



OFFICIAL JOURNAL OF
The Pharmacy Guild

APP2023 Trade
Exhibition Guide

2023 Pharmacy of
the Year Finalists

Pharmacy
Automation a
Game Changer



APP
2023
23-26 MARCH
GOLD COAST

TRADE EDITION



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Gold Cross represents both integrity and credibility in the pharmacy sector. All monies raised by Gold Cross assist The Pharmacy Guild of Australia in their advocacy work for community pharmacy, directly benefiting the health and wellbeing of all Australians. So by supporting the Gold Cross, Guild members can ensure there is a golden future for pharmacy in Australia.

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In The Know (ITK) is the official trade journal of the Pharmacy Guild of Australia. Across the printed magazine, website and weekly EDM, ITK curates credible, industry leading content to keep the industry in the know. Featuring direct communications from the Pharmacy Guild of Australia, news, member offers and deals, as well as continuing professional development modules, ITK is a gold mine of information.



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PRESIDENT'S MESSAGE

After a year of remarkable achievements the new year presents us with a clear road of new opportunities.

One of the achievements I'm talking about is the historic reduction in the PBS co-payment from \$42.50 to \$30 in 2022 following our successful 'Affordable Medicines' campaign.

At our Annual Dinner at Parliament House in November, we received bi-partisan praise from both the Health Minister, Mark Butler and Opposition Leader Peter Dutton about the co-payment reduction.

Minister Butler praised us for our leadership and relentless campaign while Mr Dutton said it was a "no brainer" from a policy point of view, especially after so many of you had relayed the stories from your patients who were going without medication because of cost.

Of course we shouldn't be surprised our campaign resonated with politicians. After all we are putting our patients first.

This year we continue to push the case on behalf of our patients for more affordable medicines and we've already started to argue for an even lower maximum co-payment of \$19.

While the cloud of COVID has lifted somewhat, the clouds of worsening economic conditions continue to loom with predictions of further increases in both interest rates and inflation. That will only serve to support our argument to keep medicines more affordable.

The last thing I want to see are the gains we made in last year's reduced co-payment gobbled up by rising inflation, so I will keep making the point to reduce the maximum co-payment down to \$19.

The other achievement we made big strides in 2022 and will continue this year is for you all to be working to your full scope of practice.

It started with our successful pilot in treating uncomplicated urinary tract infections (UTI) for women in Queensland which has now become permanent in the Sunshine State.

Other states and territories sat up and took notice and the pilots were replicated throughout Australia.

Some have even gone further.

The Northern Territory for example is enabling pharmacists to exercise full scope of practice without even waiting for a pilot programme.

Late last year, NT's parliament passed legislation to allow pharmacists to supply more regulated medicines to more people especially in remote areas which is a major issue in the wide open spaces of the Territory.

While in Victoria the re-elected government of Daniel Andrews is committed to spending \$19 million on a 12 month pilot programme on community pharmacists working to full scope of practice.

NSW also announced initiatives to allow pharmacists to provide a wider range of services.

This is hardly revolutionary stuff.

As you all know such procedures are already in place in like minded countries such as the United Kingdom, Canada and New Zealand.

Of course there have been the naysayers who claim we're encroaching on other health professionals' turf, all the while ignoring that this is in the patients' interests first and foremost.

Another initiative I was proud to be part of in 2022 is our 'State of the Industry' roadshows.

You wanted a clear line of communication to the Guild leadership with your feedback on how we can improve things for the industry and your practices.

The result was a resounding success with feedback from you, our members, overwhelmingly supporting the roadshows and wanting more into the future.

One of the most positive developments of the last 12 months was a return to normal after the disruption of COVID.

A lot of that was down to the hard work we all did in rolling out rapid antigen tests and more vaccines.

I acknowledge it was a tough ask, but we did it.

Of course COVID is still with us and there is a sense of complacency creeping into the community about staying up to date with vaccines and boosters.

I am therefore encouraging you all to talk about this with your patients and customers to ensure we stay on top of the COVID threat.

While there is much to look forward to, there will be challenges, not the least being supply.

I know this was a big issue last year and unfortunately it will remain this year,

The Government is rightfully stockpiling crucial vaccines and medicines which will have a disruptive impact on our supply chain going well into this new year.

That said though, myself and my executive team and National Council will be doing everything to ensure a smoother supply in 2023.

I would like to end on a positive note and that is to say I'm very much looking forward to seeing many of you in person at this year's APP conference on the Gold Coast.

While it emerged from the misery of COVID last year, many of you understandably chose to attend the event online, but this year we are all excited it's returning to normal with a big attendance expected.

I can't wait to catch up with so many of you in person to show support and thank you for all the hard work you have done and continue to do.

Trent Twomey
National President



Professor Twomey addresses the inaugural 'State of the Industry Roadshow' which will be back this year.

ECONOMIC UPDATE

State of the Australian economy

T

The Australian economy continues to rebound from the COVID-19 lockdowns period with strong household spending resulting in retail trade, including expenditure on goods and services provided by community pharmacies, maintaining solid growth in 2022.



The household saving rate continued to fall in 2022 as pent-up demand from the lockdown period materialised. The labour market continues to be tight with low unemployment and high job vacancies, although wages growth still trails inflation.

Both supply chain constraints originating during the COVID-19 period and pent-up demand mean that inflation continues to be prevalent, forcing the Reserve Bank of Australia to raise the official interest rate. Higher interest rates will in turn impact household expenditure, including demand for housing which is beginning to show up in house price growth moderating.

Into 2023, higher inflation and interest rates, as well as a slowdown in global economic activity are expected to result in a slowing in the growth of the Australian economy, which will also negatively impact household spending. One countervailing factor specific to community pharmacies, is the introduction of the cut to the Pharmaceutical Benefits Scheme (PBS) general patient’s co-payment from 1 January 2023, which will make many medicines more affordable.

Retail Trade

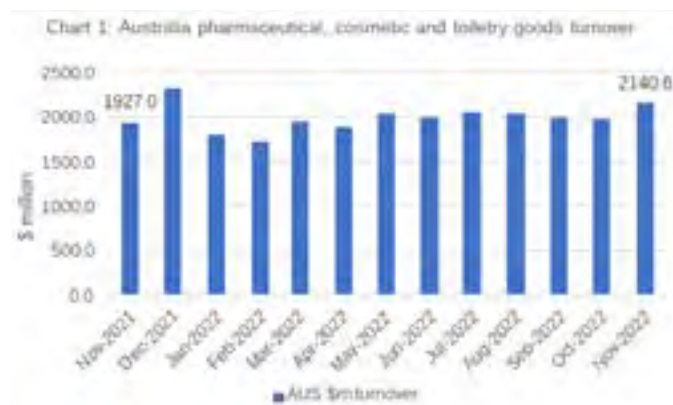
The dollar value in turnover for pharmaceutical, cosmetic and toiletry goods, which is an Australian Bureau of Statistics (ABS) definition that includes community pharmacy (including prescriptions, OTC, and front of shop items) has been relatively strong. Table 1 shows, by retail trade category, the year-on-year growth in turnover to November 2022 (latest data available at the time of writing) for all of Australia. The table shows pharmaceutical, cosmetic and toiletry goods turnover experienced the third strongest year-on-year growth to November 2022, only behind restaurants and takeaway food trade.

Table 1: Retail trade - turnover (\$) year on year growth	Nov 2022 year on year % growth
Restaurants	31.4%
Takeaway food	14.3%
Pharmaceutical, cosmetic and toiletry goods	11.1%
Specialised food	9.4%
Supermarket & grocery	8.9%
Department stores	8.9%
Footwear	8.2%
All categories	7.7%
Liquor	7.0%
Clothing	6.2%
Hardware	3.3%
Other	2.1%
Furniture and houseware	-0.7%
Other Recreational	-2.2%
Books & newspapers	-2.7%
Electrical goods	-6.5%

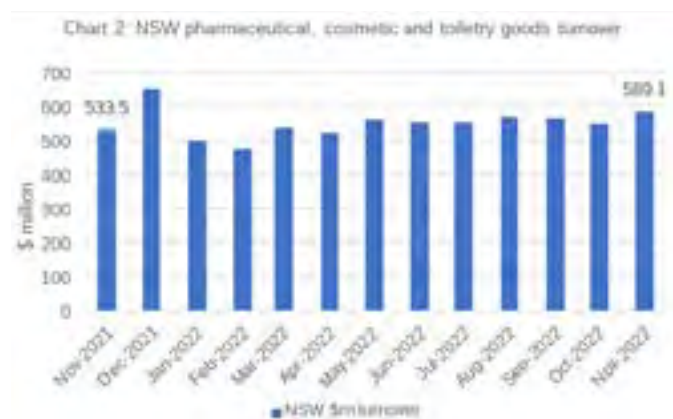
Source: ABS, Retail Trade, Australia.

Nationally, pharmaceutical, cosmetic and toiletry goods turnover growth of 11.1% outpaced overall turnover growth across all retail categories of 7.7%.

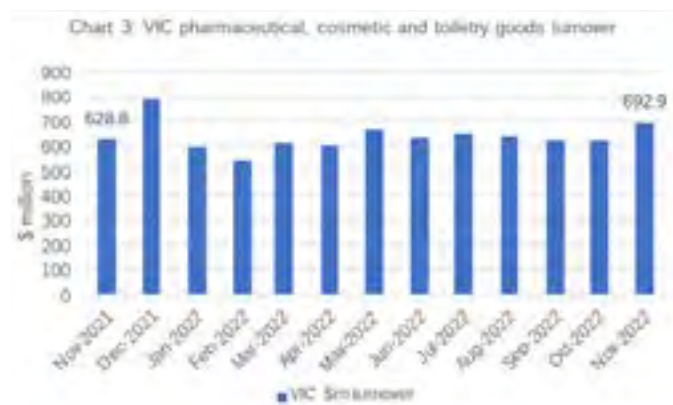
Chart 1 shows the monthly level of the dollar value of turnover for pharmaceutical, cosmetic and toiletry goods nationally. In November 2022, the dollar value reached \$2,140 million. This is up from \$1,927 million in November 2021, an 11.1% increase, as reflected in Table 1.



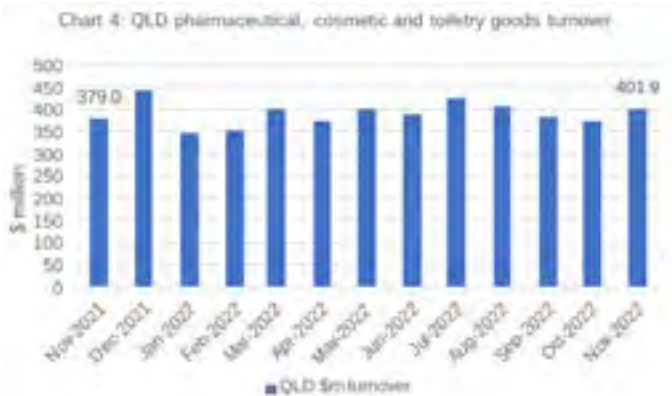
Turning to each jurisdiction, New South Wales recorded 10.4% year-on-year growth in the dollar value of retail trade for pharmaceutical, cosmetic and toiletry goods to November 2022, which was marginally below the national growth figure of 11.1%. Chart 2 shows a value of just on \$589 million in November 2022 for New South Wales.



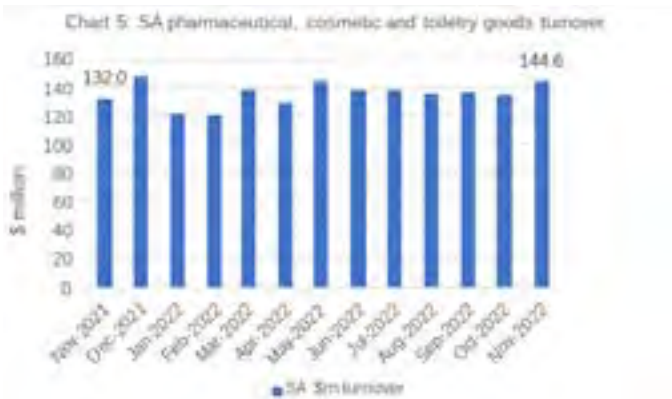
Victoria’s dollar value of turnover for pharmaceutical, cosmetic and toiletry goods is given in Chart 3. It shows that the November 2022 result (\$692 million) was a 10.2% year-on-year improvement against November 2021 (\$628 million). Victoria continues to have the largest dollar value of pharmaceutical, cosmetic and toiletry goods turnover across all jurisdictions.



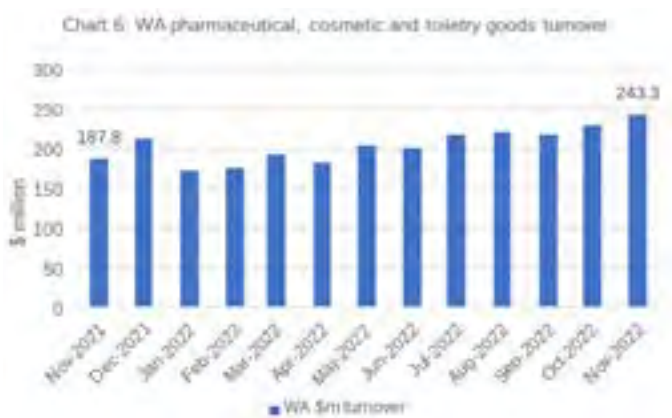
Queensland’s pharmaceutical, cosmetic and toiletry goods turnover only grew by 6% year-on-year to November 2022, compared to 11.1% nationally. On a monthly basis, turnover reached just under \$402 million in November 2022 (Chart 4).



South Australia’s pharmaceutical, cosmetic and toiletry goods turnover recorded 9.5% year-on-year growth to reach just under \$145 million in November 2022 (Chart 5).



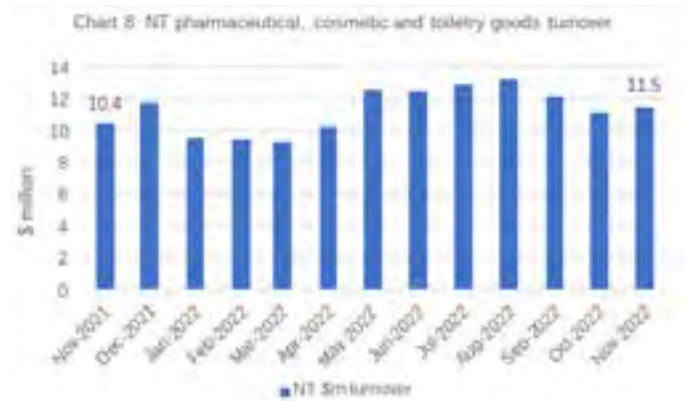
Western Australia has had very strong growth in pharmaceutical, cosmetic and toiletry goods turnover. As at November 2022, the monthly dollar value was \$243 million (Chart 6), a 29.6% year-on-year growth rate.



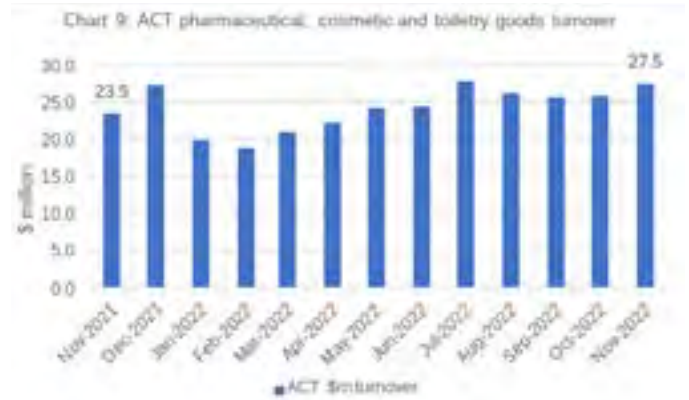
Tasmania is the only jurisdiction to record a year-on-year decline in pharmaceutical, cosmetic and toiletry goods turnover to November 2022, to \$30 million (Chart 7). This represents a 6.3% decline.



Off a small base, the Northern Territory recorded 10.6% year-on-year growth in pharmaceutical, cosmetic and toiletry goods turnover to November 2022 to reach \$11.5 million (Chart 8).



Finally, also off a low base, the Australian Capital Territory recorded strong growth on a year-on-year basis to November 2022, with growth of 17% and a dollar value of retail trade in November 2022 of \$27.5 million (Chart 9). The growth rate was the second strongest across Australia, only behind Western Australia.



2023 PHARMACY OF THE YEAR FINALISTS



The Finalists

The six finalists in the 2023 Pharmacy of the Year awards have been announced by the Pharmacy Guild of Australia. The finalists are:

- Capital Chemist Calwell, ACT
- Livelife Pharmacy Cooroy, Queensland
- Thursday Island Pharmacy, Queensland
- Wholelife Pharmacy & Healthfoods Pease Street, Queensland
- Ouyen Pharmacy, Victoria
- Pharmacy 777 Shoalwater, Western Australia

The prestigious award is open to Pharmacy Guild members who can enter in the three categories:

- Excellence in Business Management
- Excellence in Community Engagement
- Excellence in Professional Innovation

Category winners, along with the overall Guild Pharmacy of the Year winner, will be announced at the 2023 APP Conference to be held on 23-26 March 2023 at the Gold Coast Convention Centre.

The Australia-wide awards process aims to find the country's foremost community pharmacy which is recognised and celebrated for its achievements, its innovation and its commitment to patients and communities.

Spokesperson for the judging group and Senior National Vice-President of the Guild, Nick Panayiaris, said the nominations this year had set a new benchmark for the judges in terms of the quality of community pharmacies and their performance.

"The nominations have been absolutely exceptional," he said.

"These awards have been presented for more than 20 years but the judges all agree this year has been outstanding."

Mr Panayiaris said what was even more remarkable was how many practices had invested in automation and other technology which has enabled the changes necessary to grow their businesses and implement patient centric services, all in the face of the huge impact COVID-19 had on the community pharmacy sector.

"It was really encouraging to see how pharmacies had responded to the changed environment of COVID and adapted to meet the different patient demands and expectations," he said.

"They innovated, they pivoted, and they came up with solutions to previously unencountered clinical and business challenges."

Jonathan Biddle, General Manager of Care Pharmaceuticals, and principal sponsors of the awards, said the award acknowledged the most innovative and adaptable pharmacy businesses in the country.

"They have worked under the most challenging situations to meet the needs of their patients and their community by providing comprehensive, holistic health services, medication safety and advice, through well-managed pharmacies.

"This year we had hundreds of nominations for the award.

"We are proud at Care Pharmaceuticals to sponsor this important recognition of outstanding pharmacies, and our sponsorship reflects our ongoing commitment to patients and pharmacies in the sector."



Capital Chemist Calwell, ACT

Being a health destination with a clear focus on creating connections and solutions has ensured Capital Chemist Calwell in the ACT is a community hub as well as a health hub.

Co-proprietors Lucinda Marks and Elise Thornton are proud that their community engagement, professional innovation and business management, strategies they and all their staff can collectively be proud of.

"We are a pharmacy that engages with the community around it and creates improved health outcomes," they said.

"We have thought hard about what that means and we have asked what our staff and patients need for that to be a reality.

"Most importantly for us and our team has been the unprecedented amount of engagement and positive feedback both verbal and written from our patients.

"Barely a day goes by that someone doesn't stop one of us and tell us how much of an impact we have been able to have on them and their family."

The proprietors conduct one-on-ones with their staff and continually reinforce the supportive environment and how much the structure they have created has allowed everyone to be inspired by each other's successes.

"We heavily invest time and money into our people, and have proved that when our staff are supported, empowered, cared for and given all the tools they need to do their job with ease and fun, it flows on to our patients and in turn to our business.

"Our rostering strategy encourages leave and minimises the impact on other staff and we have strategies to ensure we remain focused on our core business and on the health and wellbeing of our staff and patients.

"We catch up with our staff individually every month. We ask them what their pain points are and work to remove them, we ask them what they want to change, what they want to learn and what they would love to do more of, and we listen and learn from their answers.

"This has led us to continual improvement and business innovation.

"Currently we are piloting a plan to enable pharmacists a weekly flexible work from home day, when they are paid for output, not hours and we have implemented an unlimited annual leave policy and four weeks paid maternity leave."



Livlife Pharmacy Cooroy, QLD

A focus on providing a large range of advice and services to all areas of health and wellbeing for its community has seen LiveLife Pharmacy Cooroy in Queensland firmly establish itself as a health hub for the area.

Proprietor Jacquie Meyer said the pharmacy was the central point in the region not only for natural health advice, general pharmacy enquiries, medication management, vaccinations and Community Pharmacy Agreement services, but hospitalisation services and discharge planning back into the community.

"Our pharmacists are providing the entire spectrum of healthcare in Cooroy and it all centres on our community pharmacy," Ms Meyer said.

"Our passion for our community is clear and our staff are fully engaged with our residents and their health needs."

Ms Meyer said the pharmacy's health promotion activities, education seminars and information presentations highlighted the vast array of patients that it accessed.

"And we continue to access them and grow the numbers of people we provide services to," Ms Meyer said.

"At a time when other businesses have become fatigued, or have reduced their capacity, we have continued to provide an outstanding level of accessibility and advice to our community at a time they needed us the most," Ms Meyer said.

"Our Pharmacy has seen significant growth in sales, customers and prescriptions as a result of our refit and our pharmacist service model, highlighting the value our local community has on our pharmacists and the advice that we provide every day.

"We have embraced the challenges that COVID-19 brought to community pharmacy, and we have achieved significant success as a result and have established a pharmacy that is ready for the next step in pharmacists working to their full scope of practice."

The pharmacy also has close ties with the local private hospital and this has helped to establish and cement it as a pivotal element in meeting the community's diverse health needs.

In addition to providing the community with the range of Community Pharmacy Agreement services, the pharmacy has partnered with the local private hospital to provide a range of services, medication, management, and education to patients and staff.



Thursday Island Pharmacy, QLD

Being described as perhaps the "happiest pharmacy I have ever been in" is the sort of feedback any pharmacist or pharmacy worker relishes and those at Thursday Island Pharmacy are no different.

But this comment got proprietors Caitlin Davies and Carli Berrill thinking.

"Of course we agree [with the comment] but it got us thinking about what makes us a happy pharmacy," Ms Davies said.

"The cornerstone and motto of our pharmacy is 'Youpla health matters' simply put it means your health matters to us and we'll help your health matter to you.

"We strive daily to make sure our pharmacy provides the best service to each and every person.

"This can be a hard task as we may not meet or talk to the majority of people we service. We take pride in our staff, our pharmacy, supporting local Aboriginal and Torres Strait Islander products, the community, and our services."

Co-proprietors Mick and Luci Delaney take great pride in what the pharmacy offers whether it be a professional service like a COVID-19 vaccination, Medscheck, Home Medication Review, dose administration aids or help with incontinence supplies to the more typical retail services like ear piercing or passport photos.

"Thursday Island Pharmacy is unique and is one that provides a full community pharmacy service while at the same time providing a highly clinical service to 15 remote Queensland Health Centres and the health workers, nurses and doctors," they said.

"We are a pharmacy that has interprofessional collaboration at the centre of our work and whether it be doctors, occupational therapists, mental health workers or even the travelling vet, they all know to expect an exceptional level of service when they come into the pharmacy."

Ms Berrill said the pharmacy was in a unique position of being the only pharmacy in a geographically isolated region, however, we remain competitive and adaptable to the world of online shopping.

"How has this shaped our business? It has made us conscious of value and range. It has made us select areas to develop to suit the community such as sports nutrition, whole foods, specialised hair care and expanding our baby product range. The success of these departments has allowed us to stock more small and local businesses and see them thrive," she said.



Wholelife Pharmacy & Healthfoods Pease Street, QLD

With more options available than ever before for patients, WholeLife Pharmacy and Healthfoods Pease Street Cairns has risen to the challenge of providing a pharmacy to meet changing customer needs.

And co-proprietor Frank Pappalardo, who owns the pharmacy with his brother Vince, said the pharmacy had grasped the opportunity to change and innovate in response to patient needs.

"Part of our business strategy is focused on being customer-centric and so we have a dedicated buying team who research the latest products including those that are local, Australia-made, sustainable, and innovative. We have a focus on speed to market for new concepts," Mr Pappalardo said.

"We are also innovation led, and we continually implement innovative solutions to increase efficiency and free up staff time to focus on patient care."

Mr Pappalardo said the pharmacy was a "cornerstone of the greater Cairns community providing accessibility to a comprehensive range of health and wellness products and services.

"We believe that everyone should have access to the healthcare that they deserve.

"We are committed to supporting everyone in the community especially the more challenged of our local area and supporting the improvement of healthcare outcomes for everyone."

He said the pharmacy had in the past been focused on physical accessibility with its products and services but had now adapted.

"We are now also driving the digital revolution by providing a comprehensive website with over 5,000 products and a loyalty program that helps our customers with not only rewards for their purchases but also access to online educational content, weekly newsletters, and new products," he said.

"Our website is viewed by more than 20,000 people each month."

Mr Pappalardo said WholeLife had grown from the single store in the Cairns suburb of Manoora, to what he described as "the most innovative pharmacy and wellness concept in Australia.

"The brand now has over 25 locations servicing an increasing loyal base of customers.

"We are revolutionising pharmacy to connect with the changing needs of today's consumers and to provide pharmacy owners with a path to broaden their services, customer offerings, product ranges and increase customer retention via a proven and successful model."



Pharmacy 777 Shoalwater, WA

The needs of a demographic of ageing patients and maturing families has seen Pharmacy 777 Shoalwater in Western Australia become a flag bearer for the benefits of pharmacists working to full scope of practice.

Co-proprietors of the Pharmacy, Julie Ng and Sam Afsar said Pharmacy 777 Shoalwater was a prime example on how potential full scope of practice in a community pharmacy setting could help a pharmacy's business performance transform completely.

"The benefits flow on to our patients through better and diverse services, and better health outcomes," Julie said.

"We were a struggling business six to seven years ago with our competitors going hard on price.

"By establishing an efficient workflow; a united, engaged team; tailor-made professional services for the unique needs of the community and most importantly giving back to the community that has given us so much has brought us to where we are today.

"Our approach is not only about tailoring our services to the community, but to respect and treat each patient as an individual.

"We don't generically market our services but rather target each patients' individual needs after assessing their barriers to healthcare, risk factors and what services we can deliver to provide the most benefit to the patient in front of us at that moment.

"We follow up with our patients, and when there's been a gap in our services, we have worked hard to fill that need by creating new services or facilitating referrals.

"Our patients and allied health network all appreciate the changes we have made over the years to have a clear 'health' offer."

Mr Afsar said teamwork was an underlying theme throughout the pharmacy.

"Our team values are Unity, Care, Professionalism, Exceptional Service, and Growth," he said.

"Each team member receives personalised career pathways and regular reviews.

"We have an extensive online training platform for our technicians and pharmacists which are regularly reviewed by our group's clinical training team."

"The biggest strength will always be the team we have built.

"Our team strives to be better on these three critical elements of community engagement, professional services and business development as we continue serving our community."



Ouyen Pharmacy, VIC

Entering the world of pharmacy ownership can be daunting for any pharmacist, but especially so for early career pharmacists.

But this is the challenge faced and met by Alexander Look with Nicholas Wong when they bought Ouyen Pharmacy in north-west Victoria in 2021, at the height of the COVID-19 pandemic.

Mr Wong said part of the philosophy when they took over the pharmacy was to immediately build rapport with individuals in the town of some 1000 residents, and with the community so they fully understood the local needs.

"The next step was to carefully curate the pharmacy's products and services to reflect these requirements," Mr Look said.

The partners are very active in letting the community know what they are doing and what the pharmacy offers, including being active on social media, posting accessible health-related content two to three times per week.

"Retail promotions rarely feature through this communication platform as we seek to be viewed as 'more than a retailer'," Mr Look said.

"The increasing community interaction with our page confirms that our strategy is working.

"We invested in smart technologies, empowering our pharmacists to engage more with patients through minimising administrative burden and these include optimising and automating rostering, and stock management back-end tasks, and investing in dose administration virtual-pill-count technology which improves the accuracy, safety, and efficiency of our program.

"We have also adopted cloud-based task management software to improve team communication, transparency, and accountability even over long periods of time. This has led to greater task completion rates, and improved customer satisfaction."

Mr Wong said the pharmacy's reputation for innovation and its determination to achieve positive outcomes had resulted in fruitful partnerships with businesses in the wider community.

"And we are always looking for ways to help the community and an example of this is that our services were extended to Murrayville College, which is a remote town 110km from Ouyen, when a very real need was identified.

"No vaccination provider serviced this community, which placed the school at risk of closure due to mandated COVID-19 vaccine requirements.

"In response, we participated in mobile outreach vaccination services which were deployed to the school, resulting in ongoing services to communities and vulnerable individuals in their homes."





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* Source: IRI, National Pharmacy scan, Natural Cold & Flu, MAT 31.10.21





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Please review Product Information before prescribing available from www.ebs.tga.gov.au or Sun Pharma by calling 1800 726 229.

WARNING: LEVOXINE is not bioequivalent on a same-dose basis with ELTROXIN. If a decision is made to switch a patient from ELTROXIN to LEVOXINE, then prescribers should have a plan for monitoring TSH. Prescribers should be aware that dose adjustments may be required.

Prescribers should tell their patients not to interchange LEVOXINE and ELTROXIN unless a decision has been made to switch products, and there is a plan for monitoring TSH levels and review of dose.

LEVOXINE levothyroxine sodium 50, 75, 100 or 200 microgram tablets bottle pack. Indications: management of demonstrated thyroid hormone deficiency and suppress thyrotropin (TSH) for the management of TSH-responsive tumours of the thyroid. **Contraindications:** Known hypersensitivity to thyroxine, untreated hyperthyroidism, uncorrected primary or secondary adrenal insufficiency, thyrotoxicosis, acute myocardial infarction uncomplicated by hypothyroidism, acute myocarditis, and acute pancreatitis. **Precautions:** Presence of cardiac disorder; Cortisone deficiency; Effects on bone mineral density; Diabetes; Hyperthyroidism; Thyrotoxicosis; Long-standing hypothyroidism and myxedema, Levothyroxine should not be used for the treatment of obesity or weight loss; and Malabsorption syndromes. **Elderly Use:** Gradually introduce and individualise dosage especially in the presence of cardiac disease. **Paediatric Use:** Studies performed have not yet demonstrated paediatric-specific problems that would limit the usefulness of thyroid hormones in children, however neonates should be carefully monitored. Interactions: Oral anticoagulants, coumarin or indandione derivative, SSRIs, insulin and antidiabetic agents, beta-adrenergic blocking agents, ion-exchange resins, corticosteroids, oestrogen, antiepileptics, ritonavir, antimalarials, antibacterials, androgens and anabolic steroids, ketamine, lithium, tricyclic antidepressants, sympathomimetics, digoxin, medicines that partially inhibit the peripheral transformation of T4 to T3, weight loss drugs, pentobarbitone, dihydrotachysterol soya flour, sucralfate, calcium-, aluminium-, magnesium-, iron supplements, lanthanum, sevelamer and proton pump inhibitors. **Pregnancy:** (Category A) Adverse effects: Individual patients vary in response to both the maintenance dose of levothyroxine and to the size and frequency of dose increments. Too large an increment or too high a replacement dose can lead to manifestations of thyrotoxicosis. **Dosage and administration:** Best taken as a single daily dose first thing in the morning with water on an empty stomach, and at least 30 minutes and preferably 60 minutes before the intake of any food or other medications. **Initial dose:** 50 to 100 µg/day & in >60 year old and ischaemic heart disease patients 25 or 50 µg/day. Increase the daily dose by 25 to 50 µg according to response at not less than 4-weekly intervals, up to a **Maintenance dose:** 100 to 200 µg/day. **Date of preparation:** November 2021.

Reference: 1. Data on file 2. IQVIA Online Market Research of Retail Pharmacists, conducted September 2022 on behalf of Sun Pharma ANZ Pty Ltd.

Eltroxin™ is a trademark of Aspen Pharmacare Australia Pty Ltd.

Sun Pharma ANZ Pty Ltd, ABN 17 110 871 826, Suite 2.02, Level 2, 12 Waterloo Road, Macquarie Park 2113. Ph: +61 2 9887 2600, Fax: +61 2 8008 1613. Medical Information and to report adverse events: adverse.events.aus@sunpharma.com or 1800 726 229. Date of preparation: January 2023 LEV2023/01ITK

GOLD CROSS TIME-TESTED MEDICINES

S

Since the Gold Cross range was launched, many things have changed. While the world is a different place today, the common ailments that can affect any family member have largely remained the same. The Gold Cross range continues to be a go-to choice for Australian families.



It is likely that many Australian shoppers would be familiar with the GOLD CROSS® logo. This symbol has an established and proud history in pharmacy, representing the diverse range of GOLD CROSS® medicines found on pharmacy shelves.

It's interesting to note that many of the GOLD CROSS® remedies have been in existence for longer than the GOLD CROSS® brand itself. A key reason many of the GOLD CROSS® products came into being was due to their time-tested effectiveness for generations prior. In some cases, records of product use span over 100 years.

Importantly, you won't find GOLD CROSS medicines on any supermarket or health store shelf because GOLD CROSS® supports Pharmacy—GOLD CROSS® is a trusted and respected pharmacy-only brand.

From humble beginnings when there were only a handful of GOLD CROSS® products available, today it is estimated that almost all pharmacies in Australia stock at least one of the wide range of GOLD CROSS® products available.

The range is designed for everyday ailments and overall wellbeing. GOLD CROSS® products help treat common family ailments such as coughs and colds, skin irritations, cuts, abrasions and digestive complaints. In addition, GOLD CROSS traditional medicines offer specific products for topical pain relief and vitamin supplementation. The GOLD CROSS® range has five clear segments:

Health:	Cough liquids and other products for the medicine cabinet
First Aid:	Disinfection of cuts and abrasions, soothe bites and stings, and ease toothaches
Wellbeing:	Vitamins and oils
Specialist Skin:	Specialist skin products to soothe skin conditions
Household:	Traditional products for use in the home

Using GOLD CROSS®

The most well-known GOLD CROSS® products for Australian pharmacies are Chesty Cough Senega & Ammonia, Calamine Lotion, Ichthammol Drawing Ointment, Clove Oil and Hydrogen Peroxide.

SENEGA & AMMONIA

Senega is a plant whose root is used to make medicine.¹ It has been used to treat coughs for over 200 years.² Since 1911, senega has been listed in both the British and US Pharmacopoeias.

Chesty Cough Senega & Ammonia relieves chesty coughs associated with colds, flus and bronchitis by helping to loosen and remove phlegm.

CALAMINE LOTION

Calamine Lotion is on the World Health Organisation's List of Essential Medicines.⁴ Calamine Lotion has its origins as far back as 1500 BC.⁵

Calamine Lotion is a medication used to treat mild itchiness.^{4,6} This includes itchiness caused by^{7,8} sunburn, insect bites and poison oak, along with other mild skin conditions.

Calamine Lotion is a combination of zinc oxide (astringent) and 0.5% ferric oxide (antipruritic), which work together to relieve itching.

ICHTHAMMOL DRAWING OINTMENT

A drawing salve, the ointment helps to 'draw out' problems such as splinters and helps treat boils or pimples.⁹

Well-known for its drawing effect, Ichthammol Drawing Ointment can also be useful in helping to treat different types of skin conditions, including the symptoms of mild eczema and psoriasis.¹⁰

CLOVE OIL

Clove Oil is commonly used for toothache relief.¹¹ Clove Oil also contains ingredients which have an antifungal effect¹² making it a great natural alternative to synthetic chemical fungicides for mould removal in the home.

HYDROGEN PEROXIDE

Hydrogen Peroxide acts as a disinfectant and antiseptic, and is commonly used to cleanse wounds.¹³ When diluted, Hydrogen Peroxide may also be used as a gargle or mouthwash post-dental treatment, and to whiten teeth.

How many Australian medicine cabinets contain a GOLD CROSS® product? It's difficult to quantify; however, as long as Australians continue to care for the health of their families and value quality products, GOLD CROSS® medicines are there for them.



TO FIND OUT MORE

<https://goldcrossproducts.com.au/products/#all-products> or via the QR code.



GOLD CROSS



Helping keep Aussie families healthy for over 70 years*

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

THE LINK BETWEEN OSTEOARTHRITIS AND OBESITY



Historically, osteoarthritis was considered to be a degenerative, wear-and-tear disease. Early researchers believed that damage to bone and articular cartilage was purely mechanical, occurring as a result of loading on joints, perpetuated by age and excessive body mass; the two leading risk factors for OA.¹



Introduction

However, obesity is also a risk factor for OA in non-weight-bearing joints such as the hand and wrist, suggesting more than mechanical factors are at play.²

Nowadays it is widely accepted that obesity induces low-grade systemic inflammation.³ Patients with OA have been found to have significantly higher amounts of proinflammatory molecules, including adipokines (such as leptin, resistin, and adiponectin) and cytokines (such as TNF- α and IL-6), in their synovial fluid when compared with healthy controls.⁴ Of these, leptin is well-documented to be detrimental in OA, with higher serum levels independently and consistently associated with reduced cartilage thickness.⁵ It has been hypothesised that elevated leptin may contribute to an overexpression of proinflammatory cytokines that promote the progression of OA through cartilage damage.⁵

While traditional management of OA has focused on alleviating the symptoms of the condition through the use of pharmaceuticals, optimal management should manage symptoms while also attempting to slow down disease progression. Given recent advancements in the understanding of OA, dietary strategies should be taken into consideration as a complementary treatment. While there is no designated diet for OA, there is preliminary evidence that adherence to the Mediterranean diet can lower levels of pro-inflammatory markers, which in turn can slow down cartilage degeneration.⁶

Mediterranean diet

Below are just a few key foods from the Mediterranean diet that can be recommended to patients who are interested in trying complimentary management strategies for OA.

FRUIT AND VEGETABLES

Fruits and vegetables are loaded with antioxidants, vitamins and polyphenols, food chemicals that protect against oxidative stress and inflammation.⁷ There is an excellent catalog of research outlining each specific nutrient and their mechanism of action, with some research directly linking specific food chemicals to OA.⁸

However, when it comes to recommending fruit and vegetable intake for patients, variety should be emphasised. Each colour worn by a fruit or a vegetable indicates an abundance of a specific food chemical. Therefore patients should be encouraged to consume a wide variety of antioxidants through consuming at least 7 serves of different coloured fruits and vegetables per day.

WHOLE GRAINS AND LEGUMES

Whole-grains and legumes provide dietary fibre, possibly the most essential nutrient for good health. Fibre's role in the anti-inflammatory process stems from the link between the gut microbiome and the immune system.⁹ Although fibre is resistant to human digestive enzymes, fermentable fibres are able to be digested by gut microbes, which then produce byproducts that can affect the development of immune-cell precursors.⁹ In a healthy gut environment, short-chain fatty acids such as butyrate are produced, which prevent an excessive immune response and inhibit pro-inflammatory pathways.¹⁰ Alternatively, when the normal gut microbiome is altered, the immune system can overreact leading to the activation of inflammatory mediators associated with OA.¹⁰

Patients can be recommended to consume 25-30g of fibre-rich whole grains and legumes each day, which can include whole-wheat breads and cereals, brown rice, quinoa, lentils and chickpeas.



FISH

Fish contain the essential polyunsaturated fatty acids eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). These omega-3s decrease the production of pro-inflammatory cytokines, while conjunctively generating anti-inflammatory molecules.¹¹ While currently there is insufficient evidence to determine the specific effect of fish consumption in patients with OA, the anti-inflammatory mechanisms of EPA and DHA are well established.¹¹

As such, patients should be recommended to consume 2–3 serves of fatty fish per week, this can include salmon, herring, sardines, tuna, trout, and mackerel.

EXTRA VIRGIN OLIVE OIL

Extra virgin olive oil (EVOO) provides an excellent source of healthy fat as well as biologically active polyphenols.¹² One of these compounds, oleocanthal, has similar properties to ibuprofen in which it inhibits the production of COX pro-inflammatory enzymes.¹² By inhibiting these enzymes, the body's pool of inflammation and pain is lessened.¹²

In order to procure the benefits, patients should be recommended to consume 2–3 tablespoons of EVOO each day.

NIGHTSHADE VEGETABLES

Eggplants, capsicums, tomatoes and potatoes are all members of the nightshade family, which contain the chemical compound solanine. There are anecdotal reports this particular compound can trigger arthritis pain and inflammation. However, there are no scientific studies that have demonstrated a connection between nightshade vegetables and inflammation.



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HAVING AUTOMATION WAS A NO BRAINER

It's been such a game changer on so many levels

Tam Nguyen is the owner and lead pharmacist of Bayswater AMCAL. As a first-generation Vietnamese immigrant born with cerebral palsy, she has overcome many obstacles to be where she is today. In this interview, Tam shares with us how BD Rowa™ Technology has helped her in running an efficient and successful pharmacy despite her mobility challenges and current staff shortages.

Owner & Lead Pharmacist,
Bayswater Amcal Pharmacy

Words | Thuy Tinh Tam Nguyen



Tam, could you please share a little background on yourself and your business?

I am 35 years old and am married with two young kids. As I have always been interested in helping others and working in business (my parents ran a clothing manufacturing company) I decided a career in pharmacy would be the perfect mix. I have been a pharmacist for 11 years and I have been a pharmacy owner for 8 years.

Born with cerebral palsy, after my mum had a severe asthma attack when she was 8.5 months pregnant with me, life has always been a bit more challenging due to my issues with balance and mobility, but I have learnt to adapt and get on with it.



Please describe your pharmacy in a few words – and tell us how long you've been running it?

Located in the heart of Bayswater on the street front, Bayswater Amcal Pharmacy has been part of the community for 20 years. We pride ourselves on looking after the health and wellbeing of every patient. I've owned the pharmacy since 2015 and have had the BD Rowa Vmax™ since 2016.

Having had the Robot for six years, how has it supported you personally as well as the other staff members?

Initially there was concern amongst the team when I purchased the robot that there would be a reduction of staff, however it has been the opposite. I've hired additional staff and roles have been re-directed toward supporting and facilitating other health services, especially in the wake of the pandemic and the roll out of Covid/flu vaccination services. We have administered over 14,000 vaccinations in the past year alone, and it would not have been possible without an automated dispensary.

For me personally, having automation was a no brainer. It has made it much easier for me to work alone, not having to worry about medications that are stored up high and it saves me energy because I'm not running around everywhere to collect stock.

What goals does automation help you achieve for your pharmacy on a day-to-day basis?

Pharmacy automation with BD Rowa™ Solutions has been a huge time saver for us, particularly with the help of the BD Rowa™ ProLog™ Autoloader putting our stock away.

Inventory management is streamlined, and it is easy for us to reconcile invoices and know what is missing from an order to issue credits. We are also able to easily generate an order, based on the day's usage and can simply determine what stock is not in the Robot to order elsewhere.



"THE BD ROWA™ ROBOT ENABLES US TO STORE 97% OF OUR DISPENSARY ITEMS IN THE MACHINE AND THIS NOW INCLUDES BROKEN PACKS, WHICH IS AN INVALUABLE ADDITION AS WE NO LONGER HAVE MESSY DRAWERS OF BROKEN PACKS AND DOUBLE UPS."

How would you describe the reliability of the BD Rowa Vmax™ Automated Dispensing Robot? Can you please take us on a journey and describe your experience working with the BD Rowa™ Service Team?

The BD Rowa™ Service Team is extremely reliable and caring. We had an unfortunate incident earlier this year where a ladder was left inside the Robot and the machine turned back on with the picking head being damaged in the process. This kind of thing can usually take 2-4 days to fix, however when Darren, the BD Rowa™ Head of Installation, heard of my situation, he personally flew interstate to install a new picking head the next day. The entire service team has always been wonderful and have accommodated where possible.

When you employ a new dispensary staff member, does it take time do get used to it?

We do a little induction for every new team member however overall, it's a user-friendly system with clear and simple instructions on what to do if there is an error.

What have been the biggest day-to-day changes to your pharmacy since using the BD Rowa™ Robot? How have things changed for the better? How has this impacted the quality of patient consultations, efficiencies and time saving?

Thanks to our BD Rowa™ Automatic Dispensing Robot, we now operate a full front facing/forward dispensing dispensary. The pharmacists can connect with the patient at least once through the dispense process i.e., at scripts in or scripts out. Our patients feel that the pharmacists are always available and easily accessible as we are standing in front of them and not behind a secondary counter or up high.

Due to the back-end operation virtually taking only 30 mins of the day (putting stock into the BD Rowa™ Robot, reconciling invoices, and doing orders), we are able to spend the rest of the time that would normally be dedicated to this, consulting with patients and offering health services for sleep apnoea, vaccinations etc.

How do you and your staff feel about your BD Rowa™ Automatic Dispensing Robot today? To what extent is it a fully integrated part of your team?

The team loves it, and some have said they can't remember what it was like without it. It's a really crucial part of being able to run our dispensary smoothly and efficiently.

Could you ever imagine running your pharmacy without your BD Rowa™ Automatic Dispensing Robot?

No, it's been such a game changer on so many levels.

For Pharmacy owners considering automating with a BD Rowa™ Automatic Dispensing Robot, what would be your recommendations or advice to someone considering the investment?

Try it! And ask any pharmacies close to you if you can come out and try it for yourself for a few hours. While it is a big initial outlay, the time you save in being able to re-deploy yourself and your pharmacists to do what they're trained to do is priceless. Especially with the current pharmacist shortage, being able to operate autonomously without having to manage inventory and stock will save you so much time.



FIND OUT MORE

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

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This interview is based upon information provided by Thuy Tinh Tam Nguyen, Pharmacist, Bayswater Amcal Pharmacy in November 2022



My BD Rowa™ Advantages: Efficiency and reliability

“For me personally, having automation was a no brainer. It has made it much easier for me to work alone, not having to worry about medications that are stored up high and it saves me energy because I’m not running around everywhere to collect stock.”

Tam Nguyen, Owner and Pharmacist, Bayswater Amcal Pharmacy

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MITIGATING FLOOD DAMAGE RISKS

Floods 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 flood damage is often not as quick as people would hope and this can have significant consequences for businesses.



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

For the purpose of this article, the definition of Flood is as per your Product Disclosure Statement (PDS), which is: Flood means the covering of normally dry land by water that has escaped or been released from the normal confines of any of the following:

- a. lake (whether or not it has been altered or modified);
- b. a river (whether or not it has been altered or modified);
- c. a creek (whether or not it has been altered or modified);
- d. another natural watercourse (whether or not it has been altered or modified);
- e. a reservoir;
- f. a canal; or
- g. a dam.

Pre-Flood Planning

Make yourself aware of the flood rating and likelihood for the location you're in. If new to an area, engage with others who live and work there to understand the flood history of that area.

When fitting out your business, consider using materials which are less susceptible to damage when wet, therefore limiting the potential need for replacement after a flood. If you're part of a larger organisation and don't have complete ownership or control over the fit out of your business, have a conversation with your organisation to raise their awareness of this need. This isn't always obvious to those who live outside of flood risk areas.

Have an evacuation plan and ensure all staff are familiar with this. It should include details on the likely warning timeframes and cover not just leaving the premises, but also the area if people need to move to higher ground. Again, engage with others in the area to assist in creating a safe plan.

Have a plan for moving stock, electronic equipment, and other moveable equipment and furniture where possible. This might be to a higher level of the building or to another premises/location less likely to be impacted by flooding.

Have a plan for sandbagging both outside the premises as well as inside over floor drains and toilets. There are sand-free sandbags available which are worth considering.

Prepare an emergency kit that allows access to important information, 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 must consider what they'll 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. Alternatively, consider cloud hosted storage solutions to protect your data.

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.

Discuss insurance cover, including business interruption, and its cost with your Guild Insurance Account Manager or insurance adviser and ensure you understand the financial protection afforded to you in the event of a flood.

Have a maintenance program in place so your building and fit out is in an ideal condition. A building which has been allowed to deteriorate or has been poorly maintained may suffer more damage during a flood.

If there are maintenance issues with your building and you lease the premises, engage with your landlord as soon as possible to discuss a plan and the necessary action.

Develop a business continuity plan that will detail how you'll manage your customer needs as well as your business and financial needs immediately after a catastrophic event. Thinking about this before an event can make the immediate impact and stress more manageable.

Given there'll likely be high demand for many services and trades, it would be wise to create a list of local services before there's an urgent need. Utilise the knowledge of your local real estate agents; they can be a great support for putting you in touch with local trades and services.

Planning When a Flood is Imminent

Don't be complacent when there are flood warnings. Floods not only cause significant damage to buildings and other material possessions, but sadly they can lead to loss of life. Listen to all local advice and ensure you don't delay implementing your flood preparation plan in a safe way, given time available before floodwaters are forecast to inundate your property.

Have a plan for where and how you'll access local and current advice when a flood is approaching, to be sure you can make the most appropriate decisions regarding when to move furniture and equipment and when to evacuate.

When there are warnings that a flood appears likely, bring inside any outdoor furniture, equipment or other items where possible. This not only prevents them from being damaged by heavy rain and rising water levels, but also stops them from being washed away. When evacuating a building due to a flood, where possible turn off the gas and electricity supply. Be sure you know how to do this ahead of time.



Post-Flood Response

Contact your Guild Insurance Account Manager or insurance adviser as soon as is possible to notify them of the event and any losses suffered.

If you begin the clean-up yourself and wish to dispose of any damaged and unsalvageable items, ensure you take a photo of these items first, and keep a list of what's been thrown out, to assist with your insurance claim.

If you aren't fully insured and are therefore managing aspects of the clean up and recovery yourself, it's advisable to begin by prioritising what needs to be done and determining how you'll do this and whose assistance you'll need. There are restoration services available that can assist with this.

Following natural disasters, there's often government support available to assist in the recovery. Be sure to stay up to date on what's available from your local, state and federal governments.



TO FIND OUT MORE

For more tips and information head to <https://riskhq.guildinsurance.com.au/>



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PREVENTING THE LOSS OF COLD STOCK IN YOUR PHARMACY

Loss of refrigerated stock can have a significant impact on your pharmacy and your customers, yet there are some simple steps you can take to help avoid this situation.



Every year, Guild Insurance manages a significant number of pharmacy claims where refrigerated cold stock has been damaged and needs to be disposed of. It's therefore vital that all pharmacy staff understand the role they might play in these incidents occurring and, more importantly, what they can do to reduce both the likelihood of them happening and the impact if they do. The COVID-19 pandemic has highlighted the ever-changing stock requirements and demands on pharmacists. Being fully informed about appropriate and safe storage of cold stock is as important now as it ever has been.

What Happens?

According to Guild's claims data, there are four key causes for refrigerated stock being damaged.

Storm damage – in these cases the impact of the storm causes a loss of power. Sometimes the reasons for this loss is obvious, such as when power lines come down. However, there are cases where the reason power has been lost won't be obvious. Storm damage can also prevent access to a building or premises, meaning any opportunity to access and move the refrigerated stock is hindered.

Failure of power supply – this occurs when, as the name suggests, there's been a loss of power to the premises. There can be several reasons why this occurs, such as faults with or overloaded network supplies. Sometimes there's warning it'll happen however unfortunately other times there isn't.

Accidental damage – this is when the stock had been damaged accidentally due to the actions of staff, therefore this is largely due to human error. One of the most common examples in this category involves staff leaving the fridge slightly ajar without realising. Another very common example involves staff not placing stock in the fridge as is needed. This might occur if they get confused and place it on a non-refrigerated shelf or if they forget about a delivery and don't put the stock away. We've even had cases of fridges being unplugged for other purposes, and then not plugged in again.

Breakdown – this occurs when the fridge has stopped working or isn't working effectively and therefore the correct temperature isn't maintained. Unfortunately, in many of these cases this isn't realised until the temperature has been impacted for too long and the stock is damaged.

The Impact

While insurance is there to assist pharmacists when these incidents occur, insurance unfortunately isn't the magical solution that can immediately solve the problem. There's a process for determining what stock has been lost, ordering replacement stock, and then receiving this replacement. A quick turnaround time in processing an insurance claim unfortunately can't guarantee when the stock will be back in the pharmacy. This can lead to issues for a period of time as the pharmacy isn't able to operate as usual due to the lack of stock.

When a business can't operate as usual, this impacts the customers as well as the business. In some of the cases seen by Guild Insurance, the stock has been a special order for a patient yet has accidentally not been placed in the fridge as required. In these cases, the patient has then been unable to collect the medication when they're expecting to and may even have to cancel or change an appointment with their doctor. This is going to be frustrating for the patient as well as possibly detrimental to their health. As another example, imagine a pharmacy with vaccination appointments and a nurse booked to give them, without the available stock!

How To Prevent These Incidents

Some of the incidents which lead to cold stock being damaged is hard to predict and manage. However, all pharmacists should consider the actions they might be able to take (this can vary according to each individual business) to reduce the likelihood of a significant loss of stock.

Know your requirements – be sure you and your staff are aware of, and are complying with, the various state and territory requirements in terms of storage and disposal of cold stock, as well as reporting requirements. Not knowing is no excuse for not adhering.

Processes and protocols – each pharmacy needs to have processes and protocols in place regarding their storage of cold stock. These need to cover all aspects such as receiving deliveries, placement of stock in fridges, monitoring temperatures, maintenance of fridges and reporting issues. And importantly, for protocols to be effective, all staff must be trained in them. Don't assume staff will know what to do, put systems in place to guide them.

Ways of working – as has been mentioned, human error is a significant contributor to stock being damaged. We're all more likely to make simple mistakes when we're tired, stressed or rushing what we're doing. Being distracted or interrupted can also lead to mistakes. Pharmacists and their staff should reflect on how work is carried out in their pharmacy and consider if things can be done differently to minimise the chance of human errors occurring.

Have a plan for loss of power – While you usually won't be able to control when you lose power, you can control how prepared you are for when it happens. Think ahead before something goes wrong and create a plan for both planned and unplanned power losses. This plan could include

- The use of a generator as mentioned in further detail below
- The use of a cooler box with ice or gel packs ready
- An agreement with another site to use a suitable refrigerator

Reminder tools – simple reminders, such as signage or stickers, are incredibly effective in minimising human error. Place a sticker on the electricity meter box instructing it to not be turned off before checking with someone. Place another at the fridge's power source so it isn't unplugged or turned off. And in addition to these reminders, pharmacies should also consider installing a power point locking device or having the refrigerator 'wired in' so it can't be accidentally unplugged.



Maintenance – fridges, like all pieces of equipment, need to be maintained and will not last forever. Be sure to keep up to date with any cleaning, maintenance and necessary repairs for your fridges on your business should the fridge suddenly stop working.

and always follow manufacturer instructions. While repairs and replacements may seem costly, it won't be as costly as the impact

Amount of stock – pharmacists should continually remind themselves of the importance of keeping stock only to the level required for that business. The less stock there is, the less stock that needs to be replaced should an incident occur. And when managing stock levels, pharmacists should make the time to review their insurance to ensure the sum insured is appropriate.

Alarms – various alarms are available to assist in minimising the loss of stock. Fridge alarms can either provide an alert when the temperature is outside the ideal range, or if the fridge door has been left open. If these alarms aren't already a feature of a fridge, they can sometimes be added. When considering an alarm, it really is worth keeping in mind the simple human error, which is surprisingly common, where a fridge has been accidentally left open and not realised until the next day. An alarm would be invaluable in this situation.

Additional fridges – Where there's available room, have more than one fridge and don't keep each fridge full, so have more fridge space than is needed. This means if a fridge does break down, and if it's noticed in time, stock can be moved to a different fridge.

Generator – owning, or having access to, a generator is a great option for minimising the impact of power being lost. If notice has been given that power will be lost, or if it's a possibility it'll be lost in an approaching storm, a generator will provide the continual power supply needed to keep fridges operating and avoid losing stock.

Stay informed – it's the responsibility of all pharmacists and their staff to be fully informed of all aspects of cold storage. One valuable resource to assist with this is the Federal Government's National vaccine storage guidelines, Strive for 5, 3rd edition. While this is specific to vaccines, the information, guidance, tips and resources provided are applicable to other aspects of cold storage. This document can be found at: www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5



**SCAN QR CODE TO
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EXPANDING OUR SCOPE OF PRACTICE

Redefining the future, or reliving the past?

F

For decades, various bodies within and outside of the Australian pharmaceutical industry have advocated for community pharmacies and pharmacists to play a larger role in the provision of healthcare to Australian patients.

Words | Zamil Solanki



There are many reasons for this, some of which are:

For starters, our healthcare system faces increasing capacity and financial pressures each day.

Secondly, accessibility and timely access to healthcare is diminishing.

And thirdly, we can do it.

Unfortunately though, what has always been intended and promoted to ensure the viability of our healthcare system, and therefore the best health outcomes for our patients, has often been met with harsh criticism from media, some patients themselves, and unfortunately even those that also play an integral role in the healthcare of Australians.

These activities have led to dangerous accusations, falsehoods, and increased division between those that should have a shared primary goal and purpose focussed on health, and health alone.

Not politics.

Not profit.

Just the patient.

But turf wars aren't anything new. And this article isn't about who's right or wrong, or who to blame.

It's about our role, ability and opportunity, as we expand our scope of practice, to relieve the past, just like what's been done for decades, or to redefine our future.

But in order to redefine our future, we need to understand how we are defined right now.

Defined To Divide

While there is no one definition of allied health used locally and abroad, for most Australian State and Federal Governments, the generally accepted definition of "allied health practitioners" refers to health professionals that are not part of the medical, dental, midwife, or nursing professions.[^]

Now this isn't a dig at the Government. But let that sink in for a second.

An ally is defined as the act of combining or uniting a resource with another for mutual benefit – and in this case, the ultimate benefit of positive health outcomes for our patients.

And so, as pharmacists, if we aren't defined as allies with medical, dental and nursing

practitioners, what does that say about the role we play in our patient's healthcare?

What implications does this have for us, if the highest authority of our land defines us to divide us?

By virtue of this segregated definition, are we then not deemed to be allies with these other healthcare providers as per the meaning of ally?

And if we're not allies, then what are we?

What does the future hold for us as we expand our scope of practice and become even more involved in the provision of healthcare to Australians?

And as we become more involved, what is our ability to then collaborate, form professional relationships and work harmoniously to ensure that our ultimate combined efforts provide the best possible health outcomes for our patients?

There are so many more questions we could ask.

But in reality, the "what" doesn't come down to a definition, or label given to any health professional.

The "what" comes down to you.

How do you interpret this definition in your own mind?

And how do you respond to it?

What was your reaction when you read the definition of "allied health practitioner"?

Did it trigger you? And if so, what came up for you?

Did you immediately jump to thinking, "yes, this definition is a true and accurate reflection of my reality, and this is why I have so many issues and can't work well with these other healthcare practitioners. That's why they don't like what I do and are threatened by our expanding scope of practice"?

Or did you go to thinking, "OK, but that label doesn't reflect my reality. Even though these other health practitioners aren't defined under the same definition as me, I still work closely and collaboratively with all healthcare providers around me. I don't agree with this definition of allied practitioner at all, as I feel we're all allies. Ultimately, this label doesn't define me"?

So, what's the difference between the two responses?

It's simple – and if you read my previous article, you probably know the answer.

One is with ego, and the other is without it.



"THE EGO IS NOT ONLY THE UNOBSERVED MIND, THE VOICE IN THE HEAD WHICH PRETENDS TO BE YOU, BUT ALSO THE UNOBSERVED EMOTIONS THAT ARE THE BODY'S REACTION TO WHAT THE VOICE IN THE HEAD IS SAYING.

– Eckhart Tolle

Regardless of whichever response you had, you have the opportunity to explore a deeper meaning to it.

To understand it.

And then to respond in a way that serves you and your patient.

We do this by simply asking questions.

Why did I have that **response**?

What led me to **believe** that my initial response was true?

What **evidence** do I have to support my truth?

Do I still need to **feel** this way?

Where are the **opportunities** to do things differently?

What is my **role** in this?

Why do I **perceive** this?

My Perception

So, you might be wondering why I'm bringing this up.

Because everybody I chat to about this doesn't realise that this definition even exists.

And when I first read this definition, I knew it didn't define me.

Why?

Because it **wasn't my truth**.

It wasn't my **reality**.

It wasn't a reflection of **my experiences**.

And as such, it quickly became one my goals to ultimately lead the way to change it.

To remove the unconscious behaviours and their impacts, which have been instilled from the highest authorities, down to each healthcare provider and patient.

Thereby breaking the barriers that create animosity, disdain, friction, and resentment between healthcare providers.

Ultimately, it's about redefining our future by redefining **how** we are defined.

But why bother?

Because it's simple.

We can let someone else define who we are, or we can define it ourselves.

Right now, for too many, this definition holds true.

There is divide.

There is segregation.

There is opposition.

But in order to change how we are defined, we must first change how we respond, and how we act.

Because I know for a fact that there are many healthcare practitioners who aren't defined as an "allied health practitioner", and by virtue, aren't defined as my ally. But they are the same people who are in fact my biggest allies in helping our patients, and even our health businesses thrive.

Furthermore, they are some of the biggest advocates and supporters of what we do today, and what we can do tomorrow.

Why, because they know it's not about who does what.

It's about **what we can do together**.

It's about redeploying our efforts and lightening the load on each other's plates to what matters most – providing better and greater levels of care to our patients.

And while we are on the precipice of some of the biggest changes to our profession we have seen to date in Australia, what do you want your role to be?

Do you want to positively embrace this change, and support others to embrace it to?

Do you want to empower those that might be scared, afraid or challenged by our expanding scope of practice, with the knowledge, tools and resources to help them be better equipped to understand and embrace this change?

Do you want to take ownership of your role in forging stronger relationships, partnerships, and allies across all health disciplines to work collaboratively for the betterment of your patients?

Or do you want to avoid the change, not embrace what so many have worked so hard to bring to the table, and simply succumb to the segregation and fragmentation that we are currently defined as?



Relive Or Redefine

For too long, many healthcare practitioners have been working in a fragmented environment, working on opposite sides of the fence, and pleading with each other to help perform even the simplest of tasks to help the patient.

And up until this point, you may have had a whole bunch of other reasons why you thought this was happening.

But I've simply provided one reason today.



"BETTER TO HAVE FLAMED IN THE DARKNESS, TO HAVE INSPIRED OTHERS, TO HAVE LIVED, THAN TO HAVE SAT IN THE DARKNESS, CURSING THE PEOPLE WHO BORROWED, BUT DID NOT RETURN, YOUR CANDLE."

- Neil Gaiman

If we continue to relive our past, and live true to the definitions applied to us, then nothing will change.

Because why should it?

We are simply acting the way we are defined, and thereby supporting that definition of us.



But if we can work together, to redefine what defines us, then not only are we on the precipice of change with our expanded scope of practice, we are on the precipice of rewriting the way in which we provide truly collaborative healthcare to our patients all over Australia.

However, it's not just up to me to redefine our future.

It starts with each of us.

Relive or redefine. What do you choose?

I MEANT IT WHEN I SAID I WANT TO REDEFINE THE DEFINITION OF ALLIED HEALTH GLOBALLY

That's why I've spent the past 3 years working to do just that.

Because as you know, it takes action to redefine something, not just words on paper.

But our actions need to stem from a unique set of skills. And unfortunately, you haven't been given those skills.

Until now.

Until Foundations.

Like a house needs solid foundations to stand the test of time, so do we in order to succeed working in, or owning our own health businesses.

Foundations is designed to empower health professionals from all walks of life with the foundational skills, knowledge and tools needed to understand, work in, and maximise the opportunities of today's and tomorrow's healthcare businesses.

Essentially, it's everything you wished you, and your team learned in school, university or college to convert your clinical knowledge into real-world thinking.



TO FIND OUT MORE

Head to www.zamilsolanki.com/foundations, or scan the QR code.



To become part of our global community supporting healthpreneurs from all walks of life, head to

[facebook.com/groups/zamilsolanki](https://www.facebook.com/groups/zamilsolanki)

or scan the QR code below. As we're growing a like-minded community that truly values health, be sure to answer all of the questions to gain entry. There's no right or wrong!



ABOUT THE AUTHOR

Zamil Solanki works with healthpreneurs – from individuals to large multi-national organisations – to help them overcome unique challenges and achieve their goals through curated training programs, and tailored holistic solutions.

Unlike other coaches and consultants, we pair global research and techniques with our own experiences, having grown our own pharmacy by \$4 million and exiting it for 3x the industry average multiple. To do this, we focus holistically using 5 key pillars – mindset, planning, leadership, marketing and sales and specialize in workflow, innovation, automation and systems.



Zamil Solanki
Pharmacist, Business Strategist
& Entrepreneurial Coach

PHARMACY GUILD WORKFORCE SURVEY AT APP2023

Something about the workforce you want to get off your chest?



Here's your chance to tell the Pharmacy Guild about a range of workforce issues you think are affecting your pharmacy in the 2023 Workforce Survey.





Something About the Workforce You Want to Get Off Your Chest?

If so, here's your chance. The Pharmacy Guild of Australia is looking for responses to its 2023 Workforce Survey and we need to hear from you if you are a Pharmacy owner, Pharmacist or Pharmacy Assistant.

Here's How...

Tell us what's on your mind.

At this year's APP Conference, the Pharmacy Guild will invite you and your colleagues to respond to a short survey.

A QR code will be found at the Guild stand at the APP conference as well as on brochures and tables at the Members' breakfast.

The survey is your chance to tell us about important issues in the workforce such as:

- Workforce shortages
- Workplace conditions
- Training and classification
- Remuneration
- Career pathways

In fact, if you can think of anything you need that could help improve the workforce, then we want to hear from you.

Why Participate?

Your answers will help the Guild shape the workforce of the future with insights and suggestions from the current workforce.

Don't be afraid to tell us what you really think because your suggestion could be that one idea that makes the Pharmacy workforce even better.

So look out for the QR code linking you the survey at the APP conference and come and talk to the Guild at our trade stall.

We look forward to seeing you and hearing from you.



**The Pharmacy
Guild of Australia**

The Workforce Capability Project

NATIONAL AUSTRALIAN PHARMACY STUDENTS' ASSOCIATION

Connecting tomorrow's pharmacists

The APP Conference is held by the Pharmacy Guild of Australia, which is a national organisation representing community pharmacy in Australia. The Guild's mission is to support and advocate for the interests of community pharmacy and pharmacists, and the APP Conference is one of the key platforms for achieving this goal.





By bringing together pharmacists, pharmacy students, and other healthcare professionals, the Guild provides an opportunity for the pharmacy community to network, share ideas, and collaborate on the challenges and opportunities facing the profession. Attending this event as a student is incredibly valuable for your development into the pharmacy profession as it allows you to gain an insight into the industry by talking to company marketers in the pharmaceutical space as well as getting a headstart into the future of pharmacy! Some of the main benefits for a student attending APP are:

1. **Networking opportunities:** Meet and connect with other pharmacy students and professionals from around Australia.
2. **Professional development:** Gain insights into the latest industry developments and trends.
3. **Career opportunities:** Learn about job openings and opportunities in the field of pharmacy.

4. **Learning from experts:** Hear from keynote speakers and attend workshops and presentations from leading experts in the field.
5. **Exposure to new technology and innovations:** Discover new tools and technologies in pharmacy.
6. **Career advancement:** Enhance your skills and knowledge to advance your career progression into becoming a pharmacist.

During APP, NAPSA also host an alumni event where you can attend as a student and meet some NAPSA alumni and other pharmacy students who attend APP. If you are wanting to attend APP as a student or wanting to send your student to APP, NAPSA has a few scholarships up for grabs. So keep on the look out on our social medias for those!

Are you ready to

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- ✓ **Unlock** Your Entrepreneurial Mindset
- ✓ **Learn** What Employers Actually Wished You Knew
- ✓ **Upgrade** Your Career

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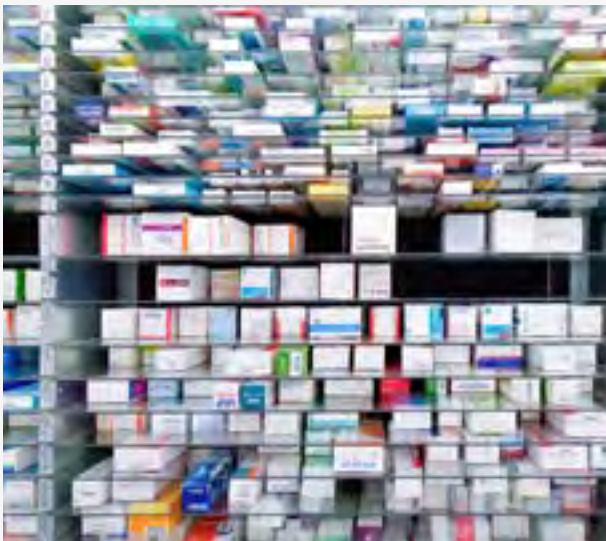
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CONTINUING PROFESSIONAL DEVELOPMENT

SUBMIT YOUR ANSWERS TO EARN CPD CREDITS

Answers can be submitted through GuildEd at guilded.guild.org.au. Australian College of Pharmacy members can submit answers online at acp.edu.au in the CPD Library.



ASSESSMENT Q'S | P.56

37

Effective Inventory Management Strategies

- Describe the importance of inventory management.
- Discuss the inventory management process.
- Recognise challenges community pharmacies encounter with inventory management.
- Describe strategies community pharmacies can implement for effective inventory management.



ASSESSMENT Q'S | P.55

43

Preventative Health: A Pharmacist's Perspective

- Outline the importance of preventative health.
- List modifiable risk factors for chronic health conditions and cancer.
- Describe pharmacist and community pharmacy interventions in preventative health.

EFFECTIVE INVENTORY MANAGEMENT STRATEGIES

For community pharmacies

Bruce is a leading pharmacy business consultant delivering retail and financial management advice and solutions to pharmacy owners across Australia.

Words | Bruce Annabel





Learning Objectives

On completing this activity pharmacists should be able to:

- Describe the importance of inventory management.
- Discuss the inventory management process.
- Recognise challenges community pharmacies encounter with inventory management.
- Describe strategies community pharmacies can implement for effective inventory management.

Competency standards addressed:

2.4, 4.4, 4.5



Accreditation Number: A2302ITK12

Expires: 31/01/2025

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

Introduction

Effective and efficient inventory management is important for all community pharmacies. There are several challenges affecting inventory management, such as continuous stock shortages. At the time of writing there were 376 medicine shortages, plus another 89 expected, listed on the Therapeutic Goods Administration database. Pharmacy owners and community pharmacists can benefit from looking at ways to improve inventory management during this time where adaptability is paramount.

What is Inventory?

Inventory refers to products, scheduled medicines and retail, held for sale and supply, bought by the pharmacy on behalf of its patients and customers. Put another way, a pharmacy is the buying agent for their customers and patients.

Inventory (commonly referred to as stock) is split into three broad sections:

- Prescription medicines listed in Schedules 4 and 8 in The Poisons Standard (the SUSMP). These are categorised into private prescriptions and two PBS formularies F1 (no competitor brand available) and F2 (originator has competitor brands listed)
- Over the counter (OTC) medicines listed in schedules 2 and 3 (Pharmacy Only and Pharmacist Only) held only by registered pharmacies. Categories include for example; pain, cold and flu, allergy, children's health.
- Front of practice (retail section) items allocated to various departments comprising:
 - Signature departments the pharmacy stands for that are service oriented, and represent the bulk of income generated in the non- scheduled medicines front of practice section, such as nutrition/wellness, practitioner

only complementary, wound care/first aid/sport.

- Priority health departments are also strong income generators often requiring skilled service such as digestion, eye and ear care, therapeutic skin/hair, vitamins, dental, weight, foot care, anti-fungals.
- Blockbuster can be used to refer to a separate department encompassing a broad range of specialist products/items utilised by a skilled pharmacist in solving/helping patients with specific conditions. Examples include chronic wound care, diabetes, wellness, mother & child, sleep disorders, compounding, NDIS, etc. Such specialist services attract patients with health issues needing help/solutions, create opportunities in other departments, promote a major point of difference around the market, and generate income.
- Sundries typified by open selling general skin and hair, cosmetics, gifts (where necessary such as provincial locations or when transitioning out of them), oral, baby, trinkets, fragrance, mens, toiletries, etc.

Inventory management simply refers to the process of ordering, storing, and selling these items or products. One should add the roles of procurement including contract negotiation, pricing items into stock and how to price them out.

Generally, pharmacies are very good at the former aspect of pricing yet quite poor at the latter. The exception is PBS prescription supply where the pricing mechanism is agreed with the government, reflected in the five-year community pharmacy agreements (the first began on 1 July 1990), and stored in the dispense software system.

Efficient and effective inventory management is critical to a pharmacy ensuring the right products are procured at the right time and in the right quantities, thus avoiding too much or too little stock on hand, limiting the risk of stockouts, and maintaining accurate POS records. Excessive stock results in clutter, confusion and costs of double handling, while insufficient holdings results in lost sales, an underwhelmed customer and patient offer that can convey an impression of a struggling pharmacy.

The Inventory Management Process

Begin with determining how much inventory should be held in each section, which requires different approaches:

Dispensary – based on maintaining optimal number of stock turns per annum. The stock turn formula is:

$$\frac{\text{Dispensary cost of goods sold (net of all discounts \& rebates)}}{\text{Stock carried at cost}}$$

Point of sale systems will provide both pieces of data.

The objective is to carry enough stock, particularly the fast-moving lines, to meet daily demands while avoiding constant re-ordering which affects efficiency through additional time required and constant disruption.

Most pharmacies carry around 1,500 SKU's (Stock Keeping Unit), with fast mover drugs comprising around 20% of molecules while contributing 80% of dispensed volumes (e.g. lipid lowering, hypertension, SSRIs, asthma, etc).

Therefore, pharmacies can run stock holdings based on an annual stock turn of 18 times per annum. That is equivalent to turning over the holding roughly every three weeks.

Some pharmacies achieve higher stock turns using focused processes that include utilising innovative stock storage systems, including gravity shelving carrying the fast movers and drawers for the lower volume items, or an automated solution such as robots, in appropriate circumstances. Therefore, aiming at a stock turn of around 26 times pa (turns over once every two weeks) is possible without losing efficiency or exacerbating stock outs.

On the flip side some owners believe the optimal stock turn is 12 times pa (takes one month to sell through) because suppliers are paid 30 days. However, inefficiencies arise because often excessive slow-moving volumes are allowed to build up including large deal based quantities of generics, resulting in excessive floor/wall space required to carry it and wages/time spent double shifting.

Recently the entry of high-cost low margin PBS drugs plus supply chain problems have changed the dynamic which will be covered in subsequent sections.

Front of practice holding – based on maintaining optimal 'stock intensity' Unlike the dispensary, front of practice stock levels should be based firstly on the optimal investment level, not stock turns.

This is referred to as 'stock intensity' and the formula is:

$$\frac{\text{Front of practice stock carried at cost}}{\text{Front of practice floor space m}^2}$$

However, there are variations depending on the style of pharmacy:

- Traditional community pharmacy \$900 to \$1,100/m²
- Shopping centre pharmacy (carry more general lines) \$1,200/m²
- Soft discounter (carry broader range incl beauty) \$1,300 to \$1,400/m²

Once the ideal stock investment level has been set, the next step is deciding the stock mix plus shelf space allocation across the four non dispensary 'Front of Practice' sections.

Begin this stage with allocating shelf space, walls and gondolas, as follows:

- Signature departments 60% (wall)
- Blockbuster 5% to 10% (wall)
- Priority health 25% to 30% (gondola)
- Sundries 5% to 10% (gondola)

Performance analysis reveals the best five performers are found in the signature departments, priority health and, if applicable, blockbuster, generating 65% to over 70% of total Front of Practice margin \$\$.

Then the stock level of each department should be set using stock turn targets which can and should vary enormously. For example:

Medicines S2/3	5 to 6 times pa
Practitioner	4 times pa
Sleep	4 times pa
Nutrition/wellness	3.5 times pa
Wound care/first aid/sport	4 times pa
Digestion	5 times pa
Eye & ear care	5 times pa
Cosmetics	1 to 2 times pa
Gifts	3 times pa
General open sellers	2 to 3 times pa

Aim is to achieve overall Front of Practice stock turns of 4 to 5 times per annum.

In summary the approach is to first determine the required stock investment followed by working out space allocations, and finally deciding the stock held in each. Those pharmacies carrying big cosmetic, gift, fragrance and general open selling lines will achieve poorer stock turns, hence lower incomes, compared with those whose stock investment is dominated by fast moving high margin health lines sought in traditional community pharmacies.

The next step in the inventory management process is to assess performance and returns on the stock investment \$\$\$. Stock turn will not on its own provide that.

Many owners and managers believe high stock turn is a good thing, which it is IF stock levels haven't been run down to achieve it. Those who practice that approach will have gaps on the shelf and one can't sell thin air, plus customers may be frustrated. Even carrying single units will result in lost sales because after it's sold more gaps and thin air arise.

Stock performance is assessed by a metric referred to as GMROI, Gross Margin Return On Inventory Investment. It takes into account both how often items are sold (stock turn) and the income generated (margin \$\$ & %). The formula is:

$$\frac{\text{Gross profit \$\$ for 12 months}}{\text{Stock carried at cost}}$$

Best GMROI performance therefore appears in those high turning/ high margin departments such as medicines S2/3, practitioner lines etc. Those pharmacies carrying far less sundries will do better.

Following are some department GMROII examples extracted from a traditional community pharmacy report (numbers rounded):

Department	GMROII	Margin \$\$ earned	Stock held at cost
Medicines \$2/3	\$5	\$180,000	\$36,000
Sleep disorders	\$3.33	\$80,000	\$24,000
Digestion	\$5	\$40,000	\$8,000
Eye & ear care	\$4.75	\$19,000	\$4,000
Gift	\$2.21	\$8,400	\$3,800
General skin	\$1.33	\$4,000	\$3,000
Cosmetics	\$0.85	\$4,100	\$4,800

Management objective is to drive up GMROII returns to an optimal level through working on the following influences:

- Artful pricing lifts margin % and \$\$ while keeping an eye on volumes
- Adjust stock mix towards items customers and patients need and buy from pharmacy. These are typically health and advice driven lines, but not limited to lines found only in pharmacies eg; digestion.
- Constantly review buying prices, which are changing quickly, and supplier deals.
- Review brand performance and change if not working. Constantly check dead stock report for items not sold 6 months or over.
- Remove lines not selling ASAP via dump bins at severely discounted prices, give away to customers, give to charity, or if all else fails throw away.
- Review stock weight. If a medicines department stock is turning over say 12 times pa it may be a sign of running stock too low, thus experiencing stock outs. This occurs often although can be exacerbated by supply chain problems.
- Review shelf space allocations, often underdone in OTC medicine departments because owners take them for granted, seeking growth elsewhere. Pharmacies with high stock returns often allocate 50 to 90 shelf linear metres to medicines thus maximising presentation and income.
- Review where departments are located can lift stock returns. For example, always place blockbuster and signature departments in the best locations, which are on the walls with clear signage.



Aim is to generate overall Front of Practice GMROII of \$3 or more. ie: for each \$1 invested in stock, income (gross profit \$\$) of \$3 is generated. Many pharmacies circulate around \$2 depending on the style of business, which is poor. Opportunities are available to the majority of pharmacies through improved inventory management.

By comparison dispensary GMROII is far higher at \$10 to \$12, due to very high stock turns.

How The Process Flows

SUPPLY

Wholesaler suppliers deliver prescription and front of practice stock daily except Sundays in most pharmacies.

PBS medicines are supplied to any pharmacy within their national or state jurisdiction under the Community Service Obligation agreement with the federal government. High volume medicines listed are delivered within 72 hours while low volume items are supplied within 24 hours.

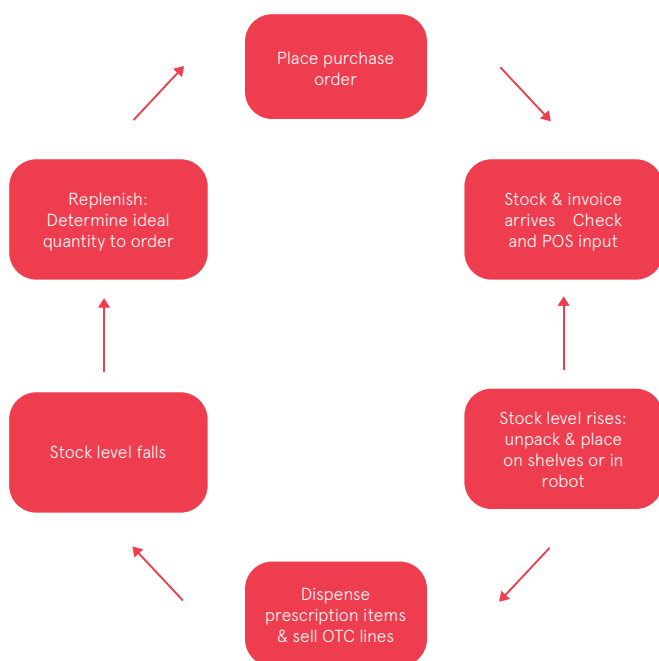
ORDERING

1. Due to the regular and reliable supply system (historically), pharmacies often order based on an ad hoc and inefficient method based on 'I reckon', buying usually when stock is running low or exhausted. Huge bulk orders are often made based on attractive deals which can then be negated after double handling, storage space costs and sometimes use by date expiry. This approach to ordering applies to both sections of a pharmacy and is very costly and overlooked.
2. A far more effective and efficient approach is to place a monthly bulk order (one month supply or three weeks) taking advantage of best prices, and then to make small orders throughout the month to fill the gaps. Not all stock is equal and can afford to hold fast moving cheap lines.

A slightly better approach is for technicians to review stock held as items are dispensed (if computer says 10 on hand but taking last one, check excess stock, spot stock check)

3. More sophisticated managers use min / max reorder systems requiring up to date stock on hand figures using rolling stock counts.

'Min' refers to an order being automatically generated for quantities that will lift stock held to the pre-set maximum level ('max') that should be carried. These should be constantly reviewed and re-set if necessary to ensure ongoing relevance.
4. Avoid not reordering an out of stock fast moving line, dispensary and front of practice, waiting for the rep to come in, or a better deal. Having the item albeit earning a slightly lower margin is far better than not having it.
5. Beware of excessive bulk buying. If ordering more than a month's supply, some owners suggest a 10% discount per month to justify (ie; 3 month order should be at least a 30% discount to cover cost of holding/shifting stock, any deal below this is at a loss).



Challenges and Strategies for Effective Inventory Management

Pharmacy is constantly beset with inventory challenges particularly at the time of writing.

SUPPLY CHAIN

Without doubt the biggest problem is supply chain disruption causing unprecedented stock shortages specifically PBS medicines and OTC schedules.

There are myriad reasons for this, and little community pharmacy owners and suppliers can do about it.

However, there are several initiatives pharmacies can employ to help ameliorate the problem including:

- Have accounts with the three primary wholesalers plus the smaller ones.
- Check the TGA site regularly for medicines in short supply and, most importantly, those soon expected to be short (anticipated).
- Items that are soon expected to be short should be ordered in larger quantity than usual helping to offset the future shortages.
- 'In the event of a serious shortage, the Therapeutic Goods Administration (TGA) may publish a Serious Scarcity Substitution Instrument (SSSI) which allows community pharmacists to substitute specific medicines without prior approval from the prescriber, as long as the permitted circumstances within the SSSI are met'. (tga.gov.au)
- Seek directly other pharmaceutical suppliers of specific medicines.
- If a generic is in short supply have no hesitation supplying the originator if available, as the margin \$\$ difference is modest. The prime objective is to satisfy the patient and have them return.

- Being in stock is the new gold and carrying additional quantities, particularly the low-cost items, is a relatively cheap investment to hold and even attract patients.
- Utilise a system of automated orders constantly sent to wholesalers so when stock arrives, the pharmacy may get early allocation. It takes time to do this manually meaning automation is the key.

Increased supply chain stock holdings. On 6 September 2021, an agreement was reached between Government and the industry represented by Medicines Australia, and Generic and Biosimilar Medicines association:

- The key initiative for pharmacy is suppliers will be required from 1 July 2023, to carry 4 or 6 month's supply of stock, that should go a long way to alleviating the supply chain issues. Eg: Cefalexin 6 months, Pregabalin 4 months, Rosuvastatin 6 months 10 mg and 4 months 20 mg.
- The key question is, will some brands be de-listed if suppliers regard the additional capital cost as prohibitive.
- Another important consideration is the ex-manufacturer price of a medicine falling below ex-manufacturer price of \$4 (eg: Temazepam) will no longer be subject to price disclosure cuts provided suppliers don't provide trading terms.
- On 1 April 2023, over 2,900 brands will have price cuts imposed upon them as a price disclosure 'catch up' they had previously missed. It will be the biggest PBS price cut of all time and may have an indirect impact on pharmacy via wholesaler trading terms and perhaps some de-listings.

DISCONTINUED LINES

Suppliers can quickly stop supplying certain items, often because they have become uneconomic or, in the case of the PBS, the PBAC recommends a better alternative that receives PBS listing.

Constant vigilance is required to avoid over ordering items no longer reimbursed, and a quarterly review of the dispensary dead stock report for items that haven't moved for six months or longer.

EXPIRED STOCK

Related to the aforementioned discussion and can easily occur. Apart from the dead stock report review always check that an item purchased/ordered has a use by date that expires well after it's expected to be sold.

Utilise the RUM (Return Unwanted Medicines) programme available for people returning medicines to pharmacy they no longer need.

NEW MEDICINES AND PRODUCTS

The PBAC, usually followed by PBS listing, is constantly recommending new drugs, many of which replace old ones (discussed above) or are for specific patient conditions, referred to as precision medicine. That's because many of these are for very small patient groups with rare conditions and can be very expensive.

Managing new supplier products offered in Front of Practice can be a nightmare as these are constantly presented by banner groups and/or supplier representatives. The promises are always grand and often exaggerated, as the dead stock report attests. Be very clear about what your pharmacy should be carrying in the interests of patients and the business.

A good solution is evaluating new items by comparing with existing inventory, do a GMROI calculation and compare.

Is it likely the new item fits with the pharmacy's purpose, if so is GRMROI at least comparable and what should be removed making space for it.

Planograms can be a very good way to manage categories and make decisions (which all three major wholesalers have). But make sure they are appropriate for the pharmacy's objectives.

TIME IS MONEY

Often owners regard a buying deal as the key objective while ignoring the cost of staff wages incurred in storing and shifting products. Administration of stock outs, supply chain issues, chasing various suppliers to source an item takes time away from customer/patient service and normal day to day activities.

The result is many additional hours worked and/or things not getting done. Staff shortages and additional demands placed on pharmacists, technicians and assistants has resulted in stock management efficiency falling away with many consequences. That includes incorrect order quantities, buying as demand arises thus missing better deals, out of stocks, no time to conduct rolling stock takes.

Solutions include acquiring advanced stock management systems and, where viable, dispense robot systems that help save time and ameliorate stock problems.

DISPENSARY SYSTEMS

Poorly designed dispensary systems can lead to inefficiency, pharmacies should review their systems and consider approaches that may save time and space, and systems that provide invaluable data to assist reordering/ stocktaking.

Traditional fixturing

Finger shelving for prescription stock management is an improvement on flat wall storage as both replenishment and picking time is saved plus less space is occupied.

Gravity fast mover systems

Significant time and space (wall and floor space) savings are offered by installing gravity shelves to house fast mover lines that are relatively cheap and very robust. The slow moving and odd shaped items are kept in easily accessible drawer systems.

These systems are purpose designed for pharmacy and achieve space efficiency by providing high density storage on a relatively small footprint – coupled with well thought out positioning they also add to the dispensary's workflow efficiency.

This approach suits the very great majority of traditional community pharmacies due to the 80/20 Pareto principle, nature of demand hence usage (80% of the results come from 20% of the inputs).

As a rule of thumb, the financial breakeven can be as little as 80 scripts per day based on approximate time savings of 13 seconds per script, and freed shelf space allocated to other income activities such as OTC medicines.

Robotic systems - channel technology

Greater time and space savings are offered through channel robotics suited to larger script volume pharmacies. Although more expensive than gravity fast mover technology, the design and engineering of the channel robots provides a very high-density storage system on a relatively small footprint and hence results in one of the most efficient uses of space. These machines are very robust with operating software providing additional stock management tools.

As replenishment and dispensing functions of these robots are independent, they offer fast and reliable service with little degradation, particularly at the busiest times.

Channel technology works very well because of the dispensing Pareto principle, while drawer systems carry the slow and odd shaped items.

The financial breakeven point can be around 200 scripts per day, although there

are many variables, and both wall and floor space are saved compared with traditional fixturing. Time savings per script can start from around 20 to 30 seconds per item on average.

Robotic systems

Chaotic/random technology

Originally designed for jurisdictions where stock management efficiency, unlike our Pareto pattern, is a huge issue. This technology saves more time specifically with replenishment, although can offer slower pick times at the busiest periods. Operating software provides stock, data and re-order advantages that can help reduce technician management time. Based on a different design and engineering principle, the downsides include the additional space, wall and floor, required to seat such a large machine, higher annual maintenance costs and the higher capital cost of acquisition.

The financial breakeven can be around 350 to 400 script items per day based on time savings of circa 30 seconds per item, plus there is the benefit of automated re-ordering and replenishment.

Integration of a robot into layout of the dispensary and the pharmacy, hence the workflow, is a critical consideration i.e. stock delivery and replenishment, through to accessibility for dispensing.

This is relevant for positioning of shelving and things like robot capability of chute delivery to various dispense points. Integration into the pharmacy stock





management system is a vital issue – 100% seamless integration has been difficult to achieve. Pharmacies must be clear on how they will manage their stock across systems in an efficient way.

In recent times many pharmacy owners have bought the robotic systems to save time due to the difficulty in hiring staff.

However, smart owners regard the time freed as an opportunity to build productive activities such as improving service, competitiveness and income.

HIGH-COST LOW MARGIN MEDICINES (HCLM)

Many define a HCLM item as having a dispensed price of \$2,000 or more. The recommendation and listing of these has become common place in recent years with many being provided to patients in the hospital setting or via specialist practices.

Community pharmacy does supply a number of these which should be seen as an opportunity for pharmacists to prove their relevance to Government and patients. Because of the cost of buying these items and the apparent low margin percentage, many pharmacies have shied away from the opportunity, leaving it to others who choose to manage the process.

The opportunities include:

- Earn high margin \$\$ even though the % is small. HCLM item margin comprises Handling and Infrastructure Fee (AHI) \$95 plus the dispense fee of \$7.82 plus any supplier terms. Dollars earned are far more important than % – pay expenses with \$\$, not %.
- Attract existing and new patients in need who can be helped by the professional service pharmacist.
- Potential to offer services and grow other departments such as professional services, other script dispensing, OTC medicines etc.

There are some useful ways to manage HCLM items:

- Organise patients so items can be ordered and ready when required.
- Ensure the PBS claim is submitted quickly before the wholesaler bill is due.

- Consider carrying some stock of HCLM items for patients that are known to the pharmacy and keep their scripts on file. The cash flow is managed by seeing it as an important investment.
- Always check that the wholesaler invoice details exactly match what was received into stock. Failing to do so can be very expensive if one is missed.

Blue Sky

CONSIGNMENT STOCK

A system where stock is owned by the supplier thus reducing a business capital investment. Other benefits include supplier assistance managing stock efficiency, perhaps a mutually beneficial alliance including trading terms and greater in stocks. When a stock item is sold it is deemed at that point to have been purchased resulting in an invoice from the supplier. Yet to be introduced and seriously discussed in the pharmacy industry.

AUTOMATED DISPENSING

It is not difficult to imagine that in the foreseeable future the role of script 'dispensing' process and stock management could be completely automated. This would occur through the combination of IT systems run by medical professionals, digital communication, pharmacy robots including IT and artificial intelligence. It is already occurring in other jurisdictions including USA and UK with the principle benefits including efficient stock management, supplier alliances and pharmacists role morphing to patient engagement.

Summary

Effective inventory management is important for a community pharmacy's financial viability, customer/patient service and efficiency. There are a number of challenges including supply chain disruptions, expired stock, discontinued lines, high-cost low margin medicines, new products to market and time management. It is important for community pharmacies to implement strategies to combat the inevitable challenges of attaining effective inventory management.



PREVENTIVE HEALTH: A PHARMACIST'S PERSPECTIVE

Benjamin Franklin famously advised fire-threatened Philadelphians in 1736, "An ounce of prevention is worth a pound of cure" [1]. This well-known proverb explains that it is easier to prevent something from happening in the first place than to repair the damage after it has happened. While this phrase can be used in many different settings, the concept of preventing disease has formed the cornerstone of modern public health and preventive health strategies adopted by governments and organisations worldwide.





Learning Objectives

On completing this activity pharmacists should be able to:

- Outline the importance of preventive health.
- List modifiable risk factors for chronic health conditions and cancer.
- Describe pharmacist and community pharmacy interventions in preventive health.

Competency standards addressed:

1.5, 1.6, 2.1, 3.5, 3.6, 4.3, 5.3



Accreditation Number: A2302ITK2

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

"Disease prevention is understood as specific, population-based, and individual-based interventions for primary and secondary (early detection) prevention, aiming to minimise the burden of diseases and associated risk factors" (World Health Organisation, 2022). [2].

This article will focus on primary and secondary preventive health strategies, the role of pharmacists in these areas and how learnings can be translated into practical pharmacy care. Community pharmacies provide an easily accessible and cost-effective platform for delivering preventive healthcare. The range of services offered has undergone rapid expansion in recent years, as pharmacies transition to a service-based model. Many of these services include health-promoting behaviours and public health functions.

Primary, Secondary and Tertiary Prevention

Preventive health interventions can be categorised as primary, secondary and tertiary prevention.

Primary prevention refers to health interventions performed at a community level that will avoid the manifestations of a disease. This includes actions aimed at improving health through providing information on behavioural and medical health risks, together with the relevant consultation and actions to minimise them. Nutritional and food supplementation, oral and dental hygiene education, immunisations, pre- and post-exposure prophylaxis for people exposed to communicable diseases, and any actions that may impact the social determinants of health (SDH). The SDH play a fundamental role in public and population health outcomes and will be explored further.

Secondary prevention refers to the early detection of disease that improves the chances for positive health outcomes. [2] The target population includes healthy-appearing individuals with sub-clinical forms of disease. For example, blood pressure monitoring is a form of secondary prevention aimed at detecting elevated blood pressure in individuals before disease progression.

Tertiary prevention refers to both the clinical and outcome stages of a disease. It endeavours to reduce the effects of the disease once established in an individual. Most commonly seen as rehabilitation efforts and screening for complications [3]. Tertiary prevention aims to stop or slow the progression of established disease.

Social Determinants of Health (SDH)

What are the Social Determinants of Health? And why are they so important?

The SDH are non-medical factors that influence health outcomes. They include a person's:

- Income and social protection
- Education
- Unemployment and job security
- Working life conditions, food insecurity
- Housing, basic amenities and environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality

Research has shown that SDH can be more important than healthcare or lifestyle choices influencing health. Several studies suggest that SDH accounts for 30-55% of health outcomes. Additionally, estimates show that the contributions of sectors outside health to population health exceed those from the health sector. [4]

Social Determinants of Health (SDH)

"Looking after your body and mind by eating well, being active, getting vaccinated and avoiding risky behaviours – like smoking or drinking too much – can prevent many diseases and keep you healthy and well." (Australian Government Department of Health and Aged Care, 2021) [5]

The Australian Bureau of Statistics and Australian Institute of Health and Welfare advise that in Australia:

- 1 in 7 adults smokes daily
- 1 in 4 children and 2 in 3 adults are overweight or obese
- More than half of adults and 2 in 3 children do not meet the physical activity guidelines
- Most people do not eat enough fruit and vegetables and overeat discretionary food.

These statistics represent an increased risk for Australians developing ill health. Almost half of Australians have one or more chronic conditions such as diabetes, heart disease and cancer. These conditions can be prevented, or their impacts reduced by creating systems and environments that support healthy people. [5]

The National Preventive Health Strategy 2021-2030

Australia has a National Preventive Health Strategy. The strategy aims to improve the health and well-being of all Australians at all stages of life and adopts a systems-based approach to prevention that addresses the broader determinants of health, reduces health inequities, and decreases disease burden.

Specific aims of the strategy are:

- Ensure all Australians have the best start in life
- Ensure all Australians live in good health and well-being for as long as possible
- Health equity is achieved for priority populations
- Investment in preventive health is increased

Supporting the strategy are several policies and programs in which pharmacists can play an important role.

- Free immunisation to protect people against disease
- The National Strategic Framework for Chronic Conditions
- National Obesity Strategy
- Whole-of-government drug strategy
- National tobacco strategy, including anti-smoking campaigns
- National alcohol strategy
- Mental health and suicide prevention strategy
- Communicable diseases
- Cancer screening
- Support for pregnant women
- Men's sheds

The strategy is part of Australia's Long-Term National Health Plan and will guide the government's work over the next ten years. [5]

Benefits of Preventive Health

The benefits of preventive health include reduced severity of disease, improved quality of life for patients, and reduced healthcare costs to the patient and healthcare systems. Preventive healthcare is one of the essential pillars of public health.

Preventive measures are economically critical and indicative of the quality of service at hospitals and clinics and the general health of citizens across any country. [6] The Productivity Commission in 2017 estimated that Australian Gross Domestic Product could increase by \$4 billion per year if people with poor or fair health was improved. [7] Chronic conditions can account for approximately half (46%) of all potentially preventable hospital admissions which cost over \$2.3 billion in 2015-2016 [8]

PRIMARY PREVENTION BENEFITS:

A comprehensive review assessed the best available evidence on the effectiveness of pharmacy-delivered public health interventions and found several community pharmacy initiatives with clear positive outcomes on primary disease prevention included those focusing on smoking cessation, weight management, syringe needle exchange programs and vaccination services. [9]

SECONDARY PREVENTION BENEFITS:

Clinical pharmacists have been found to provide significant improvements through secondary interventions in the prevention of cardiovascular disease (CVD). [10] These improvements in CVD outcomes were achieved by pharmacists improving patient knowledge, satisfaction and adherence, CVD risk factor control, reducing the number of drug-related problems and direct improvement in CVD control. Through these improvements, patients may experience a better quality of life and mortality, thus decreasing healthcare resources used. However, due to a lack of health-economics research, the exact monetary value of these improvements is yet to be fully established.



Primary Prevention – Modifiable Risk Factors for Chronic Disease and Cancer

Health risk factors are attributes, characteristics or exposures that increase the likelihood of a person developing a disease or health disorder. Modifiable risk factors relate to behaviours of individuals that can either increase or decrease the risk of disease. Modifiable risk factors include obesity, exercise and dietary factors, smoking cessation, alcohol consumption, sun safety, and vaccination status. Biomedical risk factors are bodily states often influenced by behavioural risk factors, i.e. high blood pressure, dyslipidaemia, and Haemoglobin A1c (HbA1c), among others. Non-modifiable risk factors are age, ethnic background, and family history of disease [11].

OBESITY, EXERCISE & DIETARY FACTORS

Globally, obesity is now widely regarded as the primary contributor to poor health, overtaking tobacco as the leading potentially modifiable risk to health. Community pharmacies are well-placed to contribute to obesity management strategies. [12]

EXERCISE & DIETARY FACTORS

Harmon, Pogge, & Boomershine 2014 states that through private pharmacist-led diet, exercise and nutrition consultations, patients can achieve meaningful weight loss and improvements in body mass index (BMI). [13] Pharmacists are accessible healthcare professionals who can effectively deliver behavioural therapy for obesity. Pharmacists can also refer patients to exercise physiologists and dietitians when suitable.

SMOKING CESSATION

A pilot study aimed to develop and evaluate interventions for community pharmacy staff to promote the uptake of smoking cessation services and to increase quit rates showed preliminary evidence of benefit. [14] The pilot involved training pharmacy staff to become stop-smoking advisers targeting three distinct behaviours of smokers: 1. Engagement in stop-smoking services, 2. Retention in the stop smoking advice service, and 3. Sustained cessation.

ALCOHOL CONSUMPTION

Wilkinson et al. found that prescribing and dispensing medications represents an ideal opportunity for health professionals to deliver alcohol-related information to older people. [15] Key findings showed that 50% of men and 65% of women were receptive to having alcohol-related health conversations with their community pharmacist, but less than 4% recalled their pharmacist raising the issue. Participants were most receptive to receiving information about alcohol-medication interactions.

Pharmacists can provide information to consumers that are in line with the Australian Alcohol Guidelines [16]

- Healthy men and women not to drink more than 10 standard drinks per week and no more than 4 on any one day
- children and people under 18 should not drink alcohol
- women who are pregnant (or planning pregnancy) should not drink
- it is safest that women who are breastfeeding do not drink



SUN SAFETY

Community pharmacy is a novel venue for skin cancer prevention intervention, particularly for rural, medically underserved populations [17]. A pilot study in community pharmacy on sun safety found that public understanding had increased about the two key messages of their interventional program: The amount of sunscreen needed per application for sun safety and the defining features of melanoma.

Pharmacists can provide appropriate information to patients on sun protection including:

- effective application technique of sunscreens
- sun protection measures
- UV radiation risks

FOLIC ACID SUPPLEMENTATION

Folic acid (folate) is a water-soluble B vitamin that is naturally present in some foods. Folic acid supplementation is recommended during pregnancy to prevent neural tube defects (NTD). The best way to guarantee pregnant women or those planning to conceive receive enough folic acid is to take a daily folic acid supplement containing at least 400 micrograms. Supplementation should be commenced one month before and continued until three months after conception. They do not need to take folic acid supplements after that [18]. However, some women are at an increased risk of NTDs and are advised to take a higher dose (5mg) of folic acid daily until they are 12 weeks pregnant.

Women who benefit from a 5mg dose of folic acid include:

- they or their partner have a NTD
- they or their partner have a history of NTDs
- they have had a previous pregnancy affected by a NTD
- have diabetes
- have a BMI greater than 30
- have a risk of not absorbing nutrients well
- women who take anti-epileptic medication

For these women, their midwife or doctor may recommend additional screening tests throughout the pregnancy [18].

IMMUNISATIONS

One of the most significant pharmaceutical public health expansions in recent years has been the introduction of vaccination services in community pharmacies. Most notably, community pharmacy's role in the national Covid-19 vaccination program rollout and the annual influenza vaccination program.

Vaccination schedules

The National Immunisation Program Schedule (NIP) is a series of immunisations given at specific times throughout a person's life. The immunisations range from birth through to adulthood. In Australia, all vaccines under the NIP are free and are linked to eligibility for Medicare benefits [19].

The National Centre for Immunisation Research and Surveillance has developed an up-to-date list of vaccinations that are currently available at community pharmacies in each state or territory in Australia (Available from: <https://www.ncirs.org.au/fact-sheets-faqs/vaccines-from-community-pharmacy>). The document contains information about who can receive certain vaccinations (based on patient age), which vaccines are free from community pharmacies. [20]. Pharmacists should be familiar with the NIP and on their own authority to administer these vaccinations based on their state/territory legislation. Pharmacists reviewing medicines for patients (e.g. Medschecks, Home Medicines Reviews etc) may help identify patients eligible for NIP vaccinations such as pneumococcal (aged 70 and over) and herpes zoster (aged 70-79 years).

Covid-19 Immunisation gaps

One of the most significant gaps in Australia's immunisation landscape is the rate of immunisation against Covid-19 amongst Aboriginal and Torres Strait Islanders, where there are significantly lower rates of vaccination against Covid-19. [21]

Booster doses are another potential immunisation gap among all people over the age of 16. At the time of writing (January 2023) 96% of patients over the age of 16 had received 2 doses of Covid-19 vaccinations however only 72.4% had received a 3rd dose. [22]

Pharmacists should offer vaccinations where possible and help close the gaps for people who have not had their recommended doses of Covid-19 vaccinations.

Opportunistic Immunisation

Opportunistic immunisation is the practice of checking the vaccination status of all people at every opportunity. Pharmacists are well placed to provide opportunistic vaccinations in both the community and hospital settings. A recent study conducted at the Royal Brisbane and Women's Hospital pharmacy involved pharmacists administering influenza vaccinations to high-risk hospital outpatients. 41% of patients vaccinated reported they would not have been vaccinated this year if the service had not been available [23].

TRAVEL HEALTH

Immunisations before travel are essential to protect people's health overseas. Additionally, vaccination can prevent illnesses from being brought into Australia by return travellers. Pharmacists are well placed to promote resources such as www.smarttraveller.gov.au and offer referrals to general practitioners where necessary to assist with the required travel vaccinations based on their travel destination. Some states and territories have authority to immunise for some travel vaccinations and pharmacists should be familiar and review legislative updates as scope expands. Pharmacists can also provide other important travel health advice to patients, i.e. mosquito bite and traveller's diarrhoea prevention.

Secondary Prevention – Screening and Early Detection

POPULATION-BASED SCREENING

A systematic literature review found high patient satisfaction with pharmacy-based screening. However, individuals who screened positive often did not follow pharmacist advice to seek further medical help. [24] Available evidence suggests that screening for some diseases in community pharmacies is feasible. Population based screening is accepted by stakeholders (patients, pharmacists, and other health professionals). [25] Barriers such as time constraints and privacy are important to consider when providing screening services in community pharmacies.

BOWEL CANCER & BREAST CANCER

In Australia, cancer is a leading cause of disease burden. Bowel and breast cancer are among the most common cancers, estimated to account for 9.7% and 12.7% of all new cancers diagnosed in Australia



in 2022 [26]. Community pharmacies participate in the National Bowel Cancer Screening Program by providing faecal immunochemical tests (FIT), commonly known as bowel screen kits.

A 2018 health promotion study found that community pharmacists were consistently more confident and knowledgeable about bowel cancer services than breast cancer services. [27] Indicating further training is warranted for community pharmacists to increase their knowledge of breast cancer and confidence in promoting breast cancer referral and screening services. Overall, the research highlights community pharmacists' important role in increasing engagement in the national bowel and breast screening programs and potentially decreasing these cancers' mortality rates.

On average, the 5-year survival rate for Stage 1 (early) breast cancer is 100%, and for stage 2 is 95%. However, for locally advanced cancers, the survival rate is 81%, while the 5-year survival rate for Stage 4 (metastatic breast cancer) is significantly lower at 32% [28]. These statistics show the importance of screening and early intervention.

Pharmacists can play a preventive healthcare role by talking to women about breast examinations and whether they are self-examining appropriately and advise on regular screening. Women aged between 50 to 74 are invited every 2 years to be screened. Women with a family history of breast cancer, personal history or have any symptoms should be referred to their GP for specific recommendations on testing urgency and frequency.

Pharmacists are also well-placed to refer patients with a recent diagnosis of breast or bowel cancer to the Cancer Council or the Breast Cancer Network Australia, where they can access support services [29].

BLOOD PRESSURE SCREENING

Community pharmacy-based screening is feasible and attracts the interest of many subjects, improving awareness of their blood pressure status. [30] Screening successfully identifies potentially uncontrolled and suspected new hypertensives, particularly among young adults who can be referred to their general practitioner for confirmatory diagnosis or further evaluation.

HIV SCREENING

In late 2021 the Therapeutic Goods Administration expanded access to HIV self-tests from limited sexual health outlets to community pharmacies. This expansion adds to the existing vital role pharmacists play in HIV management with the provision of pre- and post-exposure prophylaxis [31]

Conclusion

Pharmacists' role in preventive health has increased significantly in recent years as pharmacies continue to move towards a service-based model. Many pharmacists perform preventive health undertakings every day, potentially without realising it. This article has highlighted the essential role pharmacists play in improving the health outcomes of their communities through preventive health strategies and public health functions.

Key Points

- Pharmacists are well-placed to play a key role in improving public health outcomes through preventive health
- Pharmacists should always consider the impact of the social determinants of health on patients when delivering healthcare and services to their community.
- Pharmacists can make meaningful contributions towards minimising the modifiable risk factors for disease and in screening and early detection of disease
- Preventive health can be delivered at a primary, secondary, and tertiary level.



Preventive Health: a Pharmacist's Perspective

01 Select the correct option:
Community pharmacy initiatives with clear positive outcomes on primary disease prevention included those focusing on:

- a) smoking cessation, weight management, blood pressure screening and vaccination services.
- b) smoking cessation, weight management, syringe needle exchange programs and vaccination services.
- c) smoking cessation, weight management, breast cancer screening and vaccination services.
- d) smoking cessation, weight management, syringe and needle exchange programs and diabetes cycle of care programs.

02 Modifiable risk factors for disease do not include:

- a) obesity
- b) exercise and dietary factors
- c) smoking cessation
- d) age

03 Blood pressure screening is an example of which type of preventive health strategy?

- a) Primary
- b) Secondary

04 Which of the following is a benefit of preventive health?

- a) reduced severity of disease
- b) reduced health care costs
- c) improved quality of life
- d) all of the above

05 Select the correct option:
Women who are not at an increased risk of NTD's should take _____ mcg for _____ month before and continue until _____ months after conception.

- a) 400mcg, ONE, THREE
- b) 500mcg, TWO, SIX
- c) 800mcg, THREE, THREE
- d) 5mg, THREE, SIX



LEARNING OBJECTIVES

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

- Outline the importance of preventive health
- List modifiable risk factors for chronic health conditions and cancer
- Describe pharmacist and community pharmacy interventions in preventive health.



SUBMIT YOUR ANSWERS TO EARN CPD CREDITS

Answers can be submitted through GuildEd at guilded.guild.org.au. Australasian College of Pharmacy members can submit answers online at acp.edu.au in the CPD Library.

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Effective Inventory Management Strategies for Community Pharmacies

01 What is a potential benefit of effective inventory management?

- a) Increased efficiency
- b) Improved financial viability
- c) Enhanced customer/patient service
- d) All of the above

02 In the inventory management process ordering is an essential step. What is an efficient method of ordering stock?

- a) Placing a monthly or three weekly bulk order and placing small orders in between to fill the gaps
- b) Bulk buy at each opportunity to reduce costs
- c) Waiting to replenish stock of fast moving lines for a discount buy through a deal
- d) Order ad-hoc when stock is running low or exhausted

03 What is NOT a challenge for effective inventory management?

- a) Stock shortages
- b) Expired stock
- c) New medicines/products
- d) Low cost medicines

04 What is an effective strategy for supply chain stock shortages?

- a) Use only one major wholesaler
- b) Hold low quantities of low cost items
- c) Regularly review the Therapeutic Goods Administration (TGA) website for current and anticipated medicine shortages
- d) Do not stock the originator brand for medicines

05 What is an effective strategy for managing high cost low margin medicines (HCLM)?

- a) Refer patients to another pharmacy or hospital for dispensing
- b) Carry a large range of HCLM stock
- c) Organise patients so items can be ordered and ready when required
- d) Calculate the margin percentage before each dispense



LEARNING OBJECTIVES

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

- Describe the importance of inventory management.
- Discuss the inventory management process.
- Recognise challenges community pharmacies encounter with inventory management.
- Describe strategies community pharmacies can implement for effective inventory management.



SUBMIT YOUR ANSWERS TO EARN CPD CREDITS

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YOUR GUIDE TO



The Pharmacy
Guild of Australia

APP 2023 23-26 MARCH GOLD COAST



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WELCOME MESSAGE

Dear Reader,

On behalf of the Pharmacy Guild of Australia, we extend a warm invitation to you to attend the Pharmacy Guild's annual national conference, the Australian Pharmacy Professional Conference and Trade Exhibition (APP).

The following pages provide a snapshot of what you can expect from Australia's largest pharmacy conference and trade show in 2023. Our conference theme of 'Engage, Explore, Evolve' is woven through all aspects of the event, from our exciting educational and social program to our 400-stand, sold-out trade exhibition.

APP features over 100 international and Australian speakers, and this year's education program is once again a must-attend. Motivational speakers Turia Pitt and Michael Crossland will share the stage with retail experts, futurists and industry experts who will provide the latest information and data on pharmacy specific topics.

Pharmacists practising at full scope is one of several key industry topics included in this year's program. The Guild's advocacy work has seen a number of significant announcements across Australia in relation to full scope, and for this reason alone you should attend APP2023 for the latest information. Further details about this and other program topics and speakers is available on the following pages.

Our trade exhibition will once again open with the Welcome Reception on Thursday evening, and continue until lunch time on Sunday. There is plenty of time allocated in the program to visit the stands and be brought up to speed on the latest industry products and services. By visiting the trade exhibition, you also have the chance to win one of two holidays to Club Med Maldives valued at over \$10,000 each!

The highlight of the APP social program is Saturday night's 'Hollywood Nights' themed Street Party, where you can celebrate the drama and glitz of Hollywood's golden era while networking and creating memories with pharmacy colleagues. Stroll down the red carpet and enjoy entertainment including DJs, a silent disco, Hollywood-inspired acts and our two cover bands - Lisa Hunt's Forever Soul (Byron Bay) and Bermuda Social (Sydney).

We look forward to seeing you in March at APP2023.

Yours sincerely



Kos Sclavos AM
APP Chairman



Trent Twomey
National President
Pharmacy Guild of Australia



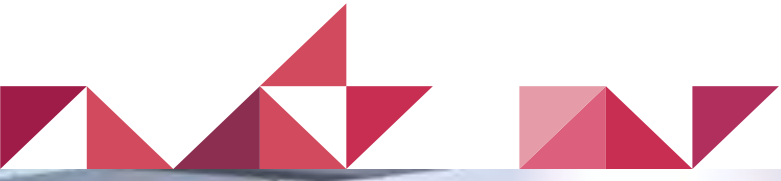
PROGRAM

The APP2023 program offers something for everyone from pharmacy students and interns to pharmacists, pharmacy owners and managers.

The four-day program features the following streams:

- Business, innovation and leadership
- Clinical pharmacy/product updates
- Rural pharmacy & indigenous wellness
- Cultural awareness
- Harm minimisation
- Early Career Pharmacist

To view the latest program, visit www.appconference.com



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SPEAKER SHOWCASE

APP2023 will feature an exciting line up of over 100 industry, business, clinical and motivational speakers. Below is a showcase of just some of the outstanding speakers presenting in this year's program.



John Briggs

John Briggs Consultancy

John Briggs is highly skilled and knowledgeable in the area of Indigenous inclusion, with more than 25 years' experience. This, combined with John's respectful and non-confrontational style of facilitation, has earned him a reputation as a leader in Indigenous consultation and advice.

John's aptitude and flair for creating culturally safe environments allows his clients to unearth and challenge unconscious bias around the engagement and retention of Aboriginal and Torres Strait Islander people. This approach has empowered many organisations from all sectors to develop and implement successful Reconciliation Action Plans, set Indigenous targets and achieve these targets well into the future.



Mark Burdon

UK Pharmacist & Secretary General, World Pharmacy Council

Mark Burdon is Secretary General of the World Pharmacy Council. A practicing community pharmacist and pharmacy owner in the United Kingdom, Mark has been a prescriber for many years. He has considerable experience across a range of healthcare settings, including community pharmacy, general medical practice, and public health.



Michael Crossland

Businessman, Elite Sportsman & Motivational Speaker

Michael Crossland is an extraordinary young man who has defied the odds of a life-threatening cancer to build a life of exceptional achievements. Despite spending nearly a quarter of his life in hospital, he has forged a highly successful career in the corporate world, represented Australia in his chosen sport and featured regularly across all forms of media. He also runs a school and orphanage in Haiti and has been presented with the Australia Day Ambassador role for seven consecutive years. The award-winning documentary on his life, by ABC's Australian Story, has been viewed by over 4 million people. Michael is also a number 1 bestselling author across 6 different countries.



Tané Hunter

Co-Founder, Future Crunch & Cancer Scientist

Tané Hunter is a cancer researcher, bio-informatician and science communicator, and a co-founder of Future Crunch, a global movement of scientists, technologists and creatives who think there are new and better ways of doing things in the 21st century. Tané has a Masters in Bioinformatics from the University of Melbourne and has worked for the Melbourne Royal Children's Hospital, diagnosing rare genetic diseases. He is currently completing his PhD at the Peter MacCallum Cancer Centre, using molecular biomarkers in DNA and analysing them with artificial intelligence to improve treatments for people suffering from cancer. He's also a former United States mountain biking champion and an avid sailor.



Rebecca Maklad
CEO, Future Crunch & Influence Strategist

Rebecca Maklad is the CEO of Future Crunch, a global movement of scientists, technologists and creatives who think there are new and better ways of doing things in the 21st century, and an influence strategist. Rebecca spent 15 years representing and advising some of the world's most respected thought leaders and since 2014, alongside the co-founders, has built Future Crunch into a global thought leadership and media brand. Rebecca is the creator of Ignite, a bespoke consulting process designed to help entrepreneurs and leaders stand out in their marketplace and transform their expertise and stories into real influence. She is also the host of the Future Crunch Podcast, Optimized.



Hon Emma McBride MP
Assistant Minister for Mental Health and Suicide Prevention

Emma McBride is a registered pharmacist who has worked in the health sector for over 20 years, both in Australia and abroad. She was a Specialist Mental Health Pharmacist and the Chief Pharmacist at Wyong Hospital for nearly 10 years and prior to entering Parliament, was the Deputy Director of Pharmacy for Central Coast Local Health District. Emma's background and experience as a healthcare professional led her to Parliament, where she fights for better health services for all Australians. Emma understands the unique challenges facing rural and regional communities when it comes to accessing healthcare and hopes to play a role in shaping public policy that promotes the health and wellbeing of every Australian, regardless of where they live.



Professor Lisa Nissen
Program Director for Health Workforce Optimisation, Centre for Business and Economics of Health

Professor Lisa Nissen is Program Director for Health Workforce Optimisation, Centre for Business and Economics of Health, University of Queensland. She has been a health practitioner, leader, educator, researcher, and implementation scientist in Australia for more than 25 years. Lisa's research has led to major health system change, including the introduction of immunisation services by pharmacists throughout Australia and implementation of prescribing competencies and frameworks for health professionals nationally. More recently she led a Queensland team who implemented pharmacists' treatment for Uncomplicated urinary Tract Infections. Her focus is on health service optimisation including scope of practice and Quality Use of Medicines. She is a Fellow of the both the Society of Hospital Pharmacists of Australia and the Pharmaceutical Society of Australia.



Turia Pitt
Athlete, Author, Mum

Surviving burns to 65% of her body during an ultramarathon, Turia Pitt is living proof that with the right mindset, anything is possible. A bestselling author, two-time Ironman, surfer, adventure-seeker and mum of two, she spends her time making (and doing) cool things that help people get happier and more confident. Turia is a well-recognised humanitarian and has raised over a million dollars for Interplast, a charity that provides free reconstructive surgery to people in developing countries. Turia was named the NSW Premier's Woman of the Year and was a finalist for Young Australian of the Year.



Clive Reeves

Deputy Chief Information Security Officer, Telstra

Clive Reeves has over 20 years' experience in cyber security including governance, risk, architecture, engineering, and operations. In his role at Telstra, Clive leads critical security capabilities, including the Telstra Security Operations Centre which protects Telstra and its customers. He also leads a team of specialists who solve the big security challenges for Telstra, and drives Telstra's cyber policy and government engagement. Prior to joining Telstra, Clive worked for the Australian Government and served in the Royal Australian Air Force (RAAF).



Dr Jean Spinks

Senior Research Fellow, Centre for Business and Economics of Health, University of Queensland

Dr Jean Spinks is a trained health economist, pharmacist and a health systems researcher whose main research focus is applying economic principles to achieve better population health outcomes from medicines use in primary care. She is currently co-leading an MRFF funded project "Activating pharmacists to reduce medication related problems: The ACTMed stepped wedge randomised controlled trial" and is involved in other projects including the Urinary Tract Infection Pharmacy Pilot - Queensland. Jean has published in the areas of medicines pricing, complementary medicine use and the disposal of unwanted medicines and has worked in community and hospital pharmacy in Australia and the Asia-Pacific region.



Amanda Stevens

Customer Experience Expert

Amanda Stevens is a renowned thought leader on the customer experience. She combines current consumer insights with fascinating research into buying behaviour, delivering organisations and business owners with powerful strategies for connecting with their customers. Amanda has a double degree in consumer psychology and marketing and has consulted to some of the country's biggest brands including Lend Lease, Microsoft and Procter and Gamble. Amanda is a former Young Australian of the Year (Career Achievement, NSW) and in 2003 was awarded the prestigious Centenary Medal by the Governor General for Business Innovation. A Certified Speaking Professional, one of the highest accolades awarded by the Professional Speakers Association of Australia, Amanda has shared the stage with Sir Richard Branson and Sir Bob Geldof and in 2014, was the supporting speaker for Condoleezza Rice at the Global Leadership Summit.



Trent Twomey

National President, The Pharmacy Guild of Australia

Trent Twomey was elected as National President of The Pharmacy Guild of Australia in March 2021. Trent has been involved with the Guild for over 10 years and was part of the successful negotiating team for the Sixth and Seventh Community Pharmacy Agreements. He is Secretary of the World Pharmacy Council, immediate Past Chairman and Director of Advance Cairns, a Professor at James Cook University, a Council Member of the Queensland Futures Institute, and a trustee for the Committee for Economic Development of Australia.



SPEAKER INTERVIEWS

Below is an in-depth look at two of this year's high-profile speakers, Michael Crossland and Mark Burdon



INTERVIEW WITH MICHAEL CROSSLAND - BUSINESSMAN, ELITE SPORTSMAN & MOTIVATIONAL SPEAKER

Despite spending a large chunk of his life in hospital with life-threatening cancer, Michael has forged a highly successful career in the corporate world, represented Australia in his chosen sport, runs a school and orphanage in Haiti and has been presented with the Australia Day Ambassador role for seven consecutive years. Here he talks a little about his philosophy and outlook on life.

Interviewer: Thanks for your time Michael, I'd like to know where you get your drive from? You've had so much on your plate to deal with from a very young age and yet you are so driven.

Michael: I think that I had a mother who was unbelievably courageous and with what seemed to be an unlimited supply of strength. She instilled that in me at such a young age, she had that one burning desire, and that was to save her little boy.

I think that that has certainly been passed down to me, to just live life with so much appreciation and so much gratitude and I realized that the two greatest days in one's life are the day that we are born and the day that we discover why we are born.

For me and I think for many people, we discover our 'why' in our darkest moments. I think for me now to have had such a privilege as to be able to travel the world and share my story with people, I really have discovered my why. And to know that I'm impacting people from all

parts of the globe and hopefully making the world just a little bit better place than what I found it, I think that that's such a privilege.

Such a remarkable opportunity but also a phenomenal responsibility as well.

I have great faith, I realise how fortunate I was to be a part of a trial drug, to have it trialled on 25 people around the world and for me to be the only person surviving. I don't really live just for me, in my good days and my not so good days, I also live for those 24 others that didn't have the privilege or the opportunity or the blessings that I have been given, which is an extra day on this earth.

When you face death up close and personal you seem to have a greater sense of appreciation for what many others would take for granted.

Interviewer: You seem to live your life with a joyfulness and humility that is quite humbling and very powerful. Is that because of what you've been through?

Michael: I think when you spend more than a quarter of your life in hospital, you realise you have two ways of taking your path in life and I think there are only two types of people in the world. There are those who use the pain and suffering of their past to justify their poor behaviour and poor choices, which have led them to a path of failure, and there are those who have used that exact same pain and suffering as the motivation to succeed, and by success I mean being able to live a life that is filled with appreciation, gratitude, kindness and hopefully impact. And I think that has been the path that I have chosen.

I love the phrase 'We have hundreds of dreams and goals when we are healthy, but when we are sick we just have one, to be healthy,' so let's not wait until we are unwell to want to be well. When it comes to gratitude, I'm grateful when I'm unwell because I'm one step closer to being well and when I'm well, I'm grateful that I'm well.

It's a very hard concept to grasp, when those who have not faced health issues hear that, but I think if we can get it to resonate and land, then there will be a greater sense of appreciation, gratitude and happiness towards everything in life.

Interviewer: On that topic you did also have a shift about the definition of success is for you at one point. How did you cross the bridge from what you originally believed was success to be where you are now, true success?



Michael: For a long time, I thought success was about how big my house was but now I understand that success is about how big my heart is. I realised that success is about getting out of bed and knowing in my heart I can make a difference in somebody else's life. That's why I'm so excited to be presenting at this conference because those who are in the room have that privilege, that opportunity and that responsibility every day, impacting so many people's lives. That for me is such a great honour.

I chased materialistic possessions, and I reached a point where the bank account was full, and the heart was empty. For me to be able to turn that page or that chapter in my life and really begin to focus on what was truly important, I'm so grateful I had that opportunity to see that at such a young age, and not when I'm retired, old and lonely.

Interviewer: On that topic, you make a point of contributing to the world in a big way with your charity, how has that impacted you?

Michael: I thought for a long time the saying was 'the more you give, the more you shall receive' but now I understand that saying is wrong. That saying should be 'the more you give expecting nothing in return, the more you shall receive.' I think we must give without remembering and receive without forgetting. I think if we stop focusing on our return on investment in service and just focus on our impact through service, that's when we can really make a big difference.

I transitioned out of the corporate world over ten years ago with a desire to make a global impact and I aligned myself with a whole heap of charities, I then realised that such a large percentage of the funds that we donate don't go to the cause. So, in 2012 after an earthquake hit Haiti and killed 315,000 people, I decided to open my own charity where every cent gets sent. And we were told we would never be able to have kids, so we went over and opened an orphanage for 44 of the most beautiful little kids in the world.

These kids have nothing, no mum, no dad, no iPad, no laptop, and they wake up every morning and they think they have everything. The reason they think they have everything is simply because they woke up this morning.

So often we think those in third world countries, especially kids like those kids in the orphanage, you look from the outside in and you think they have nothing, yet from their hearts out they feel they have everything they could ever ask for because they woke up this morning and they're breathing.

For all of us in the world we live in today, can you imagine if we took that same approach, that same outlook, that

same vision? That regardless of the challenges the world throws at us, no matter the pain and the suffering we may be experiencing, and we believe truly in our hearts that we could overcome, get through and bounce back from that, purely because we had the incredible gift and blessing of waking up this morning.

I reflect on the kids I see each and every day in this country we all call home, and I reflect on the comparison between them and these kids in Haiti. These kids in Haiti are not existing they are truly living, they are truly present, they are truly grateful. No iPad, no laptop, no mum, no dad, yet they truly believe in their heart of hearts that they have everything just because they woke up this morning.

Interviewer: Is there a message you would like to finish on?

Michael: Someone once said to me 'Geez you've been dealt some pretty ***** cards' and I remember saying back to them 'Whilst I'm being dealt cards it means I'm still in the game. And while I'm still in the game it's about how I choose to play those cards that allows me to live a remarkable life.'

I have realized that it's through great darkness that is our discovery moment, we do not discover how unfair our life is but rather we discover how powerful we have been created.

It's not even the story of the depth of the darkness, it's the relativeness of the pain because your pain or my pain may be very different. It's not so much the differential between the pain that we're feeling, it's the differential between the mindset towards the solutions.

Our pain and suffering often is so similar but what separates us is our solutions. It's our solutions that are different.

To find out more about Michael's story and how to get involved, head to

www.Michaelcrossland.com



www.frontierprojects.org/give-with-mike.html





INTERVIEW WITH MARK BURDON - SECRETARY GENERAL, WORLD PHARMACY COUNCIL

Mark Burdon is a qualified UK pharmacist and Secretary General of the World Pharmacy Council and has been in practice as a pharmacist for a GP clinic and for his own pharmacy group for many years. As the pharmacy profession in Australia embraces pharmacists practicing at full scope, now is the ideal time to review pharmacists practising at full scope overseas.

Interviewer: Can you tell us a little about your role with the World Pharmacy Council?

Mark: The World Pharmacy Council (WPC) was established in 2017 by community pharmacy organisations in seven countries that met annually since 1987. I was a founding member of WPC and have recently taken over from Sue Sharpe OBE as Secretary General. Formalising the organisation has allowed WPC to build international recognition of community pharmacy as an integral part of health systems worldwide. The number of member countries continues to grow each year, so clearly, they see the value of being part of a worldwide network.

My role is to engage with our members and to develop links to international bodies such as OECD, the World Health Organisation, and the United Nations. WPC is a data-driven organisation and I work closely with our Chief Economist and Strategic Policy Analyst to identify

information that helps our member countries develop community pharmacy services in their own jurisdiction.

Interviewer: How have you seen the community pharmacy profession evolve during your time as a pharmacist?

Mark: When I first started as a pharmacist in 1999, much of the day job involved hands-on dispensing: labelling, ordering stock, checking prescriptions. We were, of course, trained in advising on minor ailments but the products available were limited. Often, we would have to refer people to their doctor, which I found frustrating.

Now we are running our own clinics in the pharmacy and working as part of local teams of clinical professionals. Much of my time is spent dealing with medicines queries from patients and other healthcare professionals. The supply of medicines is still vital to what we do, especially as patients are taking numerous medicines for multiple conditions. Community pharmacists and their teams are uniquely positioned to do this.

Keeping people healthy has always been a major role of community pharmacy, helping to prevent illness; this input into population health will continue to grow.

Interviewer: What are the main points of difference between community pharmacy practice in Australia and community pharmacy practice in the UK?

Mark: Lots of countries around the world are looking to develop the "full scope of practice" to utilise the skills of community pharmacists, in other words pharmacists enabled to do everything within their competence.

Professional autonomy is key to achieving this, so that we don't have to rely on other professionals. We often know exactly what treatment is required but have been held back in the past. This is changing, including in Australia where pilots have been proposed, such as that in North Queensland.

In the UK, a growing number of pharmacists are now independent prescribers which allows us to make clinical decisions in the pharmacy and act accordingly, without the necessity to obtain a prescription from a doctor.

Most pharmacies in the UK are funded primarily by the government, usually around 90% of income is for NHS work. The range of over-the-counter medicines has broadened dramatically in both countries, and this is a good thing.

We should embrace the opportunity to offer medicines direct to the public and think about what private services could be needed in the local area. For example, during Covid-19 pandemic I started to give vitamin B12 injections and contraceptive depot injections, where people were



unable to get to see their doctor. Our travel clinics are busy now people are travelling again!

Interviewer: If you don't already, is there a specific health issue you would choose to specialise in?

Mark: I have been a prescriber since 2007 and over the years I have developed a range of interests, including travel medicine, respiratory, diabetes, obesity, women's health and men's health.

In most cases, I think community pharmacists will remain as "specialist generalists" to allow them to deal with the wide range of conditions that present to community pharmacies every day.

A big part of training as a prescriber is to develop competence in one area of practice. The same process can then be followed to build skills in another clinical field.

Interviewer: What are the key elements that make a successful pharmacy?

Mark: For me there are three things:

1. Workforce
2. Premises
3. IT and technology

Developing the pharmacy team is vital, building a group of people with the right skills to do certain tasks. For example, the role of the pharmacy technician can enable the pharmacist to get away from the dispensing bench and into the consultation room. Learning and development must be high up the agenda in every pharmacy.

Creating the right impression within our premises gives the public confidence in our service. Whilst retail can be important to draw people into the pharmacy, the professional area should match the expectations of the public. Many pharmacies in the UK are developing into mini health clinics.

Using technology correctly is a big lever to creating capacity in the pharmacy. I don't necessarily mean "big tech" like dispensing robots, but incremental gains can be made by using neat IT solutions to free up time. I'm always looking for ways to make our workload easier to manage.

The most important thing we mustn't forget is the supply of medicines. Building our clinical services around the medicine maintains our unique selling point. People come to pharmacies to get a medicine!



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APP CHAIRMAN TOP 20

Each year, APP Chairman Kos Sclavos AM is asked to share his top APP program highlights – a difficult task given the calibre of sessions and speakers. Below are Kos's top 20 picks for 2023 (in conference date and time order):

1) Ownership, operations and oversight – getting the pharmacy acquisition, day to day, and management right (Wednesday PM)

My suggestion is to get to the Gold Coast One day early and start your APP experience with a pre-conference workshop. The Australasian College of Pharmacy and CommBank Health will facilitate an interactive workshop that will provide three key sessions to upskill attendees on:

- a) Obtaining the right support to identify and purchase a pharmacy
- b) Creating efficiency through technology in managing day to day operations and implementing workflow solutions
- c) Utilising operational and financial data from your pharmacy, to set and manage KPIs, track trends and make better decisions to improve your pharmacy and bottom line.

2) Opening Address and Pharmacy of The Year winners (Thursday AM)

Hear from Guild National President, Professor Trent Twomey, about the Guild's vision for the next 12 months and beyond and be inspired by the Pharmacy of the Year winners. What a way to kick off the conference program.

3) Alan Russell Oration – Pharmacists practising at full scope – lessons from World Pharmacy Council Member Countries (Thursday AM)

We are delighted to feature on our program a special guest speaker from the UK, qualified pharmacist and Secretary General of the World Pharmacy Council, Mark Burdon. As the pharmacy profession in Australia embraces pharmacists practicing at full scope, now is the ideal time to review how full scope is evolving the verseas. Mark will detail lessons for Australia, which will assist pharmacists in understanding the meaning of 'full scope' and why it must be embraced.

4) Your pharmacy's risk of cyber-attack is real, and the consequences are significant. Are you doing enough to prevent a disaster? (Thursday PM)

The Medibank Private cyberattack which saw the sensitive and personal data of millions of Australians being stolen, sent shockwaves through the health community. Attacks such as these can cause serious harm to the victims, from identity theft to blackmail. The impact to the businesses is devastating, including massive financial costs, reputational damage and job losses. Privacy legislation is now being tightened and penalties for businesses which fail to adequately protect this data is increasing significantly. Your pharmacy is potentially at risk – you must take reasonable steps to protect it now.

5) Rural Pharmacy Forum: Innovation and Access (Thursday PM)

Amongst a talented array of speakers, we are delighted The Hon Emma McBride MP, Assistant Minister for Mental Health and Suicide Prevention, and the only pharmacist in the Federal Parliament, will be presenting. Working in regional, rural, and remote pharmacies across Australia offers unique opportunities that pharmacists and pharmacy assistants in urban areas may find hard to imagine. In this forum, participants will hear of first-hand experiences and knowledge of rural community pharmacists on how they ensure their workforce is adapting to provide innovative services for their patients and their communities now and into the future.

6) The Adaptability Quotient (Thursday PM)

This session will be a conference highlight! Future Crunch are part of a global movement of scientists, technologists and creatives who think there are new and better ways of doing things in the 21st century. Find out why the most important business skill is adaptability, how to embrace this mindset, and how to adopt the tools required to help you thrive in this complex, chaotic and unpredictable world in which we now find ourselves.



APP CHAIRMAN TOP 20

7) Hot topics in COVID-19 vaccination (Thursday PM)

Dr Paul Griffin, Infectious Diseases Physician and Microbiologist, is a regular in the national media discussing COVID-19 related issues. This session will provide topline updates on the evolving data relating to COVID-19 vaccination - emerging data on relative benefits, vaccine-types (e.g. bivalents), updated vaccines and data on the risk/benefits balance, including emerging data on vaccination and protection against non-acute COVID-19.

8) Guild Member (Proprietor) Only Breakfast: Industry Update (Friday AM)

In this closed session, Guild Members will hear from the Guild National President, Professor Trent Twomey. The Guild's advocacy is achieving a number of major wins for community pharmacy, and as one would expect, there are a number of key issues that can't be discussed in public. It is worth coming to APP for this key briefing alone!

9) The Panel: State of the Industry (Friday AM)

One of my favourite sessions, always. Hear from leaders of Consumer Healthcare Products Australia, Generic and Biosimilar Medicines Association, Medicines Australia, National Pharmaceutical Services Association, and The Pharmacy Guild of Australia. As the Federal Government deals with debt and deficit, the pharmaceutical industry needs to stick together and resist being the target of Government saving.

10) The power of perspective (Friday AM)

Get ready to be inspired! A fighter since birth, Michael Crossland has defied the odds of surviving not only a rare form of life-threatening cancer, but as the sole survivor of a horrific cancer drug trial. In this session, Michael will share his remarkably inspiring story of overcoming extreme adversity to achieve incredible outcomes in both his personal and professional life. His presentation will help shift your mindset.

11) Turning customers into advocates (Friday AM)

Amanda Stevens is a renowned thought leader on the customer experience who combines current consumer insights with fascinating research into buying behaviour. In this session, Amanda will explore why your existing customer base is possibly the greatest hidden asset in any business and will outline a plan to create a brand that customers willingly and enthusiastically rave about. She will also explore why the combination of high tech and high touch is the next frontier in brand disruption.

12) Aboriginal and Torres Strait Islander Health and Cultural Safety (Friday PM)

Community pharmacies play a vital role in improving health outcomes for Aboriginal and Torres Strait Islander peoples and communities. Cultural safety is a continuous journey of learning which can be complex and challenging, but at its core, is crucial for pharmacies seeking to embed cultural safety into their practice, for the communities they serve. Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities. As pharmacists there is so much we need to understand and work closer with our First Nations people.

13) The future pharmacy workforce - what does it look like? (Saturday AM)

Community Pharmacy faces significant workforce challenges, with no quick fix in sight. How can Community Pharmacy adapt to deal with these challenges? This session will discuss some of the key issues that will shape the future workforce of pharmacy. Key influences in the future workforce include our university sector and the structure of the pharmacy degree, remuneration levels for pharmacists, pharmacy viability via Community Pharmacy Agreement remuneration, the capacity that pharmacists practice at full scope and its associated remuneration, and the degree to which enablers assist pharmacy operations, e.g. IT facilitation.

14) A step towards better children's pain management in pharmacy (Saturday AM)

As State and Territory Government Emergency departments deal with clogged waiting rooms and doctor waiting times become longer, children with pain and their concerned parents will increasingly present at pharmacies. This session is an ideal opportunity to receive a clinical update on this topic.

APP CHAIRMAN TOP 20

15) Ann Dalton Address: Unmask your potential (Saturday AM)

Turia Pitt is living proof that, with the right mindset, anything is possible. Caught in a grassfire while competing in an ultramarathon in 2011, Turia suffered burns to 65% of her body. But surviving is the least of her achievements. One of Australia's most admired and widely recognised people, Turia has gone on to become a bestselling author, a two-time Ironman and a humanitarian, and has inspired millions to live with more confidence, conquer their fears and chase down their wildest dreams.

16) Buying and selling a pharmacy today (Saturday PM)

There are approximately 800 pharmacy ownership changes a year. This session will provide an overview of the negotiations involved in the buying and selling of pharmacies, the funding options available for purchase, and a full explanation of the process regarding the execution of the sale.

17) Full scope - what it means for your business (Saturday PM)

I look forward to facilitating this session. Starting with the North Queensland Community Pharmacy Scope of Practice Pilot and continuing with the domino of announcements across states and territories, it is an exciting time for pharmacist practising at full scope. This session will bring pharmacists, pharmacy managers and pharmacy staff up to date with programs across Australia and will allow the pharmacy sector to prepare for this opportunity.

18) Pharmacists supporting patients impacted by urinary tract infection (UTI) (Saturday PM)

The success of the Urinary Tract Infection Pharmacy Pilot in Queensland has resulted in the service becoming a permanent feature of care in Queensland pharmacies, and has now seen further announcements across other states and territories. This session will cover the program roll-out across Australia.

19) De-mystifying the picture of financing a pharmacy (Saturday PM)

Obtaining finance can be an anxious period for current and aspiring pharmacy owners. In this session, CBA will provide insights into how to be "buy ready" and obtain finance. The team will share insights on how to set yourself up for success, including the key metrics to track and monitor in your pharmacy.

20) Sunday Professional Stream (Sunday AM)

The Sunday program presents an opportunity to take in-depth look into key areas of pharmacy practice including clinical governance. This day is a must to new pharmacy managers or pharmacy owners.

Finally, a reminder to view the program on the APP website on a regular basis, or sign up to our APP e-news, as the program will be continually updated in the lead up to APP2023.



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APP
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SOCIAL PROGRAM

APP's exciting social program provides an excellent opportunity to network with colleagues and suppliers and most importantly, have fun.

Welcome Reception

The networking focal point of APP, the Welcome Reception provides the perfect opportunity to catch up with colleagues, meet with suppliers and build new business relationships in a relaxed environment. Drinks and canapes included.

When: Thursday 23 March | 5.30pm - 8.30pm

Where: Trade Exhibition Area, GCCEC

Cost: Included in full conference registration

Additional tickets: \$85.00

Dress: Smart casual or business

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Street Party

Celebrate the drama and glitz of Hollywood's golden era at our 'Hollywood Nights' themed Street Party, where you can join pharmacy colleagues to network and create memories at pharmacy's 'night of nights'.

Stroll down the red carpet and enjoy live entertainment including two covers bands, silent disco and other Hollywood-inspired acts. Dinner and drinks included.

When: Saturday 25 March | 7.00pm - midnight

Where: Event Centre, The Star Gold Coast

Cost: Included in Full Registration
INCL. Street Party

Additional tickets: \$110.00 per person

Dress: Cocktail or hollywood glamour

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Women's Networking Lunch

This lunch is open to all pharmacists, pharmacy staff and students who are registered as full and day delegates. Join colleagues and Guild Officials for lunch and a glass of wine.

When: Friday 24 March | 12.30pm – 2.00pm

Where: Foyer A

Cost: Included in full conference and Friday registration fees

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Pharmacy Assistant Networking Lunch

Come and network with like-minded pharmacy assistants plus meet the 2022 Pharmacy Guild of Australia/Maxigesic Pharmacy Assistant of the Year Award National Winner, Terri Bakker.

When: Saturday 25 March | 12.30pm - 1.30pm

Where: Foyer A

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Save the date!

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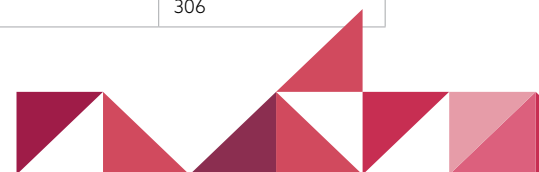
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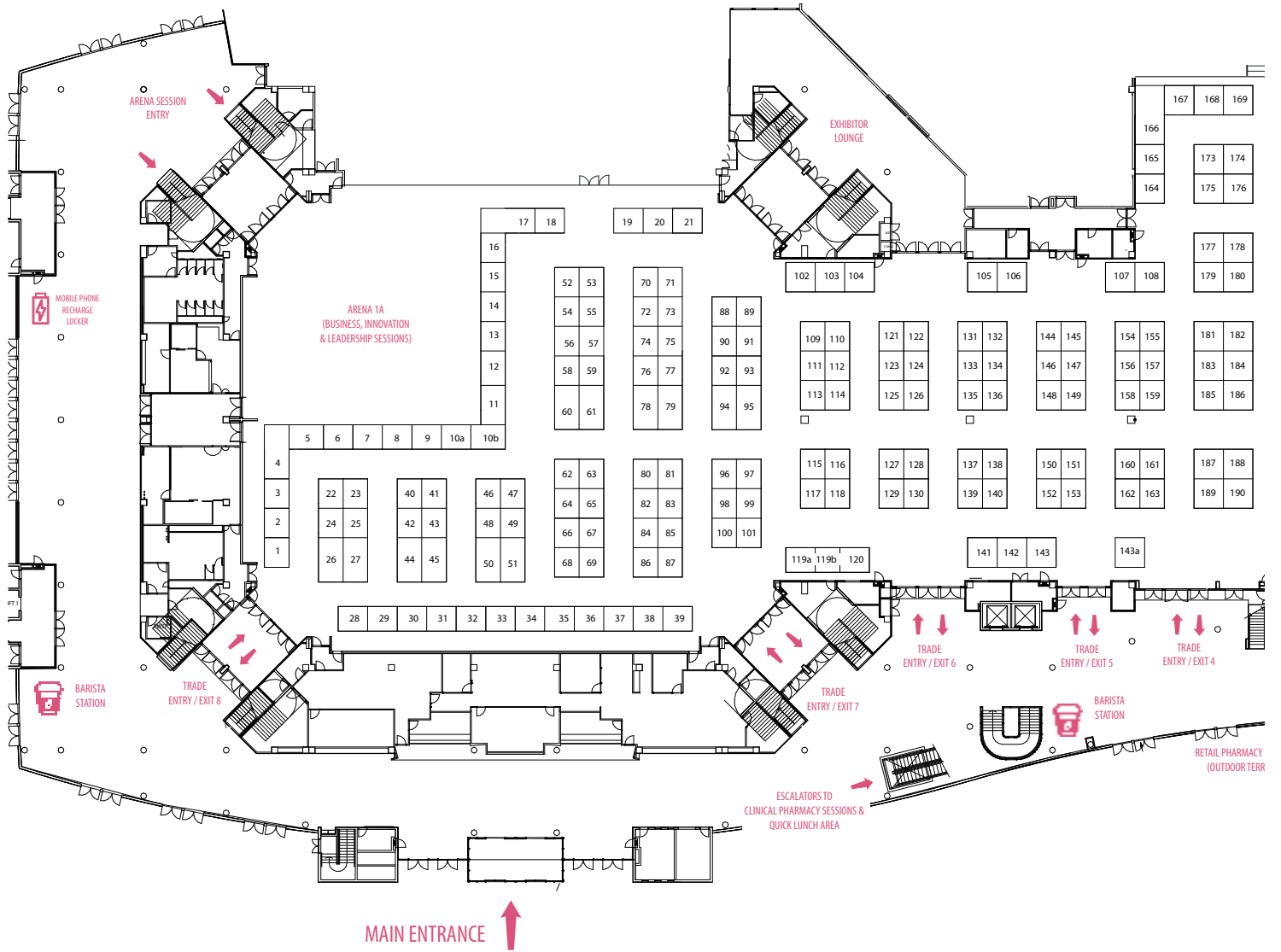
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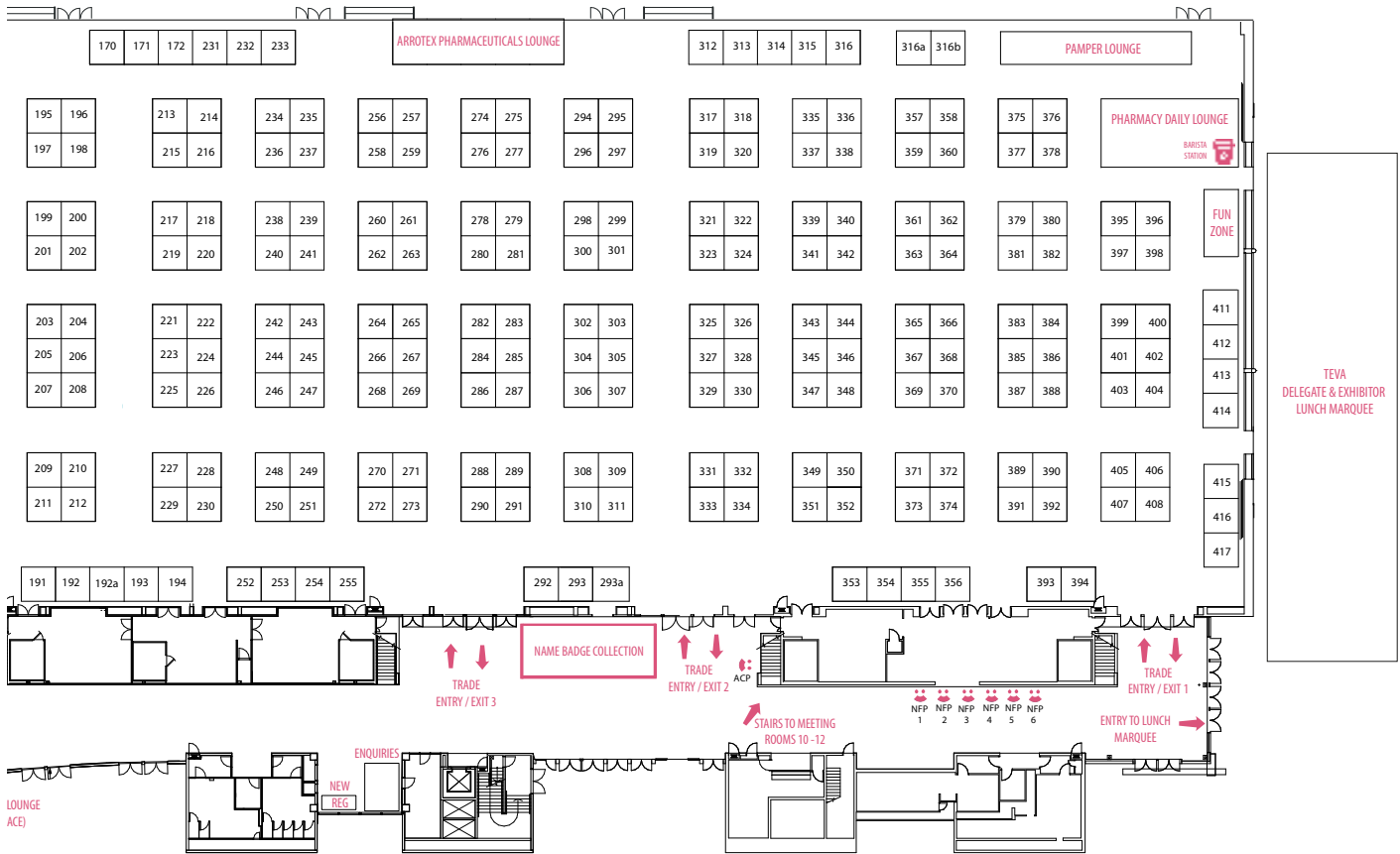
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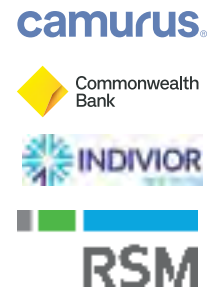
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