



OFFICIAL JOURNAL OF  
**The Pharmacy Guild**

Embracing Your  
Pharmacy as  
a Business

Conversations  
for High Performing  
Teams

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\*Source: Bliss Mobile post campaign reporting



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# PRESIDENT'S MESSAGE

**Happy new year to you all and I hope you have managed to get some time off after what was a challenging year.**

This time last year, it was a very happy start to the new year for our patients when the new maximum co-payment for Pharmaceutical Benefits Scheme (PBS) medicines came into effect, cutting the maximum cost from \$42.50 to \$30.

Sadly, it hasn't been as happy this new year because inflation is now eating into the savings that came courtesy of the Guild's 'Affordable Medicines Now' campaign.

In fact, by late last year Health Minister Mark Butler told the Guild that it has so far collectively saved patients \$250 million.

However, on January 1 the maximum co-payment rose by \$1.60 to \$31.60 because of inflation.

The concessional co-payment also rose from \$7.30 to \$7.70.

It's why the Guild has revived our 'Affordable Medicines Now' campaign.

Even before it was termed the cost-of-living crisis, patients were already telling pharmacists that they were being forced to decide whether to put food on the table or pay for their medicines.

It was unacceptable back then and it's unacceptable now.





In November last year, data was released by the Australian Bureau of Statistics (ABS) which showed that 1.1 million Australians either delayed or stopped buying prescription medication altogether because of cost.

In fact, it's worse now than what it was two years ago when we were still emerging from Covid.

That is why I have told the Albanese Government the maximum co-payment must be further reduced to \$19 and reduced now.

This is one policy lever the government can use to help ease the cost-of-living crisis.

Why \$19 you may ask? At this level, medicines become more affordable, not just for a select few Australians on a select few medicines but up to 19 million Australians.

It's also good for our economy. A reduction in the general patient co-payment to \$19 will have an immediate, direct, and permanent reduction in the Consumer Price Index (CPI) which measures inflation.

With little to no second-round effect, the reduction will affect the health component of the CPI and most importantly deliver much needed and lasting cost of living relief to up to 19 million Australians and their families, at a time when they need it most.

Another compelling reason to reduce the co-payment even further is that Australia compares poorly to other developed countries when it comes to medicine co-payments.



**“IN THE LEAD UP TO THE 2022 ELECTION, THE GUILD AND OUR FRIENDS IN THE INDUSTRY SUCH AS THE AUSTRALIAN PATIENTS ASSOCIATION, MUSCULOSKELETAL AUSTRALIA AND CHRONIC PAIN AUSTRALIA WERE RELENTLESS IN OUR CASE FOR A BETTER DEAL FOR PATIENTS.”**

For example, New Zealand doesn't even have a general co-payment, patients get their medicines free of charge. Germany charges less than \$17 while in France patients co-pay a maximum amount of the equivalent of 84 Australian cents.

In the lead up to the 2022 election, the Guild and our friends in the industry such as the Australian Patients Association, Musculoskeletal Australia and Chronic Pain Australia were relentless in our case for a better deal for patients.

We were successful in getting all sides of politics to come to the party and agree to slash the maximum co-payment from \$42.50 to \$30, which delivered the first real cut in the cost of medicines in the 75-year history of the PBS.

The time has come for us again to push as hard as we can to get politicians from all sides to get on board with us to get the maximum co-payment down to \$19.

After all, it is the right of every Australian to be able to access our first-world health system.

**Trent Twomey**  
National President



# DON'T MISS APP2024 FOR CLINICAL UPDATES

**APP**  
2024  
14-17 MARCH  
GOLD COAST

**With a dedicated clinical stream running across three days, APP2024 will offer pharmacists a range of clinical updates from leading experts in their relevant fields.**

Next year's clinical program topics range from innovations in wound management and chronic skin disorders to the role of ubiquinol in mitochondrial health and the treatment of acne.

The program also features a variety of pain topics including sessions on managing pain and fever in children, the use of palmitoylethanolamide (PEA) and a panel exploring the gender pain gap facilitated by pain expert, Joyce McSwan.

Infectious diseases expert, Associate Professor Paul Griffin, is back to provide an update on the nuvaxovid COVID-19 vaccine and regular APP presenter, John Bell, will present on how to best handle dry cough presentations in pharmacy following the cancellation of pholcodine cough products.

In addition to the clinical stream, APP2024 offers a business and innovation stream, early career pharmacist stream, rural pharmacy and cultural engagement forum and harm minimisation stream.

Pre-conference workshops on wound care and full scope of practice are also available.

APP2024 will be held 14-17 March 2024 on the Gold Coast. Attendees wanting to save up to \$120 on their registration fee can take advantage of early bird pricing until 31 January 2024. Special registration rates are also available for early career pharmacists, pharmacy assistants and students.

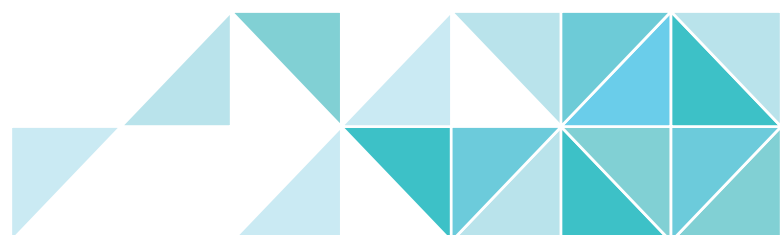


## FIND OUT MORE

To view the full APP2024 program and to register, visit [appconference.com/program](https://appconference.com/program)

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# PROTECTING YOUR PHARMACY

## Online Reviews and Defamation Explained

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Would you know what do if your pharmacy received a negative or defamatory online review? In this article, Principal Douglas Raftesath from Meridian Lawyers explains the law, highlights successful defamation claims, and explores options for responding to adverse online reviews.

Words | Principal Douglas Raftesath





**These days anyone can easily leave an online business review. They can choose to be identified or stay anonymous. If a review is negative, it could potentially damage the reputation of your business.**

To curb the flow of unmeritorious defamation claims, amendments to the Defamation Acts in Australia were introduced on 1 July 2021. The most significant amendment is that "serious harm" is now an element of a cause of action for defamation. This means that in order to successfully pursue a claim for defamation, a person must establish that serious harm has been suffered or is likely to be suffered.

*Newman v Whittington [2022] NSWSC249*, is the first case to consider the new amendments, with the Judge confirming:

1. the serious harm threshold would normally be determined before trial unless special circumstances arose
2. the onus is on the plaintiff to prove serious harm in every case as a fact, and this is a necessary element to a defamation claim
3. in order to establish serious harm, consideration must be given to the facts of each matter and the impact of the publication, rather than to harm that might be inferred from the use of the words used within the publication and the generally understood meaning of those words
4. the s10A serious harm provisions abolished the common law presumption that a plaintiff has suffered damage upon the publication of defamatory material.



## Successful Defamation Claims for Online Reviews

In recent years (prior to the 1 July 2021 amendment), several disputes have proceeded through the Courts at the instigation of unhappy reviewees. A number of these disputes have led to significant damages being awarded in favour of the reviewee (i.e. the small business).

For these cases, it seems likely the "serious harm" threshold issue could also have been satisfied by the plaintiffs, if they had needed to do so.

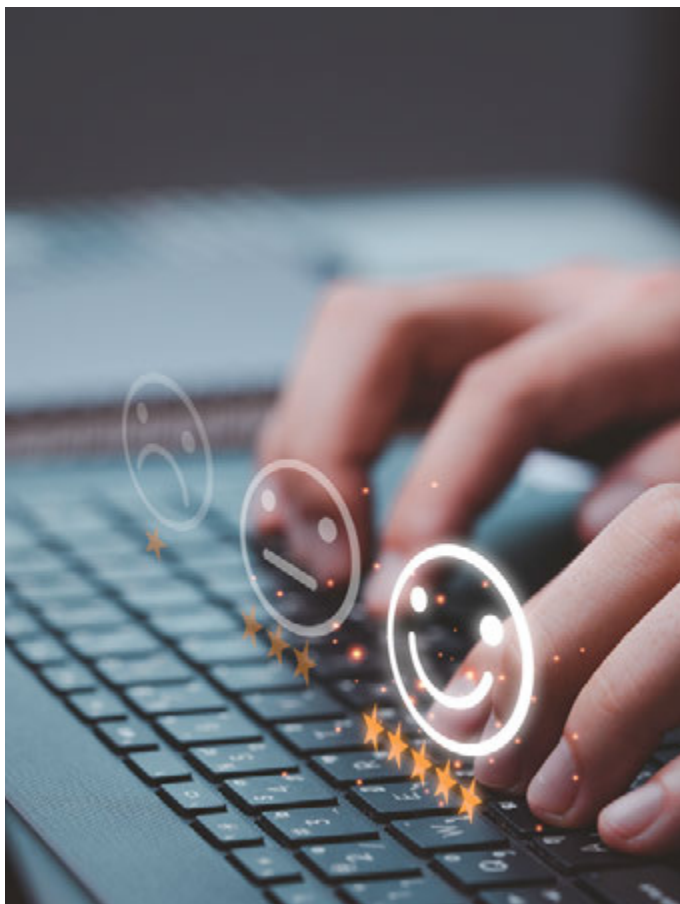
In *Cheng v Lock [2020] SASC14*, a Google My Business review about a solicitor stated: "stay clear of this place! Gordon [Cheng] brings shame to all lawyers and is infamous for his lack of professionalism amongst the Law Society in Adelaide. He is only concerned about how to get most of your money."

This review was also published in Chinese. Mr Cheng had never actually acted for the reviewer and the two had never met. Mr Cheng had lost around 80% of his clients and had suffered irreparable damage to his reputation. Mr Cheng was awarded \$750,000.

In *Dean v Puleio [2021] VCC848* a number of Google reviews were posted by a former patient of a periodontist. The former patient accused the doctor of many things including being unprofessional, failing to diagnose various illnesses and over charging. The doctor suffered a downturn in new patients following the reviews. The doctor was awarded \$170,000 in damages.

In *Nettle v Cruse [2021] FCA935*, a former patient of a plastic surgeon conducted what the Court described as an "appalling and entirely unjustified and unjustifiable negative internet campaign" regarding the cosmetic surgeon's work and conduct. There were a large number of defamatory posts made by the former patient using fake names. The patient was ordered to pay \$450,000 in damages.

*Kabbabe v Google LLC [2020] FCA 126* involved a dentist who was the subject of anonymous defamatory reviews. Dr Kabbabe commenced proceedings against Google, seeking orders that would enable him to identify the anonymous reviewer. Dr Kabbabe obtained the orders he sought and was able to identify the reviewer.



## Your Options – How to Respond

For any business, including pharmacies, it is almost inevitable that at some time a negative review will be received. When this happens, the best approach to adopt will depend on your individual circumstances and on the seriousness of the adverse review.

Deciding what to do is a judgment call and is likely to depend to some extent on what the negative review actually says.

Your options are:

### OPTION 1: TAKE NO ACTION

If the negative review is just one bad review among many positive reviews, it will often be best to do nothing. Most rational people will accept that the person who left the negative review is an anomaly and in the circumstances, it is unlikely that significant damage will be caused.

### OPTION 2: REPLY WITH A CALM RESPONSE

If a decision is made to post a reply to the review, it is important not to be aggressive or rude. A calm response to a negative review is much more likely to indicate, to anyone who reads the exchange, that you or your business are reasonable and that the negative review is out of the ordinary.



## Outrage Allegations

When reviews feature outrageous allegations, there is a risk that some people will believe that the matters raised in the review are true. Even if they are not certain whether they are true, they will decide as a matter of caution to take their business elsewhere.

If you are concerned a negative review may have a significant adverse effect on your business, you should seek advice from a lawyer.

### OPTION 3: HAVE A LAWYER ISSUE A CONCERNS NOTICE

You could ask a lawyer to send a 'concerns notice' to the author of the review. A bad review may result in significant emotional harm and to potentially catastrophic economic loss being suffered by the person or business the subject of the review.

In our experience when an author of an outrageous review receives a well drafted concerns notice from a lawyer, in most cases, they are prepared to take steps to remove the review and to offer an apology.



### HOW WE CAN HELP

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

To learn more visit: [meridianlawyers.com.au/pharmacy](https://meridianlawyers.com.au/pharmacy)

If you have any questions or require further information about online reviews and defamation, please contact:



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# HOW GENUINE CONVERSATIONS

## Impact High Performing Teams

A

A high performing team is one that exceeds all reasonable expectations and produces extraordinary results. The challenge is that it can be difficult to identify what it takes to change a team that is not performing, into one that is.

Words | Dean Anderson CEO, Leading Teams



### Simply put, high performing teams are those that:

- Are led by high performing leaders
- Connect to their why (their overall purpose)
- Invest in their agreed behaviours (how they do things)
- Conduct genuine conversations

## Genuine Conversations

A genuine conversation is a conversation where feedback about performance is provided to someone in a team to help them improve—regardless of what their role or level of responsibility is within the business. Feedback is essential in high performing teams to foster the growth of individuals.

The impact of a genuine conversation is directly linked to the strength of relationship you have with the other person. Therefore, developing strong professional relationships is an important step in the process. Strong professional relationships require mutual respect and trust, therefore investing time and attention in workplace relationships is key. This means genuinely getting to know someone for who they are as a whole person, not just for the role they play in your team.

Asking basic questions like 'what's your proudest moment', 'what has been the most significant turning point in your life', or 'what's currently weighing you down at the moment', can accelerate the strength of professional relationships.

## Agree on Purpose and Behaviours

Genuine conversations in the workplace require clarity around a team's purpose – for example, why does the team exist? When a clear purpose is set for your business, the team can leverage that purpose in dispute resolution and guide genuine conversations by asking the question, 'does that align to our purpose'?

If the team then goes on to build out a behavioural framework which lists out the key behaviours that contribute to high performance, a set of criteria becomes available to hold people to account and facilitate genuine conversations. Behavioural frameworks document the behaviours your team will or won't accept. In high performance organisations, these desired behaviours drive all business interactions. Why does your team accept those behaviours? Which behaviours are rewarded? Who are you rewarding in your team? If the people getting rewarded are exhibiting poor behaviours, what does that tell the other team members?

An agreed behavioural framework is the start of creating an empowered team where everyone knows how to behave and has a sense of connection and ownership over the team and how it performs.

**When you have an environment of trust and respect and agree on purpose and the way you do things, you can start to have genuine conversations about performance.**

## Delivering Feedback

In preparing to have a genuine conversation and deliver feedback to a team member you must determine the key message that you want them to hear and consider the best environment to deliver the feedback.

It is critical that feedback is genuine, and that your intent is to help someone else improve. Therefore, no waffling, sarcasm, or humour should be used in the delivery of feedback.

Feedback is a way of providing others with information that they might not know about themselves. Feedback is a means for someone to increase self-awareness.

## How to Respond to Feedback

All genuine conversations are two way and the way you react to feedback is important, here are two ways you can react to feedback:

1. Receive, reflect, respond – the individual takes the time they need to reflect on what they heard and respond accordingly.
2. Resist, react, reject – this response has the ability to erode trust and devalue feedback and, in turn, sets the expectations around what the team can and can't discuss.

To help ensure that the messages given have been understood clearly, when receiving feedback, ask the individual to consider:

- What did you hear?
- What are you willing to commit to doing?
- What support do you need from the team to do it?

**Genuine conversations that help teams to become high performing are the culmination of great leadership, an empowered team, a clear purpose, strong professional relationships, and agreement on behaviours.**

If you would like help creating the right environment for genuine conversations in your team, visit [www.leadingteams.net.au](http://www.leadingteams.net.au) and reach out to us for a confidential conversation.



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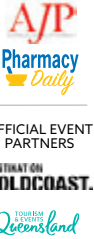
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# DIRECT CHEMIST OUTLET HENNA STREET, VIC

Irwin Lowe – Regional Victorian  
Pharmacy Proprietor

**M** Mr. Irwin Lowe, Pharmacist Proprietor of Direct Chemist Outlet Henna Street in Warrnambool regional Victoria discusses his recent implementation of his BD Rowa™ Vmax™ 160 and EasyLoad.





With the recent introduction of 60-day dispensing, automation was a key consideration to allow more time with patients, as the scope of practice for pharmacists expanded.

### Can you share some insight as to how long you have been a pharmacist and have you always been working in regional Victoria?

I qualified as a pharmacist in 1989 and over the years there have been many changes in practice and the industry. Back then the emphasis was on extemporaneous skills as de rigueur for everybody. The first computers were just starting to appear in dispensaries, and it seems almost archaic that I worked as a student in dispensaries with water baths so wet handwritten or typed prescription labels and recording of scripts was done into a written register.

My wife and I did the tree change to Southwestern Victoria in the mid-2000s and I semi-retired in 2010 when I sold my Melbourne pharmacy from burnout and have since worked in rural Victoria for the past decade. 5 years ago, I was looking for a new challenge when I met Ian Tauman of Direct Chemist Outlet (DCO) on the ski fields who enticed me back into partnership.

Regional practice is a different kind of beast from Metro. I've found that the people and the community have been lovely, and the atmosphere is a lot more relaxed than the cut and thrust of the city.

Since my first pharmacy I've always believed in IT innovation as a tool for use in day-to-day operations.

### Direct Chemist Outlet group is one of the fastest growing banner groups in Victoria, would you like to share some advantages of being part of such a successful group?

The thing that attracts me to Direct Chemist Outlet is the genuineness of the brand. The product matches the promise.

DCO's primary aim is to cultivate enduring partnerships that prove mutually advantageous for both our franchisees and suppliers. The business model delivers a top-notch service, competitive pricing, and unwavering support. Our forte lies in bolstering smaller business owners, nurturing their profitability and collectively building a thriving brand.

We recently celebrated the opening of our 100th store this year and have set our sights on an even more ambitious goal of 200 stores by 2028.

As an independent and privately owned company, we prioritise attentive listening to our store owners, fostering collective growth. Our comprehensive support package empowers owners to concentrate on serving their customers, providing an essential community service while simultaneously bolstering the brand and the reputation of their stores – an invaluable distinction in an overcrowded industry.

### What made you decide to automate your pharmacy and what factors contributed towards your decision?

I've always had a passion for technology and pharmacy has allowed me to indulge in experimentation and implementation.

I'd been thinking about full dispensary automation such as the BD Rowa™ Technology for the past few years. Increasing busyness, demands on pharmacists' time and effort in all sorts of regular and increased scope clinical areas made the necessity even more apparent. The mental effort of putting orders away and searching for correct stock to dispense is otherwise a distraction from script and patient focused time and effort.

The last year of covid with the great resignation, mandatory quarantine days, lockdown days and extreme workloads tipped my thinking about BD Rowa™ Technologies. My priority then became, how soon can I implement a BD Rowa™ Technologies robot?



### Which BD Rowa™ Robot did you choose, and can you describe the design and installation journey?

We chose the BD Rowa™ Vmax™ Robot with one of the first EasyLoad autoloaders in Victoria. The unit is really incredibly simple to use, and we were up and functioning the day the installers commissioned the unit.

We had been considering a minor dispensary re-design for a while, such as adding a consulting room, so when I gave the go ahead with BD Rowa™ Technologies, we decided to take the opportunity to renovate the entire dispensary to fit each of our dispensing elements (patient facing, webster packing, consulting, admin) around the robot.

We had to do a little extra planning, since the BD Rowa™ Vmax™ Robot would facilitate a completely new workflow for us (we decided to go with a fully forward dispensing model with pharmacists out front). We probably went through 3 or 4 iterations of the new design with the BD Rowa™ Technologies workflow designer, with the last change being just before we finalised the contract.

The renovation itself (like all renovations) was stressful transitioning from the old dispensary to the temporary dispensary to the new space. The BD Rowa™ Technologies robot installation was actually the easiest and least stressful part of that!



### Can you share some benefits of your new BD Rowa™ Vmax™ Robot with the EasyLoad autoloader?

We've called our BD Rowa™ Technologies robot, Agatha. I was reminded listening to a recent podcast that Agatha Christie was an Apothecary assistant before she was an author and so our new dispensing assistant is named Agatha in her honor.

The output chutes have individual numbers which I've assigned matching thunderbird aircraft from the 60s marionette tv show too.

The fact that a bulk order can be put away via the EasyLoad means we avoid wasting staff effort and time, making the EasyLoad an absolute game changer for me and the staff. Inventory management is ridiculously simple and stock take is just a few button presses.

I've been surprised by how interested customers have been with Agatha. When we have the time and ability, we give people who are interested in Agatha a brief supervised tour.



**“INVENTORY MANAGEMENT IS RIDICULOUSLY SIMPLE AND STOCK TAKE IS JUST A FEW BUTTON PRESSES.”**

### How has your BD Rowa™ Vmax™ Robot assisted you with 60-day dispensing (60DD)?

The extra burden for pharmacies added by 60DD was having to hold increased quantities of multiple medications and the BD Rowa™ Vmax™ Robot has made the transition easy. The efficiencies we have gained allow more time for patient facing engagements and for us to work towards a full scope of practice.

I've found that I've been able to better perform inventory management. Previously we could only order so much stock of "X" because we had limited shelf space. The storage capacity of our BD Rowa™ Vmax™ Robot has enabled us to expand stock holding and future proof the dispensary.

Dispensing is straightforward too; you only have to concentrate on scanning the prescription and the BD Rowa™ Vmax™ Robot supplies the medication in the blink of an eye. This is very useful where patients have multiple scripts, for example 28 days of this, 60 days of that and 120 tablets of the other.

### What advice would you provide other pharmacy owners who are yet to consider automation?

BD Rowa™ Technologies provides the benefits of taking the busy work out of your day to day and returning that effort and energy to you for more important patient facing tasks. I would highly recommend anyone considering automation to reach out to BD Rowa™ Technologies and start the conversation. BD Rowa™ Technologies have thousands of robot variations to suit the size and layout of your pharmacy. For those located in Victoria, reach out to Kelvin Suker, BD Rowa™ Technologies Territory Sales Manager VIC/TAS.



### FIND OUT MORE

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

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**BD Rowa™**

# EMBRACING YOUR PHARMACY AS A BUSINESS

In the heart of the healthcare system lies a vital yet often understated player: the community pharmacy. Often perceived as mere dispensaries where labels simply get stuck on boxes, these institutions are in reality, complex businesses requiring nuanced understanding far beyond the scope of clinical training.



**Because while the journey of the team members in a pharmacy are often rooted in a passion for healthcare and a commitment to patient welfare, the reality is that they are under equipped to navigate the business of pharmacy.**

And the reason for this is simple.

The business of pharmacy is something that isn't taught in traditional educational institutions. And furthermore, it's seldom taught once we enter the world of community pharmacy. As a result, this educational gap leaves many professionals unprepared for the realities of navigating the diverse requirements of a pharmacy in the real world.

In the Australian context, where community pharmacies are not just healthcare providers but also retail and service entities, the need for robust business skills is even more pronounced. Pharmacists are expected to be adept not only at dispensing medication but also at navigating the complexities of financial management, marketing, human resources, and customer service — all integral components of a successful pharmacy business.

In this article, we delve into the unspoken reality of pharmacy beyond prescriptions, navigate the challenges and controversies of operating a health business, and highlight the essential business skills needed for pharmacists and their teams.

It is our aim, that by the end of this article, that you are empowered with the knowledge and tools to embrace pharmacy as a business and thrive in the Australian community pharmacy landscape.

## The Unspoken Reality

In the ever-evolving healthcare landscape, community pharmacies in Australia are now stepping up to play a more significant role thanks to expanding scopes of practice.

As such, what was once known as a place to simply get a prescription, community pharmacies are evolving into comprehensive healthcare hubs.

This evolution is not just a response to changing healthcare needs, but to ensure the continued viability of the industry as a whole. No longer confined to the traditional role of dispensing medications, pharmacies are becoming holistic health solution providers.

This means that the role of the pharmacist and their teams are becoming increasingly multifaceted, involving not only a need to understand health and medicines, but also of business strategies, financial metrics, customer engagement, and market dynamics. The ability to navigate these realms is no longer a luxury but a necessity for success and sustainability.

Put simply, a pharmacist in Australia today needs to be as proficient in business management as they are in patient care, balancing the two to create a thriving, patient-centric business.

They also need to embrace the diverse departments beyond the dispensary that a community pharmacy typically has. These include natural medicines, beauty, baby, skincare, travel care, vaccinations, and acute ailment management such as urinary tract infection management, first aid and wound care to name a few.

It's vital to note though that it's not about using these departments to simply make sales, but to embrace them to create holistic solutions for the patients you serve. For example, travel care can encompass a variety of departments to ensure preventative

treatment and care is at the forefront (because who wants to be unwell in the first place, particularly when travelling), to acute care and management if something happens as well.

As such, broadening the role pharmacists and their teams play beyond the dispensary ensures these departments, when properly utilised with a keen business sense and a deep understanding of customer needs, do more than just add to the pharmacy's revenue; they enhance the overall health and wellbeing of the community.

This is the new reality of pharmacy in Australia – a harmonious blend of healthcare and business, where each aspect supports and enhances the other.



## Navigating the Debate of Profits Over Patients

Now reading this you might be thinking that this is just a spin on putting profit before patient. Because like other stakeholders might say, aren't you just a snake oil salesperson?

But let's think about that for a moment.

**While you might "sell" a physical product that you can touch and feel to help a patient solve a problem, that product is no different to another healthcare professional "selling" a service.**

Let's explain this with an example.

I went to the dentist recently and found out that I'm grinding my teeth when I sleep. The dentist recommended I invest in a custom mouth guard to retrain this action and to avoid any long-term or permanent damage to my teeth. So, by making a recommendation for a product, my dentist helped me to ensure that I was given a solution that would prevent me from much bigger problems down the track.

Did I feel "sold" to? Well of course not.

Did I feel that he was selling me something I didn't actually need? Well no, as he showed me photos of what he was referring to. In other words, he backed up his suggestions with evidence for why I needed it.

So instead of viewing this interaction as a sale, I viewed it as a solution to my problem.

This is the same with all health professionals. Just because they're not selling you a physical product, doesn't mean you're not being "sold" something. Whether it's a surgery, a treatment plan, or another course of action, just because you might not be able to open a box, or touch and feel the solution, doesn't mean that a solution hasn't been given.

The reason I'm diving into this is that controversies are not uncommon in the pharmacy business.

From debates over the pricing of medications to discussions about the role of pharmacies in providing healthcare services, these controversies often spark intense discussions. In Australia, these debates are further complicated by the unique regulatory and funding models of the community pharmacy industry.

These controversies often result in fears and inaction towards business success, because it requires pharmacists and their teams to navigate the delicate balance between commercial success and ethical patient care.

Remember, your primary commitment is to the health and well-being of your patients.

The reality though is that you need to have a profitable business to provide the platform to do this.

And so, as the growing trend of "retailisation" of pharmacies occur, the lines between health care provision and retail can blur, potentially leading pharmacy teams to prioritise sales over patient care. The lines further blur if you are seen to embody the practices of a snakes oil salesperson – selling products that offer no benefit to the patient.

It's important to recognise that navigating these challenges and controversies requires not just business acumen, but also a deep understanding of the ethical guidelines, regulatory environment, and market dynamics of the Australian community pharmacy industry.

By always finding a balance between profitability and patient care, and reaffirming your values to provide the best solutions possible at all times for your patients, you won't be seen as controversial, but rather someone that truly embodies what it means to be a healthcare practitioner.

It's a complex task, but with the right skills and knowledge, it's a challenge that can be met head-on.



## The Essential Skills for Business Mastery

So what are the essential business skills that pharmacists and their teams must develop a level of mastery around in order to truly appreciate and understand the business of pharmacy?

### FINANCIAL MANAGEMENT

In the world of community pharmacy, financial management is a critical skill. It's not just about keeping the lights on; it's about ensuring the sustainability and growth of the business.

Budgeting is the cornerstone of financial management. It involves planning your finances so that your expenses do not exceed your income. In a pharmacy, this could mean budgeting for inventory, salaries, utilities, and other operational costs. It's about making informed decisions on where to allocate resources and when to make investments.

Effective financial management also involves understanding and analysing financial statements. This includes the balance sheet, income statement, and cash flow statement. These documents provide a snapshot of the pharmacy's financial health and can guide decision-making.



**“VIEW FINANCIAL SUCCESS AS A BY-PRODUCT OF THE AMAZING THINGS YOU DO WITH YOUR BUSINESS.”**

And lastly, profit maximisation. This doesn't just mean increasing sales; it also involves reducing costs and improving efficiency. For instance, implementing an effective inventory management system can reduce costs associated with overstocking or understocking. However, it is vital that ethics aren't compromised in the pursuit of a dollar. Because don't take my word for it. Research shows that if your motivations are purely driven by money, then you are 8-11 times more likely to act in deceitful conduct to obtain it. Instead, view financial success as a by-product of the amazing things you do with your business.

As so, with that, here are some tips to get you started to effectively navigate financial management:

- Regularly review financial statements to understand the health of the business.
- Utilize technology for accurate and efficient financial tracking.
- Train the team in basic financial literacy to ensure everyone understands the impact of their roles on the pharmacy's financial performance.
- Establish clear financial goals, share them with your team, explain why they matter, and regularly assess progress towards these goals.



## YOU AND YOUR TEAM

In the realm of community pharmacy, human resources management is as vital as any other business skill. The success of a pharmacy is not just determined by the products on the shelves, but also by the people behind and beyond the counter.

Engaging talent is the first step in building a successful team. This involves not just hiring the right people, but also nurturing their growth and development. In a pharmacy, this could mean providing opportunities for continuous learning, fostering a positive work environment, and recognising and rewarding good performance.

Leadership skills are also crucial in managing a pharmacy team. A good leader inspires and motivates the team, sets clear expectations, and leads by example. They understand that every team member, from the pharmacist to the retail assistant, plays a crucial role in the success of the pharmacy.

Consider, for instance, a community pharmacy in Melbourne. The pharmacy owner places a strong emphasis on team development and regularly invests in training programs for their team. They also foster a culture of open communication, where team members are encouraged to share ideas and feedback, thus creating psychological safety in their environment. As a result, the pharmacy enjoys a high level of staff engagement and customer satisfaction, and as such, the rewards of such efforts ultimately come in the form of financial success.

Ultimately, leading yourself and your team comes down to your ability to effectively balance the demands of the business with the needs of the team, encouraging growth and innovation while maintaining a focus on patient care. You must be adept at conflict resolution, adept at communication, and skilled in decision-making.

## EXPANDING YOUR REACH

In the distinctive landscape of the Australian community pharmacy industry, the role of marketing cannot be overstated. Traditionally, pharmacies have operated under the assumption that patients will come to them as a matter of course, a presumption fostered by the industry's unique market protections. However, as the healthcare sector becomes increasingly competitive, this passive approach to customer acquisition is no longer sufficient. Active and strategic marketing has become essential to attract and retain customers.

But unlike what most believe and actually do, it's not just about promoting products; it's about building relationships with customers and the wider community.

The first step in effective marketing is to shift the mindset from expecting patients to walk in, to actively drawing them in. This involves understanding the needs and preferences of the local community and tailoring services and products accordingly.

**It's about creating a truly unique value proposition (saying that you offer "good service" is not unique!) that distinguishes your pharmacy from others.**

Secondly, extend your presence beyond the physical confines of your four walls. Engaging with the community through health workshops, participating in local events, and offering educational sessions on health and wellness can position the pharmacy as a trusted health resource.

Personal branding is also crucial. The pharmacist and the pharmacy team should be seen as approachable and knowledgeable figures in the community. This can be achieved through active social media presence, local media appearances, and involvement in community initiatives.

And lastly, networking not only enhances the pharmacy's visibility but also establishes it as an integral part of the healthcare system. Do this by building and nurturing relationships with other healthcare providers, local businesses, and suppliers. Collaborations can take many forms, from joint health campaigns to referral programs. But ultimately, it's about leveraging these connections for mutual benefits, including increased patient referrals and collaborative health initiatives.





## SALES

What type of article would this be about the business of pharmacy if I didn't mention the S word.

Now it puzzles me why for so many this is seen as a taboo subject.

You. Are. In. A. Business.

And as such, sales are necessary part of that. It's as simple as that.

I know we touched on this earlier with the dentist example, and so to add to that, sales go beyond a transaction, but about developing a deep understanding of customer needs, paired with excellent communication skills and a problem-solving mindset.

This means understanding the broader health needs of our customers and offering comprehensive solutions that encompass medications, lifestyle advice, and supplementary health services.

Problem-solving is another crucial aspect of sales. Customers often come to the pharmacy with a health concern, and they are looking for a solution. This could be a medication to treat a condition, a product to manage symptoms, or advice on lifestyle changes. By focusing on solving the customer's problem, and through active listening to understand the customer's needs and empathetic engagement, personalised solutions can be developed for that customer. By adopting this problem-solving approach, pharmacists can build stronger relationships with customers, leading to loyalty and trust, which moves away from the typical misnomer that pharmacies are unique because they simply provide "good service".

In today's competitive market, good service is a given, not a differentiator. What sets a pharmacy apart is its ability to provide positively memorable experiences for their customers, that not only creates loyalty, but raving fans that advocate for all of the amazing things you do.

As a result, rather than making sales, make solutions. The rewards are far greater when you do this.

## FINDING A BETTER WAY

While all of this sounds good, none of it matters unless you create a need, want and burning desire to always be searching for, finding, and implementing better ways to do things.

This essential skill is the key to unlocking all the opportunities your business of pharmacy has for today and for tomorrow.

To do this, you must focus on two key things, operation excellence, and continuous learning.

Operational excellence in community pharmacies involves more than just fine-tuning processes; it's about creating a synergy between efficient workflows, innovative technology, and a team-driven approach.

For example, implementing a comprehensive pharmacy management system, as seen in some Brisbane pharmacies, can streamline dispensing, inventory, and customer relationship management, leading to more efficient operations and deeper insights into customer needs and business performance. Such technology not only optimizes efficiency but also enriches the customer experience, from reducing wait times to offering more personalised care.

Achieving and maintaining operational excellence in this fast-evolving industry requires an unwavering commitment to continuous learning and adaptation. Pharmacies need to stay abreast of the latest developments, from changes in the Pharmaceutical Benefits Scheme (PBS), expanding scopes of practice, and emerging healthcare trends.

This journey of continuous improvement also necessitates empowering the entire team, fostering a culture where learning and innovation are part of the everyday ethos. It's about embracing changes, whether in regulations, market dynamics, or customer expectations, and viewing them as opportunities for growth and improvement.

Ultimately though, it comes down to your willingness to invest in your team to grow, to find better ways, and to implement the changes required to grow a thriving pharmacy business.

Upskilling therefore becomes crucial in this context, and more importantly, developing a skillset that understands the importance of the business of pharmacy is now more vital than ever.

Through the development of these essential skills, and embracing these principles, pharmacists and their teams not only excel in their current operations but also pave the way for future advancements.



**"IT COMES DOWN TO YOUR WILLINGNESS TO INVEST IN YOUR TEAM TO GROW, TO FIND BETTER WAYS, AND TO IMPLEMENT THE CHANGES REQUIRED TO GROW A THRIVING PHARMACY BUSINESS."**

## You Choose – Success or Failure

As we wrap up, it's clear that the journey of a community pharmacy in Australia is much more than putting labels on a box. It's a business venture.

And with that comes the need to develop a level of mastery around the essential skills we have discussed already.

But more so, it is your commitment to continuous growth, learning, and adaptation in the pursuit of healthcare excellence that will define how good your business of pharmacy truly is.

So, wherever you are on your journey in your pharmacy career, having a thorough understanding of the business of pharmacy is no longer a nice to have. It is mandatory.

And the quicker you find someone that can give you the owner's manual, the quicker you will succeed.

So, what's the next step for you?

It's simple...

Embrace the challenges to come as opportunities to grow.

Do the work, be persistent and be resilient to make sure it is done.

And don't do it alone. Do it with others that are going to support, guide and coach you as you navigate this new world.



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### WHAT IF I COULD GIVE YOU THE OWNERS MANUAL TO UNLOCK THE BUSINESS WITHIN YOUR PHARMACY?

You were given the keys to a pharmacy, a team to lead, and a bank loan to pay off, but no owner's manual to run the business successfully.

So where do you get the owner's manual?

This is where Foundations comes in.

Foundations empowers you and your team with the tools and resources to leverage all of the amazing clinical skills they have, into the entrepreneurial skillset and mindset required to build a thriving pharmacy.

It's the culmination of everything we did with our team to achieve the results we did, mixed with world-leading techniques and research, all in an online program designed to bring out the best in our talent.

And the best thing is, that it's designed specifically to get you and your team real-world results. Not just a bunch of shelf-help that sits on the shelf collecting dust. But practical tools that when implemented, will transform the way your business operates, and your team translates your plans into actions.

### SO KNOWING WHAT'S HERE NOW, AND COMING TOMORROW, YOU DON'T HAVE TIME FOR TRIAL AND ERROR. INSTEAD, LEARN FROM OUR MISTAKES AND SET YOURSELF, YOUR TEAM AND YOUR BUSINESS UP FOR SUCCESS RIGHT NOW.

Check out more about Foundations by scanning the QR code below right now!



### 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.

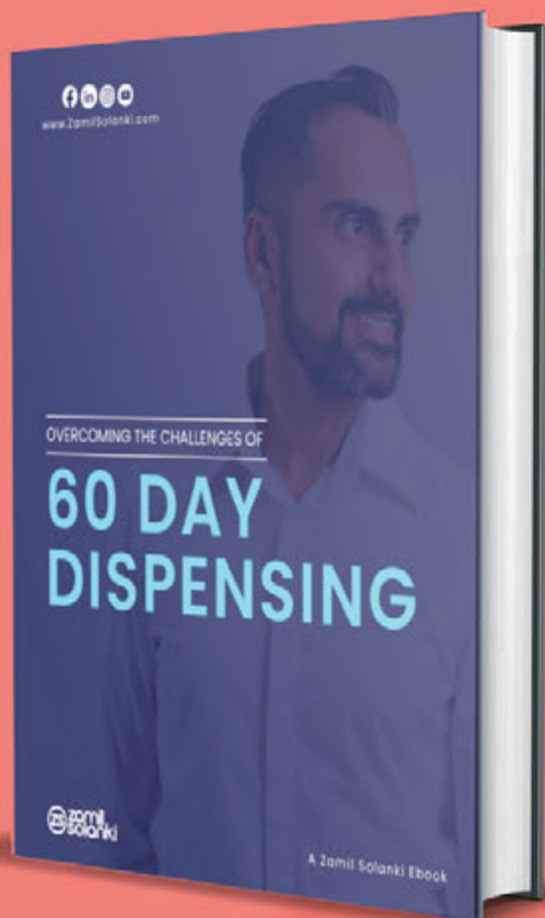
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# CANNABIS IMPORTING 101

## The Eagle has Landed!

# A

Australian Pharmacist Paul Mavor recounts his role as the first importer of medical cannabis in 2017 after Australia legalised in 2016 for medical use.





**Late in 2015 I first became interested in medical cannabis as an alternative to opioids for chronic pain. At the time I thought that it would be massive for the pharmacy industry when it took off, expecting it to take 5 to 10 years. Instead, it was made federally legal a few months later in February 2016 by Australian parliament where the medical laws for cultivation, manufacturing and research passed in less than 24 hours.**

My wife, who is a medical scientist, booked us both into a cannabis-specific scientific conference in October 2016 in Portland (or as I like to call it "Potland") Oregon. It was our first ever trip to the United States and although I have never been into cannabis recreationally, I was delighted to find a massive selection of craft beer on offer.

Cannabis legalisation is a bit of a patchwork quilt of laws in the States. Although illegal federally, it is legal for adult use or medically in some but not all the 50 states that range from being illegal full stop, to legal for medical and or adult use.

Although the name of the conference was the Cannabis Science Conference, I had visions of tie dye wearing hippies, twirling fire and smoking peace pipes. I was pleasantly surprised, there was the who's who of analytical chemists, research scientists, Harvard trained physicians, and even a representative from the Australian Therapeutics Goods Administration who had travelled to the conference on a diplomatic passport.

Over the next few days, we learned a great deal about the science behind medicinal cannabis. This was the first time the US organisers had ever run the conference and it was really well attended, although the Aussie contingent had travelled the furthest.

The program included a "Canna Boot Camp", which covered cultivation/processing/analytical testing for purity and potency. We knew this would be really important in Australia moving forward and part of the course would go on to make up the regulations for the TGO93, which covers purity and potency testing for cannabis in Australia. We both returned from the conference having well and truly gone down the cannabis rabbit hole. Although excited to learn about all the various aspects of this emerging industry, I saw my skillset as a pharmacist as being important in obtaining licenses

and permits to distribute cannabis and educate pharmacists and prescribers. I set up a secure facility in Western Australia and became licensed to import schedule 8 medicines into Australia.

As a pharmacist I often joke that I fill in forms for a living. Filling in a lot of paperwork was easy but finding a freight company willing to transport medical cannabis internationally was a nightmare! Many companies were US owned or had stopovers through the US. The medical product we imported originated in Canada which has had a federal legal medical system since 2001 and maxed out at 400,000 medical patients in 2018 when they allowed adult use cannabis without a prescription.

This was to be not only the first import of medical cannabis into Australia, but the very first export of cannabis (legally) from Canada in the beginnings of a new multi-billion-dollar industry. Although I ran a private company, I was working closely with the Australian government and the federal minister of Health, Hon Greg Hunt who had overseen the passing of legislation and was keen to see an import happen to help chronically ill patients. Minister Hunt was very hands on and rang me a couple of times to personally follow up on how the shipment was going. Once he even rang on a Saturday morning whilst my wife and I were watching our kids play sport.

We eventually got the shipment in the air and safely landed in Perth. I personally picked up the shipment at the airport and shook all the customs officers' hands who joked they normally arrest people importing cannabis. I texted a very relieved Health Minister "The Eagle has landed!". After very humble beginnings and a modest first shipment, there are now over 600 different medical cannabis products in Australia, many of them Australian made, and there are over 1 million medical cannabis prescriptions.

At the height of COVID my wife and I were watching the very first shipment of Pfizer vaccines being unloaded in a pallet from a plane. Health Minister Hunt was there and announced to the awaiting press contingent "The Eagle has Landed". I look at my wife and my jaw dropped – he stole my line!

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# NURTURING BRAIN HEALTH

## For Business Owners

B

Business leaders are entrusted to make critical decisions that can significantly impact the success, growth and profitability of their ventures.



**When considering what it takes to make intellectual business decisions what is often overlooked is the cognitive health of the decision-maker and in particular the impact of their food choices.**

Despite comprising only 2% of the body's total weight, the brain demands more than 20% of the daily energy intake. The brain can be highly sensitive to the quality of the nutrients it receives, making food choices pivotal in either exacerbating neuroinflammatory markers or enhancing and protecting cognition.<sup>1</sup>

Dietary patterns that contain excessive amounts of saturated-fats and refined carbohydrates, coupled with limited dietary fibre have been linked to cognitive dysfunction.<sup>2</sup> Conversely, dietary patterns abundant in healthy polyunsaturated fats and fibre have been associated with improved cognitive function and memory.<sup>2</sup> These findings are supported by evidence from both humans and animal studies.

While these outcomes may be a direct consequence to specific dietary components' impact on the brain, recent insights have highlighted the connection between the gut microbiome and the brain as the most likely modulator of brain functioning.

## The Gut-Brain Axis

The connection between the gut microbiome and brain is known as the gut-brain axis. This axis represents the bidirectional communication system between the gastrointestinal tract and the central nervous system, facilitated by a complex network of neural, endocrine, and immune signalling pathways.<sup>3</sup>

Key to this sophisticated communication system is the vagus nerve, a vital route between the gut and the brain. Along this pathway various neurotransmitters and hormones essential for mood and cognition are released. Notably, many of these bioactive compounds are produced by the microbes residing in the gastrointestinal tract.<sup>3-4</sup>

Microbes further contribute to this interaction by producing metabolites and influencing the immune system. Through the fermentation of indigestible fibres, microbes produce metabolites, known as short chain fatty acids (SCFAs). These metabolites are able to cross the blood-brain barrier where they can impact brain structure and function. Additionally, gut microbes can influence the immune system, playing a role in the regulation of inflammation.<sup>2-4</sup>

When there is an imbalance in gut bacteria, known as dysbiosis, the barrier between the gut and the bloodstream can become permeable, potentially allowing harmful bacteria and inflammatory markers to enter the bloodstream and induce inflammation in the brain.<sup>4</sup>



**“GUT MICROBES CAN INFLUENCE THE IMMUNE SYSTEM, PLAYING A ROLE IN THE REGULATION OF INFLAMMATION.”**

## Dietary Impact on Gut Microbiota

To preserve the integrity of the gut-brain axis, maintaining a balanced gut microbiome is crucial. Given that the composition and activity of the gut microbiota can be modified by diet, researchers suggest that specific dietary behaviours may provide cognitive benefits.<sup>1</sup> This can be achieved through increasing the consumption of dietary fibre and polyunsaturated fatty acids (PUFAs) while limiting the intake of refined carbohydrates and saturated fats.



## Increase Intake of Fibre and Polyunsaturated Fatty Acids

A dietary pattern rich in fibre promotes the growth of beneficial microbes that produce SCFAs. These SCFAs have been shown to reinforce the integrity of the blood brain barrier, modulate neurotransmission and support memory.<sup>5</sup>

Dietary fats, specifically polyunsaturated fatty acids, such as omega-3s (eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA)), are recognised as essential for their brain-protective effects. These essential fatty acids are integral for neuronal membrane structure, preserving neuronal health, facilitating function, and supporting neurotransmitter release.<sup>6</sup> Additionally, DHA and EPA exhibit anti-inflammatory properties, reducing inflammation in both the gut and the brain.<sup>7</sup> On the other hand an inadequate consumption of DHA and EPA can lead to less stable fatty acids taking up structural roles, which has been associated with a smaller brain size in human studies and deficits in learning and memory in animal studies.<sup>8,9</sup>

To promote cognitive health, a diet rich in fibre and polyunsaturated fatty acids should include a diverse variety of plant-based foods such as in whole grains, legumes, vegetables, fruit, nuts and seeds, along with regular consumption of oily fish like salmon, tuna, and mackerel at least twice a week. Vegans and vegetarians should consider supplementation and alternatives such as flaxseeds, avocados, and walnuts.

## Reduce Consumption of Refined Carbohydrates & Saturated Fats

Alternatively, dietary patterns high in refined carbohydrates can unfavourably alter the composition of gut microbiota, depleting fibre-reliant microbes and their SCFA byproducts, which can contribute to dysbiosis. Studies have demonstrated that even short-term dysbiosis can increase intestinal barrier permeability.<sup>10-11</sup>

These negative consequences can be exacerbated by a dietary pattern high in saturated fatty acids (SFAs). SFAs have been shown to promote chronic low-grade inflammation and stimulate the release of inflammatory cytokines. With a compromised intestinal barrier permeability, these cytokines can enter the bloodstream, triggering neuroinflammatory processes. The hippocampus, crucial for learning and memory, is particularly sensitive to cytokine levels, and increased circulating cytokines can be detrimental.<sup>11-12</sup>

**Animal studies substantiate these findings, when mice were fed a diet excessive in refined carbohydrates and saturated fats they exhibited impaired cognition, including deficits in memory and the inability to perform daily living activities.<sup>13</sup> In humans, a high-fat diet has been linked to a neuro-inflammatory response, resulting in memory deficits.<sup>14</sup>**

In order to limit the intake of refined carbohydrates and saturated fatty acids, it is advisable to avoid processed foods, fatty meats, coconut oil, and refined grains.

## Diet Trends Debunked

It is advised to be cautious when encountering diet trends that claim to enhance cognition. A salient feature of a majority of these diets is that they minimise the consumption of processed foods, potentially contributing to the health claims being made.

For instance, bulletproof coffee, which claims to provide lasting alertness. However, its effects may be attributed

more to increased calorie intake and sustained satiety than to the slowed caffeine absorption from added fats.

While anecdotal evidence may hint at positive outcomes, it's essential to acknowledge that these diets often fall short in supporting gut health. The priority should always be on overall health, avoiding quick fixes that carry uncertain long-term consequences. Given the promising research highlighting the importance of a healthy gut microbiome for brain function, the emphasis should be on achieving and maintaining gut health through informed, evidence-based dietary choices.



**“THE PRIORITY SHOULD ALWAYS BE ON OVERALL HEALTH, AVOIDING QUICK FIXES THAT CARRY UNCERTAIN LONG-TERM CONSEQUENCES.”**





# ZOSTER VACCINES

## The Pharmacist's Upper Hand Against Shingles

**N**umbers speak for themselves. A staggering 99.5% of individuals aged 50 years and above in Australia carry the virus that can potentially cause shingles. Furthermore, the lifetime risk of developing herpes zoster (shingles) infection is estimated to be around 33%. These statistics highlight the prevalence of this infection and the importance of taking preventive measures to safeguard against it.<sup>1</sup>





**Shingles and its complications, namely post-herpetic neuralgia, can be debilitating and significantly affect the quality of life of those who develop the infection. Sleep, enjoyment of life, mood, and relationships can all be negatively impacted by the sudden and severe pain associated with acute shingles infection and the prolonged and debilitating pain of post-herpetic neuralgia.**

Prior to 2017, the only registered vaccine in Australia for protection against shingles was a live vaccine, and it was only recommended for use in immunocompetent individuals. For immunocompromised Australians, the decision to have the live vaccine was a complex and risky one. Today, we are fortunate to have a second vaccine available that provides a safer alternative for more vulnerable immunocompromised individuals. Shingrix, a recombinant, adjuvanted zoster vaccine, was introduced to the Australian market in 2017. It was originally approved for use in people aged 50 years and over and in both immunocompetent and immunocompromised individuals. In 2021, the TGA (Therapeutic Goods Administration) expanded the approved age to include individuals 18 years and over at increased risk of herpes zoster.

Although no head-to-head comparison studies have been conducted, the efficacy and safety data from individual trials (active vs. placebo) favour Shingrix over the alternative live vaccine. In addition, the Australian Technical Advisory Group on Immunisation (ATAGI) recommends Shingrix as the preferred vaccine in those aged 50 years and above because of its high vaccine efficacy demonstrated up to 10 years post-vaccination.<sup>2</sup> As of November 1st, 2023, Shingrix will be available on the National Immunisation Program for everyone aged 65 years and over, First Nations People 50 years and over, and immunocompromised people 18 years and over.

Long-term pivotal ZOE trials indicate that despite the increased reactogenicity post Shingrix vaccination, there was no difference in rates of serious adverse events and deaths between the Shingrix and placebo groups.<sup>3</sup> Importantly, most of the reactions experienced by participants, including myalgia, fatigue, and headache, were mild to moderate in intensity and had resolved within 1–3 days.<sup>4,5</sup>

Pharmacist immunisers across several states have been mobilized to safeguard vulnerable members of our community from a disease that has the potential to impact up to 50% of our elderly population.<sup>2</sup> This signifies that pharmacists are poised to assume a pivotal role in curbing the incidence of shingles infections.

Through education and support, we can empower individuals to proactively safeguard their health, effectively alleviating the burden of herpes zoster infections and its detrimental impact on well-being.

The inclusion of Shingrix in the pharmacist immunizer toolkit significantly enhances accessibility to the most efficacious preventive measure against shingles. This will contribute to many Australians leading healthier and more fulfilling lives.

Scan the QR code or click here to hear leading pharmacist Carolyn Clementson discuss pharmacists' role in administering Herpes Zoster vaccinations.



## FIND OUT MORE

For more information about reducing the burden of Herpes Zoster, watch the **Overcoming the Burden of Herpes Zoster** webinar or visit the online training course **Reducing the Burden of Herpes Zoster Through Immunisation** in the Australasian College of Pharmacy CPD Library available via [www.acp.edu.au](http://www.acp.edu.au).



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*Although no head-to-head comparison studies have been conducted, the efficacy and safety data from individual trials (active vs. placebo) favour Shingrix over the alternative live vaccine.*

# CONTINUING PROFESSIONAL DEVELOPMENT



## SUBMIT YOUR ANSWERS TO EARN CPD CREDITS

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



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## 33

### Managing Psychosocial Hazards In Community Pharmacy

- Identify psychosocial hazards in the workplace.
- Recognise the legal and ethical obligations pharmacy owners have to provide a safe workplace.
- Recall strategies for reducing the risk of psychosocial hazards in the workplace.

## 40

### Navigating the Landscape of Prescription Cannabinoids in Australia: A Guide for Pharmacists

- Understand the legal status of medicinal cannabis in Australia.
- Recall the differences between medicinal cannabis formulations
- Recognise the evidence-based and off-label use of medicinal cannabinoids
- Recall important counselling points on the quality use of medicinal cannabis products

# MANAGING PSYCHOSOCIAL HAZARDS

## In Community Pharmacy

In the fast-paced world of community pharmacy, where the demands on pharmacists and pharmacy assistants can be high, supporting a healthier and more resilient community pharmacy team begins with understanding and managing psychosocial hazards.





## Learning Objectives

On completing this activity pharmacists should be able to:

1. Identify psychosocial hazards in the workplace.
2. Recognise the legal and ethical obligations pharmacy owners have to provide a safe workplace.
3. Recall strategies for reducing the risk of psychosocial hazards in the workplace.

### Competency standards addressed:

1.1, 1.2, 1.3, 2.2, 2.3, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7



**Accreditation Number:** A2401TK1

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*This activity has been accredited for 1.0 hr of Group 1 CPD (or 1.0 CPD credit) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 1.0 hr of Group 2 CPD (or 2.0 CPD credits) upon successful completion of relevant assessment activities.*

This article explores psychosocial hazards in community pharmacy and the often overlooked factors that impact the mental health and wellbeing of pharmacy employees.

Under the law, mental health and wellbeing are as important as physical health, and employers now have both a moral and legal obligation to manage psychosocial hazards in the workplace.

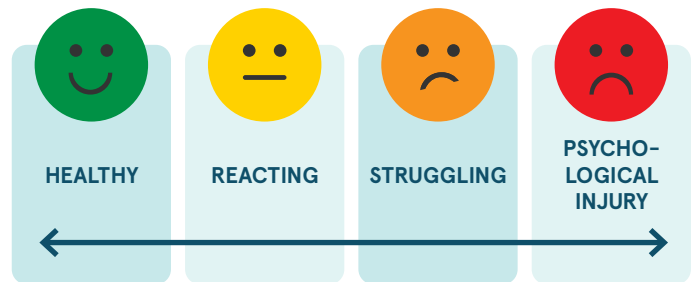
According to recent national data provided by Safe Work Australia:

- "On average, 7984 Australians are compensated for work-related mental health conditions each year."<sup>(1)</sup>
- "Psychological injuries have longer recovery time, higher costs, and mean more time away from work than physical injuries."<sup>(2)</sup>
- "There has been a 130% increase in median time lost for mental stress claims between 2000/2001 and 2019/2020 – the largest increase of any mechanism over this period."<sup>(3)</sup>

Managing the risks associated with psychosocial hazards protects workers and preserves the health and wellbeing of your team, as well as the broader pharmacy workforce. At a time when workforce shortages are high, taking care of your team and fulfilling our individual responsibilities is a critical priority for any pharmacy business, influences our ability to continue to serve the health of our communities, and bolsters the health of the broader pharmacy industry.

## Understanding Psychosocial Hazards

The law establishes health to encompass both physical and mental well-being. Therefore, in the context of our workplaces, we are obligated to foster an atmosphere that promotes both the physical and psychological aspects of health. Psychological well-being spans a range of states and experiences, indicating that individuals exist on a spectrum of mental health. In the context of Figure 1, this visualization serves to depict that there is a potential for adverse consequences or harm at one extreme end of this spectrum.<sup>(4)</sup>



**Figure 1:** Continuum of psychological health (\*reproduced from Safe Work Qld *Managing the risk of psychosocial hazards at work – Code of Practice 2022*)

An individual's position on this continuum can move over time. Psychologically healthy individuals are in a state of overall well-being in which they have the capacity to reach their potential and cope with everyday stresses. In the reacting position, individuals appropriately respond to negative work-related situations and do not experience any harm. When individuals are in a struggling position, the risk of harm is high; however, interventions can still be implemented to prevent harm from occurring and resulting in psychological injury.

Psychosocial hazards can arise from or relate to several different aspects of work place:<sup>(5)</sup>

- the design or management of work,
- work environment,
- plant\* at a workplace, or
- workplace interactions and behaviours.

Employees can be exposed to a combination of psychosocial hazards, which can have a synergistic effect resulting in increased risks of work-related harm. This is why it is important not to consider hazards in isolation.<sup>(5)</sup>

Psychosocial risks have the potential to cause harm to the worker by triggering a consistent, prolonged, or intense stress reaction in response to workplace demands or threats.<sup>(4)</sup> The stress response may lead to psychological consequences, including anxiety, depression, burnout, post-traumatic stress disorder, and even suicide.<sup>(4)</sup> Additionally, physiological responses such as the release of stress hormones, cardiovascular disorders, and musculoskeletal disorders can manifest as a result of this stress.<sup>(4)</sup>

The causes of work-related stress are not necessarily revealed by psychosocial hazards. It is possible that the causes may be unique to the employee, their work, or their workplace.(5)

As described in the *Safe Work Australia Managing Psychosocial hazards at work – Code of Practice* and listed in Table 1, the common psychosocial hazards that may arise at work and their examples include(5,6):

Hazard	Examples
<b>Job demands</b>	<ul style="list-style-type: none"> <li>High workloads, fast-paced work environments, eg, quick turnaround time on prescription processing, extended or challenging working hours, pressure to meet performance targets, role overload, repetitive tasks and switching and changing between different tasks</li> <li>Inadequate breaks or rest areas – limited opportunities for breaks or inadequate rest areas can increase stress and reduce opportunities for relaxation</li> <li>Heavy responsibility associated with medication dispensing and patient care can lead to stress and anxiety if other factors are not addressed to give pharmacists time to pace themselves.</li> </ul>
<b>Low job control</b>	<ul style="list-style-type: none"> <li>Requiring permission to complete routine tasks, little or no input in decision-making e.g not giving individuals the autonomy to make decisions about their work, planning, task management, or handling complaints.</li> </ul>
<b>Poor support</b>	<ul style="list-style-type: none"> <li>Poorly functioning IT systems, outdated equipment or clinical resources, inadequate support from fellow team members, managers, or owners.</li> <li>Staff levels and absenteeism – unplanned or planned absence of employees from their workplace, leading to temporary staff shortages, can have significant implications for workflow, patient care, and the well-being of both the absent employee and their colleagues.</li> <li>A culture of blame or not recognising/learning from mistakes and ‘near misses.’</li> </ul>
<b>Lack of role clarity</b>	<ul style="list-style-type: none"> <li>Unclear job roles and responsibilities, manager’s providing conflicting information.</li> <li>A lack of shared responsibility – placing too much pressure on team members</li> </ul>
<b>Poor organisational change management</b>	<ul style="list-style-type: none"> <li>Not consulting workers on changes in the workplace that affect them (e.g., not communicating with workers about the change or genuinely considering their views), lack of practical support for workers during the implementation of workplace changes.</li> <li>Job security – concerns about job stability and economic pressures</li> </ul>
<b>Inadequate reward and recognition</b>	<ul style="list-style-type: none"> <li>Not being recognised for extra effort or commitment, no reasonable opportunities for career development.</li> </ul>
<b>Poor organisational justice</b>	<ul style="list-style-type: none"> <li>Inconsistent, unfair, discriminatory, or inequitable decisions and application of policies or procedures</li> <li>Worries and concerns when raising professional obligations and safety considerations</li> </ul>
<b>Traumatic events or material</b>	<ul style="list-style-type: none"> <li>Dispensing medications resulting in adverse outcomes, break-ins</li> <li>Dealing with challenging or abusive customers.</li> </ul>
<b>Poor physical environment</b>	<ul style="list-style-type: none"> <li>Uncomfortable working conditions, such as cluttered workspaces and work areas, inadequate lighting, missing meal breaks, or ergonomic issues</li> <li>Poor workflow design and dispensary layout, working in confined spaces, work stations that don’t have the correct materials, references, and equipment; loud or distracting noise levels. Lack of private counselling areas.</li> </ul>
<b>Remote or isolated work</b>	<ul style="list-style-type: none"> <li>Work that is isolated from the assistance of other persons because of location, time, or the nature of the work.</li> </ul>
<b>Harmful behaviours (can affect the person they are directed at and anyone who witnesses the behaviour)</b>	<ul style="list-style-type: none"> <li>Violence and aggression</li> <li>Bullying</li> <li>Harassment, including sexual harassment or gender-based harassment, racism, ableism, agism, and conflict or poor workplace relationships and interactions</li> <li>It is more than someone forgetting to say good morning one day.</li> <li>Harmful behaviours become a hazard when it is severe, prolonged, or frequent</li> </ul>

**Table 1:** Common psychosocial hazards and examples adapted from *Safe Work Australia 2022, Managing Psychosocial hazards at work – Code of Practice July 2022 and Pharmacist Support Service, 2023, Managing Stress in Pharmacy, Pharmacist Support Service*

\* WHS laws use the term *plant* to describe machinery, equipment, appliances, containers, implements and tools, any part of those things or anything fitted or connected to those things.

It's essential for employers and pharmacy professionals to be aware of these psychosocial hazards and the common triggers and risk factors that can occur in community pharmacy and take proactive measures to prevent them and address them in order to promote a healthier and more supportive workplace environment.

## Legal and Ethical Framework

Model work health and safety (WHS) laws were developed by Safe Work Australia (a national policy body) in 2011, and they include the model WHS Act (outline of broad responsibilities), model WHS regulations (specific requirements for particular hazards and risks), and model WHS Codes of Practice (practical information on how regulation requirements can be met).(7) The model WHS laws had to be separately implemented by the Commonwealth and each state and territory before they became legally binding in those jurisdictions.(7)

In June 2022, Safe Work Australia released amended Model WHS Regulations that require businesses to manage psychosocial hazards.(8) This was followed by the release of the Model Code of Practice in August 2022, which provided practical guidance to businesses on managing psychosocial hazards at work.(8) Although the Model Codes of Practice are not law, they can be considered by courts to determine what is practicable in mitigating hazards in relevant circumstances.(8)

Under the amended regulations, persons conducting a business or undertaking (PCBUs) have a legal obligation to do what is reasonably practicable to eliminate or minimise exposure to work-related hazards and factors that can increase the risk of work-related stress or other psychological harm.(7) Although the focus of the regulations is on the PCBUs, it is recognised that everyone in the workplace has a responsibility to look after their own health and safety as well as the health and safety of others.(5)

**Not all jurisdictions have implemented the changes to the model WHS Regulations and Codes of Practice in the same way, so it is essential that pharmacy owners and managers consult the relevant Codes of Practice in their own states via the Safe Work Australia website.(8)**

## Consequences of Non-compliance

In addition to legal responsibilities, addressing psychosocial hazards is also an ethical responsibility and a practical necessity for maintaining a healthy and productive work environment

Non-compliance with addressing psychosocial hazards in the workplace can have negative consequences for both pharmacy employees and the pharmacy, including but not limited to: (9)

- Impact on employee health and wellbeing
- Absenteeism
- Employee turnover
- Reduced Productivity
- Increased Costs
- Poor performance and business culture.
- Impact on patient care
- Legal action(10)
- Monetary penalties (10)

## Strategies for Preventing and Managing Psychosocial Hazards

Developing comprehensive strategies for creating and managing a safe workplace and preventing psychosocial hazards involves education, planning, and commitment.

To achieve this, just as for any other hazard, you should apply the risk management processes described in the Code of Practice: How to manage work health and safety risks. Pictured here in Figure 2:(5)



*Figure 2: Managing psychosocial hazards at work (5)*

The risk management process involves four steps: identifying hazards, assessing risks, controlling risks, and reviewing control measures. It is essential to consult with workers at all step of the risk management process. (5)

# Managing Psychosocial Hazards in your Pharmacy

## STEP 1. IDENTIFY HAZARDS

Find out what could cause harm. (5) It's important to remember that some workers may be at greater risk than others due to barriers to understanding or participating in safety processes e.g. they may be new to your pharmacy or have literacy or language barriers to understanding.

### Suggested actions/activities: (5)

- Talk openly with your employees and workers,
- Do a walk-through of your pharmacy, observing and taking note of how your workers interact and behave,
- Use an anonymous survey tool
- Review records of leave, incident, and injury records to identify harms that may have already occurred
- Ensure every worker receives necessary support through individual consultations.

## STEP 2. ASSESS RISKS

Consider potential consequences of exposure to identified hazards and risks. (5) Many hazards and their associated risks are well-known, but some may be identified through a formal assessment process. To assess the risk of harm, you need to identify the workers affected and consider the duration, frequency, and severity of their exposure. (5)

- The duration – how long are workers and others exposed to the hazard(s)?
- The frequency – how often are worker(s) and others exposed to the hazard(s)
- The severity of their exposure – how stressful do worker(s) find the psychosocial hazard to be?

The risk of harm will increase if the duration of exposure is prolonged, frequent, or if the nature of the hazard is severe. (5) How psychosocial hazards interact or combine to increase risk also needs to be assessed. (5) For example, infrequent exposure to work-related conflict may be unpleasant but not pose a risk to health and safety, while frequent exposure to high levels of conflict can increase prolonged stress responses. Risk is also increased when the worker is exposed to multiple hazards at the same time. For example, a person who is exposed to aggressive customers when they are already feeling overworked due to staff shortages and not supported by the management is at a much higher risk of harm than if they were exposed to just one of those hazards at the time.

**Suggested actions/activities:** Utilise formal risk assessment surveys such as the People at Work Survey (a free and validated Australian psychosocial assessment survey).(11)

## STEP 3. CONTROL RISKS

Once the risks are identified, you can work on implementing the most effective control measures that are reasonably practicable in the circumstances.(5) This means: – you must eliminate risks, if reasonably practicable to do so, and if not, implement the most effective control measures to minimise the risks. (5)

**Suggested actions/activities:** When thinking about controlling risks, it's important to take a business-wide perspective and build overall 'organisational resilience'. For example, think about the effective design of the work, including job demands and tasks. Systems, policies, and procedures, the design and layout of the environment, fostering positive psychological safety, and providing training and support. In consultation with the workers, identify as many measures as possible and then decide which will be most effective and reasonably practicable. An example includes designing the roster so that employees have advance notice of hours and there is predictability and clarity of who is working and their skill sets across a shift.

## STEP 4. REVIEW CONTROL MEASURES

To ensure they are working as planned and remain effective. (5) Make changes as required.

**Suggested actions/activities:** Encourage employee feedback, focus on continuous improvement, and adapt the process as needed. Create feedback mechanisms that allow employees to share their experiences and suggestions for improving the work environment. If a control measure is not improving psychosocial hazards or is creating new risks, you must make changes. (5)

Effective risk management involves strategic planning and is a continuous, evolving process. Addressing potential risks at an early stage helps avoid expensive alterations later on and enables the implementation of more efficient control measures, thereby minimizing harm to workers.

The approach to risk management can vary based on the scale and characteristics of your business or project. Larger enterprises and those with elevated risk levels may require more intricate and advanced risk management strategies and consultation processes.



Here are some suggested workplace practices to improve the general psychosocial well-being of your community pharmacy employees:

#### Build awareness and education

- **Recognise the Importance:** Acknowledge the significance of psychosocial hazards in the pharmacy setting. Understand that these factors can impact employee well-being and patient safety.
- **Educate Yourself:** Gain a deep understanding of psychosocial hazards and their potential impact on employees. Stay informed about the latest research, codes of practice, and best practices in managing these risks.

#### Implement effective communication channels

- **Be available to your team:** create an environment where your team trusts and believes you are open to these conversations, listen, and respond to their thoughts, ideas, and feedback.
- **Be consistent with your communication and use team meetings, 1:1 meetings, and team catch-ups to have an 'always on' approach to these conversations and ask questions that support psychosocial health and reduce risks and hazards.**
- **Create channels for employees to report psychosocial hazards, share concerns, and seek assistance without fear of reprisal.**
- **Engage key stakeholders -** Involve employees, managers, and relevant stakeholders in developing your strategy, plan, and workplace practices. They can provide valuable insights into workplace conditions and psychosocial factors.

#### Create a supportive work environment and implement proactive prevention measures (12)

- **Model psychological self-care:** As a pharmacy owner, leader, and manager, it's important to set an example of self-care and work-life balance.
- **Recognise the signs:** As highlighted in the Safe Work Australia resource "What psychosocial hazards sound like," employees talk

about psychosocial hazards in different ways. Learn to listen out and notice early warning signs, such as comments like: (13)

"I feel stressed."

"I feel like a failure; how am I supposed to do all this?"

"I'm constantly overwhelmed."

"I'm so tired of being micro-managed. It undermines my confidence."

- **Work-Life Balance:** encourage work-life balance by implementing policies that promote reasonable working hours, rest breaks, and time off to prevent burnout.
- **Early intervention:** If you suspect someone isn't coping well, have a conversation with them to see how they can be better supported.
- **Implement proactive prevention measures, which can include:**(6)(14)
  - **Stress awareness and Education -** Conduct stress awareness programs and provide educational resources to help employees recognize and manage stress effectively.
  - **Proactive risk reporting -** Encourage employees to report psychosocial hazards or concerns as part of a proactive hazard reporting process.
  - **Workload management -** support employees with strategies to ensure they can handle their responsibilities without excessive pressure or overwork
  - **Conflict Resolution procedures -** develop clear and fair procedures for resolving conflicts among employees and management to foster a more harmonious work environment. Support employees in developing skills for having difficult conversations or managing underperformance.
  - **Partnering with Employee Support Programs -** to provide confidential counselling and resources where needed.
  - **Flexible work arrangements -** offer flexible arrangements where feasible to help employees balance their work and personal lives more effectively.
  - **Training and development -** Train managers, owners, and team members in effective teamwork, leadership, and communication skills to create a supportive and empathetic work culture. Provide employees with training and education on recognising and managing psychosocial hazards. Equip them with coping strategies, stress management techniques, and awareness of available resources.
  - **Employee Empowerment -** Empower employees to use assertive communication, participate in decision-making processes, and suggest improvements to reduce psychosocial hazards.
  - **Reward and recognition -** help employees by boosting morale, increasing motivation, and reinforcing positive behaviours, leading to improved job satisfaction and productivity.
  - **Team-building activities -** Organise team-building activities to foster positive interpersonal relationships and enhance team cohesion.
  - **Workplace wellness initiatives -** Promote wellness initiatives, such as physical fitness programs and mindfulness practices, to support employees' overall well-being.
  - **Mental health support:** establish a supportive workplace culture that encourages open communication about mental health issues and provides access to mental health resources and support.





### Be up to date with Legal requirements and ensure regulatory compliance

- Ensure compliance with all relevant laws, regulations, and codes of practice governing workplace safety and employee well-being, especially those related to psychosocial hazards.

### Provide support for Psychological Injury

- Develop a plan for supporting employees who may experience psychological injury or stress-related conditions.
- Ensure access to appropriate medical and mental health care.
- Stay in touch with anyone who is injured: maintaining communication with employees who have suffered psychological injuries or work-related stress is crucial. Keep in regular contact with them, and ensuring they feel connected to the team by providing consistent updates during their absence.

## Conclusion

Developing a comprehensive approach to preventing psychosocial hazards and promoting psychosocial well-being in the pharmacy setting requires a proactive commitment to employee well-being, open communication, and a culture that prioritises mental health and safety. By effectively managing psychosocial risks, pharmacy owners can create a healthier and more productive work environment while delivering better patient care.



**“BY EFFECTIVELY MANAGING PSYCHOSOCIAL RISKS, PHARMACY OWNERS CAN CREATE A HEALTHIER AND MORE PRODUCTIVE WORK ENVIRONMENT WHILE DELIVERING BETTER PATIENT CARE.”**



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Navigating the Landscape of

# PRESCRIPTION CANNABINOIDS IN AUSTRALIA

A Guide for Pharmacists

In the ever-changing landscape of medical treatments, cannabinoids have emerged as a prominent and globally significant topic, and Australia finds itself at the forefront of this movement. With the legal framework surrounding medicinal cannabis in a state of constant evolution, pharmacists have been entrusted with ensuring the responsible and quality use of prescription cannabinoids.

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## Learning Objectives

On completing this activity pharmacists should be able to:

- Define pharmacogenetics and recognise its role in medicine.
- Identify examples of current use of pharmacogenetics in drug selection and dosing.
- Recognise the benefits of pharmacogenetics in medicine.
- Recognise the perceived barriers to wider implementation of pharmacogenetics in practice.
- Recognise the importance of the role of the pharmacist in embracing and adopting pharmacogenomics into clinical practice.

**Competency standards addressed:**

1.3, 1.4, 1.5, 2.2, 2.3, 3.1, 3.2, 3.5



**Accreditation Number:** A2401ITK2

**Expires:** 31/12/25

*This activity has been accredited for 1.0 hr of Group 1 CPD (or 1.0 CPD credit) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 1.0 hr of Group 2 CPD (or 2.0 CPD credits) upon successful completion of relevant assessment activities.*

As we delve into the intricate world of prescription cannabinoids in Australia, our goal is to equip pharmacists with a comprehensive understanding of their legality, clinical applications, and the essential role they play in enhancing patient care.

### Regulatory Framework in Australia

In Australia, the Therapeutic Goods Administration (TGA) stands as the regulatory authority overseeing the approval and regulation of medicinal cannabis products<sup>(1)</sup>. The journey toward establishing a comprehensive regulatory framework began with significant changes in August 2016. These changes down-scheduled medicinal cannabis, paving the way for cultivation and manufacturing for medicinal and research purposes. Products containing tetrahydrocannabinol (THC) were categorised as Controlled Medicines (Schedule 8), while cannabidiol (CBD)-dominant products were classified as Prescription Only Medicines (Schedule 4), provided they met specific criteria<sup>(2)</sup>.

December 2020 marked a significant milestone in the accessibility of medicinal cannabis. Regulations changed to allow TGA-approved low-dose CBD products, up to a maximum of 150 mg/day, to be sold over-the-counter by pharmacists without a prescription. These regulations were specific to TGA-approved products listed on the Australian Register of Therapeutic Goods (ARTG), as well as certain dosage forms and packaging requirements, amongst others. Currently, there are no TGA-approved low-dose CBD products available.<sup>(3)</sup>

These changes established a robust regulatory framework. This framework not only ensures that medicinal cannabis products meet Australian standards for pharmaceutical manufacture and quality but also aligns with the Quality Use of Medicines and National Medicines policies.

However, it's important to note that many medicinal cannabis products are not registered medicines<sup>(4)</sup>, and safety and efficacy data is lacking. Prescribers considering medicinal cannabis as a treatment option must ensure that patients have explored first-line treatments that were either ineffective or contraindicated. Additionally, prescribers should consider other medical and social risk factors that may influence treatment with medicinal cannabis<sup>(5)</sup>.

When prescribing registered medicinal cannabis products, there are no additional steps involved for patients to access these medicines. However, for unregistered medicines, prescribers must follow specific approval pathways in order to issue a medicinal cannabis prescription. These unregistered products can be prescribed through the Special Access Schedule Category B (SAS-B) or Authorised Prescriber (AP) schemes, accessible to any doctor or nurse practitioner. Under the Special Access pathway, prescribers must obtain SAS-B approval for a specific patient and indication. Alternatively, experienced doctors can become Authorised Prescribers, allowing them to prescribe a specific product to a class of patients. Doctors must also refer to state-specific regulations and confirm their responsibility to notify State Health departments and/or apply for additional state-specific permits where applicable<sup>(1)</sup>.

Recent regulatory changes, implemented in November 2021, introduced broader Category Approvals for both SAS and AP pathways based on the proportion of CBD content compared to the total cannabinoid content of the medication rather than specific product approvals. This change simplified the approval process, eliminating the need for prescribers to submit a new application for each product within the same category<sup>(6)</sup>. The pharmacists are not involved in this application process, but they need to sight the approvals to dispense.

Category	Name	Schedule	CBD Content	THC Content
1	CBD Medicinal Cannabis Product	4	≥ 98%	< 2%
2	CBD-Dominant Medicinal Cannabis Product	8	≥ 60% and < 98%	Remaining content
3	Balanced Medicinal Cannabis Product	8	≥ 40% and < 60%	Remaining content
4	THC-Dominant Medicinal Cannabis Product	8	≥ 2% or < 40%	≥ 60% and < 98%
5	THC Medicinal Cannabis Product	8	< 2%	≥ 98%

**Table 1:** Categories of Medicinal Cannabis products<sup>(7)</sup>

## Understanding Cannabinoids

At the heart of medicinal cannabis lie phytocannabinoids, active compounds found in the cannabis plant. CBD and THC are the most extensively studied among these compounds. THC produces euphoric

or psychoactive effects and may assist in relieving muscle spasms, pain, insomnia, nausea, and appetite loss. On the other hand, CBD may exhibit anti-inflammatory, anti-epileptic, or anxiolytic effects. One of the unique features of medicinal cannabis treatment is the 'entourage effect,' a concept where cannabinoids and terpenes (compounds responsible for the plant aroma) that may work synergistically to enhance their therapeutic effects<sup>(8)</sup>.

## Product Formulations

Some of the various formulations available in Australia are exemplified below (table 2)<sup>(6)</sup>.

Formulations	Description	Administration	Onset Of Effect	Duration Of Effect
Oils	Concentrated liquid extracts containing cannabinoids mixed with carrier oils like MCT (medium chain triglycerides)	Oral Bioavailability 10-20%	30-90 mins	8 hours
Capsules	CBD-Dominant Medicinal Cannabis Product	Oral Bioavailability 10-20%	30-90 mins	8 hours
Spray	Liquid cannabinoid extracts in spray form	Oral Bioavailability 10-20%	30-90 mins	8 hours
Flower	Dried cannabis inflorescences/buds, typically vaporised, of various strains of plant with distinct cannabinoid profiles.	Inhaled Bioavailability 30-50%	90 seconds	2-4 hours

**Table 2:** Formulations and differences in onset, duration, and administration



## Tailoring Treatment: Understanding the Cannabinoid Profile

The concept of the 'cannabinoid profile' is pivotal in tailoring cannabinoid therapy to achieve desired clinical outcomes. A cannabinoid profile refers to the unique composition and concentrations of cannabinoids within a product, including CBD, THC, and others. This profile matters for several reasons:<sup>(6)</sup>

- **Personalised Treatment:** Different cannabinoids exert various therapeutic effects. For instance, CBD is known for its anti-inflammatory and anxiety-reducing properties, while THC is primarily recognised for its pain relief and psychoactive effects. By analysing the cannabinoid profile, custom treatments can be tailored to a patient's specific needs and conditions. For example, a patient experiencing chronic pain and anxiety might be prescribed a product with higher CBD and lower THC content.
- **Avoiding Unwanted Side Effects:** Some patients may be sensitive to THC, experiencing adverse effects like cognitive impairment. Understanding the cannabinoid content allows patients to be started on products with low or no THC, minimising these reactions.
- **Synergistic Effects (Entourage Effect):** Certain cannabinoids complement each other, enhancing their therapeutic benefits. For instance, CBD can mitigate the psychoactive effects of THC while augmenting its pain-relieving properties.
- **Legal and Ethical Considerations:** Understanding the cannabinoid profile ensures compliance with legal requirements, especially concerning driving legislation. Patients prescribed THC cannot legally drive in many states, such as Tasmania (local regulations apply), except in specific conditions.
- **Monitoring Tolerance and Efficacy:** Regularly evaluating a patient's response to specific cannabinoid combinations enables adjustment of dosages and formulations as necessary. Monitoring the cannabinoid profile ensures therapy remains effective and well-tolerated over time. Adjusting the CBD-to-THC ratio based on the patient's response helps maintain therapeutic benefits while minimising side effects.

## Clinical Applications: Navigating the Spectrum of Medicinal Cannabis Prescribing

Medicinal cannabis products have demonstrated potential in managing various medical conditions, although robust clinical evidence supporting their prescribing is still evolving. Currently, the strongest evidence supports cannabinoid prescribing for conditions such as chemotherapy-induced nausea and/or vomiting, epilepsy in children, cancer pain, chronic non-cancer pain, neuropathic pain, muscle spasticity due to multiple sclerosis and palliative care (access TGA Guideline documents for more information). There are only two products currently listed on the Australian Register of Therapeutic Goods (ARTG) – an oromucosal spray for multiple sclerosis and an oil for rare forms of epilepsy<sup>(9)</sup>.



However, the complexity of medicinal cannabis becomes apparent when examining prescribing patterns. Australian prescribing data spanning five years indicates that cannabinoids have been prescribed for a staggering 149 different condition<sup>(9)</sup>. While quality evidence supports certain applications, TGA SAS B and AP data shows that patients often seek medicinal cannabis for managing anxiety, sleep issues, and pain—areas where empirical data is still emerging<sup>(10)</sup>.

## Emerging Frontiers: Cannabis and Menopausal Symptom Management

Recent research has shed light on a fascinating and emerging area of interest: the potential therapeutic role of cannabis in managing menopausal symptoms. A study conducted by Dahlgren et al. revealed that 86.1% of perimenopausal and postmenopausal women surveyed used cannabis for menopausal symptoms, particularly for sleep difficulties and mood/anxiety<sup>(11)</sup>. Another cross-sectional survey indicated that women preferred receiving cannabis-related information from doctors, medical cannabis clinics, and pharmacists. The study found that cannabis, especially in the form of edibles and oils, was helpful for managing menopausal symptoms such as sleep difficulties, anxiety, and muscle/joint aches. These findings highlight a growing area of interest, suggesting cannabis may offer relief for menopausal symptoms, with potential implications for future therapeutic interventions<sup>(12)</sup>.

## Pharmacist's Role in Cannabinoid Therapy: Guiding Patients

Pharmacists, as accessible healthcare professionals, play a pivotal role in cannabinoid therapy. Any pharmacist can order and dispense medicinal cannabis. Their responsibilities encompass accurately dispensing medications, educating patients about administration and dosages, and monitoring their progress. Beyond these fundamental duties, pharmacists address patient concerns, rule out contraindications, manage adverse events, and ensure patient safety by identifying potential drug interactions.

Medicinal cannabis products containing THC are contraindicated in a developing brain, psychosis and/or family history of psychosis, severe cardiovascular disease and pregnant or breastfeeding women.<sup>(6)</sup>

The side effects of medicinal cannabis will vary depending on the cannabinoid profile of the product, as well as individual variability, however patients may commonly experience<sup>(6)</sup>:

- Drowsiness
- Dizziness
- Changes in mental alertness and coordination
- Increase in appetite
- Nausea
- Cough or dry mouth (when using inhaled dosage forms).

In rare cases, patients may experience toxic psychosis or paranoia, tachycardia or cannabis hyperemesis. Patients taking products with high concentrations of THC, or large doses of THC-containing products may experience an increase in anxiety and disorientation as well as intoxication<sup>(6)</sup>.

One of the critical challenges pharmacists face in cannabinoid therapy revolves around drug interactions, especially concerning THC. THC can interact with various drugs, potentially increasing or decreasing their levels in the body (see Table 3).

While the majority of the documented drug interactions are with THC, CBD has been found to increase the blood level of clobazam. As clobazam may be prescribed in children with refractory epilepsy, concurrent intake of these medications should be closely monitored and under specialist supervision. Refer to Table 3 for further examples of drugs that may be affected by THC.

Medicinal cannabis products taken with other CNS depressants, such as benzodiazepines, hypnotics, or opioid analgesics, may also result in oversedation or significant impairment of mental alertness and coordination. Patients should be advised of these increased risks when taking multiple sedating and/or psychoactive medications to minimise any harmful treatment outcomes<sup>(6)</sup>.

Ensuring effective treatment with cannabinoids relies on patients strictly following prescribed dosages and schedules. Understanding the importance of adherence is crucial, as deviations may lead to suboptimal results or unexpected side effects.

Regular communication with pharmacists is key, enabling necessary adjustments for improved efficacy and safety.

Vigilant monitoring by pharmacists for potential misuse or abuse is essential, requiring awareness of cannabis dependence symptoms. Tolerance to cannabinoids, involving changes in brain receptors, develops rapidly with chronic intake but diminishes quickly after cessation. Dependence on THC-containing cannabis products encompasses both physical and psychological aspects. Physical dependence results in withdrawal symptoms such as cravings, irritability, anxiety, and disrupted sleep. The advice is not clear on tapering of THC doses however in practice, some patients are gradually withdrawn as guided by their prescriber. Psychological dependence, or addiction, is characterised by impaired control over drug use and compulsive use despite harm. Several risk factors, including youth and co-occurring mental health issues, increase the likelihood of dependence<sup>(6)</sup>. Pharmacists should be aware of all drug-seeking behaviour as with all Schedule 8 medications and refer to their state or territory real-time prescription monitoring (RTPM) program, such as QScript (Qld), SafeScript NSW (NSW) or SafeScript (Vic), to review the patient's history.

Understanding these complexities equips pharmacists with the essential knowledge to educate patients effectively. By raising awareness about potential challenges, pharmacists empower patients to make informed decisions, ensuring safer and more successful treatment outcomes.

Drugs That Can Increase THC Levels	Drugs That May Decrease THC Levels
Antidepressants (e.g., fluoxetine, fluvoxamine)	Rifampicin
Proton pump inhibitors (e.g., omeprazole)	Carbamazepine
Cimetidine	Phenobarbital
Macrolide antibiotics (e.g., clarithromycin, erythromycin)	Phenytoin
Antimycotics (e.g., itraconazole, fluconazole, ketoconazole, miconazole)	Primidone
Calcium antagonists (e.g., diltiazem, verapamil)	Rifabutin
HIV protease inhibitors (e.g., ritonavir)	St John's wort
Amiodarone	
Isoniazid	



## Navigating the Maze: Practical Tips for Pharmacists

Pharmacists, armed with their knowledge, stand as indispensable allies in cannabinoid therapy. To navigate this intricate terrain effectively, pharmacists can follow several practical tips:

- **Understand Regulations:** Familiarise yourself with the diverse indications, dosing, and legal aspects of medicinal cannabis products; also, the legal particulars for (e)scripts, substitutions, and product changes through their state or territory health legislation. Be aware that unregistered products are not covered under the Pharmaceutical Benefits Scheme (PBS) and inform patients about potential discounts and compassionate access schemes available from specific suppliers. Information regarding these schemes or discounts can be accessed through distributors or suppliers.
- **Personalised Dosing:** Emphasise the importance of personalised dosing based on individual sensitivity and tolerance to cannabis. Advocate the 'start low, go slow' approach, and be mindful that THC doses exceeding 30mg/day can increase the likelihood of adverse effects in cannabis-naïve patients. For CBD, doses between 100-800mg/day offer therapeutic benefits depending on the condition<sup>(6)</sup>.

Where prescribers have outlined a broad dosage range or titration schedule for medicinal cannabis products, a maximum daily dose should still be specified to allow for individualised monitoring of patient use and adherence. This can be challenging when medicinal cannabis products are prescribed to treat conditions that fluctuate in severity from day to day. Prescribers may instead choose to specify a monthly limit on cannabis flower and/or oil to maintain therapeutic doses for the patient whilst allowing flexibility to manage flare-ups or acute attacks.

- **Routes of Administration:** Explain the two main administration methods: ingestion (oils or capsules) and inhalation (vaporisation of cannabinoids from cannabis flower; or liquid cartridges for inhalation). Highlight that oral ingestion, although slower to take effect, might be suitable for longer symptom control, similar to long-acting pharmaceuticals (relief lasting 8-12 hours). Clarify that inhalation provides rapid relief for acute symptoms but may be challenging to dose precisely, and the effects will be short-acting (2-4 hours)<sup>(6)</sup>.
- **Effective Counselling for Oral Ingestion:** When counselling patients on oral ingestion, warn them about potential drowsiness and advise against driving or operating machinery. Caution against grapefruit intake, as it may interact with the medication. Instruct patients to use the provided dropper or syringe for accurate dosing. Recommend taking the medication with or after food, particularly those containing healthy fats<sup>(6)</sup>. Explain that the full benefit may take 1-2 weeks to manifest and that cannabis oils are for oral ingestion only, not for inhalation.
- **Counselling for Inhaled Cannabinoids from Cannabis Flower:** Recommend the use of dried herb vaporisers for inhalation. Warn them about potential drowsiness and advise against driving or operating machinery. Advise patients to wait 10-15 minutes between inhalations to assess effects accurately. Stress vaporisation as the preferred inhalation method to optimise cannabinoid extraction while minimising lung damage compared to combustion (e.g. smoking, which is not recommended).
- **Stay Updated:** Keep abreast of evolving regulations and industry updates regarding medicinal cannabis. Regularly update your knowledge base and provide the most current information to patients and prescribers ensuring their confidence in your expertise.

## Resources and Support: Equipping Pharmacists for Success

As the landscape of prescription cannabinoids continues to evolve in Australia, a plethora of resources are available to empower pharmacists with the knowledge and support needed to excel in their roles. Regulatory bodies and pharmacy authorities, including the Therapeutic Goods Administration, Pharmacy Guild of Australia, NPS MedicineWise, and the Pharmaceutical Society of Australia, have published information sheets and guides regarding medicinal cannabis. These resources serve as invaluable tools, equipping pharmacists with up-to-date information and best practices in the realm of cannabinoid therapy.

## Conclusion: Pioneering the Future of Medicinal Cannabis in Australia

In conclusion, the world of medicinal cannabis in Australia is a dynamic and evolving one, with pharmacists positioned as key players in ensuring the success of cannabinoid therapy. Armed with knowledge, empathy, and a commitment to patient safety, pharmacists navigate this intricate landscape, guiding patients toward optimal outcomes. As research continues to unveil the diverse therapeutic potentials of cannabinoids, pharmacists remain at the forefront, shaping the future of medicinal cannabis treatments in Australia. With their unwavering dedication and expertise, pharmacists are not just dispensers of medications; they are advocates for patient well-being, paving the way for a future where cannabinoid therapy transforms lives, one patient at a time.



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## Managing Psychosocial Hazards in Community Pharmacy

### 01 According to national data provided by Safe Work Australia

- a) Psychological injuries have shorter recovery times, lower costs, and mean less time away from work than physical injuries
- b) Psychological injuries have longer recovery times, higher costs, and mean more time away from work than physical injuries
- c) Psychological injuries have the same recovery times, costs, and time away from work as physical injuries
- d) Psychological injuries have no impact on recovery times, costs, and time away from work

### 02 Non-compliance with addressing psychosocial hazards in the workplace can lead to a range of negative consequences, which of the following is not a negative consequence of non-compliance:

- a) Impact on employee health and wellbeing
- b) Absenteeism
- c) Reduced costs
- d) Legal action and monetary penalties

### 03 The risk management process involves 4 steps which should be implemented in the following order:

- a) Identify hazards, assess risks, control risks, review control measures
- b) Assess risks, identify hazards, review control measures, control risks
- c) Identify hazards, control risks, assess risks, review control measures
- d) Control risks, assess risks, identify hazards, review control measures

### 04 Which proactive prevention measures help to improve the general psychosocial wellbeing of pharmacy employees:

- a) Model psychological self-care
- b) Conflict resolution procedures
- c) Workload management
- d) Stress awareness and education
- e) All of the above

### 05 Which of the following statements regarding the legal obligations pharmacy owners have with respect to psychosocial hazards is correct:

- a) None – psychosocial hazards are not covered under any laws
- b) Pharmacy owners in all states and territories must comply with the model WHS laws, which were published by Work Safe Australia in 2011
- c) Model WHS Regulations were amended in 2022 to require businesses to manage psychosocial hazards; however, not all jurisdictions have implemented the changes in the same way, so it is essential that pharmacy owners and managers consult the relevant Codes of Practice in their own states
- d) Under the amended WHS regulations, pharmacy owners have a legal obligation to do to eliminate or minimise exposure to work-related hazards but only if they are shown to cause harm



#### LEARNING OBJECTIVES

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

- Identify psychosocial hazards in the workplace.
- Recognise the legal and ethical obligations pharmacy owners have to provide a safe workplace.
- Recall strategies for reducing the risk of psychosocial hazards in the workplace.



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## Navigating the Landscape of Prescription Cannabinoids in Australia a Guide for Pharmacists

**01** While all medicinal cannabis products require a valid prescription issued by an Australian medical practitioner, only Schedule 8 products require an accompanying TGA approval via the Special Access Scheme Category B (SAS-B) or Authorised Prescriber (AP) Scheme pathways.

- a) True
- a) False

**02** What are some of the differences between medicinal cannabis formulations?

- a) An oil formulation has a slow onset of action and a short duration of action
- b) When taken orally, the cannabinoids from dry flowers have a faster of action than when vaporised and inhaled
- c) First effects after inhaling cannabinoids are felt in about 90 seconds
- d) Oral cannabinoid formulations have a greater bioavailability and longer duration of action than inhaled formulation

**03** What are some indications for which there is NO substantial evidence for medicinal cannabis?

- a) Epilepsy
- b) Social anxiety disorder
- c) Chemotherapy-induced nausea and vomiting
- d) Neuropathic pain

**04** A patient presents to the pharmacy with a prescription for a CBD isolate oil\* but expresses her concerns about using the medication as she does not wish to “get high”. Which ONE of the following is the most correct statement regarding cannabinoids in medicinal cannabis products?

(\* product that has just CBD, no THC)

- a) Both CBD and THC have a high potential to create psychoactive and euphoric effects
- b) Neither CBD or THC have a high potential to create psychoactive and euphoric effects
- c) CBD does not produce any psychoactive or euphoric effects so the patient is unlikely to “get high” on an isolate formulation
- d) THC does not produce any psychoactive or euphoric effects so the patient should speak to the doctor about having an alternative prescription issued for a THC formulation

**05** FH, 49 yo female with anxiety is prescribed a CBD oil for the first time. The pharmacist shows her the bottle, the accompanying syringe, mentions her dose in mL and how often to take it; talks her through the Consumer Medicine Information/package leaflet. For dispensing purposes, the pharmacist should consider checking the following, except:

- a) If she will take the medicine with food
- b) If she is aware that it might take between 30 to 90 mins for the effects to be felt
- c) If she has any concerns regarding cognitive impairment
- d) If she has a vapouriser at home for flower inhalation and she knows how to use it



### LEARNING OBJECTIVES

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

- Understand the legal status of medicinal cannabis in Australia.
- Recall the differences between medicinal cannabis formulations
- Recognise the evidence-based and off-label use of medicinal cannabinoids
- Recall important counselling points on the quality use of medicinal cannabis products



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