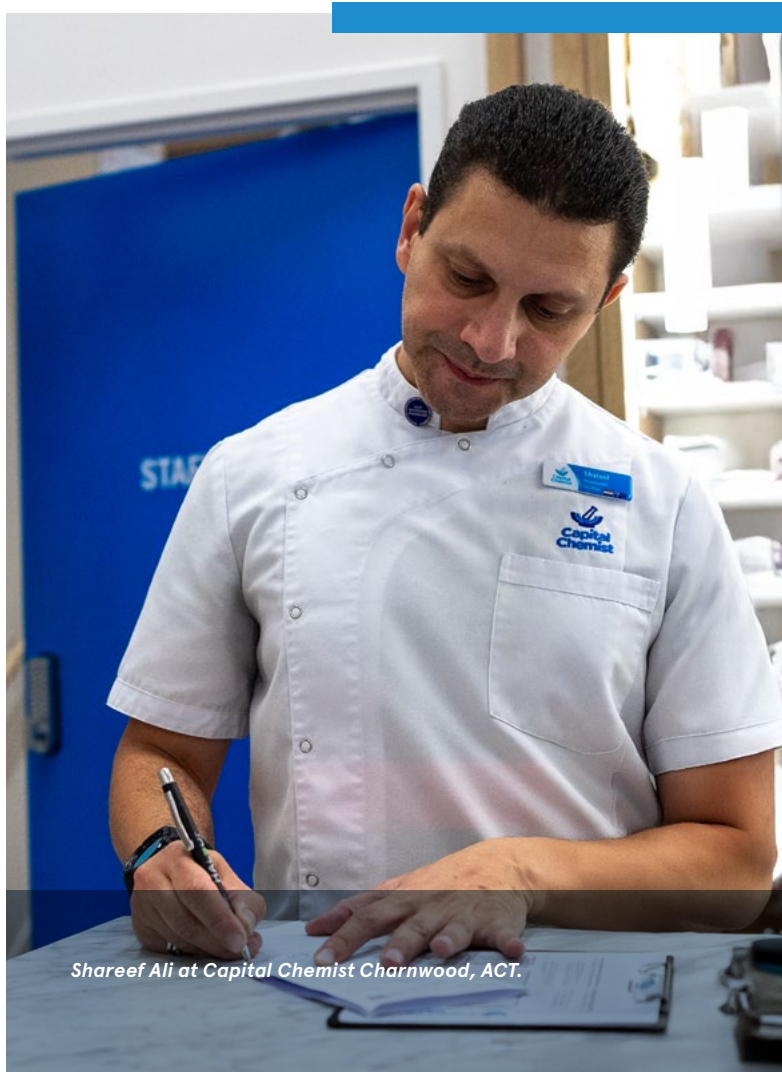
"It provides a competitive advantage," Ms Jordan said.

The QCPP outlines how principals within the *Australian Standard AS 85000:2017* – a quality management system first developed by the Guild in 1997 – are applied in practise in a community pharmacy. An updated version of the Standard was released last year, with a tighter focus on patient safety, clinical governance and consumer engagement.

Professional services firm EY employs a team of pharmacists and quality management assessors to assess participating pharmacies on a bi-annual basis, subsequently deciding whether the business meets accreditation requirements.

Today, almost 5705 Australian pharmacies are accredited as part of the voluntary program.

"In a nutshell, assessors are checking that you've got good systems, policies



Shareef Ali at Capital Chemist Charnwood, ACT.

and processes, and that people are actually following them,” Ms Jordan said.

Dispensing accuracy, cold chain management and staff training are some key areas of focus.

Accreditation is linked to good clinical governance and robust systems, bolstering patients’ trust because they know they’re in good hands, Ms Jordan explained.



“BEING AN ACCREDITED PHARMACY PROVIDES ASSURANCE TO COMMUNITY MEMBERS, IF THEY ATTEND THAT PHARMACY, THEY’RE GOING TO GET SAFE, HIGH-QUALITY CARE.”



Benefits of QCPP Accreditation

- **Community trust:** patients can be assured of the pharmacy’s adherence to high-quality standards.
- **Operational excellence:** following the standard leads to improved operational efficiencies and service delivery.
- **Professional recognition:** pharmacists are recognised for their commitment to quality and excellence.
- **Competitive advantage:** accreditation differentiates pharmacies from others in the community.

FIND OUT MORE



Pharmacists who have questions or need support are encouraged to contact the QCPP helpline on 1300 363 340 or email help@qcqp.com

More information is also available at www.qcqp.com

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NATIONAL PHARMACY ASSESSMENT: 'AN OPPORTUNITY FOR LEARNING'



Miranda Cook

Leading the team responsible for providing national accreditation to community pharmacists in Australia, EY Partner Pat Miller continues to be amazed by their devotion to improving patient care.

As many countries grapple with healthcare challenges following COVID-19 and global instability, Mr Miller said pharmacists' clinical expertise, backed by evolving technologies, is needed more than ever.

Since 2016, Australia's Quality Care Pharmacy Program has contracted global professional services firm EY to carry out bi-annual, onsite assessments and accredit pharmacy owners whose business model meets national requirements.

"Over this time, we've watched management systems and service delivery significantly improve across the industry," Mr Miller said.

"COVID-19 was a classic example of how community pharmacists can adjust their approach to rapidly roll out vaccinations to support the community, despite their own staffing challenges."

Mr Miller pointed out that many pharmacists are not aware of the broad range of services provided by EY, in addition to accounting services. "EY provides a broad range of assurance, consulting, tax and advisory services across a range of industries like health, education, government and technology."

The assessment system is one of rigor and integrity, designed and executed by experts in community pharmacy.

Twenty people are on the assessment team, of which around 80% are trained pharmacists and pharmacy

assistants. Others are experienced in quality management.

"They know the program well, they know pharmacies extremely well, and they bring that expertise and skill to the assessment.

"We are mindful it's a technical subject matter – community pharmacy is a unique operating environment with a unique set of challenges, and we have customised and refined our model."

Clinical governance, quality control, business management and human resources are key components of the assessment.

"We focus on the delivery of pharmacy and professional services, records are being kept appropriately, vaccination spaces are fit for purpose, equipment is calibrated properly – the program helps pharmacies maintain a standard that would be expected of any primary healthcare facility."

Mr Miller understands undergoing assessments while managing day-to-day operations can feel daunting; however, he said assessors are approachable and want to help pharmacists perform well.

"Assessors are trained to create a supportive environment, and many pharmacists leverage the assessments as a learning experience.

"We try to be a light touch in terms of interaction, so we aren't distracting staff trying to deliver a service."

Pat Miller has three tips to help Australian pharmacists exceed in assessments.

DIGITISATION:

Pharmacists who embrace digital technology for documentation management can quickly provide evidence and records.



ORGANISATION:

Pharmacists who perform well have robust procedures in place in terms of organising staff and completing daily activities.

INTEGRATE QCPP INTO BUSINESS:

By having QCPP incorporated into management systems and day-to-day operations, pharmacists can respond naturally to assessors' questions, while still serving the needs of their customers.



"OUR ASSESSORS WORK WITH PHARMACISTS TO CREATE AN ENVIRONMENT OF DISCUSSION RATHER THAN A PUNITIVE REGIME."



LISTEN



Listen as EY Partner Pat Miller provides his three main tips on how to perform well.

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PHARMACY GUILD
OF NEW ZEALAND

NZ PHARMACIST BRIDGING CRITICAL GAP IN CHILD IMMUNISATIONS



Miranda Cook

When Brooke McKay bought her pharmacy 11 years ago, she never expected to be the first to offer child immunisations in New Zealand. But as pressure continues to mount on GPs and after-hour services are lacking across the country, her team at Queen Street Pharmacy, in Upper Hutt, is dedicated to developing its services to keep up with demand.



Brooke McKay is on the board of the Pharmacy Guild of New Zealand and owns a regional pharmacy in Upper Hutt, in the North Island.

"We want to keep finding ways to expand to provide the community with what they're asking for.

"I never thought we'd be doing stitches, tetanus shots and wound dressings," Mrs McKay explained.

Upper Hutt, in the lower North Island, has a population of 60,000, with a large Māori and Pacific Island community.

Alarming, nearly a third of the population can't register for a GP, including newborn babies who are put on lengthy waitlists. Those who are registered face a four-week wait for appointments.

With the closest hospital a 30-minute drive away and emergency wait times often stretching to seven hours, Queen Street Pharmacy is the only healthcare option for many families.

"We were the first site accredited to provide childhood immunisations because of the panic for mums who can't register their babies with a doctor to get them vaccinated," Mrs McKay said.

In April last year, New Zealand pharmacists became authorised to administer childhood vaccinations, including those for children aged under five.

But Mrs McKay, who is also a board member for the Pharmacy Guild of New Zealand, couldn't wait for that change. She employed nurses to do immunisations, as well as a wide range of other clinical services.

"We were becoming a triage hub – it was becoming dangerous.

"So, we employed onsite nurses to provide a more structured clinical triage centre, particularly for children."

Her list of services is extensive and includes virtual GP appointments, all immunisations on the National Immunisation Schedule, nicotine replacement therapy, treatment for minor ailments, ear wax micro-suctioning, prescribing antibiotics for strep throat, urinary tract infections and contraceptive pill, wound care, and much more.

"We do wart and skin tag removal, because it is quite an issue for kids.

"They're embarrassed at school, and they can't get into a doctor for three months to get the wart on their hand removed."

While Mrs McKay works tirelessly to identify new ways to help her community, funding and workforce shortages make it difficult to stay sustainable.

"The whole system is under pressure."

"It's a nation-wide problem."



**"WE WANT TO KEEP FINDING
WAYS TO EXPAND TO PROVIDE
THE COMMUNITY WITH WHAT
THEY'RE ASKING FOR."**



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PHARMACY GUILD
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SMALL TOWN PHARMACY WINS BIG IN RURAL AND CULTURAL VIDEO AWARDS



Miranda Cook

As you watch Karen Carter's video capturing a glimpse of life as a rural pharmacist, it's hard not to be struck by the genuine smiles of her staff. The footage is fitting given the theme for this year's I Love Rural Pharmacy Video Competition was *Rural Pharmacy: Our People, Our Strength*, aimed at showcasing strategies to recruit and retain pharmacy staff.



Karen Carter (left) and Kirra Natty (right) of Carter's Pharmacy in Gunnedah, in north-central New South Wales.

After entering every year, Mrs Carter is humbled the short film won Best Video at the Australian Pharmacy Professional Conference and Trade Exhibition, held in March.

"Flexibility is key – we have a seven-day business, so we try to have flexibility around what a working week looks like.

"We have some young mums who only work until 3pm, so they can go home and start their second job," she said with a laugh.

She said investing in technology – like their dispensing robot named Regina – helps to reduce mundane dispensing tasks, making the job more enjoyable for staff.

"We also tried to highlight that offering a good mix of different personalities and cultures makes for a happy team."

In another coup, her team also took out the Peoples' Choice Award in the Cultural Engagement Video Competition. Participating pharmacies were asked to showcase how they celebrated cultural diversity in line with this year's theme of *Community Pharmacy, Creating Cultural Connections*.

Having owned Carter's Pharmacy in Gunnedah, a remote town in New South Wales, for 33 years and another pharmacy, Narrabri Pharmacy, about an hour's drive away, for 16 years, Mrs Carter is passionate about improving health inequities for First Nations patients.

"Both towns are similar in size and have a population of around 12,000 – 20% are Aboriginal and Torres Strait Islander."

Kirra Natty, who is a First Nations pharmacist, has provided invaluable insight and guidance on culturally sensitive topics, since starting at Carter's Pharmacy, in 2023.

Maintaining a close relationship with Aboriginal Elders, holding weekly visits with an Aboriginal Healthcare Worker, collaborating with Healthwise around vaccinations and ongoing cultural training for staff are just some initiatives the pharmacy is involved in.

"There is a lot of trauma around colonisation for Indigenous people," Ms Natty said.

"Pharmacies are the most accessible health care providers, so if you can make it a safe space for them, they're more likely to ask for help for a range of different conditions or ailments as opposed to going to a doctor or waiting for an appointment."

At NAIDOC Week last year, she set up a tent and saw an opportunity to screen people for high blood pressure.

"Several people recorded high blood pressure, this allowed them to get onto medication, which might actually help prevent disease further down the track."

In preparation for this year's NAIDOC Week, Ms Natty has written to local high schools asking if students would like to shadow a pharmacist for work experience.

"I think it's important we look at the younger generation as well and show them there is an opportunity to work in pharmacy, and that they can go to university and have a career in healthcare," Mrs Carter added.



"MAINTAINING A CLOSE RELATIONSHIP WITH ABORIGINAL ELDERS, HOLDING WEEKLY VISITS WITH AN ABORIGINAL HEALTHCARE WORKER, COLLABORATING WITH HEALTHWISE AROUND VACCINATIONS AND ONGOING CULTURAL TRAINING FOR STAFF ARE JUST SOME INITIATIVES THE PHARMACY IS INVOLVED IN."

WATCH THE VIDEOS



Watch Karen's winning submission in this year's I Love Rural Pharmacy Video Competition.



Scan the QR codes to watch two award-winning videos produced by Carter's Pharmacy staff.



Carter's Pharmacy at Gunnedah, New South Wales.



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FROM THE SHOPFLOOR TO STRATEGY:

How every community pharmacy team member can turn *Inspiration into Action* at Pharmacy Connect 2025



The success of the community pharmacy industry is a team effort; and success today depends on more than great leadership or clinical expertise alone. From the shopfloor to strategy, every role in a community pharmacy contributes to the patient experience, business performance, and long-term sustainability of the profession.





That's why Pharmacy Connect 2025, held 3–5 September at the Hyatt Regency Sydney, is a must-attend event for anyone in the pharmacy industry. With the theme From Inspiration to Action, this year's program empowers every member of the pharmacy team – from pharmacists, assistants, and interns, to students, owners, industry representatives, and more – to skill up, connect, and use the knowledge gained at the conference to move forward with purpose.

Owners and managers

For pharmacy owners and managers, the future of community pharmacy has never looked more complex – or more promising. This year's business sessions will help leaders decode key industry shifts, from workforce challenges and risk management to full scope implementation and smart digital solutions.

The Industry Update panel session will open the conference on Thursday morning, setting the stage with big-picture insights. Sessions like *Full Scope: Making the Dream a Reality* will follow, offering targeted education with practical advice on workflow, consultation room design, and financial ROI. And in *Hustle to Happy: The Smart Growth Paradigm*, Nicky Miklós will deliver a powerful keynote on sustainable leadership and redefining success – equally important skills for managers and owners to hone.

Pharmacists

For practising pharmacists, Pharmacy Connect 2025 is a launchpad for delivering more – to your patients, your team, and your profession. Clinical sessions span everything from wound care and women's health to medicinal cannabis and point-of-care testing.

The Full Scope panel session on Friday will highlight strategies for embracing expanded services, including the Women's Health Package, injectables and digital documentation.

Pharmacy assistants

For the first time, Pharmacy Connect 2025 will feature a dedicated pharmacy assistant education stream. With sessions covering bladder health, OTC analgesics, skincare, ageing and customer conversations, pharmacy assistants will gain confidence and practical skills to apply on the shopfloor straight away.

The program culminates in the inspiring Pharmacy Assistant of the Year (PATY) Showcase, where eight finalists from across Australia will share how they've delivered standout patient care in their pharmacies. The 2025 national PATY winner will be announced later that evening during the Cocktail Party, which will take place during a Sydney Harbour cruise – a first in conference history.



Pharmacy interns and students

Future leaders of the profession aren't forgotten at Pharmacy Connect 2025. Students and interns will have the opportunity to network with pharmacy professionals from across the country and connect with Guild officials. They'll also have access to full CPD content and free registration*. The Trade Exhibition and Friday sessions are especially relevant for those mapping out their career path.

Plus, pharmacy students are invited to attend the Student Summit to connect with other like-minded future pharmacists.

From shopfloor to strategy, Pharmacy Connect 2025 has something for everyone!

Every role. Every opportunity. Whether you're leading a multimillion-dollar business or managing retail conversations every day, Pharmacy Connect 2025 is designed to help you grow. Expect targeted education, high-quality networking, practical business strategies, the latest industry insights and innovations, and so much more.

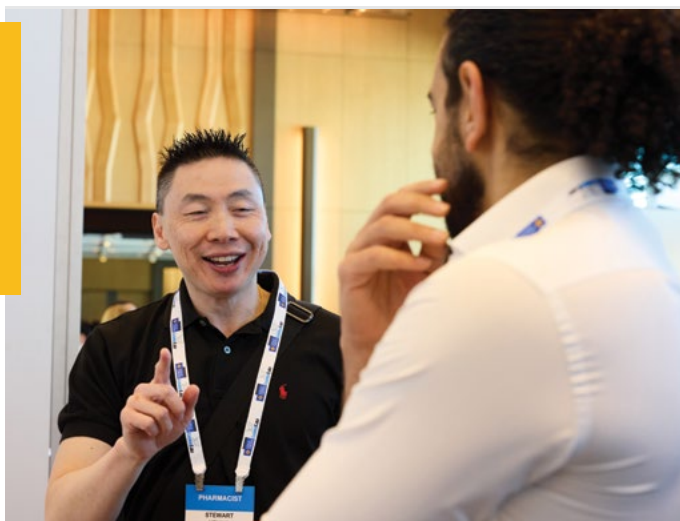


FIND OUT MORE



View the full program and register now at www.pharmacy-connect.com.au

**Complimentary Full Registration is only offered to current Australasian College of Pharmacy interns and pharmacy students completing B.Pharm or M.Pharm degree within Australia*

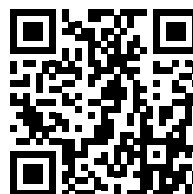


NEW GUILD AWARDS PROGRAM RECOGNISES COMMUNITY PHARMACY'S EVOLUTION

For many years, the Guild Pharmacy of the Year Awards have encouraged, recognised and celebrated excellence in the industry. Now, as the meaning and scope of Australian community pharmacy continue to evolve, the Awards are changing too.



Introducing the New Guild Community Pharmacy Awards: Celebrating Excellence Across Australia



Nominations are open now, head to [FindaPharmacy.com.au](https://findapharmacy.com.au) and find out about how you can get involved today. Stay tuned for more updates!

The new Awards will shine a wider spotlight on Australia's best and brightest with three award categories:

- Community Pharmacy of the Year
- Community Pharmacist of the Year (New)
- Student Pharmacist of the Year (New)

Each award will be presented on a state-by-state basis, meaning every State and Territory will name their own winners. From these, one National winner for each award will be selected and announced at the APP Conference, 12-14 March 2026.

This refreshed structure aims to strengthen engagement, elevate local innovation, and enhance inclusivity while continuing to celebrate the achievements of community pharmacy professionals across the country.



A SOLID PLANNING FORMULA SEES NAPSA CONGRESS CONTINUING TO GROW



Sebastian Harper

National President NAPSA

The National Australian Pharmacy Students' Association has taken on an expanded role over the last term. As the representative body for pharmacy students at every university, we are uniquely placed to advocate directly to the pharmacy profession, and to government.



NAPSA National President Sebastian Harper speaking at the NAPSA Congress 2025 gala in Brisbane.



NAPSA and Health Students Alliance representatives meeting the Minister for Health and Aged Care, Hon Mark Butler MP.

While we've expanded the reach of NAPSA in campaigning and ensuring students have a seat at every table, the core objectives of the Association continue to be fulfilled by a national team invested in delivering outcomes.

While NAPSA Congress – our flagship national conference of students from across Australia and New Zealand – has its own history stretching back to 1952, the COVID-19 pandemic saw a hiatus in the holding of this event. Between Newcastle 2020 and Canberra 2023, pharmacy students missed out on the valuable opportunity to gather in one place. Since its return in 2023, NAPSA Congress continues to not just grow in number of delegates but become more refined and professional in its organisation. With preparations underway for the next iteration in January 2026, hosted by the Sydney University Pharmacy Association, the national body has crafted a solid formula to planning that will be appreciated by our delegates and sponsors.

This term has also been defined by a commitment to more initiatives and benefits for our members. It was a NAPSA/PGA scholarship to APP2023 in my second year of studies that not just showed me what the profession had to offer but introduced me to the leadership opportunities within NAPSA.

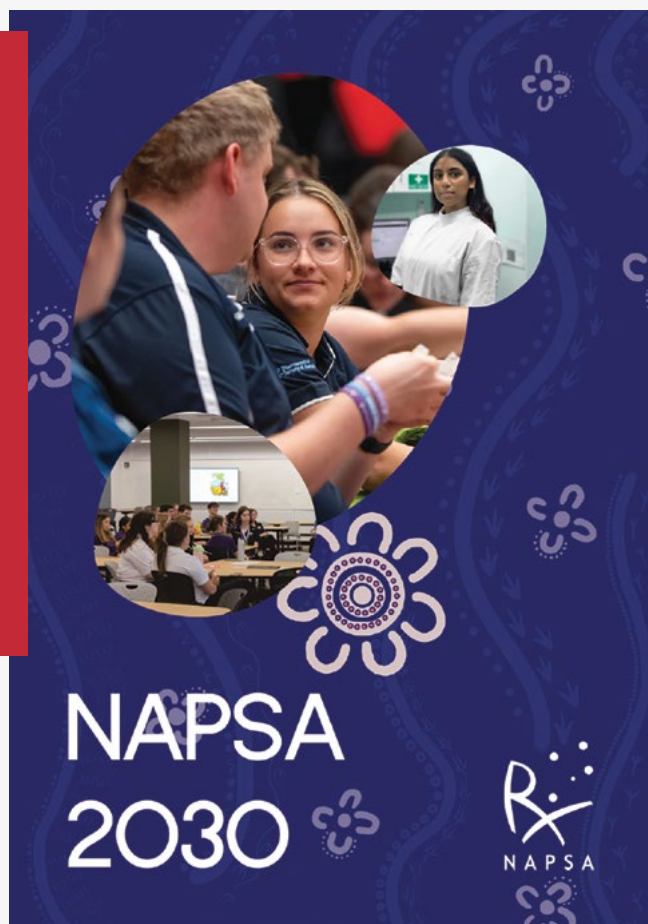
“

CONFIDENTLY I CAN SAY WITHOUT THIS SCHOLARSHIP, I WOULD NOT BE IN THE ROLE I AM TODAY. MORE SCHOLARSHIPS THAN EVER BEFORE ARE BEING DELIVERED BY THE ASSOCIATION, PUSHING MORE STUDENTS TO GET INVOLVED, AND SEE THE PLACE THEY HAVE IN THE PROFESSION LONG BEFORE THEIR STUDIES CONCLUDE.”

It was this mission to deliver real outcomes that gave way to the development of NAPSA 2030. The cornerstone of NAPSA's vision for the next five years involved all levels of the Association. Through the work of our Board, Committee Chairs, their Team Members, local branches, and consultation with NAPSA's alumni and stakeholders, NAPSA 2030 outlined not just the key priorities for this term, but the many national teams who will follow us.

Genuine advocacy to the decision-makers at the intersection of health and politics, equity for our most marginalised members, bringing NAPSA in line with the professional expectations placed on us as an Association and a Company, and reaching the students who are not yet members, are just some of the core elements of this vision.

Before NAPSA 2030 was released, we had already begun the work to realise this vision. With the announcement by the Minister for Health and Aged Care that students who graduate with a Master of Pharmacy (Extended) could use the qualification "Doctor of Pharmacy", the Association was on the front foot with ensuring students are brought along for the journey. In advocating to the universities and peak organisations in pharmacy, NAPSA has continued to make the case that students are overwhelmingly excited by this development but need input to craft the best possible degrees. Students believe the integration of full scope into the new degree will deliver quality graduates that can meet the needs of a struggling healthcare system, and universities across Australia continue to listen to NAPSA and our local associations, in determining how they can deliver this.



NAPSA 2030, available at napsa.org.au

As the profession listens and learns from students, it has been our mission to get the same respect from government. For some time, NAPSA and our colleagues across allied health have felt an issue only exacerbated by the cost-of-living crisis – placement poverty. When students are travelling across the country, paying out of their own pocket for accommodation while taking unpaid leave from work, and living with the reality of increased prices across the board, they fall into placement poverty.



"PLACEMENTS ARE A MANDATORY COMPONENT OF EVERY HEALTH DEGREE, AND THEY ENABLE US TO BECOME BETTER GRADUATES. BUT WHEN STUDENTS CAN'T AFFORD IT, THEY ARE AT RISK OF LEAVING PHARMACY AND ALLIED HEALTH DEGREES ALTOGETHER."

Armed with the belief that something must change, NAPSA built a coalition now of over 40 organisations representing pharmacy, physiotherapy, psychology, occupational therapy and other health disciplines. The Health Students Alliance has been actively campaigning to end placement poverty, with an intense focus during the 2025 federal election. With a re-elected Albanese Labor government that has committed to paying for the placements of teaching, nursing, midwifery and social work students, the Alliance is continuing the fight to get these payments expanded for our struggling health students. We are proud to have a strong relationship with the Minister's office and look forward to keeping up this fight in the new term of government.



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PHARMACIST PRESCRIBERS CARING FOR THEIR COMMUNITIES



Miranda Cook

Josephine Host has been a pharmacist for more than two decades and owns a busy community pharmacy near an even busier beach on Queensland's Sunshine Coast. Last year, Ms Host studied to become a prescribing pharmacist to give her holidaymaker patients better access to healthcare – never imagining the confidence the course would give her in return.

"I've learnt so much more in the course, complementing my current knowledge as a pharmacist."

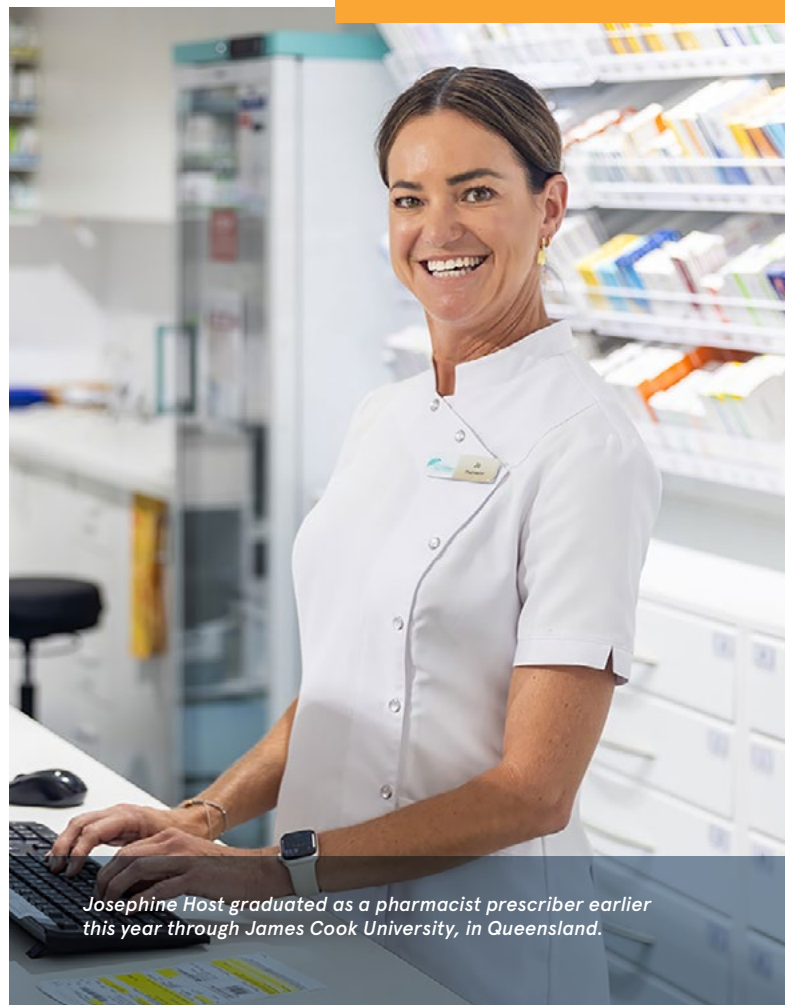
"Even if I'm not doing a full consult, how I manage a patient at the counter is completely different because I've got so much more knowledge and clinical skills," Ms Host told *Australasian Pharmacy*.

"Previously, I spent most of our day triaging people, trying to help them to a doctor or to the emergency department, often for simple things like ear infections, staph infections, shingles and dermatitis."

Now she can consult, examine, manage, treat and refer on-the-spot for those conditions, after completing a trimester postgraduate, Graduate Certificate of Advanced Practice and Prescribing for Pharmacists, through James Cook University (JCU) in North Queensland.

Around 100 pharmacists have graduated from the course following a successful pilot program in Queensland, in 2023. Initially, the first half of training was overseen by the Queensland University of Technology and the second half by JCU; however, this year JCU has started offering the course in full.

The Head of Pharmacy at JCU, Associate Professor Dr John Smithson, explained training is much broader than just prescribing.



Josephine Host graduated as a pharmacist prescriber earlier this year through James Cook University, in Queensland.



Dr John Smithson, of James Cook University in North Queensland, is helping universities in other states roll out pharmacy prescriber courses.

"It's about training pharmacists to take a comprehensive health history, perform focused physical examinations, and use that information to develop a list of possible diagnoses, determine the most likely one, and collaborate with the patient to create an appropriate treatment plan."

Prescribing may or may not occur, and pharmacists will still refer patients to a doctor or emergency department, Dr Smithson said.

"It's really about pharmacists contributing more to the primary care of people in their communities and doing so in a collaborative way."

Graduates are authorised to prescribe for approximately 20 conditions, including impetigo, otitis media and externa, psoriasis, dermatitis, asthma, chronic obstructive pulmonary disease, and hypertension. Their scope also includes preventive health consultations, such as cardiovascular risk reduction, and the provision of hormonal contraception.

Dr Smithson and his team are assisting State and Territory health services in the Northern Territory and Western Australia, to set up similar course work. Other states are also trialling pilot programs.

He is hopeful that training pharmacist prescribers in regional and remote areas will help reduce health inequities by strengthening primary care services, which are already under significant strain.

"Population distribution across regional and remote Australia is widespread, with significant distances between towns, making the delivery of health services both challenging and costly.

"We have a responsibility to work with existing primary care services to provide quality care for all Australians, no matter the geography."



"IT'S REALLY ABOUT PHARMACISTS CONTRIBUTING MORE TO THE PRIMARY CARE OF PEOPLE IN THEIR COMMUNITIES AND DOING SO IN A COLLABORATIVE WAY."



Dr Rhys Ponton oversees the prescriber course at the University of Auckland's School of Pharmacy.

It's a similar problem in New Zealand, where geographic isolation can lead to delays in accessing basic healthcare.

Dr Rhys Ponton, Specialisation Lead for Postgraduate Clinical Pharmacy Programmes at the University of Auckland, advocates for expanding pharmacist prescribing to better support those living out of the country's main centres.

Currently, prescribing pharmacists can only do so in their area of clinical expertise – this can be any area of choice with pharmacist prescribers in diabetes, hypertension and pain management, while others work in highly specialised roles in opioid-use disorder, oncology or parenteral nutrition.

"Pharmacist prescribers cannot prescribe everything for everyone, but as a prescriber's experience grows, it is important not to be too limited, particularly when we think of other professions, such as nurse practitioners, who can prescribe for a wide range of conditions.

"I am aware some pharmacists have pretty wide areas of practice, particularly those in general practice, opposed to those who may be working in a very specialised hospital unit."

Dr Ponton points to the United Kingdom, where sweeping changes to pharmacy education are underway. From 2026, all newly registered pharmacists will be able to prescribe independently.

"I don't want New Zealand to fall behind the UK... we need to keep expanding the role of pharmacist prescribing to alleviate pressure on general practice and other healthcare provider organisations."



LISTEN



Dr John Smithson explains how the pharmacist prescriber course at James Cook University equips pharmacists with advanced clinical skills not only in prescribing, but in examining, managing and treating.

CONTINUING PROFESSIONAL DEVELOPMENT

CPD ASSESSMENT ACCESS – NOW ONLINE

This issue marks a new format for CPD learning.

The full article “Clinical Governance and Quality Use of Medicines (QUM) in Pharmacy Services” is available in print and digital editions. However, to complete the assessment and claim 0.75 hours of Group 1 CPD (which can be converted to 1.5 CPD credits), please access the questions via the digital edition of Australasian Pharmacy.

Plus, don’t miss our second accredited article, available exclusively online:

“Understanding Venous Thromboembolism Risk with Hormonal Contraceptives”, also accredited for 0.75 hours of Group 1.5 CPD.

Visit: australasianpharmacy.com.au.au to complete your assessments and earn CPD credits.



Clinical Governance and Quality Use of Medicines (QUM) In Pharmacy Services

- Recall the definition of clinical governance and its relevance in pharmacy services.
- Determine and address safety concerns for consumers and healthcare professionals in healthcare environments.
- Recognise and uphold principles of privacy, confidentiality, and professionalism in healthcare practice.
- Understand and apply relevant legislation, regulations, and professional frameworks in pharmacy practice.

CLINICAL GOVERNANCE AND QUALITY USE OF MEDICINES (QUM) IN PHARMACY SERVICES



Learning Objectives

After completing this activity, pharmacists should be able to:

- Recall the definition of clinical governance and its relevance in pharmacy services.
- Determine and address safety concerns for consumers and healthcare professionals in healthcare environments.
- Recognise and uphold principles of privacy, confidentiality, and professionalism in healthcare practice.
- Understand and apply relevant legislation, regulations, and professional frameworks in pharmacy practice.

Introduction

Clinical governance may be seen as the responsibility of an owner or manager of the pharmacy rather than an individual. While owners and managers do carry a higher burden of responsibility, clinical governance applies to all pharmacists. An understanding of these principles and how to apply them is essential to delivering best practice patient care.

In this article we will outline the topic in brief and provide a framework for pharmacists to consider for their own practice.

According to the Australian Commission on Safety and Quality in Health Care (ACSQHC), "clinical governance is the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body, executive, workforce, consumers and other stakeholders to ensure good clinical outcomes."ⁱ

It applies to all stakeholders involved in the provision of health care services, from healthcare providers to managers, owners and



AUSTRALIA

Competency standards addressed:

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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.

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governing bodies. It is recognised that in the smaller health care services these roles might be performed by the same individual.ⁱ

The Commission has developed a National Model Clinical Governance Framework based on the National Safety and Quality Health Services Standards, in particular the Clinical Governance Standards and Partnering with Consumers standard.ⁱ

The framework describes the systems and processes that are required to ensure the delivery of safe and effective health care, and which supports their implementation.ⁱⁱ

To help pharmacists contextualise the National Model Clinical Governance Framework, the Pharmaceutical Society of Australia (PSA) has developed Clinical Governance Principles for Pharmacy Services.ⁱⁱⁱ These principles are intended as a guide for the design, implementation, and ongoing evaluation of pharmacy services, including Medication Management Review services.ⁱⁱⁱ The following section outlines the five principles necessary to have good clinical governance and provides examples of how these relate to pharmacy services.

You should familiarise yourself with these and think about how you may implement them.

Principles of Clinical Governance



Partnering with consumers (patients)ⁱⁱⁱ

The consumer's needs and preferences must be considered. For the consumer to be an active participant in this process, communication should be at a level appropriate for the consumer's health literacy. Pharmacists should actively seek feedback from consumers (ie. patients/referrers) and use it to drive quality improvement activities.

Governance, leadership and cultureⁱⁱⁱ

Pharmacists should develop policies and processes that ensure safe, effective and sustainable healthcare, balancing workload to allocate sufficient time for services. They should also ensure access to essential clinical resources. Promoting a culture of safety involves recognising the diversity of consumers and providing culturally appropriate and safe care. Additionally, pharmacists must maintain appropriate clinical expertise in identifying and managing clinical risks, monitor and improve service delivery systems and work collaboratively within multidisciplinary healthcare teams.

Clinical performance and effectivenessⁱⁱⁱ

Adherence to professional guidelines and standards to guide service delivery. Pharmacists should provide evidence-based care integrating the best available evidence with clinical experience and the consumer's individual values and preferences. It is crucial to ensure that information provided to consumers about the service is transparent and that any incidents are disclosed to consumers and any other relevant stakeholders. Continual professional development is based on identified individual needs for the effective provision of pharmacy services. Furthermore, measuring, monitoring and reviewing the effectiveness of pharmacy services by undertaking audits should occur. These could include staff competency, inventory control and consumer or other stakeholder feedback.

Patient safety and quality improvement systemsⁱⁱⁱ

Pharmacists identify safety risks and develop policies and procedures on how to minimise risk and manage incidents, such as by implementing a privacy policy. They adhere to relevant codes of practice, standards and legal requirements. They also implement a continuous cyclical quality improvement process, which includes periodic review of staff competency, regular collection and analysis of consumer feedback and regular self-assessment against required performance outcomes set by the Australian Pharmacy Council (APC) to identify learning needs.

Safe environment for delivery of careⁱⁱⁱ

Pharmacy services are usually delivered in the community pharmacy; hence pharmacists need to ensure that the area used for pharmacy services:

- allows for privacy and confidentiality,
- has adequate space and seating,
- is accessible to the consumer
- has access to required resources or materials

Pharmacists should also provide culturally safe care, which may include undertaking training in cultural awareness and safety, and reflecting on how different cultures and beliefs affect consumers' perceptions of their health and wellbeing. It would also be beneficial to reflect on one's personal attitudes and beliefs and how these can be a barrier to providing culturally safe care.

Pharmacists are accountable for the health care outcomes of their consumers and can follow the principles to implement a simple but effective clinical governance model which will help them drive continual improvement activities to ensure better outcomes for their consumers.

Quality Use of Medicines (QUM)

The Australian National Medicines Policy aims to ensure availability, affordability, quality, safety and efficacy of essential medicines in Australia.^{iv} It has four main objectives:

1. Timely and affordable access to medicines

2. Acceptable standard of quality, safety and efficacy of medicines

3. Quality use of medicines

4. Responsible and viable medicines industry

Quality use of medicines (QUM) is defined as appropriate, judicious, safe and effective use of medicines:^{iv, v} QUM can be achieved by:^{iv}

- Selecting management options wisely in treating illness and maintaining health while recognising that non-pharmacological options may be more suitable to manage some disorders.

- When pharmacological treatment is considered necessary, choosing suitable medicines by considering:
 - the individual and their beliefs and preferences
 - the clinical condition
 - risks and benefits
 - dosage and length of treatment
 - any co-existing conditions
 - other therapies
 - monitoring considerations
 - costs for the individual, the community, and the health system
- Using medicines safely and effectively to get the best possible results by:
 - defining goals of therapy and monitoring outcomes
 - minimising misuse, over-use and under-use
 - improving people's ability to manage their medicines and any unwanted effects.

Pharmacists are committed to maintaining high professional standards and leveraging their expertise in medication management, guided by the principles of QUM. They acknowledge their responsibilities to both society and their profession. QUM principles are fundamental to pharmacists' practice across all roles and settings.

The Commission collaborates with consumers, caregivers, healthcare professionals, and other stakeholders involved in delivery of health services to establish a safe, high-quality, and sustainable healthcare system.^{vi} Its key functions include developing national standards for safety and quality, crafting clinical care standards, coordinating efforts in specific areas to enhance patient outcomes, and disseminating information, publications, and resources on safety and quality.^{vii}

These standards include the **National Safety and Quality Health Service Standards** (which apply to hospitals, day procedure units and multipurpose health services and small hospitals) and **National Safety and Quality Primary and Community Healthcare Standards** which apply to delivery of care in primary and/or community settings.^{vii} Adherence to these standards is crucial in addressing the safety and quality gaps that exist within Australia's healthcare system. By implementing these standards, healthcare providers can ensure a consistent level of care across various settings, thereby reducing the incidence of avoidable negative events and improving overall patient outcomes.

Safety of consumers and workers in health care settings in Australia

While Australia's healthcare system generally produces positive results, there are instances where consumers don't receive the most suitable care, leading to avoidable negative events.^{viii} Safety and quality gaps, along with inconsistencies in healthcare across different demographics in Australia, result in significant human and financial tolls.^{ix}

Much of the research into patient safety to date has focused on the hospital setting where a large number of harmful but preventable incidents occur.^{ix} These include health care-associated infections, hospital-acquired complications (including medication errors) and potentially preventable hospitalisations.^{ix}

However, even though most health care is being provided in the primary health care setting, there is a lack of data on patient safety in this sector.^{ix} Most of the available data focuses on voluntary reporting of errors and incidents.

In their 2010 draft report on patient safety in primary health care, the ACSQHC identified medication-related errors as a significant safety risk to consumers in the community.^x The most common contributing factor to medication related errors was found to be lack of communication between health professionals and consumers, between GPs and pharmacists and at transitions of care.^x

The significant risk that medications pose to safety of consumers in Australia is evident from the data reported in the PSA's Medicine Safety: Take Care report:^x

- A quarter of a million people are hospitalised each year because of medication error, misuse and misadventure, at a cost of \$1.4 billion.
- 400,000 presentations to emergency departments are likely to be due to medication-related problems.
- It is estimated that 50% of medication related harm is preventable.
- Over 90% of consumers have at least one medication-related problem post hospital admission
- 20% of people are suffering an adverse medication reaction at the time they receive a Home Medicines Review.
- 2 million Australians have experienced an adverse medication event in the last 6 months.

The Australian Commission on Safety and Quality in Health Care has come up with a plan to minimise medication harm related to three main areas of concern:^{xi}

- Polypharmacy
- High-Risk Medicines
- Transitions of Care.

Safety of health care workers

Safe Work Australia outlines the common hazards and risks health care workers face and specifies the persons responsible for managing these risks.^{xii} These include:^{xiii}

- manual handling,
- biological and chemical hazards,
- workplace violence, bullying and harassment,
- mental health issues resulting from work related stress,
- fatigue,
- slips, trips and falls.

Privacy, confidentiality and consent in pharmacy services

Although used interchangeably, privacy and confidentiality are not the same thing. Privacy, in its legal context, goes beyond the issues of disclosure of personal information and covers issues of a patient's access to their own medical records, as well as security and maintenance of their records.^{xiii} Privacy only relates to the personal identifiable information, whereas confidentiality relates to all information provided by the person to their health practitioner.^{xiv}

Privacy and confidentiality are fundamental to good relationships between health care providers and consumers which goes back to the Hippocratic Oath.^{xiv} Without assurances that the information disclosed during the provision of a health service is treated with confidentiality, consumers might be less likely to have frank conversations with their health care providers, which would ultimately lead to less-than-optimal care.^{xiv} Health care providers, including pharmacists, need to safeguard this privilege by ensuring that they follow the Australian Privacy Principles (APPs) as set out by the Commonwealth Privacy Act and Commonwealth Privacy Amendment.^{xiv} In addition to the negative impact on relationships, privacy breaches can incur penalties.^{xv}

It is the responsibility of all pharmacists to be aware of the APPs and to ensure that they have policies and processes in place to safeguard the privacy of their consumers.^{xv} The Pharmacy Guild of Australia and the PSA have jointly published a document titled **Privacy and Pharmacy: What does it mean for you.**^{xv} This document is a summary of the APPs and whilst it does not cover every aspect of privacy law, it is a good starting point for pharmacists to familiarise themselves with their obligations. It also provides templates for:^{xv}

- Privacy policy
- Complaint form
- Collection and disclosure of information
- Request for access
- Confidentiality undertaking

THE ONUS TO OBTAIN CONSENT IS ON THE PHARMACIST

Pharmacists must consider how they will store, communicate and dispose of the information that they collect in the process of the various pharmacy services they provide. This includes, but is not limited to, referrals, discharge summaries, interview notes and correspondence with other health professionals. Documentation must be accurate, complete, accessible and must be kept for at least 7 years. All paperwork must be shredded and information stored electronically must be protected so that it cannot be accessed by unauthorised persons.^{xv} When transferring a consumer's personal or health information overseas, such as to a cloud service provider, it is crucial to ensure that the provider is contractually bound not to use or disclose this information, as per Australian Privacy Principle (APP) 8.^{xv,xvi} This is to safeguard the consumer's data and maintain privacy standards.

It is the responsibility of the pharmacist to gain consent from the consumer, carer or legal guardian for the provision of the pharmacy service and the collection of the personal information for that purpose. It is also the responsibility of the pharmacist to gain consent from the patient for the sharing of the relevant information with the patient's medical practitioner, and the sharing of personal information with the Pharmacy Programs Administrator (PPA) and the Department of Health and Aged Care or relevant agency for the purposes of payment.

In conclusion, clinical governance and the quality use of medicines (QUM) are fundamental components of effective pharmacy services. By adhering to the principles of clinical governance, pharmacists can ensure the delivery of safe, effective, and patient-centred care. This involves a commitment to continuous improvement, professional development, and the implementation of robust systems and processes that support high standards of practice.



"WHEN TRANSFERRING A CONSUMER'S PERSONAL OR HEALTH INFORMATION OVERSEAS, SUCH AS TO A CLOUD SERVICE PROVIDER, IT IS CRUCIAL TO ENSURE THAT THE PROVIDER IS CONTRACTUALLY BOUND NOT TO USE OR DISCLOSE THIS INFORMATION, AS PER AUSTRALIAN PRIVACY PRINCIPLE (APP) 8."

The integration of QUM principles further enhances the role of pharmacists in promoting the judicious, appropriate, safe, and effective use of medicines. This not only improves patient outcomes but also contributes to the overall sustainability of the healthcare system by reducing medication-related errors and adverse events.



QUESTIONS AND REFERENCES



"ITS KEY FUNCTIONS INCLUDE DEVELOPING NATIONAL STANDARDS FOR SAFETY AND QUALITY, CRAFTING CLINICAL CARE STANDARDS, COORDINATING EFFORTS IN SPECIFIC AREAS TO ENHANCE PATIENT OUTCOMES, AND DISSEMINATING INFORMATION, PUBLICATIONS, AND RESOURCES ON SAFETY AND QUALITY."



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