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— PHARMACY —

President's Message
Pharmacy Guild
of Australia

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Pharmacy Guild
of New Zealand

Forums For
Community & Rural
Pharmacy Success





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IN THIS ISSUE

Business & Industry

- 2 Presidents Message PGA
- 4 Presidents Message PGNZ
- 6 Annual Parliamentary Dinner
- 8 Wholesaler Deal Concerns
- 10 Forums For Pharmacy Success
- 12 Pharmacy Consult Room Journey
- 14 Harmonised Access To UTI Treatment
- 16 New Find A Pharmacy Website
- 20 Proposal To Increase Prescribing Duration
- 24 QCPP: Beyond Box Ticking
- 28 21 Days To Make A Jelly Bean
- 29 BD Rowa™ Partnership Re-endorsement
- 30 BD Rowa™ Technologies
- 33 Fix Your Professional Services Model
- 40 Mitigating Storm Damage Risks
- 42 Preserving Heart Of Community Healthcare

Health

- 45 Your Quick Guide to Slinda®
- 48 Supporting Informed Supplement Choices

Education & Continuing Professional Development

- 55 Organisational Structure & Culture
- 61 Is It Menopause?
- 71 CPD Multiple Choice Questions

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PRESIDENT'S MESSAGE

Professor Trent Twomey

National President, Pharmacy Guild of Australia

As Guild National President, my priority is advocating for our members. The past year has seen some incredible successes—from the Eighth Community Pharmacy Agreement (8CPA) to the announcement that pharmacy students will be able to earn the title of Doctor of Pharmacy. There is much to be proud of, which will lay the foundation for our work for years to come.

With a federal election nearing, it's even more important we are set up for success. To me, this means a focus on affordable medicine, accessible medicine, and attracting and retaining a highly skilled, motivated workforce.

I know how rewarding working as a community pharmacist is. I also know some of the challenges we face. My focus as we enter the new year is on supporting the sector to overcome these challenges so that our skilled clinicians can do what they do best.

How We Got Here

Last year, I spoke to guests at the Guild's Annual Parliamentary Dinner and described some of the challenges I see with the way Medicare and the PBS have evolved.

As new treatments became available for common everyday health conditions, they were listed as prescription-only medicines. Patients with everyday, non-complex health conditions were then unintentionally directed away from their community pharmacist.

Before, a patient with swimmer's ear, someone needing pain medication, or suffering from a mild skin condition could see their community pharmacist. Now, they had to visit a GP for a prescription before heading to the pharmacy, where it would be dispensed.

It moved the majority of everyday health conditions from community pharmacy to general practice. This outcome was never intended, never envisaged, and never budgeted for.

Yet pharmacists are still—to this day—trained and qualified to provide this treatment.

Current legislative structures often see too many preventable patient presentations in the highest-cost setting: our hospitals, where consultations, without even an admission, cost the taxpayer an average of \$900 each visit.

These systems need to change. I am pleased that we are starting to see pharmacists being trusted to treat more everyday health conditions. However, there is more to do, and I want to work closely with governments and stakeholders across the healthcare sector to represent community pharmacy and to encourage patients to "Think Pharmacy First."

Affordability

One of the Guild's priorities for the election is to ensure medicines remain affordable. We already know too many people are delaying or going without a prescription because of the cost.

In 2023, we were successful in advocating for a cut in the maximum general co-payment on PBS medicines from \$42.50 to \$30. This has saved patients \$346 million already—more than the savings from 60-day dispensing. The Guild was also successful in working with the Government to freeze the concessional patient co-payment for up to five years.

While patients are bearing the brunt of rising inflation and cost of living, I know the pressure is also being felt in community pharmacies. We run small businesses that are not immune to inflation, increased supply chain costs, and fluctuating overheads. Pharmacies employ, on average, 12.6 people, providing local jobs for local people and helping the local economy.

Community pharmacists are not alone. The election will be an opportunity for political parties to think about how they can reduce the pressure on the many small businesses feeling the pinch in towns and cities across Australia.

Accessibility

Many community pharmacies offer the convenience of extended opening hours—an average of nine hours per day or 61 hours a week. They are located across the landscape: 74 per cent of all Australians live within 2.5 km of a community pharmacy. Ninety-six per cent of capital city Australians live within 2.5 km of a community pharmacy. In 332 regional towns across Australia, community pharmacies are the only healthcare destination.

This places community pharmacy in a unique position. We are able to offer more accessible treatment for patients.

A key milestone was achieved at the end of 2024, with women in every state and territory able to visit a pharmacist to receive treatment for an uncomplicated urinary tract infection. UTIs are the second-most frequent preventable cause of hospitalisation, and on average, 1 in 2 women develop a UTI in their lifetime.

Now that this service is harmonised across the country, it means that women in every state and territory can avoid long waits in emergency rooms, delays accessing treatment, and the significant pain and potential side effects if treatment is delayed.

Pharmacists who want to offer the treatment are provided with extensive training to equip them to provide a consultation and follow appropriate treatment protocols. I've completed the training and found it so rewarding to be able to participate in this important step towards giving women access to treatment and care quickly and affordably.

While we've made headway in some areas, it's still only in Queensland that patients can receive treatment at a pharmacy for other everyday conditions like school sores and earache, as well as managing long-term health issues, including cardiovascular disease, asthma, weight management, and more. Our work continues to see service provision harmonised for these conditions, too.

I encourage all community pharmacies to make the most of decisions that increase opportunities for pharmacists—and increase access for patients. Your Guild will continue to provide the support and resources you need to evolve and grow your businesses.

Doctor of Pharmacy

Turning the announcement that pharmacy students who achieve a Level 9 Extended Masters will be able to use the title Doctor of Pharmacy into reality will be a significant undertaking this year.

Discussions with universities have been ongoing for some time, and there is huge enthusiasm for introducing this change and its future impact on healthcare in Australia.

A recent webinar jointly hosted by the Guild and NAPSA saw incredible interest from students wanting to find out more about the change, how it will impact them, and how they will benefit from the announcement.

For me, it is hugely symbolic. It brings pharmacists into line with the titles given to physiotherapists, podiatrists, optometrists, and dentists. It also aligns the Australian system more closely with the training and qualifications in the UK and Canada.

The Guild would like to see the Level 9 Extended Master's degree become the base registerable degree so that, on completion of their studies, all pharmacists can practise to full scope, and all patients can receive full scope services at every community pharmacy.

'Think Pharmacy First'

That brings me to 'Think Pharmacy First,' which underpins the changes needed to build a sustainable healthcare system. I'd like all patients that need treatment for everyday and long-term health conditions to Think Pharmacy First. Need a vaccine? Think Pharmacy First. Need more hormonal contraception or suffering from a UTI? Think Pharmacy First.

This small but significant change in how patients think about accessing healthcare has the potential to offer radical change across primary health. To make it simpler for patients to understand what pharmacists can do and find the care they need, we have updated findapharmacy.com.au. We've backed this launch with a media and social media campaign over Christmas and the New Year that promoted community pharmacy as open and accessible.

And we are backing you all as we enter this new year.

Trent Twomey

National President, Pharmacy Guild of Australia



Health Minister Mark Butler MP with Professor Trent Twomey and Shadow Health Minister Senator Anne Ruston



PRESIDENT'S MESSAGE

Kesh Naidoo-Rauf

President, Pharmacy Guild of New Zealand

The Medicines Act, legislation from 1981, sets out requirements for the approval, classification, manufacture, sale, distribution, advertising, prescribing and dispensing of medicines, along with licensing requirements for the medicine distribution chain, including wholesalers and pharmacies. Importantly, it also details ownership rules for pharmacies.

The previous government replaced the Medicines Act with the Therapeutic Products Act (previously the Therapeutic Products Bill) in July 2023, with most provisions in the Act intended to come into force on 1 September 2026.

Consultation on this draft Bill and previous proposed replacement legislation was a significant piece of advocacy for us.

The TPA retained existing Medicines Act ownership provisions which require pharmacies to be majority owned by pharmacists. We strongly supported this, however raised concerns around future risks to retaining pharmacist ownership (based on the Ministry of Health's regulatory impact statement and analysis). This followed the draft Bill in 2019 including two options for pharmacy ownership, status quo and open ownership, following our successful advocacy with the government to reverse their initial position of unrestricted pharmacy ownership.

We raised concerns about the definition of dispensing in the draft Bill, as this only described the supply of a medicine. We were concerned about the risk of splitting dispensing into supply and advice, so detailed all parts of the dispensing process and the importance of these in our submission. The TPA was updated to reflect this by including an example of dispensing that includes providing advice.

In May 2024, the new coalition government formally announced it would repeal the Therapeutic Products Act. The Therapeutic Products Act Repeal Bill was subsequently introduced with submissions closing in July 2024.

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

The government intends to "develop a modern, risk proportionate regulatory regime for medicines and medical devices, and a separate modernised regime for natural health products". Until new legislation is passed, the Medicines Act continues to apply.

We are monitoring this repeal work closely, with new government policy proposals currently in development for a Medical Products Bill.



"MAINTAINING RETENTION OF MAJORITY PHARMACY OWNERSHIP AND EFFECTIVE CONTROL PROVISIONS, AS WELL AS A DEFINITION OF DISPENSING THAT AVOIDS THE UNBUNDLING OF DISPENSING INTO SEPARATE SUPPLY AND ADVICE COMPONENTS, IS A KEY PRIORITY."



The government has issued drafting instructions for the new Bill, saying it should cover medicines and medical devices, recognising the regulatory differences between the two, and that the legislation should support improved health outcomes for all New Zealanders by enabling timely access to safe, high quality, and effective medical products, providing cost-effective assurance that medical products meet acceptable standards of safety, quality, and efficacy or performance, and enable medicines and medical devices to be classified according to risk.

Overarching principles of the Bill are expected to focus on the ideas that:

- regulation should be proportionate to benefits and risks, and support timely access to medical products
- the likely benefits of medical products should outweigh their likely risks
- regulation should recognise differences between product types, including medicines and medical devices
- regulation should, where possible, be harmonised with international good practice, enabling reliance on assessments and decisions by trusted overseas regulators
- the regulatory system should support innovation, competition, economic growth, and exports in a way that maintains New Zealand's reputation as a producer of high-quality products.

Under the Bill, products will generally be registered with, or approved by, a medical products regulator before they are supplied in New Zealand. The process for obtaining approval will vary according to the nature and risk of the

product. The lowest risk products will either be exempt from the approval requirement or approved following registration and a declaration that the product meets relevant standards.

The Bill will be flexible so that innovative products can be assessed appropriately over time without primary legislation needing to be amended. This approach is consistent with comparable countries.

The Bill will introduce pathways for professions to gain or expand prescribing and other powers in relation to medicines. We will be advocating for further scope of practice changes for community pharmacists and look forward to better understanding the proposed legislative enablers for pharmacist prescribing and the new opportunities this presents for members.

A cabinet paper proactively released states that by the end of March 2025, further approvals will be sought relating to the regulation of pharmacies.

This remains an active piece of sector advocacy work for us and a key strategic priority, particularly maintaining our successful retention of majority pharmacy ownership and effective control provisions, as well as the updated definition of dispensing to avoid the unbundling of dispensing into separate supply and advice components.

We will keep members updated as this work progresses.

Kesh Naidoo–Rauf

President, Pharmacy Guild of New Zealand

A NIGHT TO REMEMBER

In November, the Pharmacy Guild of Australia's Annual Parliamentary Dinner brought the grandeur of Parliament House to life, hosting nearly 400 guests in the iconic Great Hall. The event served as a unique meeting point for political representatives, healthcare leaders, and Guild members, fostering collaboration and strengthening ties across the healthcare sector.

Words | Pharmacy Guild of Australia



The Guild's Annual Parliamentary Dinner was held in the Great Hall at Parliament House, Canberra

The evening featured an impressive lineup of distinguished guests, including Federal Minister for Health and Aged Care, the Hon Mark Butler MP, and Shadow Minister for Health and Aged Care, Senator Anne Ruston. Guild National Councillors and Branch Directors joined the gathering, alongside representatives from medical peak bodies and health groups, creating a buzzing atmosphere of shared purpose.

Around the room, community pharmacists showcased how they deliver accessible healthcare. Exhibitors shared insights and experiences managing everyday health conditions such as sleep apnoea, asthma, smoking cessation, and skin conditions. Their passion for practising at full scope was palpable, highlighting the impact pharmacists have on improving healthcare outcomes.

In his speech, Guild National President Professor Trent Twomey addressed the pressing need for healthcare reform. He spoke of the “confusing” system created by cumulative Medicare changes and made a compelling case for early intervention to reduce preventable hospital presentations. His call to action was clear: patients should “Think Pharmacy First.” Prof Twomey emphasised that community pharmacists are well-equipped with the skills and knowledge to play a greater role in supporting patient health.

Federal Health Minister Mark Butler added an exciting announcement to the evening, revealing that pharmacy students completing a Level 9 Extended Masters will soon earn the title of Doctor of Pharmacy. This long-awaited recognition aligns pharmacists with other healthcare professionals such as physiotherapists, dentists, podiatrists and optometrists. Minister Butler highlighted the significance of the change, saying, “This will help attract and retain pharmacists in our workforce, which means more pharmacists, happier pharmacists working in more places, providing more services, and cheaper medicines to more Australians.” He concluded emphatically, “This can only be a good thing.”



Guild member pharmacists Waqas Ashraf (L) and Nilum Waqas of Amcal Pharmacy Belconnen attended to speak to guests about their work treating everyday and chronic health conditions. Pictured with ACT Branch President and pharmacist Simon Blacker (R)



The Left Right Out band performed to cap off the evening's proceedings



Health Minister Mark Butler gives his speech



Auntie Violet Sheridan, Ngunnawal Elder, gave the Welcome to Country for the event

As the formalities concluded, the evening took a delightful turn with a surprise performance by the band *Left Right Out*. Led by Labor MP and Minister for Immigration and Multicultural Affairs Tony Burke, the group included politicians, staffers, and journalists. Their energetic and upbeat performance left an impression and marked a memorable end to the night.

CONCERNS FOR PATIENTS OVER WHOLESALER DEAL

Sigma first announced in December 2023 its intention to merge with Chemist Warehouse, and in March 2024, the Australian Competition and Consumer Commission (ACCC) began a formal review of the proposed merger. Now, a year later, the ACCC has confirmed it will allow it to proceed unopposed.





The ACCC concluded that “with the undertaking, the proposed merger is unlikely to substantially lessen competition... There is, and will continue to be, effective competition at all levels of the pharmacy supply chain, capable of constraining a combined Sigma Chemist Warehouse.”

The ACCC’s merger review process is informal and not bound by statutory rules. Functioning more like a negotiation between the ACCC and the merger parties, the process determines whether the ACCC intends to block the merger in court. Historically, preventing mergers through this process has been challenging, arguably making the ACCC’s job of regulating competition more difficult.

This dynamic will change in 2026 when the ACCC gains new powers under a revised mergers regime, enabling it to block mergers without needing to take parties to court. Instead, blocking mergers will become an administrative decision. However, this does not mean the ACCC will automatically reject mergers it would have approved under the current regime. The process will be more streamlined, but the ACCC will still need to ensure that a merger is likely to substantially reduce competition before deciding to block it.

The Guild has been vocal about its concerns regarding the Sigma and Chemist Warehouse merger, making three separate submissions to the ACCC. The Guild argued that the merger would reduce wholesaling options for pharmacies and ultimately make the sector less competitive. It remains committed to urging the ACCC to closely monitor the merger’s impact on patients and the diversity of the pharmacy landscape in the coming months and years.

Experience in other industries and countries demonstrates that market consolidation often leads to higher prices and reduced service standards for consumers. The ACCC’s inquiry into the supermarket sector highlights the difficulty of reversing the effects of consolidation once they take hold. Similar trends have already been observed in health services like oncology, general practice, and pathology, resulting in uncompetitive duopolies, unequal distribution of doctors, and a decline in smaller businesses. For the sake of patients, it is crucial to avoid this outcome in community pharmacy.



“THE GUILD IS COMMITTED TO URGING THE ACCC TO CLOSELY MONITOR THE MERGER’S IMPACT ON PATIENTS AND THE DIVERSITY OF THE PHARMACY LANDSCAPE IN THE COMING MONTHS AND YEARS.”

BUILDING CONNECTIONS, EMBRACING CHANGE

Forums For Community & Rural Pharmacy Success

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As part of APP2025, two key forums will highlight the evolving role of community and rural pharmacists: the Cultural Engagement Forum and the Rural Pharmacy Forum.

Words | Pharmacy Guild of Australia



Guild member pharmacist Curtis Ruhnau of Emerton Amcal+ Pharmacy conducting a men's health group session at Marrin Weejali Aboriginal Corporation

These forums will provide pharmacy professionals with invaluable opportunities to connect, learn, and innovate, focusing on cultural inclusivity and effective strategies in rural settings. With an exciting array of speakers, interactive sessions, and engaging competitions, these forums are essential for anyone passionate about shaping the future of pharmacy.

Join the forums that matter!

Both forums promise invaluable insights and opportunities for networking with like-minded professionals. Whether your focus is on creating cultural connections or navigating the rural healthcare landscape, the 2025 forums are designed to inspire, educate, and prepare you for the future of community pharmacy.

Rural Pharmacy Forum: Adapt, Embrace, Succeed

Thursday, 20 March 2025, 2:00 pm – 5:30 pm

Rural pharmacists play an indispensable role in ensuring healthcare access for communities that rely on their expertise. The 2025 Rural Pharmacy Forum, themed Rural pharmacy—adapt, embrace, succeed, focuses on equipping rural pharmacists with the knowledge and tools necessary to thrive while delivering innovative and accessible healthcare solutions.

Co-hosted by the Pharmacy Guild of Australia and Rural Pharmacists Australia (RPA), this year's forum builds on insights from the 2024 event, delving deeper into the challenges and opportunities unique to rural pharmacy. Interactive sessions will spotlight real-world case studies, practical strategies for adopting a full scope of practice, and methods to enhance patient health literacy and autonomy.

Key topics include:

- Understanding change in rural pharmacy – exploring current practices and future possibilities.
- Adaptive strategies – actionable approaches to integrate full-scope services.
- Leadership in times of change – empowering teams to embrace and succeed during transformation.

An exciting addition to the event is the return of the *I Love Rural Pharmacy Video Competition* with the theme Rural pharmacy – our people, our strength. Sponsored by Ravens Recruitment, the grand prize includes a \$4,500 package to support full-scope implementation, while the People's Choice winner will enjoy a full APP2026 registration, including access to the Street Party.

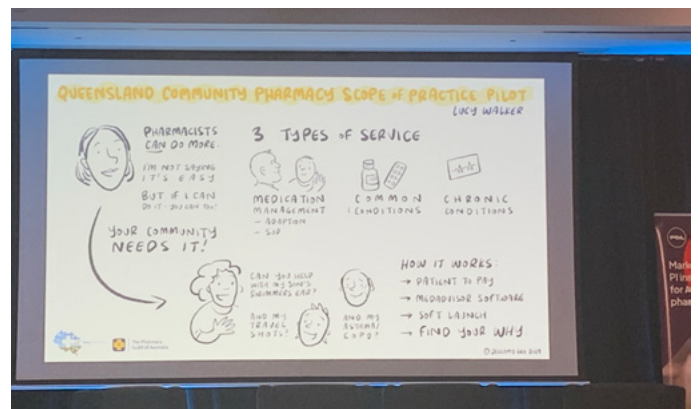
Cultural Engagement Forum: Community Pharmacy – Creating Cultural Connections

Saturday, 22 March 2025, 10:45 am – 1:30 pm

Community pharmacy plays a pivotal role in bridging cultural divides and delivering care that is tailored to the needs of Australia's diverse populations. The 2025 Cultural Engagement Forum, also co-hosted by the Guild and RPA, will explore how community pharmacists can foster deeper cultural understanding and build stronger relationships with their patients.

This year's theme, Community pharmacy—creating cultural connections, will set the stage for a dynamic lineup of speakers who will offer actionable insights on providing culturally safe services. Participants will gain valuable knowledge on how to effectively engage with Aboriginal and Torres Strait Islander communities to strengthen professional practice and improve patient outcomes.

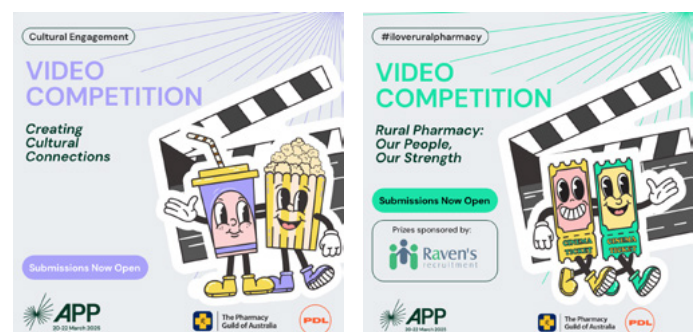
A highlight of the forum is the return of the *Cultural Engagement Video Competition*, which invites pharmacists to showcase their innovative approaches to cultural connection. With prizes including a full registration to APP2026 (including the ever-popular Street Party), it's a competition worth entering for both its rewards and recognition.



Concepts workshopped at the 2024 Rural Pharmacy Forum



Standing room only at the 2024 Rural Pharmacy Forum



Call for submissions for the Cultural Engagement and Rural Pharmacy video competitions

YOUR PHARMACY'S CONSULT ROOM JOURNEY

Pharmacies are increasingly shifting toward comprehensive care models, so consult rooms play a pivotal role in supporting this transformation. These spaces must be more than functional—they must represent a commitment to quality and patient-directed healthcare.



As pharmacy's scope of practice journey continues, so too must the design and functionality of these critical service delivery areas.

The first step is to ensure consult rooms meet essential standards for privacy, comfort, and safety. These foundational rooms are satisfactory for delivering patient services such as vaccinations. However, more comprehensive consult rooms are needed to support a broader range of services and anticipate future patient needs and expectations.

Strategic placement of consult rooms is another key consideration. Locating these spaces away from the dispensary ensures consultations are private and uninterrupted, whilst also enhancing safety by reducing the risk of distractions and preventing unauthorised access to medications.

This creates a professional and welcoming environment for patients. Proximity to waiting areas can enhance convenience, while emergency access is an important safety consideration.

The Pharmacy Guild of Australia has developed a set of detailed resources for the design and layout of consult rooms to assist member pharmacies in meeting current and future healthcare demands. These resources are aligned with best practice principles, ensuring that pharmacy consult rooms are designed to maintain patient safety, privacy, and quality of care. They encourage pharmacies to embrace a culture of continuous improvement, supporting patient satisfaction and regulatory compliance.

Pharmacies upgrading their consultation rooms should plan with future service

delivery in mind, incorporating essential design features such as accessibility accommodations, modern equipment, and flexible layouts to meet diverse patient needs. These improvements signal a commitment to excellence in service delivery, reinforcing trust and confidence in pharmacy services.

Importantly, this journey should be viewed as an ongoing process. At the base level, 'Tier 1' consult rooms meet regulatory and service delivery requirements for existing services such as vaccinations. A step up from this, 'Tier 2' rooms provide more advanced features supporting a wider range of services. 'Tier 3' consult rooms are designed with future-proofing in mind, allowing pharmacies to adapt to growing patient expectations, regulatory updates, and advancements in healthcare delivery.

By prioritising continuous improvement and embracing the flexibility of higher-tier designs, pharmacies can position themselves to meet both current needs and future challenges.

The move toward more comprehensive consult rooms is not merely about physical upgrades—it is about embedding a culture of continuous quality improvement into the heart of pharmacy practice. This approach ensures patients receive the best possible care while empowering pharmacies to thrive in a dynamic healthcare landscape.



“BY PRIORITISING CONTINUOUS IMPROVEMENT AND EMBRACING THE FLEXIBILITY OF HIGHER-TIER DESIGNS, PHARMACIES CAN POSITION THEMSELVES TO MEET BOTH CURRENT NEEDS AND FUTURE CHALLENGES.”



Pharmacist Kirra at Narrabri Pharmacy in consultation with a patient

HARMONISED ACCESS TO UTI TREATMENT

A Milestone in Accessible Healthcare

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As of October 28, Australian women in every state and territory can now access treatment for uncomplicated urinary tract infections (UTIs) directly from their community pharmacy, without the need for a prescription.



This initiative is a significant step forward in providing accessible and timely healthcare, particularly for women managing busy lives.

The announcement follows the Northern Territory's recent decision to join other states and territories in expanding pharmacy services under its Community Pharmacy Scope of Practice program. As part of this initiative, pharmacies in the NT now offer UTI treatments and plan to broaden services to include up to 21 common conditions, such as school sores, asthma, and wound management.

UTIs, which affect 1 in 2 women over their lifetime, are the second-most frequent preventable cause of hospitalisation. By offering convenient access to treatment, the initiative aims to reduce hospital admissions while addressing women's everyday health needs.



“EMPOWERING PHARMACISTS TO PROVIDE TREATMENT FOR UNCOMPLICATED UTIS MEANS LESS DISCOMFORT, QUICKER TREATMENT, AND REDUCED COMPLICATIONS FROM DELAYED TREATMENT. IT WILL MAKE A REAL DIFFERENCE TO WOMEN’S LIVES.”

President of the Northern Territory Branch of the Pharmacy Guild of Australia, Peter Hatswell

The move is part of a broader evolution in women's healthcare services provided by community pharmacies. In several regions, pharmacists already assist with resupplying oral contraceptives and initiating hormonal contraceptive treatments. In some jurisdictions, pharmacies can treat common, everyday health conditions, including asthma, earaches, and school sores.



“THIS NATIONWIDE HARMONISATION OF UTI TREATMENT IS A REFLECTION OF COMMUNITY PHARMACY’S GROWING ROLE IN ADDRESSING EVERYDAY HEALTH CONCERNS. EXPANDING THESE SERVICES BENEFITS PATIENTS AND ALLEVIATES PRESSURE ON GPs AND EMERGENCY DEPARTMENTS.”

Pharmacy Guild of Australia National President, Professor Trent Twomey



Guild member and pharmacist Claire with the Health Minister, Steve Edgington, and the Member for Parap, Laurie Zio, at the announcement of the UTI service in Blooms The Chemist Parap

With over 6,000 community pharmacies across Australia, the initiative leverages pharmacies' extended opening hours and convenient locations in urban, regional, and remote areas. Independent polling commissioned by the Guild shows 82% of Australians trust their pharmacist to provide health advice for non-complex conditions, highlighting the public's confidence in their expertise.



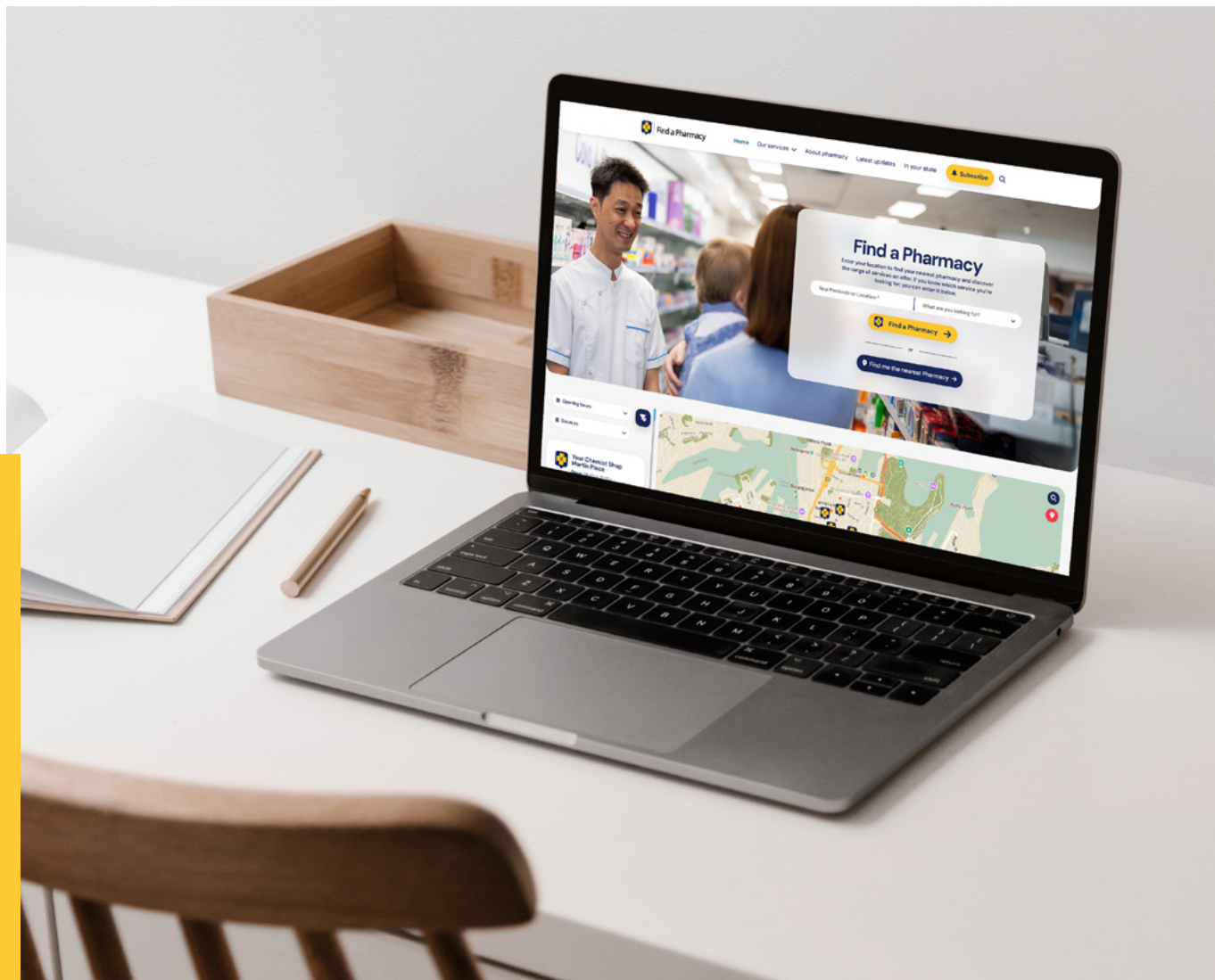
“COMMUNITY PHARMACISTS ARE HIGHLY SKILLED HEALTH PROFESSIONALS WHO ARE READY, WILLING, AND ABLE TO DO MORE FOR THEIR PATIENTS. THIS CHANGE REPRESENTS AN EXCITING OPPORTUNITY TO DELIVER BETTER HEALTHCARE OUTCOMES FOR ALL AUSTRALIANS.”

Pharmacy Guild of Australia National President, Professor Trent Twomey

A New and Improved

FIND A PHARMACY WEBSITE IS HERE!

The Guild's *Find a Pharmacy* website has been updated, offering a fresh and intuitive platform for patients to explore the services available at their local community pharmacy.



This revamped site provides a unique opportunity for pharmacies to showcase their offerings while helping patients better understand how pharmacy can support their health needs.

With pharmacies increasingly providing a broader range of services, it's imperative we do what we can to ensure patients know what's available and how to access it. *Find a Pharmacy* is designed to take users on a seamless journey—from locating the nearest pharmacy to finding the specific service they need, wherever they live.

As healthcare services evolve, pharmacies are playing a growing role in delivering timely, accessible care. However, understanding these changes and connecting patients with the services available can be challenging. This is where *Find a Pharmacy* comes in; it's the premier national platform dedicated to listing community pharmacies' services across Australia.

What's New?

The updated site introduces exciting features designed to improve user experience and highlight the value of community pharmacies:

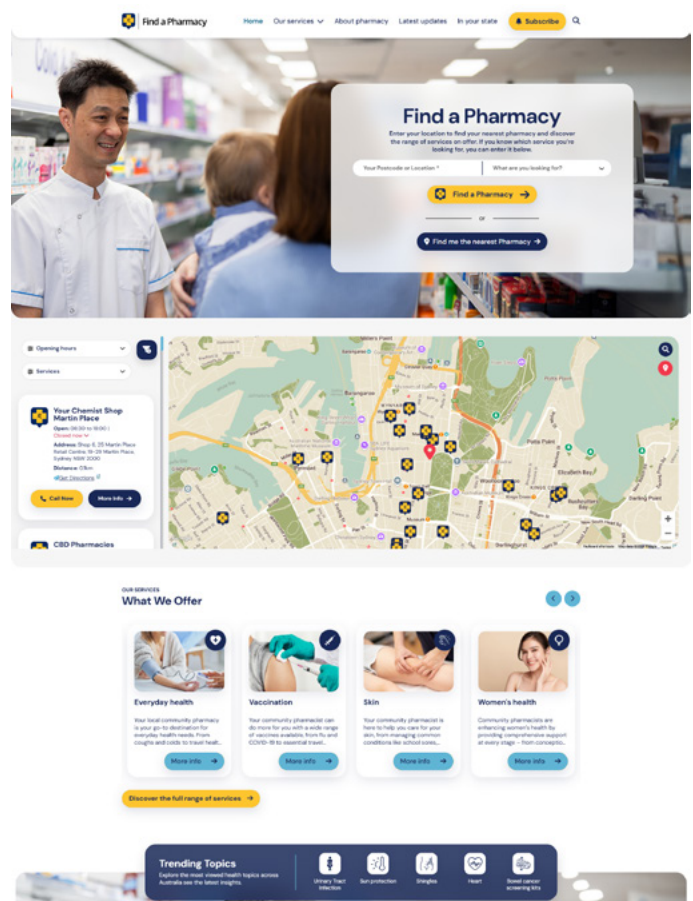
- **Search by service:** Patients can now search for pharmacies offering specific services, whether it's vaccinations, health advice, or condition-specific treatments.
- **Individual pharmacy pages:** Every member pharmacy now has its own page, detailing opening hours, services offered, and location. These pages provide a personalised way for patients to connect with your pharmacy.
- **Health content library:** An extensive range of articles, blogs, and service guides helps patients learn more about their health and the role of pharmacy in their care.
- **Intuitive interface:** The redesigned homepage offers a clean, user-friendly layout, making it easy for patients to navigate and find the information they need.

Taking Patients on the Journey

When patients arrive on the site—whether through a search engine, social media, or word of mouth—they are greeted by a simple and inviting homepage. From there, they can search for the nearest pharmacy or find one offering the services they need.

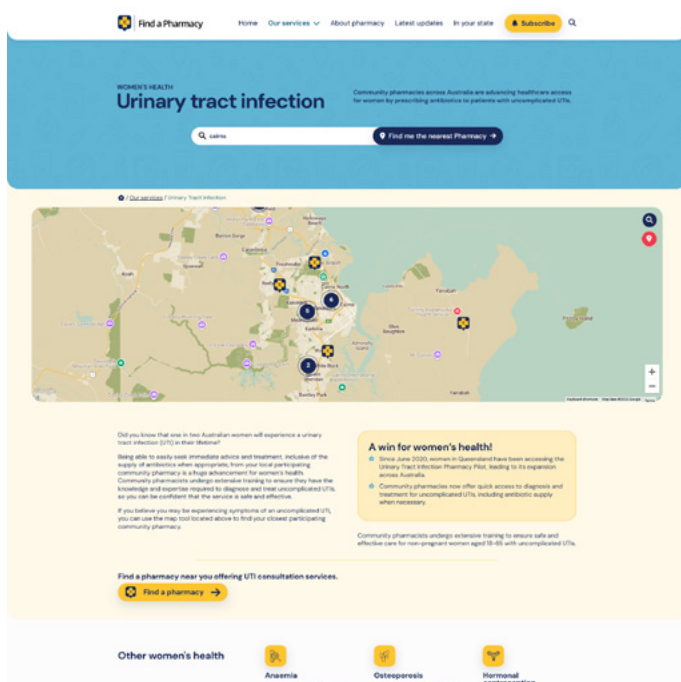
The individual pharmacy pages are a standout feature. Each page not only lists practical details like hours and location but also highlights available services, giving patients a clear picture of how their local pharmacy can support their needs. For pharmacy owners, these pages provide a chance to see their business through patients' eyes and ensure their information is accurate and engaging.

Additionally, the site's health content library and blog posts are designed to provide useful information and tips for patients. Articles often link directly to pharmacy services, creating a seamless pathway for patients to take action—whether booking a service or visiting a pharmacy in person.



Updated homepage featuring intuitive access to service pages, individual pharmacy pages and trending topics





Urinary tract infection service page, showing pharmacies in the Townsville, QLD area offering the service and links to related services

The Bigger Picture

Find a Pharmacy is more than a directory—it provides a new understanding of what pharmacy can do. As the healthcare landscape continues to shift, this site will play an integral role in connecting patients with services, supporting Guild members, and showcasing the full potential of community pharmacy.

The Guild backed the launch of the updated site with a targeted summer marketing campaign. This campaign focused on health topics relevant to the season, such as sun care, travel health, and managing acute and unexpected ailments that can crop up any time, whether travelling or at home. The campaign drove traffic to the site and increased awareness of the services pharmacies provide. Further information will be shared with members regarding the campaign's results and what they mean for your pharmacy.

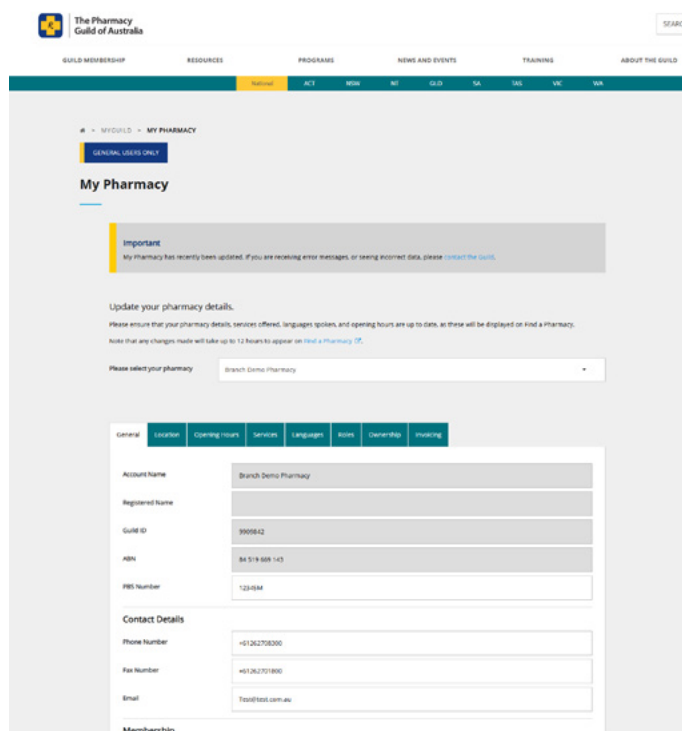
By exploring the site, ensuring your pharmacy's details are current, and engaging with its features, Guild member pharmacies can maximise the opportunities it offers. Together, we can help patients see pharmacy as their first choice for expert, accessible healthcare and to 'Think Pharmacy First.'

Guild Members Need to Know

While the benefits for patients are clear, *Find a Pharmacy* also delivers value to Guild member pharmacies. Keeping your pharmacy's information up to date on the site is crucial for its success, as it ensures patients can rely on the platform to find accurate and relevant details.

Beyond what's immediately visible, the site provides data insights. De-identified information on search terms and user journeys can help pharmacies better understand what patients are looking for, enabling them to refine their service offerings. Guild members will be provided with insights along the way, but it's essential to ensure accuracy on individual pharmacy pages.

As pharmacies take on new roles in delivering healthcare—such as managing uncomplicated UTIs and other common ailments—*Find a Pharmacy* becomes a powerful tool to communicate these services and drive demand. It's not just about informing patients; it's about building a connection that encourages them to 'Think Pharmacy First' for their healthcare needs.



The MyGuild portal has been updated to make it easier and more streamlined to update your pharmacy's details

APP
20-22 March 2025
Gold Coast

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PROPOSAL TO INCREASE PRESCRIBING DURATION

In New Zealand

The Ministry of Health recently consulted on a proposal to extend prescribing duration from three to 12 months, allowing patients on long-term stable medicines to receive 12-month prescriptions.

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

Words | Nicole Rickman



The current dispensing limit (how much medicine can be supplied at one time) remains at three months. Any additional restrictions under the Pharmaceutical Schedule for funded medicines will still apply (e.g., monthly dispensing some medicines).

While we see the proposal presents opportunities, it also introduces a range of concerning risks, particularly adverse financial impacts for community pharmacy, and risks around medicine management and patient care.

Adverse Financial Impact on Community Pharmacy

We have assessed the adverse financial impact of this proposal on community pharmacy income. Our analysis shows that pharmacies would face around a \$24.6 million (3.17%) annual income reduction, with the proposal significantly increasing the number of repeat items dispensed, relative to initial items currently dispensed for eligible patients.

If the proposal is intended to be implemented, the funding model would need to be reviewed to account for the significant fee reductions occurring through more repeat dispensings. The current service model and associated funding assumes that pharmacies receive a new prescription every three months, with repeat prescriptions paid based on a sliding scale using a relative value unit (RVU).

The value of the RVU decreases as the repeat sequence number (suffix) increases, giving less funding per item for frequent dispensing. This intends to discourage unnecessary repeats and reflect the estimated clinical input with each dispensing. However, the suffix used to signify weekly repeats on a three-month prescription (4-12), would also apply to many of the monthly repeats on a 12-month prescription.

Repeats using suffix 4-12 are paid significantly lower than those using suffix 2-3, used to signify the first two repeats, or the only repeats on a monthly script. The current funding model has not been configured to support sustainable funding for 12-month prescriptions and represents a significant implementation challenge.



“IF THE PROPOSAL IS INTENDED TO BE IMPLEMENTED, THE FUNDING MODEL WOULD NEED TO BE REVIEWED TO ACCOUNT FOR THE SIGNIFICANT FEE REDUCTIONS OCCURRING THROUGH MORE REPEAT DISPENSINGS.”

Need for Additional Funded Pharmacy Services

The proposal states “Poor adherence to medicines leads to greater use of secondary care services, such as outpatient care, emergency department visits, and hospitalisations, especially among patients with the most prevalent chronic conditions.”

Patients receiving 12-month prescriptions will have less general practice oversight, with community pharmacy their only regular contact with the health system. Pharmacists could play a more active role in managing and monitoring patients’ medicines and health needs, ensuring that patients understand their medicines and remain adherent throughout their treatment. Pharmacies need to be appropriately funded for this work.

With legislative and Pharmac rules unchanged, pharmacists will be the gatekeeper to the patient receiving another supply of their medicine/s. The pharmacist could conduct a clinical consultation to ensure it is appropriate for the patient to receive further supply, this would incorporate routine monitoring – such as blood pressure checks, point of care testing and medicine adherence reviews – into repeat prescription services. Pharmacists could take on greater responsibility for monitoring medicine adherence, appropriateness of issuing further supply and identifying health concerns that may require triaging and GP referral.

Such a funded service could be cost-effectively introduced by reprioritising existing funding and would utilise pharmacists’ skills and knowledge, raising the profile of the profession, encouraging more people to study pharmacy and continue working in the sector.

Co-payment Charges

This proposal notes that it would help improve access to medicines by removing some costs associated with prescriptions, which can be a barrier for some patients. It gives the example of this proposal reducing the number of times some patients on long-term medicines would need to pay a \$5 prescription co-payment to collect their medicines, because there is no co-payment attached to repeat dispensings.

We recognise that co-payment removal promotes equitable access to medicines, improving health outcomes and health equity, and advocated for this previously, including in 2023, when the current government reinstated the co-payment for many patients. It is important to note that the government can remove the co-payment for all patients and has other policy levers to apply to address medicines access, beyond this proposal.

Our analysis shows that pharmaceutical co-payment collection for the government would reduce by at least \$8.5 million per annum under the proposal, with fewer initial items that attract a co-payment being dispensed. This is a lower bound cost estimate, as it has not considered any impacts from increased demand due to the affordability barrier being removed.

Diminished Patient Choice

12-month prescriptions mean a patient must stay with the same pharmacy for 12 months to collect their repeats. Our health system is founded on patient choice, with patients not required to register or enrol with a pharmacy and only having to return to collect repeats prescriptions from the pharmacy that dispensed the initial script, meaning a maximum current 'bonded' period of three months. 12-month prescriptions would also make it difficult for patients who move between areas.

Next Steps

No government decision has been made on the proposal. We are aware that a wide range of stakeholders have responded to the consultation.

While there are potential benefits, the adverse impacts and implementation challenges would need to be effectively addressed before we could support the proposal.

We have asked several questions, most importantly, that it is not yet clear what problem/s the proposal is intending to solve.

We have been in touch with the Ministry of Health and Health New Zealand to seek assurances on the proposal's timeline, given its potential impact on sector funding. Health New Zealand have agreed to immediately enter discussions with us if the proposal proceeds, this will allow us to attempt to agree new fees for initial and repeat dispensings to ensure members are not financially disadvantaged.

We will keep members updated as this proposal progresses.



“WHILE THERE ARE POTENTIAL BENEFITS, THE ADVERSE IMPACTS AND IMPLEMENTATION CHALLENGES WOULD NEED TO BE EFFECTIVELY ADDRESSED BEFORE WE COULD SUPPORT THE PROPOSAL.”



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QCPP: BEYOND BOX TICKING

How to Use QCPP to Save Time, Save Money, and Build a Better Business

Most community pharmacists say preparing for QCPP assessments is stressful, time consuming, and a distraction. But it's quite possible to use QCPP as a tool to actually save time and stress, allowing pharmacists and managers to focus on looking after the health of their patients, while building a better, more profitable business. Here's how:

Words | Simon Carroll & John Carroll



We've asked community pharmacists about QCPP and most say they find it a pain in the proverbial! Preparing for assessments is stressful, time consuming and distracts from what they want to do, which is look after the health of their patients.

But a shift in perspective could make it a very different story. QCPP is in fact a business management system, which we in community pharmacy have adopted as purely an 'exam' to pass every two years.

But what if the time taken and stress of QCPP could be significantly reduced, and, at the same time, the QCPP program used as the foundation for streamlining the running of your pharmacy? So, instead of being just a 'tick-the-box' hoop to jump through, QCPP comes alive as part of your day-to-day pharmacy management, saving you time, saving you stress, and allowing pharmacists to be the primary health care providers we are trained to be, all the while enabling you to build a better, more profitable business.

This perspective becomes all the more relevant and exciting when you factor in the growing opportunities—and consequential demands—of expanded scope of practice. With community pharmacy being increasingly recognised as a vital part of the frontline primary healthcare system in Australia, the demands on pharmacy owners, pharmacists, and pharmacy managers are set to increase even more, with greater levels of clinical governance responsibility and increased scrutiny. It's clear that clinical governance, quality control and documented accountability are becoming more important than ever.

But most pharmacy owners, pharmacists, and pharmacy managers are already stretched, trying to balance their limited time with the competing requirements of dispensing, patient counselling, staff management and leadership, suppliers, inventory management, financial management, business goals, reporting, clinical governance, business governance... The list goes on.

Without the right systems and processes to streamline the business side of running a pharmacy, stress levels soar, and inefficiencies result in money being left on the table. But how do you get those systems and processes right? And how can QCPP fit in?

First off, QCPP covers the essential aspects of running a pharmacy, and therefore forms a business system. However, having effective policies and procedures that document how your pharmacy handles each of those elements is one thing, but it's pointless if those policies and procedures aren't properly implemented by the entire pharmacy team, or are implemented only to the bare minimum needed to tick the boxes in a QCPP assessment, after which they're forgotten until the next assessment is due.

It may seem a daunting task to put those policies and procedures fully into practice on an ongoing basis alongside all the day-to-day demands of running a pharmacy. But while it may take some time initially, the effort in doing so will pay huge dividends in the long run because it will free up an unbelievable amount of time, resources, and energy. Fewer daily fires to put out, more time with patients, and more time to build the business!

There are five key principles that can make the task quicker and easier and that will contribute to a smoother operating and more profitable business:

1. ORGANISATION IS KEY

When you have clear processes and systems in place, things run more smoothly. For example, having a well-structured, secure, single 'source of truth' for document storage and control instead of having to hunt through multiple files in multiple places, saves time, helps ensure good governance plus appropriate privacy and confidentiality, and boosts productivity for all team members.

2. KEEPING EVERYTHING UP TO DATE REGULARLY IS A TIME AND STRESS SAVER

If you regularly reflect on, review, and update your policies, procedures and systems to ensure they are current and fit for purpose, and amend them to reflect how you want 'things' to happen, you'll save time and effort down the line because your team will be doing 'things' as you want and expect. Leaving them until a QCPP assessment forces you to look at them urgently, or, when something goes wrong, perhaps you fix it on the fly, often not closing the circle by updating your policy or procedure and informing your team. Then the task to update becomes too big, too time consuming, too stressful, and costly.

3. DELEGATION IS ESSENTIAL

You can't do it all yourself, and nor should you. Trusting and empowering your team to handle tasks they're good at, or that you don't have time for, frees you up to focus on what you want and need to handle yourself, which is often about building or improving the business rather than just keeping the business-as-usual wheel turning. It's all about putting the right people, including yourself, in the right roles and letting the team do what they do best, with simple systems and protocols in place to monitor progress.

4. COMMUNICATION IS CRITICAL

Efficient businesses thrive on clear and open communication. But it goes beyond just talking to or messaging people—having the right tools and systems in place to keep everyone informed, trained, and in the loop, minimises misunderstandings and people not following your policies and procedures. This keeps things moving forward with fewer dramas.

Good communication systems should focus on ensuring everyone knows what's expected of them and where they can go to find what they need to do their job well. That will avoid them constantly running to you for help.

5. AUTOMATION IS A GAME-CHANGER

Using technology to handle repetitive tasks or streamline processes with minimal human intervention, saves time and reduces human error. For example, task management tools allow tasks to be defined and allocated, deadlines set, reminders sent, and progress tracked without someone manually doing all that work.

Similarly, automated updating of records from other actions, like an online incident report automatically updating your incident register, or automatic notifications and recording of progress during a new staff member's induction, again saves time and provides a traceable record of governance, with no extra effort.

So, use QCPP as a business tool! The five elements above are all needed to some degree for you to meet and demonstrate compliance with QCPP requirements—especially now its back in-store! But you can do that with far less stress if you implement them in a systematic and, as far as possible, automated way. And that will improve your business efficiency, productivity, and profitability, freeing you up to focus on doing the crucial work of safeguarding and improving the health of your community.



Simon Carroll

Pharmacist
Director, Health
Information
Australia &
Pharmacy Hive



John Carroll

Ex-CEO
Leadership Trainer
Management &
People Specialist,
Pharmacy Hive



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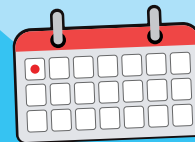
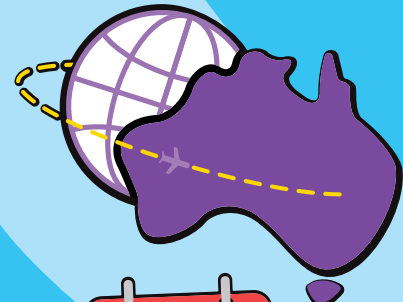
21 DAYS TO MAKE A JELLY BEAN.



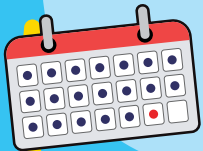
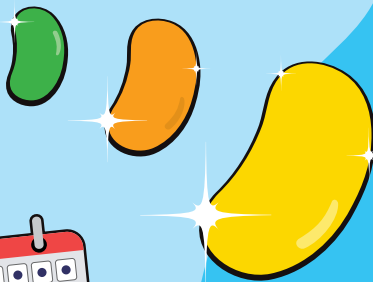
GLUCOJEL™

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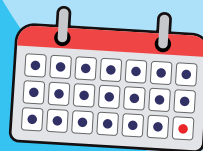
1. Source and assemble raw recipe ingredients.



5. Polishing process is done in 1 day.

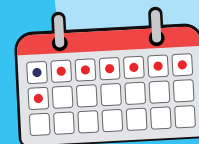
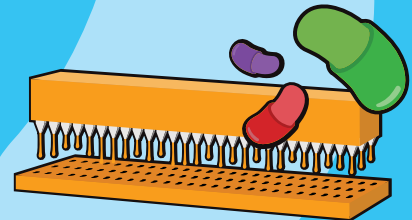


6. Packing process on the final day.

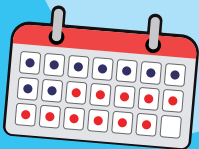
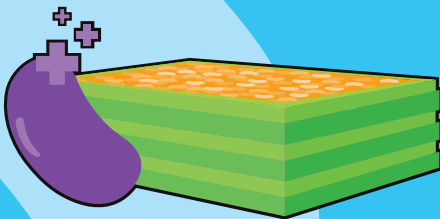


The centre of the jelly beans is made first, takes up to 7 days.

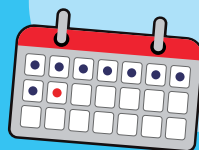
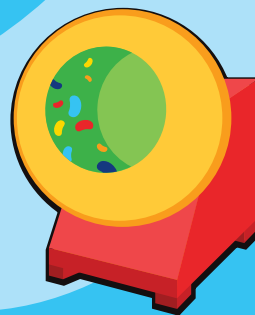
2.



4. Curing process takes up to 10 days.



3. Coating takes 1 day.



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Gold Cross is delighted to announce a renewed partnership with BD Rowa™ Automated Solutions – one of the largest global medical technology companies in the world. Gold Cross are proud to partner with organisations representing the gold standard in pharmacy products and services that benefit Pharmacy Guild of Australia (PGA) members.

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The partnership with Gold Cross, which now spans over 8 years, means we will continue to recognise and endorse BD Rowa™ Automated Solutions as a gold standard in automated solutions for Australian pharmacy. This partnership underpins Gold Cross' commitment to identifying partners based on:

- Suitability for pharmacy owners – for current and future business needs
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Why Your

PROFESSIONAL SERVICES AREN'T MAKING MONEY

And How to Fix It Fast

The community pharmacy landscape is rapidly evolving, moving from a dominant retail model to one that thrives on specialised services like vaccinations, acute and chronic care management, and clinical health consultations. But this shift comes with unique challenges for pharmacy owners and their teams, who must now balance new roles as both healthcare providers and business leaders.



For many owners, these services aren't delivering the revenue they should. Why? Because they aren't structured, managed, or optimised as their own business units.

In the pursuit of making these professional services successful, many owners hope for a streamlined solution: minimal effort, minimal cost, and maximum results. While this expectation is understandable, it's an impractical standard. This notion is very similar to the trade industry's famous "triangle" of good, cheap, and fast, where clients can realistically only pick two of the three. For example, if a client wants something done both quickly and at a low cost, quality will naturally be compromised. Similarly, in pharmacy, expecting minimal effort and expense with maximum reward is not only unrealistic but also unsustainable.

The good news? With the right structure and approach, each professional service can quickly transform from a cost centre into a revenue-generating mini-business. In this article, we'll explore fast, actionable ways to make each professional service within the pharmacy its own thriving business. From setting clear financial goals and tracking return on investment (ROI) to engaging and empowering the team, these strategies demonstrate that with the right commitment, pharmacy owners can achieve substantial results that are well worth the investment. Embracing this proactive approach now will ensure that your pharmacy doesn't just keep up with the evolving businesses within the industry but becomes a leader in it.

Each Professional Service Is a Unique Business

As the industry shifts towards service-based models, one of the most effective ways for pharmacy owners to navigate this change is to approach each professional health service as an individual business within the pharmacy. This approach not only streamlines operations but also positions each service to be financially viable and adaptable.

ESTABLISHING A BUSINESS MINDSET

Each service offered in a community pharmacy has unique demands, costs, and potential revenue streams. By managing each service as an independent business unit, owners can better allocate resources, define clear objectives, and monitor outcomes. Viewing services this way fosters accountability, as it allows leaders to set specific goals and KPIs for each area and track performance individually.

For example, rather than seeing vaccinations as just another pharmacy service, consider it as a mini-business. Ask questions like: "What is the target revenue for this service?" or "How many vaccinations need to be administered monthly to make this service profitable?" By answering these questions, you create a roadmap for the service's success, complete with measurable goals.

WORK SMARTER, NOT HARDER

Organising each service as its own entity also brings clarity and reduces the overall effort required to manage operations. When each service is assigned clear objectives and dedicated oversight, it minimises the "all hands on deck" approach, reducing the need for owners and leaders to intervene across the board constantly. Pharmacy owners can therefore focus on strategic decisions while empowering service-specific team members to manage daily operations.

This strategic focus, paired with structured workflows and effective delegation to service "champions," allows owners to concentrate on higher-level leadership without needing to handle every operational detail. This division of responsibilities helps maintain quality across services and fosters a sense of ownership within the team.

MINIMISE COSTS

Pharmacy owners can also allocate budgets based on each service's specific needs, avoiding unnecessary expenses. With focused financial management, they can quickly identify and eliminate unprofitable areas, optimising costs without sacrificing quality.

For instance, dedicating resources to a particular service only when its performance data supports growth helps avoid the number one fear of most owners—investing without a return. By narrowing the focus to targeted services that cater to your specific demographic and patients, owners and their teams are better positioned to turn these "mini businesses" into profitable ventures.

This is a key takeaway as, in my experience, many owners spread resources across various services that end up being barely profitable and highly labour-intensive. This pays homage to the idea of not being a "jack of all trades, but a master of none" – master one mini-business first, then build the next one!



Financial Reporting & ROI: Tracking Success with Minimal Effort

Once each service within the pharmacy is managed as an independent business unit, tracking financial performance becomes essential. Regular financial reporting and ROI assessment are critical to ensuring that every service contributes positively to the pharmacy's overall profitability. This section will cover how to set cost-effective goals, track metrics with minimal effort, and ensure a clear understanding of each service's return on investment.



“REGULAR FINANCIAL REPORTING AND ROI ASSESSMENT ARE CRITICAL TO ENSURING THAT EVERY SERVICE CONTRIBUTES POSITIVELY TO THE PHARMACY'S OVERALL PROFITABILITY.”

COST-EFFECTIVE GOAL SETTING

Setting precise financial goals for each service allows pharmacy owners to evaluate the profitability of their offerings without unnecessary complexity. By focusing on straightforward yet impactful metrics, owners can monitor performance efficiently.

Consider asking yourself:

- *What revenue targets are realistic for each service?* Reflect on setting monthly revenue goals for specific offerings, such as consultation fees or vaccination revenue, to ensure each service aligns with your financial expectations.
- *How often are my services being used?* Tracking service utilisation rates can reveal which services are in high demand and which may need further promotion. Is there a service that patients often overlook, but that could add significant value?

These simple yet powerful metrics allow owners to assess profitability without extensive data analysis. Establishing financial targets for each service streamlines the tracking process, making it easier to pinpoint strengths and areas for improvement.

EFFICIENT FINANCIAL REPORTING

An effective reporting system doesn't need to be complex. By implementing basic yet robust tools, owners can track key metrics with minimal effort.

Reflect on the following:

- *What tools are available to track my financial data?* If you already use pharmacy management software, explore whether it can track revenue by service category. This can make reporting easier and provide a clearer picture of each service's contribution to overall revenue.
- *Would a simple spreadsheet meet my needs?* For those seeking a straightforward solution, tracking metrics like revenue, customer count, and cost per service in a spreadsheet can offer valuable insights without overcomplicating the process.

These accessible reporting methods allow owners and their teams to stay informed about financial performance without overwhelming resources or time. Regularly reviewing these metrics helps identify underperforming areas so you can make proactive adjustments.

ENSURING PROFITABILITY ACROSS SERVICES

Regularly assessing the ROI for each service is essential for optimising the pharmacy's overall performance. By evaluating ROI, owners can focus on services that provide clear financial benefits while identifying areas that may need adjustments.

Consider the following reflective questions:

- *What is the true cost of delivering each service?* Break down the average cost, including team time, materials, and related overheads. Does this cost align with the revenue generated? Are there ways to streamline this process to enhance profitability?
- *Are my services retaining customers or attracting new ones?* For customer-facing services like consultations, track retention and conversion rates to understand whether these offerings foster loyalty. What impact do these services have on your customers' overall relationship with your pharmacy?

By reflecting on these questions and focusing on these ROI metrics, owners can ensure that each service is financially sustainable and contributes positively to the pharmacy's overall profitability. Regular evaluations provide clarity, allowing you to direct resources toward the most valuable areas and make adjustments as needed.

KPI and Goal Setting for Rapid Results

To truly thrive within a service-based model, pharmacy owners need to set specific Key Performance Indicators (KPIs) and achievable goals for each service. By doing so, they can evaluate success, make swift adjustments, and ensure that every service contributes meaningfully to the overall business. This section will explore how to set KPIs that align with the pharmacy's objectives, with a focus on generating quick wins and actionable insights.

CHOOSING METRICS THAT MATTER

The right KPIs provide a snapshot of a service's effectiveness and its impact on the business. Rather than being overwhelmed by an array of metrics, focus on those that directly support your pharmacy's core objectives. For example, patient satisfaction scores, customer retention rates, and consultation conversion rates are KPIs that reflect both financial and customer-centric success.

Reflect on what indicators are crucial by asking, *“What are the most meaningful measures of success for each service I offer?”*

Choosing KPIs that resonate with the pharmacy's mission enables owners to quickly gauge if each service is meeting its intended purpose. For example:

- Is a particular service consistently attracting new customers?
- Are patient consultations leading to additional purchases or follow-up appointments?

Reflecting on these questions helps prioritise KPIs that offer valuable insights into each service's performance and allows owners to align their focus with the overall business goals.



COST-EFFECTIVE TRACKING FOR CONSISTENT MONITORING

While tracking KPIs is essential, it doesn't have to be complex or costly. Start by implementing basic systems that allow for easy data collection, such as customer feedback tools for capturing satisfaction scores or a simple spreadsheet to track metrics like monthly revenue and customer count per service. When setting up your tracking, ask, "Am I choosing a method that provides reliable insights without overwhelming resources or time?"

Regular, consistent tracking of KPIs provides a wealth of actionable information. For instance, if you notice a decline in satisfaction scores for a specific service, this could indicate a need for additional team training or improvements to the service experience. By keeping a close eye on these metrics, pharmacy owners can detect trends early and respond quickly to optimise service quality and impact.

GOAL SETTING FOR IMMEDIATE IMPACT AND QUICK WINS

Setting realistic, short-term goals for each service can drive immediate, visible results. These "quick wins" not only boost confidence among your team but also signal to customers that your pharmacy's services are proactive and responsive.

Consider goals that will deliver fast, tangible outcomes for each service. For instance:

- Increase monthly vaccination appointments by 15%.
- Raise consultation satisfaction scores within the next quarter.

These short-term goals serve as stepping stones towards larger objectives, building momentum and fostering a sense of progress. Reflect on your immediate priorities by asking, "What are the most impactful results I can aim for in the next three months?" Defining these targets makes it easier for team members to understand expectations and encourages them to take ownership of each service's success.

Furthermore, communicating these goals openly with your team ensures alignment with the pharmacy's mission. Discussing the "why" behind each target—whether it's enhancing patient care or increasing profitability to reinvest into the business—helps the team connect with the larger purpose and commit to achieving it.

Engaging Your Team to Drive Results

A pharmacy's success isn't just built on strategic goals and metrics—it's driven by the people who bring those goals to life. This is where many plans fall short, as the common owner expectations of "cheapest cost, quickest time, and least effort" collide with the reality of team engagement.

Engaging your team in the journey of growth is therefore essential, especially when each professional service within the pharmacy is treated as its own business. This engagement requires creating a sense of ownership, reframing training as an investment, and motivating your team with purpose and meaning.



"A PHARMACY'S SUCCESS ISN'T JUST BUILT ON STRATEGIC GOALS AND METRICS—IT'S DRIVEN BY THE PEOPLE WHO BRING THOSE GOALS TO LIFE."

TEAM OWNERSHIP AND CHAMPIONS

Empowering team members to take ownership of each service is one of the most effective ways to reduce the workload on pharmacy owners while enhancing accountability. Assign specific team members as "champions" for each professional service, positioning them as the go-to people responsible for their designated service's performance. To succeed, allow these champions the freedom to make informed decisions and take proactive steps to improve outcomes.

Ask yourself, "Who among my team could lead each service with enthusiasm and accountability?" By choosing champions who are passionate and engaged, you can minimise the need for direct oversight, freeing you to focus on other aspects of the business. With dedicated leaders in place for each service, the team naturally rallies around them, fostering a collaborative and supportive environment.

SHIFTING FROM EXPENSE TO INVESTMENT

Training is often viewed as a cost, but shifting to a mindset where training is seen as an investment in the business is crucial for long-term success. When team members receive the training they need, they become more competent, confident, and efficient in delivering high-quality services. Investing in training enhances service quality and instils a sense of value within your team.

Reflect on your current approach by asking, "Am I prioritising my team's growth, or am I cutting corners to save costs?" Although reducing expenses may seem practical in the short term, the long-term cost of undertrained, disengaged staff is far greater. Teams that feel supported through regular training and professional development are far more likely to stay motivated, committed, and aligned with the pharmacy's goals. This sense of investment and personal growth transforms training from an obligation into a key driver of employee engagement and retention.

FOCUS ON INTRINSIC AND SOCIAL MOTIVATORS

While financial incentives can be effective in the short term, intrinsic motivators often have a more lasting impact on engagement. For today's workforce, especially Gen Z and millennials, connecting with the purpose and meaning of their work is key to job satisfaction and performance. Foster an environment where employees see their roles not only as tasks but as meaningful contributions to patient care and community well-being.

Consider how to create this sense of purpose by asking, "How can I help my team understand the impact of their work on our patients and the community?"

One way to achieve this is by regularly sharing stories of patient outcomes or recognising team members for their contributions to health improvements. When team members can see the tangible effects of their work, they feel more connected and motivated to perform at their best.

Additionally, promoting peer support and mentorship within the team builds a sense of camaraderie and collaboration. Encourage experienced team members to mentor newer ones, creating a culture of continuous learning and shared knowledge. This focus on social and intrinsic motivators helps create a resilient, self-motivated team committed to the pharmacy's success.



Key Takeaways

By viewing each professional service within your pharmacy as a unique business, you set a foundation for both financial success and exceptional patient care. Through this approach, each service becomes a distinct source of value and growth, with clearly defined goals, focused financial management, and the strategic mindset needed to thrive in an increasingly service-oriented industry.

To ensure these services reach their potential, effective financial reporting and ROI tracking are essential. Setting precise, cost-effective goals and tracking meaningful metrics allow you to monitor the profitability of each service without overwhelming resources. In doing so, you gain the insights needed to make proactive adjustments, keeping each service aligned with your larger business goals.

Equally important is defining KPIs that deliver quick, actionable insights. By focusing on metrics that truly matter and setting short-term goals for fast, impactful results, you enable both your team and your business to see and feel progress. These "quick wins" not only strengthen your service offerings but also build team confidence and morale, creating positive momentum for continuous improvement.

Ultimately, though, the success of your pharmacy hinges on your team. Engaging them in this journey, empowering them as service champions, and reframing training as an investment rather than an expense, builds a skilled, motivated workforce that is aligned with your vision. By fostering a sense of purpose, encouraging ownership, and utilising intrinsic motivators, you nurture a culture where each team member is invested in delivering meaningful care and achieving business goals.

By implementing these strategies, your pharmacy becomes equipped to navigate the evolving demands of community healthcare—ultimately choosing a path that promises sustainable growth and long-term success.



THE PATH FORWARD

As a pharmacy owner navigating today's changing landscape, you have a choice: embrace the *New Way*, or continue down the *Old Way*. The *New Way* involves partnering with proven expertise to implement service-based methodologies that deliver results swiftly, efficiently, and cost-effectively. By working with me, you'll gain direct access to strategies we used to build our award-winning pharmacy—strategies that are streamlined, refined, and designed to avoid the costly pitfalls and delays of trial and error.

The *Old Way*, on the other hand, follows the path of learning through experience alone. While many pharmacy owners try to implement these steps independently, the journey is often marked by trial, error, and unintended setbacks. This route can take years, incur significant expenses, and involve costly mistakes as you work to determine what works best through countless adjustments and refinements.

Now trust me when I tell you this – the old way, **was** my way. But by using the lessons I learned, the hundreds of thousands of dollars I spent, and the time I took to achieve what we did, you now get to reap the benefits of the journey I took, without all the hassle.

Choosing the *New Way* means benefiting from all of our experiences through access to a blueprint that has been tested, perfected, and proven to drive measurable results. Rather than taking on the burden of experimentation, you can focus on implementing techniques that have already transformed other pharmacies—techniques tailored to align with the unique aspects of your business and the shifting industry landscape.

With the *New Way*, your pharmacy can:

- **Achieve faster, more cost-effective results:** Proven strategies eliminate guesswork, helping you reach your goals without wasted time or resources.
- **Accelerate team growth and engagement:** Implementing a structured, award-winning approach ensures your team is motivated, accountable, and aligned with each service's success.
- **Build operational excellence:** Leveraging streamlined methods reduces the complexity and effort required, ensuring every service contributes to both patient care and profitability.

The choice is yours: will you take on the slow, resource-intensive path of the *Old Way*, or embrace the *New Way*, where you can learn from an established, successful methodology that's already proven its value?

Only one way leads to a thriving, future-ready pharmacy without unnecessary detours.

If you want to learn more about the *New Way*, sign up for a **FREE, No-Obligation 30 Minute Webinar where I'll show you what the *New Way* is all about!**

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ABOUT THE AUTHOR

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

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Mitigating storm damage risks.

Storms are an unfortunate part of life for many people and businesses in Australia and the devastation they cause can be catastrophic. Sadly, the recovery from storm damage is often not as quick as people would hope and this can have significant consequences for businesses.

We can't prevent a storm from occurring, but we can take some simple steps to reduce the impact of a storm. The tips below will assist business owners and their staff be better prepared for a storm and better able to prevent or reduce impacts to the business. They'll help you get back on your feet and trading again sooner.

- > Have a maintenance program in place so your building is in an ideal condition. A building which has been allowed to deteriorate or has

been poorly maintained is likely to suffer more serious damage during a storm. For example, a roof which is in poor condition is more likely to let in water during heavy rain and insurance may not cover you.

- > If there are issues with your building and you lease the premise, engage with your landlord as soon as possible to discuss a plan and take action.
- > Regularly clean gutters, down pipes and drains. A build-up of debris means water can't flow as intended which can lead to water entering a roof cavity when raining.
- > When there are warnings a storm is approaching, bring inside any outdoor furniture, equipment or other items where possible. This not only prevents them from being damaged,

such as by falling branches, but also stops them from being blown away.

- > If your property is prone to water entering during heavy rains, have a plan for how you will lessen the impact of this, such as moving items off the floor where possible and sandbagging outside the premises. There are sand-free sandbags available which will make this process more manageable.
- > Trim trees which could fall on your property. Check with your local council regarding any guidelines or permits which may apply. And be sure you engage experts to do this as cutting down branches is more dangerous and difficult than it may seem.



- > Prepare an emergency kit that allows access to important information and equipment or tools. There'll be occasions where the damage to a building is so great that it can't be safely entered. Therefore, business owners need to consider what they need to access to both deal with the damage caused (such as insurance details and an asset register) and maintain business operations as much as is possible.
- > Have your data and any business information which is stored electronically backed up in a way that can be accessed off site. This is important if the premises can't be accessed or if information has been lost due to power shortages.
- > Ensure your business' asset register is up to date. A detailed asset register means the process of an insurance claim is much faster and hassle free.
- > Ensure your insurance policy is up to date and provides the necessary cover for your building and assets and ensure you have considered business interruption insurance as part of your cover.
- > Follow all local advice and warnings both in terms of preparation when a storm is approaching and maintaining safety during the storm.

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Don't go it alone

BEHIND THE COUNTER

Adapting to Modern Challenges While Preserving the Heart of Community Healthcare

In this piece, I explore the evolving business operations of community pharmacies, focusing on challenges like rising competition and regulatory changes. I offer strategies for success, such as embracing innovation, diversifying services, and maintaining strong patient relationships. My focus is on balancing modern business needs with the traditional values of compassionate, accessible care.

Founder at "PharmacyDownUnder"

Words | Ghassoub El Assaad



Community pharmacies have long been the cornerstone of accessible healthcare, providing not just medications but also trusted advice and personalised care to millions of people. However, the very definition of community pharmacy in Australia is now up for debate!

The emergence of expanded scope of practice, changes in regulations, and the shifting expectations of consumers are creating a complex environment for these essential businesses.

This opinion piece explores the key challenges facing community pharmacies today and outlines strategies for ensuring effective business operations while maintaining their fundamental role in the community.

The Heart of Community Pharmacy

The typical pharmacy in Australia can be a hectic, might I even say, chaotic place at times. A constant flow of patients, the reverberation of the phones constantly buzzing, scanners beeping, printers jamming, it can seem as if it never ends!

However, the core of every community pharmacy is the relationship between the pharmacist and the patient. Unlike large chain pharmacies or other service-based industries, community pharmacy offers a level of personal service and trust that is unmatched. Patients come to their local pharmacy not just for prescriptions but for the assurance that they are receiving advice tailored to their unique health needs. This relationship is a significant driver of business success, as satisfied customers are more likely to return and recommend the pharmacy to others.

Community pharmacies also play a crucial role in public health. They often serve as the first point of contact for individuals seeking medical advice or treatment for minor ailments. In many cases, pharmacists are the most accessible healthcare professionals, providing vital services such as medication management, immunisations, chronic disease monitoring and even certain prescribing capabilities. This close connection to the community not only fosters loyalty but also positions the pharmacy as a trusted healthcare provider.

However, the very strengths that define community pharmacy also present challenges. The personalised service that customers expect requires time, effort, and a deep understanding of each patient's needs. Balancing these demands with the operational aspects of running a business can be difficult, particularly as the healthcare landscape becomes more complex and more elaborate.



“THE VERY STRENGTHS THAT DEFINE COMMUNITY PHARMACY ALSO PRESENT CHALLENGES.”



Challenges in Modern Business Operations

The operational landscape for community pharmacies has never been more challenging. One of the most significant pressures comes from increased competition. Large chain pharmacies have the advantage of scale, allowing them to offer lower prices and more extensive product ranges. Meanwhile, online platforms are disrupting traditional pharmacy models by providing the convenience of home delivery and the ability to compare prices with just a few clicks.

The ever-looming threat of “big box” pharmacies has been present for decades, however, with the necessary transition of community pharmacy from simply “dispensers” to a holistic avenue for healthcare, the need for pharmacies (independants in particular) to adapt has become imperative.

One factor which has risen its “red-taped” head over the last few years has been the game-changing legislative changes which have had an undeniable impact on the entire infrastructure of community pharmacy. Whether it is the controversial 60 Day Dispensing, to the introduction of expanded prescribing roles for pharmacists, or the implementation of the 8CPA, these changes have undoubtedly altered not just pharmacy operations, but has shifted the public perceptions of what “pharmacy” really is!

Additionally, maintaining profitability in this environment presents a very real and significant challenge. Community pharmacies often operate on modest margins, making it difficult to invest in new services or technologies. The cost of providing essential services like NIPVAX Clinics, expanded scope services, and chronic disease management (eg, diabetes education, CPAP services etc.) can be high, especially when there is such a disparity between reimbursement rates that do not adequately cover these services. As a result, many pharmacies struggle to find a balance between offering comprehensive care and keeping their doors open.

Strategies for Success

While I understand that to anyone reading this it might sound like a little bit too much doom and gloom, am I right?

Well, whilst I agree that there is a significant paradigm shift that is transcending right before our very eyes, NOW is the time to seriously sit down with all leadership staff within your pharmacy group and start planning for the next 6, 12 and 24 months!

The first strategy which I implore all pharmacy staff and operators to implement is the fundamental need to continuously upskill and elevate not just clinical knowledge, but to incorporate systematic critical thinking and problem solving as part of the learning curve.

Education is simply the most key catalyst that will truly drive your staff and pharmacy in the direction of GROWTH, EVOLUTION and ITERATION! To short-change your staff, especially your pharmacists, is to short change the progress of your business from becoming your local community's beacon of health and wellness!

A process I have coined as, "Professional Practice Audit" can be used to hash out the current service being provided, explore what can be improved and a rough plan of how to get it done! The structure of this is loose as each pharmacy, and each pharmacist, have varying needs and requirements in order to function optimally! The structure is as follows:

Step 1: What services do we currently provide?

Step 2: How can they be improved?

Step 3: Plan going forward?

By filling out this 3-Step Plan, not only do you give yourself an honest picture of what you bring to the table, it also allows you to formulate a plan of action on how to amend, improve or iterate on your pharmacy's capacity to provide for the community at large.

Diversifying revenue streams is another key strategy. I personally know of many community pharmacies that have not implemented a SINGLE service! Now, I understand we may be limited by time, remuneration or staffing, however, I believe in the concept of "SOFT-LAUNCH." This is where you slowly and incrementally roll out

a service without advertising or pushing it actively. By doing so, you are able to extract 2 Key elements. First, you will gauge your community's reception and engagement with the services. Second, you will be able to experiment with different dispensary workflows to accommodate for the service expanding! Once you gather enough data, you can transition into a FULL LAUNCH to really engage with the community on another level!

By expanding the range of services offered, pharmacies can attract new customers and generate additional income. For example, many pharmacies are now offering clinical services such as medication therapy management, health screenings, and vaccination clinics. Wellness programs, which focus on preventative care and lifestyle management, are also becoming increasingly popular. Additionally, selling specialty products, such as nutraceuticals, medical devices, and home healthcare supplies, can help differentiate a pharmacy from its competitors.

What Lies Ahead for Community Pharmacy

Looking ahead, the future of community pharmacy operations will likely be shaped by several key trends. One of the most significant is the increasing role of technology in healthcare. As digital health tools become more advanced, pharmacies will need to adapt by incorporating these innovations into their business models. This could include everything from using artificial intelligence to predict patient needs to offering remote monitoring services for chronic conditions.

Another trend is the shift towards more personalised care. Consumers are becoming more informed and proactive about their health, and they expect their healthcare providers to offer tailored solutions. With the 8CPA and expanded scope becoming on every pharmacist's mind at the moment, community pharmacies are well-positioned to meet this demand, given their close relationships with patients.

Collaboration with other healthcare providers is also likely to become increasingly important.

As healthcare becomes more integrated, pharmacies will need to work closely with doctors, nurses, and other professionals to ensure continuity of care. This could involve sharing patient data, coordinating treatment plans, and participating in multidisciplinary care teams.

Our relationship with doctors and other HCPs alike needs to be held sacred, we must coordinate and work together in unison for the needs of the patient.

Despite these changes, one thing will remain constant: the human element of pharmacy care. While technology and new business models will undoubtedly play a larger role in the future, the trust and personal connections that community pharmacies offer cannot be replicated by machines or algorithms. As such, maintaining this aspect of the business will be crucial for long-term success.

Conclusion

As the landscape of community pharmacy continues to evolve, the challenges faced by business owners are significant but not insurmountable. Successfully navigating these changes requires a delicate balance between embracing innovation and preserving the core values that make community pharmacies indispensable. By leveraging technology, diversifying services, and fostering strong relationships with patients and healthcare providers, community pharmacies WILL continue to thrive in an increasingly competitive market.

The future of community pharmacy operations is one of opportunity—an opportunity to redefine the role of the pharmacy in healthcare delivery, to innovate in ways that enhance both patient care and business sustainability, and to reaffirm the importance of personal, compassionate service in a rapidly changing world. While the business side of pharmacy is critical, it is the human connection that will ultimately ensure the enduring success of community pharmacies. As our businesses adapt to modern demands, they must remember that their greatest strength lies in their ability to provide accessible, empathetic care to those who need it most.

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Figure 1. Missed pill window of oral contraceptives

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"CLINICAL STUDIES HAVE SHOWN GOOD EFFICACY, VERY LOW CARDIOVASCULAR SIDE EFFECTS AND A FAVOURABLE BLEEDING PATTERN, AS WELL AS MAINTENANCE OF OVULATION INHIBITION AFTER SCHEDULED 24H DELAYS IN PILL INTAKE."⁴



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SLINDA® (drosipirenone) Minimum Product Information. Indication: Contraception. Contraindications: active venous thromboembolic disorder; presence or history of severe hepatic disease with abnormal liver function values; severe renal insufficiency or acute renal failure; known or suspected sex-steroid sensitive malignancies; undiagnosed vaginal bleeding; hypersensitivity to active substance or any excipients. Clinically significant precautions: a complete medical history should be taken and pregnancy excluded, patients should be counselled that contraceptives do not protect against HIV or STIs; efficacy can be reduced with missed pills and gastrointestinal disturbances; hyperkalaemia (monitor serum potassium levels in patients presenting with renal insufficiency and pre-treatment potassium in upper reference range); risk of stroke and VTE may be slightly increased with progestogen-only preparations; discontinue Slinda with pregnancy, symptoms of thrombosis, jaundice, sustained hypertension; consider discontinuation with prolonged immobilisation; decreased estradiol levels may affect bone metabolism; breast cancer risk may be similar to that associated with COC use; rare cases of liver tumours with hormonal contraceptive use; new amenorrhoea or abdominal pain may indicate ectopic pregnancy; monitor for altered insulin and glucose tolerance in diabetic patients, mood and depressive symptoms; changes in menstrual bleeding and chloasma may occur. Clinically significant interactions: enzyme-inducing drugs can lead to contraceptive failure and/or breakthrough bleeding, patients on long-term treatment are advised not to use Slinda; certain medications increase clearance of contraceptive hormones (e.g. barbiturates, bosentan, carbamazepine, phenytoin, rifampicin); HIV/HCV medications can alter progestin concentrations; CYP3A4 enzyme inhibitors such as azole antifungals, verapamil, macrolides, diltiazem and grapefruit juice can increase plasma progestogen concentrations; Slinda may affect cytochrome P450 metabolism of other active substances (e.g. cyclosporine, lamotrigine); monitor for hyperkalaemia with use of potassium-sparing medicines. Very common and common adverse effects: acne, changes in menstrual bleeding (metrorrhagia, vaginal haemorrhage, dysmenorrhoea, menstruation irregular), headache, breast pain, libido and mood changes, nausea, abdominal pain, weight increased (see full PI). Dosage and method of use: tablets must be taken orally the same time each day without a break in daily tablet intake; 7 days of uninterrupted tablet intake is required to attain adequate contraception; contraceptive protection is not reduced if a patient is less than 24 hours late in tablet intake; management of missed tablets (more than 24 hours late) is dependent on stage of menstrual cycle (see full PI); consider additional contraceptive measures with gastrointestinal disturbances. Refer to Full Product Information before prescribing. Slinda® is a registered trademark of Chemo Research, S.L. Besins Healthcare Australia Pty Ltd. ABN 68 164 882 062. Suite 5.02, 12 Help St, Chatswood NSW 2067. Office phone (02) 9904 7473. For medical information call 1800 BESINS (237 467). www.besins-healthcare.com.au SLI-2254 November 2024.

FIND OUT MORE



SUPPORTING INFORMED SUPPLEMENT CHOICES

C Consumer interest in complementary medicines aimed at enhancing health is on the rise, yet navigating the world of supplements can be confusing. Often, consumers turn to their local pharmacy for advice, positioning pharmacists as the first point of contact. Therefore, it is important for pharmacists to stay well-informed on popular supplements so that they can guide consumers toward safe, evidence-based choices.



Dietary supplements encompass a diverse range of products including vitamins, minerals, herbal products, botanicals, amino acids and probiotics. They represent compounds that are essential for various metabolic functions and are mostly present naturally in the foods we consume.

Research indicates that individuals who use supplements generally report better health outcomes compared to those who do not.² However, it is important to note that supplement users have also been found to exhibit healthier lifestyle behaviours, such as increased physical activity, non-smoking and a higher consumption of fruits and vegetables.^{2,3} In contrast, non-supplement users tend to follow less health-conscious dietary patterns, indicated by a higher intake of fat and a lower consumption of fibre and fruit.^{2,3}

Despite this correlation, Australians remain among the world's largest consumers of dietary supplements, spending over AUD 5 billion dollars annually.¹ Since there is a widespread perception that nutraceuticals are a safe and effective means of improving health, most individuals do not seek professional advice prior to selecting supplements. However, this growing popularity of complementary medicine has also facilitated the spread of misinformation, minimised awareness of potential side effects, and overlooked important drug-nutrient interactions. Consequently, it is crucial for pharmacists to be well informed in this area to provide enhanced patient care and promote informed supplement use.



Regulation

In Australia, dietary supplements are categorised as a complementary and alternative medicine (CAM), which distinguishes them from conventional pharmaceuticals. CAM products do not undergo the same rigorous regulation and testing as pharmaceuticals. The Australian Therapeutic Goods Administration (TGA) evaluates the quality and safety of CAM products by restricting them to pre-approved low-risk ingredients and uses, which are typically associated with minor health issues.⁴

The TGA prohibits products from making claims that suggest a supplement can cure, manage or prevent any disease, disorder or condition. Instead, claims that include terms such as "maintains," "supports," or "reduces risk" are accepted. Although the TGA requires product sponsors to hold evidence supporting their products effectiveness, this evidence is only mandated during formal compliance reviews. In most cases, the TGA does not assess the evidence of efficacy or the product label prior to market entry.⁴

While some well-researched supplements have demonstrated efficacy in managing specific conditions- such as hypertension, antibiotic-associated diarrhoea, morning sickness and supporting critically ill patients- there is limited reliable evidence regarding the effectiveness of supplements when added into an already healthy and balanced diet.

Who Would Benefit from Supplementation

Generally, it is recommended that individuals, except pregnant women, consider supplements only if they are eliminating entire food groups from their diet. But supplements may serve as a practical way to address nutritional gaps that arise due to various factors such as the following:

- **Individuals with Iron Deficiency Anaemia:** iron supplements can be essential for those who are deficient.⁵
- **Women Trying to Conceive:** Folate is recommended to reduce the risk of neural tube defects during early pregnancy.⁶
- **Older Australians:** Many experience malabsorption issues, particularly with vitamin B12 and magnesium.⁷
- **Patients Receiving Antibiotic Treatment:** Probiotics can help mitigate antibiotic associated gastrointestinal symptoms and can support the gut microbiome.⁸
- **Individuals Who Smoke or Consume Excess Alcohol:** Antioxidants might help alleviate some of the oxidative stress caused by these behaviours.⁹
- **Patients with Diagnosed Deficiencies:** Individuals diagnosed with specific nutrient deficiencies may require supplementation.

Potential Issues with Supplements

Since dietary supplements are not classified as medications, they are often mistakenly perceived as completely harmless. Unlike conventional diets, which rarely permits the consumption of large quantities of any single nutrient, the risk of mega dosing on commonly used vitamins and minerals is a significant concern. While most supplements are generally safe, excessive consumption of certain nutrients can lead to toxicity. For instance, individuals who are already meeting their nutritional needs through diet may unintentionally exceed safe intake levels through supplementation.

In most cases, water-soluble vitamins can be excreted through urine in excess amounts, which makes them safer in high doses; however, exceptions exist, such as vitamin B6, which can cause damage to the nervous system at elevated levels. Conversely, most fat-soluble vitamins (D, A, and E) can accumulate to toxic levels if taken excessively over time.



“WHILE DIETARY SUPPLEMENTS CAN BE NECESSARY TO HELP FILL NUTRITIONAL GAPS, IT IS ESSENTIAL TO EMPHASISE THAT THEY SHOULD NOT REPLACE A BALANCED, NUTRITIOUS DIET.”

Takeaway

Navigating the world of dietary supplements can be complex and overwhelming for patients and pharmacists play a critical role in guiding patients through their supplement choices. While dietary supplements can be necessary to help fill nutritional gaps, it is essential to emphasise that they should not replace a balanced, nutritious diet, nor are they likely to enhance its benefits. Ultimately, patients should be encouraged to prioritise whole foods whenever possible. Moreover, it is important to advise them to seek professional guidance when considering dietary supplements. This approach helps ensure that their decisions are informed and tailored to their specific health needs and dietary requirements.

Vitamin	Upper Limit (Adults 19+)	Potential Adverse Effects
Vitamin A (Retinol)	10,000 IU/day	Liver abnormalities, potential birth defects in pregnant women
Vitamin B6 (Pyridoxine)	50 mg/day	Peripheral Neuropathy
Vitamin D	3,200 IU/day	Hypercalcaemia
Vitamin E (a-tocopherol)	300 mg/day	Increased risk of haemorrhagic stroke
Calcium	2,500 mg/day	Hypercalcaemia, constipation and kidney stones. Interferes with absorption of iron, magnesium and zinc.
Folic Acid	1,000 µg/day	May precipitate or exacerbate vitamin B12 deficiency
Magnesium	350 mg/day	Diarrhoea, nausea, abdominal cramping
Zinc	40 mg/day	Possible anosmia, suppressed immune response and decreased HDL cholesterol. Interferes with absorption of copper.
Selenium	400 µg/day	Brittleness and loss of hair and nails, gastrointestinal issues, skin rash, fatigue, irritability and nervous system abnormalities
Iron	45 mg/day	Gastrointestinal irritation and in extreme cases there is potential for organ damage

National Health and Medical Research Council. (2024). Nutrient reference values for Australia and New Zealand. <https://www.eatforhealth.gov.au/nutrient-reference-values/nutrients>



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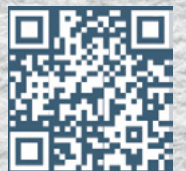


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ASSESSMENT Q'S | P.71



ASSESSMENT Q'S | P.72

55

Organisational Behaviour Part 3: Organisational Structure & Culture

- Define 'position power' and identify examples
- Define 'personal power' and identify examples
- Identify strategies that can allow power to be transferred into influence within the workplace
- Discuss how power, influence and workplace politics can be used in a positive manner to advance one's career and professional practice

61

Is it Menopause?

- Recall the definitions of perimenopause and menopause, and the changes in the body that occur at a biological level;
- Outline the symptoms and signs of menopause that women may experience, as well as understand the impact of these symptoms;
- Recognise that there are other conditions that may have similar symptoms to menopause;
- Highlight the pharmacological and non-pharmacological treatments that are available for menopause.



Organisational Behaviour Part 3:

ORGANISATIONAL STRUCTURE & CULTURE



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





Learning Objectives

After completing this activity, pharmacists should be able to:

- Define 'position power' and identify examples
- Define 'personal power' and identify examples
- Identify strategies that can allow power to be transferred into influence within the workplace
- Discuss how power, influence and workplace politics can be used in a positive manner to advance one's career and professional practice

Introduction

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

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

In the first article of this series we considered the individual and some of the differences that can impact behaviour such as locus of control, perception, and personality. Organisational culture was also briefly considered.

The second article in the series discussed job design and interpersonal/group aspects of organisational behaviour, developing groups, dealing with conflict and disruptive behaviour.

The third area in the study of organisational behaviour looks at the organisation itself, its design and structure as well as levels of authority. A significant part of this is looking at the power, politics and influence within organisations. There are different types of power that individuals can hold, and this can influence many aspects of working life, both for the individual and those that work with him/her. Having an idea of what these are and how they can be used is one way an individual can work to maintain and improve their own power.

Managers and supervisors can also use this knowledge to manage staff and the work environment, which includes not only using it to improve relationships, but to also manage conflict and disruptive behaviours we considered in the second article of this three part series.



AUSTRALIA

Competency standards addressed:

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



Accreditation Number: A2501ITK2

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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.

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

Power and Politics Within Organisations

When considering the working environment within any organisation, Max Weber, who was the 'founding voice' on power in organisations, saw power as a pervasive aspect of organisational life (as quoted in Clegg, Kornberger and Pitsis, 2011). Also quoted was Mintzberg (2011) who said:



"THE ORGANISATION IS A POLITICAL ARENA, ONE IN WHICH THE SYSTEM OF POLITICS COMES INTO PLAY WHENEVER THE SYSTEMS OF AUTHORITY, IDEOLOGY, OR EXPERTISE MAY BE CONTESTED IN VARIOUS COMMONLY OCCURRING POLITICAL GAMES."

It is possible to assume that smaller organisations such as community pharmacies do not have significant levels of power and politics at play. However, upon reflection of activities within a pharmacy environment, it is likely you will find this is not the case.



Power and Politics

Organisations are not democracies composed of individuals with equal influence (Wood, Zeffane, Fromholz, Wiesner, Morrison & Seet, 2013). For this reason, both managers and employees use power and politics on a daily basis and across most situations to achieve their personal goals and to do their jobs.

Wood et al. define power as:

"the potential ability to influence behaviour, to change the course of events, to overcome resistance, and to get people to do things they would not otherwise do". (2013, p.376).

Power can be attained through various avenues and can take different forms. One common factor that most researchers agree on though, is that managing with power is an integral part of a manager's role, and by learning to manage with 'power-oriented behaviour' and influence, a manager (current or aspiring) can be successful. The effective manager will, over time, build and maintain high levels of both position and personal power. Using such power and influence in the workplace to achieve both personal and organisational goals is the definition of 'organisational politics' (Wood et al., 2013).

While organisational politics can be used in a negative or dysfunctional manner, many don't appreciate there is value in using influence and politics in an attempt to avoid such. Politics can be a powerful tool for good within the organisation.

Within the scope of organisational politics, any person at any level of employment can influence others, and this can often be intentional. Employees can:

- use influencing behaviours through intentional acts;
- use power tactics and strategies; and
- participate in non-sanctioned, informal activities, sometimes implying potential intra-organisational conflict.

It could be argued, however, that for some people, playing 'political games' becomes so common that it is almost second nature, and they may begin to engage in such unknowingly, or unintentionally.

A crucial factor to this discussion is that as organisations and relationships change, the dynamics of power and politics will change. The power and political landscape of an organisation can change at any time, and a good manager must be cognisant of this.

Sources of Power

Power can come from many different sources. Fromholtz (2013) categorises these sources of power into two distinct areas:

1. Position power, and
2. Personal power.

Position Power

Position power is based in the position an individual holds within the organisation. For instance, a pharmacist in the position of manager has a number of bases from which to use their power to influence others. These are outlined by Wood et al., (2013) who further define position power into three separate areas of reward power; coercive power; and legitimate power.

McShane & Travaglione (2003) provide simple definitions for these three areas:

REWARD POWER

Reward power is the capacity to influence others by influencing or controlling the allocation of rewards valued by them and removing negative sanctions. This can involve both material (e.g. financial rewards, resources) and non-material rewards (e.g. compliments, enriched jobs, promotion).

Reward power can be a great tool to motivate staff. An important part of using reward power is to link the reward to the positive behaviour or event. Simply putting a box of chocolates in the staff room will have a greater effect if it is accompanied with a little note that says *"thanks for the extra effort yesterday"*. However, if applied through favouritism, reward power can cause negative consequences.

COERCIVE POWER

Coercive power is essentially the power and ability to apply punishment. Examples may include denial of non-essential resources and reduction of working hours etc.

A perfect example of coercive power in pharmacy is when staff work beyond their paid shift to complete a task or meet a deadline, in order to avoid punishment from the manager. Coercive power helps to control the behaviour of employees and ensure they follow 'the rules'.

However, Clegg, Kornberger & Pitsis (2011) tell us that *"the coercive use of power engenders resistance and sometimes active opposition"*. Obvious use or overuse of coercive power is unlikely to win respect and loyalty from staff, so it is crucial to be cognisant of how we influence others to ensure we don't end up with higher than necessary staff turnover.

LEGITIMATE POWER

Legitimate power is the capacity to influence others through formal authority. An important point made by Wood et al., (2013) is that legitimate power is based on the right to command, not the capacity. Legitimate power can include:

- **Process power:** being able to influence the process and the output, and
- **Information power:** having control over the information required to perform the job role.

As an example, the pharmacy manager has process power as well as information power; in particular in the area of medicines and health information. However, due to the small business nature of most pharmacies, many other staff also hold varying levels of information required by the pharmacist manager to perform his/her duties. Therefore, each of these individuals also holds legitimate information power.

Personal Power

Personal power is the power and influence an individual holds independently of the position they hold, and can be encapsulated in two distinct categories of:

1. Expert power, and
2. Referent power

McShane & Travaglione (2003) again provide simple definitions:

EXPERT POWER

Expert power is based in the individual or work unit's capacity to influence others by possessing knowledge or skills that they want.

Most staff often hold expert power, as employers and managers rely on their knowledge and skills to keep the pharmacy operational. An individual's expert power increases as their skill and knowledge increases, in line with the pharmacy needs. For instance, as a young pharmacist gains experience and participates in further training, they possess a greater bank of skills and knowledge that the pharmacy needs. They hold expert power.

Developing skills and knowledge in specialist areas such as complex compounding can also increase a pharmacist's level of expert power, but only in the event that this is useful to the pharmacy they work in. If the pharmacy does not need this set of skills and knowledge, the pharmacist has the capacity to hold more expert power, but not in the current workplace.

REFERENT POWER

Referent power is capacity to influence others based on the identification and respect they have for the power holder. McShane & Travaglione (2003, p404) also note charisma to be a form of referent power.

Referent power is gained by cultivating interpersonal relationships, by getting people to like and respect you. Referent power arises from charisma, as the charismatic person influences others via the admiration, respect and trust others have for them. Managers with referent power have a very valuable tool, however there is a fine line between holding referent power and becoming 'too friendly' so that employees do not recognise or respect your position power.





Turning Power into Influence

Clegg, Kornberger & Pitsis (2011) tell us that “power works best when it is seen least”. Use of power can be very obvious in many circumstances, and often is more influential when it is used discreetly. Turning power into influence can be a strategic challenge.

A manager will use both position and personal power to influence the employees, employing strategies such as reasoning, friendliness, coalitions and to some extent, bargaining.

Likewise, employees can use upward influence to negotiate changes at management level (for example, a change to the budget allocation). For this, the employee will employ strategies such as reasoning, coalition, bargaining, assertiveness, consultation and personal appeals.

Using Power, Influence and Politics

There are many ways in which an individual may use organisational politics to achieve both personal and organisational goals. However, some use politics in a self-serving manner. Whether the motivation is positive or negative, politics is a part of organisational life which has value (Hill & Lineback, 2011).

A common political strategy employed by individuals wishing to advance their own career and increase their power is to build strategic relationships or political alliances. Referent power can be developed by networking; forming relationships with key people, and cultivating relationships based on mutual interest.

Taking this further, Hill & Lineback (2011) detail three separate networks successful managers need to develop in order to not only do their job effectively, but to be able to forecast opportunities for both themselves and their teams, prepare for threats and challenges, as well as develop themselves as an individual.

When discussing personal growth, Hill defines the role and value of political alliances:



“WHO YOU KNOW DETERMINES WHAT YOU GET TO DO, AND WHAT YOU DO DETERMINES WHAT YOU GET TO KNOW.”

Young pharmacists often have aspirations to move beyond their own role, being exposed to broader practice, or having an influence and greater impact on the wider pharmacy industry. Building relationships with people already aligned with, or practising in, the desired areas will not only expose the pharmacist to skills, knowledge and experience in these areas, but will also give them access to opportunities they would otherwise not have been aware of.

For example, for pharmacists wishing to have greater industry influence, nominating for board positions within key industry stakeholders like the College is a great way to become affiliated with other pharmacists and non-pharmacist industry personnel who are already active at a higher level. College Board members directly influence the operations of the College, and through this, the wider industry. They are exposed to not only other pharmacists, but university faculty staff, and key industry personnel.

When Power and Politics are Misused

Max Weber distinguishes between 'authority', and 'domination', with the former requiring the consent of those being managed, and the latter, not (Clegg, Kornberger & Pitsis, 2011). There are certainly times when individuals will employ political strategies for motives of domination or self-interest. At worst, these can be damaging and hurtful for others, at best; they can be little more than irritating.

For example, the inappropriate use of coercive power has been linked to bullying and harassment. Such behaviour can be damaging to an organisation, and very harmful for the individuals involved.

Addressing Dysfunctional Power and Politics

When political behaviour within the workplace becomes dysfunctional, there are tools available to address such. This action mostly comes from the level of management, although at times it may be necessary for any member of staff to employ counter-strategies.

The following five step plan for dealing with insubordinate employees that is similar to what would be used to manage employee poor performance (adapted from Wood et al., 2013):

1. Explore the reasons for the unacceptable behaviour;
2. Inform the employee that he or she has engaged in unacceptable conduct and remind them of the pharmacy's standards and expectations. Refer to specific policies;
3. Discuss the negative consequences that will occur if the employee fails to change the behaviour;
4. Clearly outline the positive consequences of changing the improper behaviour;
5. Develop an action plan that you and the employee agree on to change the unacceptable behaviour.

When the issue is amongst higher level staff or managers, it is crucial that the manager has power and influence of their own. Lineback makes a key statement (Hill & Lineback, 2011) when he notes that a "lack of power corrupts". He goes on to explain that if the individual does not hold any power, they are not in a position to stand up for what they think is right. His recommendation is to have your own influence and power to be in a position to counteract these individuals.

Having clear organisational policies and procedures, including a code of conduct, will ensure all staff are aware of their responsibilities in relation to behaviour in the workplace. Where possible, involving the staff in the development or revision of such will ensure accuracy and currency, as well as publicity amongst staff. It is also crucial that this is included in the pharmacy's induction processes, thus all staff are aware of the standards from the outset, and cannot claim that they simple 'didn't know'.

A crucial component in addressing dysfunctional power and politics, is for each person to be a role model in how they conduct themselves, to delegate tasks without being too much of a control freak, and to make sure accountability for tasks is clarified.

Conclusion

Power, influence and politics is alive and well in all organisations, and indeed in most aspects of our lives. There is value in being part of the politics of an organisation, whether that be to progress the organisation, the individual, or to counter those using power for self-interest.



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IS IT MENOPAUSE?

M

Menopause is a natural biological process that signifies the cessation of a woman's reproductive ability. It is characterised by a range of physical and psychological changes, often accompanied by a wide spectrum of different symptoms¹.





Learning Objectives

After completing this activity, pharmacists should be able to:

- Recall the definitions of perimenopause and menopause, and the changes in the body that occur at a biological level;
- Outline the symptoms and signs of menopause that women may experience, as well as understand the impact of these symptoms;
- Recognise that there are other conditions that may have similar symptoms to menopause;
- Highlight the pharmacological and non-pharmacological treatments that are available for menopause.



AUSTRALIA

Competency standards addressed:

2.2, 2.3, 3.1, 3.2, 3.5, 3.6



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

NEW ZEALAND

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

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

Introduction

The World Health Organization (WHO) describes the importance of understanding menopause as one point in a continuum of life stages, and recognises that menopause, and its transitional phase, perimenopause, can have a significant impact on a woman's physical, emotional and mental health².

There are several common concerns and gaps in knowledge associated with this stage of a woman's life, and this article explores the management of menopause by pharmacists, including understanding the biological changes that occur in the body during menopause, diagnosing menopause and managing its symptoms.

PERIMENOPAUSE & MENOPAUSE

The term 'perimenopause' describes the transitional period, usually between 4 – 8 years, leading up to menopause and for the first 12 months after the final menstrual cycle^{1,3}. Menopause is defined by the final menses a woman experiences and after 12 months of amenorrhoea, a woman is considered 'post-menopausal'³.

Menopause is a universal experience for women, affecting all women who reach a certain age. A variety of factors can influence the age at which menopause occurs in women, including the age of onset of menstruation, the use of oral contraceptives, the number of pregnancies experienced, Body Mass Index (BMI), smoking, alcohol consumption, physical activity and genetic factors^{4,5}. While the mean age of menopause is typically around 51 years, natural menopause occurs between the ages of 45 and 56 years in 90% of women^{6,7}. Menopause can occur earlier in a small percentage of women, due to a condition known as 'premature ovarian insufficiency' (POI), which is characterised by the loss of ovarian function⁸. POI may occur spontaneously (in 1-2% of women) or as a secondary result of surgical intervention in women with endometriosis, high risk of ovarian or endometrial cancer or in those undergoing chemotherapy or radiotherapy³.

BIOLOGICAL CHANGES THAT OCCUR DURING MENOPAUSE

As women age, natural physiological changes in the body cause a reduction in the number of ovarian follicles, resulting in a decreased response to the effects of Follicle-Stimulating Hormone (FSH)⁹. Consequently, the lack of Luteinising Hormone (LH) surge prevents ovulation, leading to diminishing estrogen production⁹. This cascade of hormonal changes disrupts the hypothalamic-pituitary-ovarian axis, affecting the development of the endometrial lining, which leads to increasingly irregular menstrual cycles, until the eventual cessation of menstruation occurs altogether⁹.

Symptoms of Menopause

Menopause is associated with a wide range of physical and psychological symptoms, primarily driven by the fluctuation and eventual decline in estrogen levels within the body. Figure 1 summarises the key symptoms and changes that occur during this unique stage of life. The manifestation of menopausal symptoms varies significantly between individual women, reflecting diverse experiences in the intensity and duration of symptoms. Approximately 1 in 5 women report no menopausal symptoms at all¹.

VASOMOTOR SYMPTOMS

The Australasian Menopausal Society describes a hot flush as a 'subjective sensation of extreme heat associated with objective signs of cutaneous vasodilation and a subsequent drop in core body temperature'¹. Hot flushes and night sweats are the most commonly reported symptoms of the menopausal transition and are experienced by up to 80% of women, with 25% of these women being severely affected^{10, 11}. While symptoms may resolve within 2-5 years, more recent studies report the average duration of symptoms lasting between 7-10 years^{1, 12, 13}. Vasomotor symptoms during menopause are associated with poor sleep quality, depressive moods and decreased quality of life, adversely affecting a woman's relationships, work and family life and personal wellbeing^{1, 14, 15}.

GENITOURINARY SYMPTOMS

Genitourinary symptoms associated with menopause, also referred to as 'Genitourinary Syndrome of Menopause' (GSM) or 'vulvovaginal atrophy', increase in incidence with age. Yet a reluctance to discuss these symptoms with health care providers often cause women to endure these symptoms silently¹. Symptoms can include vaginal dryness and burning, irritation, decreased libido and lubrication during sexual activity, dysuria, nocturia, urinary incontinence and an increased risk of urinary tract infections^{3, 16}. These symptoms can greatly impact quality of life and self-esteem, especially in women who are sexually active. Pharmacists are encouraged to actively discuss GSM symptoms with patients and reassure women that these symptoms are natural and common, reminding women to seek treatment options from their doctor if symptoms are bothersome.

PSYCHOLOGICAL & COGNITIVE SYMPTOMS

The combination of the complex hormonal changes and associated vasomotor/genitourinary symptoms and sleep deprivation can lead to changes in mood, anxiety, irritability, memory and concentration^{1, 3, 17}. Studies also report a 50% decrease in the levels of serotonin, subsequent to the decline in estrogen levels circulating the body¹⁸. These changes increase the risk of mental health disorders in menopausal women, particularly in those with a history of depression, anxiety, or other mood disorders.

DERMATOLOGICAL SYMPTOMS

Estrogen plays a central role in the regulation of skin physiology, targeting keratinocytes, fibroblasts, hair follicles and sebaceous glands and improves wound healing and immune responses²⁰. Therefore, estrogen insufficiency during menopause leads to dermatological changes including skin thinning (atrophy), acceleration of ageing and reduced collagen production, decreased elasticity, increased dryness, and reduced vascularity^{20, 21}. The protective function of the skin becomes compromised, which contributes to impaired wound healing^{20, 21}. Other dermatological symptoms can include hair loss, pigmentary changes, pruritis (itching) and formication (feeling of ants crawling on the skin)^{1, 20}.

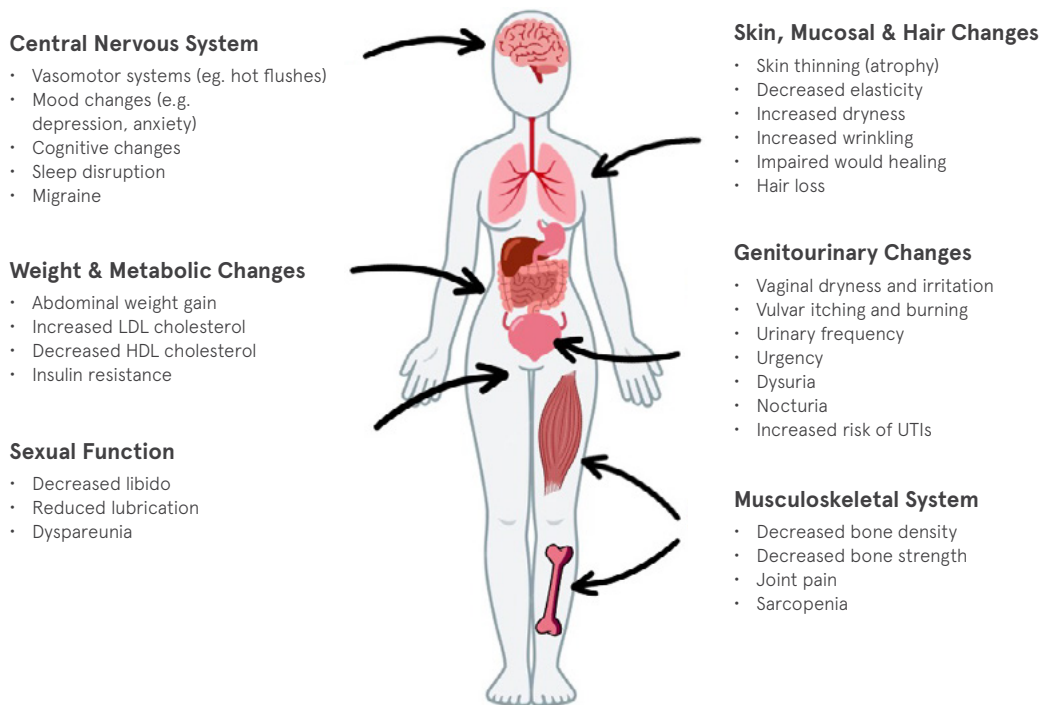
BONE AND MUSCLE CHANGES

Estrogen plays a crucial role in the regulation of bone and skeletal muscle remodelling and growth, and therefore, the menopausal transition is associated with decreased bone density/strength and sarcopenia (age-related loss of muscle mass and strength)^{22, 23}. The risk of osteoporosis is elevated in post-menopausal women, and the Australasian Menopause Society reports that one in three women over the age of 50 experiences a fragility fracture, and recommends all menopausal women have a clinical osteoporosis risk assessment¹. Laird et al²⁴ suggest a key role for pharmacist interventions in osteoporosis management, by actively raising public awareness, identifying individuals for screening and diagnosis and assisting with treatment uptake and improving adherence.

METABOLIC CHANGES

The metabolic changes resulting from estrogen insufficiency during menopause can impact a woman's metabolism and overall health. Many women experience weight gain during menopause, particularly around the abdominal region. This weight gain can be attributed to several factors, such as decreased physical activity, changes in nutrition and a slower metabolic rate²⁵. Furthermore, this life stage can be associated with alterations in blood lipid profiles, including increased levels of low-density lipoprotein (LDL) cholesterol and decreased levels of high-density lipoprotein (HDL) cholesterol^{25, 26}. Some women may develop insulin resistance during menopause, which can lead to impaired glucose metabolism and an increased risk of developing Type II Diabetes Mellitus²⁵. In combination, these metabolic changes can lead to an increase in cardiovascular risk and account for cardiovascular disease (CVD) being the leading cause of death in postmenopausal women^{7, 27-29}.

Figure 1. Overview of menopausal symptoms.



Diagnosing Menopause

A diagnosis of menopause can often be confirmed based on a woman's menstrual pattern, the presence of menopausal symptoms, and age⁵. For women older than 45 years, measurement of hormonal blood levels is not routinely required to confirm a diagnosis of menopause^{1,3}. Rather, the Australasian Menopause Society recommends the use of a symptom score sheet known as the Modified Greene Scale to assist with diagnosis, as this tool can help reveal other unreported menopausal symptoms^{1,30}.

In cases where menstrual bleeding patterns are unreliable or difficult to interpret, such as in women who have had a hysterectomy or endometrial ablation, or who have amenorrhoea induced by progestogen-only contraception, serum levels of FSH, LH and estradiol may assist clinicians in confirming a diagnosis of menopause^{1,3}. In response to the declining levels of estrogen and reduced sensitivity of the ovaries during the menopausal transition, the pituitary gland increases production of FSH and LH via a negative feedback cycle. Hence, elevated levels of serum FSH and LH, coupled with a significant decrease in estrogen levels, are used as diagnostic markers for menopause^{3,9}. These tests are also used for the assessment of younger women who exhibit signs of amenorrhoea due to POI or early menopause⁵. It should be noted that serum FSH, LH and estrogen concentrations should not be measured if any estrogen-containing treatment (e.g. menopausal hormonal therapy (MHT), combined oral contraception) has been taken within 4 weeks³. These levels are not influenced by progestogen-only contraception, with the exception of depot medroxyprogesterone³.

Anti-Müllerian Hormone (AMH) is a hormone produced by developing ovarian follicles and can serve as a marker for ovarian function³¹. While some research suggests reduced AMH levels can be used as a predictor of the onset of menopause, current guidelines do not recommend the measurement of serum AMH levels, except under specialist instruction, due to its significant cost and variability in its sensitivity^{3,32}.

DIFFERENTIAL DIAGNOSES

In women 45 years of age or older, a diagnosis of menopause can often be clinically made based on the presentation of menopausal symptoms. In younger women, it is necessary to exclude other conditions that can mimic or be mistaken for symptoms of menopause. Some examples are discussed below:

- **Polycystic Ovarian Syndrome (PCOS):** can cause irregular periods, hot flushes, changes to lipid and metabolic profiles³³
- **Thyroid disorders:** symptoms of hypothyroidism include fatigue, mood swings, weight gain, irregular menstrual cycles, while hyperthyroidism can cause symptoms such as hot flushes, palpitations and insomnia³⁴
- **Pregnancy:** the most common cause of amenorrhoea and other symptoms such as fatigue and breast tenderness
- **Some medications:** some medications such as antidepressants (i.e. SSRIs) and certain cancer treatments can cause hot flushes¹
- **Depression, stress and anxiety:** can lead to symptoms like hot flushes, mood swings and sleep disturbance that can be misattributed to menopause¹⁵
- **Other gynaecological conditions:** fibroids, endometriosis and adenomyosis can cause irregular menstrual patterns and pelvic pain that can mimic the menopausal transition¹
- **Other hormonal disorders:** consider the possibility of other disorders such as pituitary dysfunction including hyperprolactinemia, Sheehan syndrome (necrosis of the anterior pituitary) and pituitary adenoma, and adrenal gland disorders such as congenital adrenal hyperplasia and Cushing's syndrome⁹

To exclude these differential diagnoses, a doctor should conduct a thorough medical history and physical examination, blood tests including serum hormone levels and thyroid function tests and imaging studies as necessary. Pharmacists play an important role in discussing symptoms with patients and referring patients to their GP to obtain an accurate diagnosis and appropriate management.

Management of Symptoms

The goals of menopausal management are to help alleviate symptoms, improve quality of life, and reduce the risk of osteoporosis for women undergoing this life stage transition. Management options include both pharmacological treatments as well as lifestyle modifications.

PHARMACOLOGICAL TREATMENTS

Hormonal Replacement Therapy (HRT)

Hormonal Replacement Therapy (HRT), also sometimes referred to as Menopausal Hormone Therapy (MHT), is the mainstay treatment for menopause, and is most effective for vasomotor symptoms (hot flushes and night sweats) and some urogenital symptoms, and consequently, may also improve other symptoms including sleep disturbance, mood swings, depression and tiredness^{3, 35}. HRT also plays a key role in the prevention and management of osteoporosis and the preservation of an advantageous lipid profile^{3, 9}. HRT should be used at the lowest effective dose for the shortest duration possible and pharmacists and GPs are encouraged to have regular discussions with patients to monitor patient response, reviewing the ongoing need for therapy.

Systemic HRT includes estrogen-only options, estrogen and progestogen combinations, as well as other forms of systemic hormone regulators such as tibolone and conjugated estrogens with bazedoxifene³ (see Table 1 for the types of systemic HRT and appropriate subgroups for treatment). A variety of different dosage forms (i.e. tablets, creams, patches) and different modalities (i.e. continuous versus cyclical) are available, and selection should be tailored to individual patient needs. Before prescribing, a thorough history and clinical examination is conducted and mammograms, breast checks and cervical screening should be up to date in all women over 50 years with any unexplained bleeding investigated¹. Table 2 provides examples of the types of preparations currently available in Australia.

Intravaginal estrogen therapy is delivered by pessaries or creams and is the most effective treatment option for urogenital symptoms such as vaginal dryness, irritation, dyspareunia, urinary frequency, dysuria and nocturia³. They can be used alone or in combination with systemic HRT or non-hormonal treatment options such as vaginal lubricants.

Contraindications for HRT

Contraindications for HRT use include undiagnosed vaginal bleeding, a history of breast or endometrial cancers, acute cardiovascular or thromboembolic events. Specialist advice should be sought for individuals who have the following risk factors^{3, 9}:

- increased risk of VTE (including smoking, obesity, and thrombophilia);
- previous stroke or myocardial infarction (MI);
- uncontrolled hypertension;
- > 60 years of age;
- increased familial risk of breast cancer;
- history of migraines with aura;
- severe liver disease;
- endometriosis;
- porphyria or systemic lupus erythematosus (SLE).

Risk of Harms Associated with HRT

Current guidelines suggest that the benefits of systemic HRT outweigh the risks in most healthy peri- and postmenopausal women < 60 years of age. Estrogen-only preparations are known to increase the risk of endometrial cancer, and therefore, should only be used in women who have had a total hysterectomy. Oral and transdermal HRT are associated with an increased risk of breast cancer; this risk increases with duration of use. Some data suggests there is a slightly lower risk with cyclical rather than continuous regimens³⁵. Both estrogen-only and combined HRT are associated with an increased risk of stroke and VTE, and combined HRT is linked to an increased risk of coronary heart disease, dependent on the patient's cardiovascular risk factors, age and duration of HRT^{3, 35}. Transdermal estrogen appears not to increase the risk of VTE and is the preferred option for women with risk factors for VTE or cardiovascular disease³⁶. Compared to systemic HRT, intravaginal estrogen is not associated with an increased risk of cardiovascular disease, VTE or breast cancer development and long term use is generally considered safe³.

Adverse Effects of HRT

The majority of adverse effects experienced by women using HRT are related to the effects of estrogen in the body. Some local skin irritation or contact dermatitis can occur with topical formulations (i.e., patches and gel). Common adverse reactions can include breast enlargement or tenderness, headache, irregular or breakthrough bleeding, mood changes and nausea³⁵. Pharmacists should counsel patients that tolerance to adverse effects may develop during the first few months of therapy. However, if adverse effects are persistent or intolerable, patients should be referred to their GP to consider reducing the dose, changing to an alternative estrogen/progestogen, or changing the route of administration.

Counselling Points for HRT

- **Patches:** should be applied to clean, dry skin on the lower abdomen or buttocks; rotate the site of application when changing patches; dispose of used patches safely
- **Gel:** rub contents onto lower abdominal region or thighs (Sandrena) or apply gel to large area of clean, dry skin on arms/shoulders/inner thighs (EstroGel)
- **Oral tablets:** taking with food can help reduce the likelihood of nausea.



Table 1. Types of Systemic Hormonal Replacement Therapy (HRT) and Appropriate Subgroups of Menopausal Patients

Type of Systemic HRT	Drugs Used	Appropriate Subgroup of Menopausal Patients
Estrogen only	Estrogen continuously	<p>Only individuals who have had a total hysterectomy</p> <ul style="list-style-type: none"> • unopposed estrogen increases risk of endometrial hyperplasia and cancer • this risk remains elevated for > 5 years after treatment cessation³⁵
Cyclical combined	Estrogen continuously + progestogen for between 10 to 14 days per cycle	<p>Recommended for women with an intact uterus who:</p> <ul style="list-style-type: none"> • are perimenopausal (had their last period less than 12 months ago) as these preparations contain higher doses of progestogen to mimic normal physiological hormonal patterns; the drop in progestogen can precipitate a monthly withdrawal bleed^{3, 9, 37} • have premature ovarian insufficiency
Continuous combined	Both estrogen and progestogen continuously	<p>Recommended for women with an intact uterus who:</p> <ul style="list-style-type: none"> • who are postmenopausal (had their last period more than 12 months ago) and have been taking cyclical combined HRT for the last 12 months and withdrawal bleeds are becoming lighter • have premature ovarian insufficiency • have migraines
Other	Conjugated estrogens + bazedoxifene	<p>Postmenopausal individuals (had their last period more than 12 months ago) as an alternative to combined HRT</p> <ul style="list-style-type: none"> • appears to improve bone mineral density at the hip and spine • long term risks of breast cancer, VTE, coronary heart disease and stroke are still unclear³
	Tibolone	<p>Postmenopausal individuals (had their last period more than 12 months ago) as an alternative to combined HRT</p> <ul style="list-style-type: none"> • improves bone mineral density and reduces risk of fractures • has been associated with an increased risk of breast cancer³



Table 2. Systemic HRT Preparations available in Australia (table adapted from Therapeutic Guidelines)³

Estrogen-Only Formulations for Systemic HRT				
DRUG	LOW DOSE	MEDIUM DOSE	HIGH DOSE	BRANDNAMEEXAMPLES
Oral				
17-beta estradiol	0.5 to 1 mg daily	1.5 to 2 mg daily	3 to 4 mg daily	Estrofem, Zumenon
Estradiol valerate	0.5 mg daily	1 mg daily	2 mg daily	Progynova
Conjugated estrogens	0.3 mg daily	0.625mg daily	1.25 mg daily	Premarin
Transdermal Patch				
Estradiol	25 mcg / 24 hours	37.5 or 50 mcg / 24 hours	75 or 100 mcg / 24 hours	Climara (apply weekly) Estradot, Estraderm MX (apply twice weekly)
Transdermal Gel				
Estradiol 1 mg/sachet	0.5 mg (half a sachet) daily	1 mg (1 sachet) daily	1.5 to 2 mg (1.5 to 2 sachets) daily	Sandrena
Estradiol 0.06% gel	0.75 mg (1 pump) daily	1.5 mg (2 pumps) daily	2.25 or 3 mg (3 or 4 pumps) daily	EstroGel

Cyclical Combined Formulations for Systemic HRT		
ESTROGEN (CONTINUOUS)	PROGESTOGEN (CYCLICAL)	BRANDNAMEEXAMPLES
Oral low dose estrogen + progestogen		
Estradiol 1 mg (days 1 to 28)	Dydrogesterone 10 mg (days 15 to 28)	Femoston 1/10
Transdermal low dose estrogen gel + oral progestogen		
Estradiol 0.75 mg (1 pump of 0.06% gel) (days 1 to 28)	Micronised progesterone 200 mg for 12 to 14 consecutive days	EstroGel pro
Oral medium dose estrogen + progestogen		
Estradiol 2 mg (days 1 to 28)	Dydrogesterone 10 mg (days 15 to 28)	Femoston 2/10
Estradiol 2 mg (days 1 to 22) Estradiol 1 mg (days 23 to 28)	Norethisterone 1 mg (days 13 to 22)	Trisequens
Transdermal medium dose estrogen + progestogen patch		
Estradiol 50 mcg / 24 hours (days 1 to 28)	Norethisterone 140 mcg / 24 hours (days 15 to 28)	Estalis Sequi 50/140 (apply twice weekly)
Estradiol 50mcg / 24 hours (days 1 to 28)	Norethisterone 250 mcg / 24 hours (days 15 to 28)	Estalis Sequi 50/250 (apply twice weekly)
Transdermal medium dose estrogen gel + oral progestogen		
Estradiol 1.5mg (2 pumps of 0.06% gel) (days 1 to 28)	Micronised progesterone 200 mg for 12 to 14 consecutive days	EstroGel pro

A progestogen is required to prevent endometrial hyperplasia in individuals with a uterus.

Combined formulations can be achieved with either a single formulation containing estrogen plus progestogen, or separate preparations. Consider patient preference.³

Continuous Combined Formulations for Systemic HRT

ESTROGEN (CONTINUOUS)	PROGESTOGEN (CYCLICAL)	BRAND NAME EXAMPLES
Oral low dose estrogen + progestogen		
Estradiol 1 mg	Drospirenone 2 mg	Angeliq ½
Estradiol 1 mg	Dydrogesterone 5 mg	Femoston-Conti
Estradiol 1 mg	Norethisterone 0.5 mg	Kliovance
Transdermal low dose estrogen gel and oral progestogen		
Estradiol 0.75 mg (1 pump of 0.06% gel)	100 mg micronised progesterone	Estrogel pro
Oral medium dose estrogen + progestogen		
Estradiol 2 mg	Norethisterone 1 mg	Kliogest
Transdermal medium dose estrogen + progestogen patch		
Estradiol 50 mcg	Norethisterone 140 mcg / 24 hours	Estalis Continuous 50/140 (apply twice weekly)
Estradiol 50 mcg	Norethisterone 250 mcg / 24 hours	Estalis Continuous 50/250 (apply twice weekly)
Transdermal medium dose estrogen gel + oral progestogen		
Estradiol 1.5 mg (2 pumps of 0.06% gel)	100 mg micronised progesterone	Estrogel pro

Progestogen Formulations for Continuous Combined Systemic HRT

DRUG	USE WITH LOW DOSE ESTROGEN	USE WITH MEDIUM DOSE ESTROGEN	USE WITH HIGH DOSE ESTROGEN	BRANDNAMEEXAMPLES
Oral continuous progestogen				
Medroxyprogesterone	2.5 mg daily	5 mg daily	10 mg daily	Provera Ralovera
Micronised progesterone	100 mg daily	100 mg daily	Safe dose not known	Prometrium
Norethisterone	1.25 mg daily	1.25 mg daily	2.5 mg daily	Primolut N
Intrauterine continuous progestogen				
Levonorgestrel	52 mg IUD, releasing 20 mcg / 24 hours			Mirena

Other Systemic HRT Formulations

DRUG	DOSE	BRAND NAME EXAMPLES
Conjugated estrogens 0.45 mg + bazedoxifene 20 mg	1 daily	Duavive
Tibolone 2.5 mg	1 daily	Livial, Xyvion

Non-Hormonal Drug Therapy

A variety of non-hormonal pharmacological options are used 'off-label' to treat the vasomotor symptoms of menopause; however, evidence for their efficacy is controversial and limited to short-term studies. Choice of non-hormonal agents should be based on individualised assessment of patterns of vasomotor symptoms, comorbidities, concurrent medications, adverse effect profiles and patient preference³. For all non-hormonal therapies, dosing should start low and be titrated to patient response. Pharmacists should educate patients regarding their onset of action, which is usually evident within 4 weeks at an effective dose, but their full effect may take up to 8 weeks³.

ANTIDEPRESSANTS

Selective serotonin reuptake inhibitors (SSRIs) and selective serotonin and noradrenaline reuptake inhibitors (SNRIs) have shown evidence of mild to moderate efficacy in reducing hot flushes and mood symptoms^{38, 39}. They are also associated with improving quality of life and sleep³.

GABAPENTINOIDS

Gabapentin and pregabalin have been used to manage vasomotor symptoms of menopause, especially when accompanied by poor sleep or neuropathic pain.³ Gabapentin can be considered as an alternative for patients who have contraindications to hormonal therapies and literature suggests it reduces the frequency and severity of vasomotor symptoms at a comparable rate to SSRIs/SNRIs³⁹. Current guidelines suggest its suitability if hot flushes are worse at night or accompanied by poor sleep or neuropathic pain^{3, 39}. Evidence supporting the therapeutic effect of pregabalin is unclear.⁴²

CLONIDINE

Clonidine is a centrally acting α_2 -agonist that has historically been a popular choice for the treatment of vasomotor symptoms. However, literature suggests modest efficacy compared to placebo, and its associated adverse effects such as dizziness, hypotension and dry mouth limits its place in current therapy^{35, 38, 39}.

Compounded and Complementary Therapies

Compounded and complementary therapies are generally not recommended due to limited and conflicting evidence of safety and efficacy. Compounded 'bio-identical' hormone therapy, which contains a variety of estrogens, progestogens and other hormones are not subject to the same regulations as TGA-approved pharmaceutical products and the strength and purity of ingredients in these preparations can be inconsistent and there has been evidence of harms associated with their use³.

Placebo-controlled clinical studies of complementary and alternative medicines (CAMs) to treat menopausal hot flushes found inconsistent evidence of efficacy for the use of^{1, 3, 38, 40, 41}:

- **Vitamin E supplements** – generally safe to use, although may increase bleeding risk when used with warfarin or other anticoagulants
- **Phytoestrogen supplements (isoflavones and red clover)** – safety in breast cancer has not yet been established
- **Black cohosh** – serious cases of liver toxicity have been reported with its use
- **Evening primrose oil** – generally safe to use, although there have been some reports of immunosuppression and thrombosis
- **Multivitamins or minerals including magnesium supplements, selenium, vitamin C** – evidence of benefit is extremely limited
- **Other herbal/botanicals including dong quai, ginseng, ginkgo biloba, valerian roots** – evidence of benefit is extremely limited.





Non-Pharmacological Treatments

Non-pharmacological therapies for the management of menopausal symptoms have not been as extensively explored, and evidence of efficacy is controversial and limited.

LIFESTYLE MODIFICATIONS

- **Weight loss** – shown to reduce vasomotor symptoms in overweight and obese individuals^{1,3}
- **Improving cooling through environmental control** – adjusting clothing, using fans or air-conditioning as required, cold packs and drinking iced water may help lower core body temperature¹
- **Avoiding triggers of vasomotor symptoms** – potential triggers may include consumption of spicy foods, smoking and drinking alcohol¹
- **Regular exercise** – although existing evidence does not show exercise reduces vasomotor symptoms, it is associated with other benefits such as improving quality of life, cognitive function and mood, bone density, weight maintenance and cardiovascular disease^{1,3}

MIND/BODY-BASED THERAPIES AND PRACTICES

- **Cognitive behavioural therapy (CBT)** – evidence suggests it reduces vasomotor symptoms and improves mood, quality of life, sleep, sexual function, and general wellbeing. This approach could be used in conjunction with other therapies for menopausal symptoms^{3,39}
- **Hypnosis** – some evidence demonstrates reduction in vasomotor symptoms (hot flushes) and improved sleep quality⁴²
- **Acupuncture, chiropractic intervention, paced breathing, relaxation therapy, yoga, magnetic therapy, reflexology** – no evidence of any overall benefit to support recommendation of these alternative therapies^{1,3}

Conclusion

In summary, the management of menopause is a multifaceted and complex process, and pharmacists play a pivotal role in providing valuable support and guidance to women navigating this transitional phase of life. Menopause can trigger a wide variety of different physical symptoms and emotional challenges, and pharmacists are well-equipped to offer informed advice on the risks and benefits of treatment options and lifestyle modifications. By serving as accessible and trusted healthcare professionals, pharmacists can ensure individuals make choices that align with their unique needs and preferences. By fostering ongoing relationships with patients, pharmacists can monitor patient response to therapy and support patients with management of adverse effects, recommending referral and communication with GPs as required. Through this collaborative approach, pharmacists can assist in enhancing the effectiveness of menopausal management strategies, helping women confidently achieve quality of life and symptom control during this transitional phase of their life.



“BY SERVING AS ACCESSIBLE AND TRUSTED HEALTHCARE PROFESSIONALS, PHARMACISTS CAN ENSURE INDIVIDUALS MAKE CHOICES THAT ALIGN WITH THEIR UNIQUE NEEDS AND PREFERENCES.”



ABOUT THE AUTHOR

Dr. Jane Lee completed a PhD investigating the role of calcium signalling in basal-like breast cancers and is a dedicated pharmacist with over 15 years of clinical experience. She serves as a lecturer at the School of Pharmacy, The University of Queensland, and works as a Clinical Education and Medication Safety pharmacist at Uniting Care Health (UCH) Hospitals in Queensland. Dr. Lee has a diverse background in community and hospital pharmacy, research, and academia, and she is particularly passionate about women's health and oncology.

Organisational Behaviour Part 3: Organisational Structure and Culture

01 The following are descriptions of forms of position power. Which of the following IS NOT correct?

- a) Reward power includes the capacity to influence the behaviour of others by allocation of rewards
- b) Coercive power can be subtly utilised to ensure staff 'follow the rules'
- c) Information power can be held by any person at any level within an organisation
- d) Referent power is always a legitimate form of power, it cannot be based on perceptions of others

02 Which of the following scenarios IS NOT an example of legitimate power?

- a) A Pharmacist's legitimacy to refuse supply of over-the-counter product due to evidence of overuse or misuse
- b) A Pharmacy Assistant's legitimacy to give out a Schedule 3 medicines without consultation with a pharmacist
- c) A Pharmacy owner's legitimacy to change the layout of the dispensary
- d) The Federal Minister for Health's legitimacy to revoke a pharmacy's PBS listing based on an infringement to location rules.

03 Which of the following statements is INCORRECT in relation to forms of personal power:

- a) Expert power is based solely in the individual's capacity to influence others by possessing knowledge or skills that they want
- b) Expert power is based in an individual's personal set of skills and knowledge
- c) A manager's referent power is based in admiration, trust and respect their staff have for them as an individual
- d) Charisma is a source of referent power

04 Pharmacists can build referent power by which of the following actions:

- a) Building strategic relationships with pharmacy owners
- b) Developing alliances with key industry stakeholders
- c) Nominating for board positions with industry organisations
- d) All of the above

05 True or false?

The difference between authority and domination is that the latter requires the consent of those being managed, the former does not.

06 Employees can influence others in the workplace by:

- a) Using power tactics and strategies
- b) Using influential behaviours through intentional acts
- c) Participating in non-sanctioned, informal activities, sometimes implying potential intra-organisational conflict
- d) All of the above



LEARNING OBJECTIVES

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

- Define 'position power' and identify examples
- Define 'personal power' and identify examples
- Identify strategies that can allow power to be transferred into influence within the workplace
- Discuss how power, influence and workplace politics can be used in a positive manner to advance one's career and professional practice



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Is it Menopause?

01 Which of the following physiological changes is associated with the menopausal transition? (LO1)

- a) Increased estrogen production
- b) Decreased sensitivity of ovarian follicles
- c) Decreased Follicle-Stimulating Hormone (FSH) levels
- d) Increased Anti-Mullerian Hormone (AMH) levels
- e) Decreased Luteinising Hormone (LH) levels

02 Which one of the following symptoms is NOT a common symptom of menopause? (LO2)

- a) Hot flushes
- b) Frequent urination
- c) Joint stiffness
- d) Sarcopenia
- e) Mood changes

03 Which of the following conditions may present with symptoms resembling menopause? (LO3)

- a) Hypothyroidism
- b) Fibromyalgia
- c) Chronic kidney disease
- d) Seasonal allergies
- e) Osteoporosis

04 Which of the following non-hormonal treatment options is LEAST likely to be effective for the treatment of vasomotor symptoms associated with menopause? (LO4)

- a) Desvenlafaxine
- b) Escitalopram
- a) Gabapentin
- a) Fluoxetine
- a) Clonidine

05 Select the most appropriate treatment option for a 48-year-old perimenopausal woman with no history of hysterectomy: (LO4)

- a) Cyclical combined HRT
- b) Estrogen only HRT
- c) Continuous combined HRT
- d) Tibolone
- e) Conjugated estrogens + Bazedoxifene

06 Which of the following non-pharmacological therapies are MOST likely to reduce vasomotor symptoms in menopause? (LO4)

- a) Regular exercise
- b) Acupuncture
- c) Cognitive Behavioural Therapy (CBT)
- d) Cooling through environmental control
- e) Yoga



LEARNING OBJECTIVES

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

- Recall the definitions of perimenopause and menopause, and the changes in the body that occur at a biological level;
- Outline the symptoms and signs of menopause that women may experience, as well as understand the impact of these symptoms;
- Recognise that there are other conditions that may have similar symptoms to menopause;
- Highlight the pharmacological and non-pharmacological treatments that are available for menopause



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