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— PHARMACY —

President's Message
Pharmacy Guild
of Australia

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Pharmacy Guild
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WPD 2024:
Pharmacists Meeting
Global Health Needs



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PRESIDENT'S MESSAGE

Trent Twomey

National President, Pharmacy Guild of Australia

Roadshow Reflections

In July I travelled around Australia to visit Guild members in each capital city.

The roadshows gave me the chance for the first time since 60-Day Dispensing was announced to see you, hear from you and connect face to face. Thankfully we now have the opportunity to look forward in anticipation of an exciting future for community pharmacy. At the roadshows I discussed the 8CPA in full detail, including the changes to Community Pharmacy Programs and the Regional Pharmacy Maintenance Allowance, and I provided a state of play on the rollout of Scope of Practice services.

It also allowed a moment to look back and reflect on the 15 months that has passed.

First and foremost I thanked members for their immense efforts over the previous 15 months, efforts without which we would not and could not have achieved the 8CPA we did. Over such an unprecedented time of disruption, worry and challenge, you rose to the challenge in support of our shared values and to defend community pharmacy on behalf of patients.

Looking back, I recalled that the Guild was informed of the Pharmaceutical Benefits Advisory Committee's (PBAC) decision to change to 60-Day Dispensing immediately after APP2023. The revelations gave swift rise to our Save Your Local Pharmacy campaign. Catching the attention of the Australian public, the campaign saw 180,000 petition signatures, 9,000 letters sent to politicians and more than 1,000 personal stories from patients expressing concerns over impacts to their local pharmacy.

The government heard the Australian people, and agreed to negotiate an early 8CPA. Given it was the first time in history an agreement had been cut short, this in itself was a monumental achievement, but we knew we had our work cut out for us yet.

A period of intense negotiations then began. Your negotiating team, expertly led by National Vice President of Health Economics and Policy Anthony Tassone, engaged in more than 100 meetings that brought together an estimated 6000 hours of econometrics, modelling, policy and legal work.

The result was a signed Heads of Agreement announced almost exactly a year later at APP2024.

The Heads of Agreement gave way to another intense period of legal drafting to work out the finer details and ensure all our i's were dotted and t's crossed. By the time Federal Budget rolled around, the government announced the one-year freeze on maximum general PBS co-payments. A win for patients in a cost-of-living crisis, new funding for PBS medicines were also revealed.





Make no mistake – your negotiating team would settle for nothing less. For patients and pharmacy alike, it provides relief in a financially sustainable way that also recognises the importance of community pharmacy’s role delivering world-class, affordable primary healthcare. It’s an agreement that makes sense.

The government acknowledged a need to support community pharmacy, committing up to \$3 billion in new funding to deliver more services and cheaper medicines. This commitment was finalised when the 8CPA was signed on 3 June 2024.

As I’ve said before, it was imperative we remained true to our principles throughout the negotiating process, and on reflection, we did. At the outset, we committed to cheaper medicines for all Australians while recognising pharmacies could not go backwards. Secondly, to achieve growth through practise of full scope, pharmacies need a credible, funded path forward. And finally, it has always been and remains paramount that pharmacies are owned by pharmacists.

Through the 8CPA negotiations, we didn’t lose sight of the continuing momentum of our full scope of practice efforts. Progress has continued with many Queensland pharmacies now offering treatment for 17 everyday health conditions and 5 chronic conditions, leadership and achievement that attracted \$6 million commitment in the QLD State Budget.

Our aim is to see those 23 conditions roll out over time in all states and territories. The conditions are chosen for good reason. They contribute significantly to serious health system congestion, while at the same time are practical, accessible and plausible, considering pharmacy infrastructure.

The most recent scope announcement saw Western Australian Minister for Health the Hon Amber-Jade Sanderson MLA announce very significant advances in patient access to healthcare for a range of everyday health conditions. This will relieve pressure on GP waiting times, freeing our trusted general practitioners to focus on complex health conditions, and avoid preventable presentations to emergency departments. The range of conditions that will be able to be treated at a WA community pharmacy by the end of 2026 includes shingles, acne, dermatitis, musculoskeletal pain and inflammation, nausea and vomiting, and wound management.

Full scope is not about telling pharmacists they must provide all things, all the time, for all people. It’s an opportunity for our profession to step up and provide opportunistic occasions of service to the Australian people when and where they need them. Much like vaccinations, which began 8 years ago and have now grown to become widespread in community pharmacy settings, these new everyday health conditions will – in time – pave a well-worn path into your community pharmacy. I encourage all of you to get on board and embrace this evolution.

Finally, my sincere thanks goes to our colleagues at Pharmaceutical Defence Limited, the Australasian College of Pharmacy and Guild Insurance for sponsoring the events.

Trent Twomey

National President, Pharmacy Guild of Australia



PRESIDENT'S MESSAGE

Kesh Naidoo-Rauf

President, Pharmacy Guild of New Zealand

It is my pleasure to be contributing to this publication following my appointment as Guild President in June. I look forward to continuing the close working relationship between the New Zealand and Australian Guild's, and to using these articles to update pharmacy owners in both countries about key developments in New Zealand.

In 2022, a group of community pharmacy owners (the ICPG) brought legal proceedings to challenge two contract decisions. The case also challenged how the Ministry of Health defines effective control when issuing pharmacy licences.

The case raised important questions for our sector about how both pharmacy licences and contracts are issued and monitored.

These are matters of real concern to us and our members and reflected concerns we had been raising for some time about the inconsistency seen in the application of contracting policies and their interpretation.

We decided to take a role in this litigation, to support our members and to secure the best possible outcomes for the wider community pharmacy sector and joined the proceeding as an "interested party" or "intervener". This role allowed our lawyers to make written and verbal submissions to the Court setting out our perspective on the key issues and attend the hearing.

Outcome of the Legal Case

Section 55D(2)(a) of the Medicines Act 1981 requires that a company granted a licence to operate a pharmacy must be both majority-owned by pharmacists and the pharmacist shareholders must have effective control of the company.

The Judge found that effective control requires positive control and mere veto power or negative control by pharmacist shareholders does not amount to effective control of the company. As a result, she ruled that the

licences granted by the Ministry of Health to RX8 (a company operating Countdown (now Woolworths) Pharmacies) were invalid and unlawful and should be set aside.

We welcomed this decision and were pleased to see repeated acknowledgement of the evidence presented by counsel for the Guild in the Judge's decision.

Given the significant financial investment and expertise we brought to the case, it was great to know the important role our evidence had on this positive outcome for the sector.

Unfortunately, ICPG and the Guild were not successful on the other matters raised in the case related to the issuing of pharmacy contracts.

Woolworths Pharmacy subsequently appealed the Judge's decision around effective control. The Court of Appeal case was scheduled for September 2024.

The Guild Board decided the Guild should again play an intervener role in this case, and the Guild applied to be an intervener in the Appeal to ensure members' interests around effective control are before the Court and seek the best possible outcomes for members and the sector.



"THE MINISTRY OF HEALTH HAS REVIEWED HOW THE EFFECTIVE CONTROL PROVISIONS UNDER THE MEDICINES ACT 1981 ARE APPLIED. AS A RESULT, THE INTERPRETATION OF EFFECTIVE CONTROL HAS BEEN UPDATED IN LINE WITH THE COURT'S DECISION."

Changes to Effective Control Principles

Following the High Court's decision, the Ministry of Health has reviewed how the effective control provisions under the Medicines Act 1981 are applied. As a result, in July 2024, the interpretation of effective control has been updated in line with the Court's decision.

Simultaneously, Woolworths Pharmacy withdrew their appeal, stating in media that they have now received new licences for all their pharmacies after working with the Regulator to meet the new requirements.

Medicines Control will use the following five principles to guide assessment of applications:

- Pharmacist(s) must own more than 50% of the share capital of the company.
- Pharmacist(s) must have a majority of the voting rights on the board under the company's constitution or shareholders' agreement and must have the decisive casting votes in all board matters.
- Pharmacist(s) must at all times make up the majority of the board's directors and must form the majority of the quorum for a shareholders' meeting.

- Pharmacist(s) must have the ability to make the final decisive decision on behalf of the company, including casting the decisive vote on applicable matters in shareholder meetings.
- Pharmacist(s) must be able to make decisions at the board level that can have an impact on the health and safety of pharmacy patients.

Applications received from 1 October 2024 for new or amended licences (including relocations) will be assessed against these principles, with applications to renew existing licences that expire on or after 1 January 2025 also assessed against these principles.

Medicines Control estimate 400 of 1,100 pharmacies may be affected to some extent by these changes.

The Guild HQ team met with Medicines Control the morning of the announcement to discuss these changes. The team are currently getting further advice on these changes and are working on guidance to help members meet the requirements and will be in touch once more information is available.

Kesh Naidoo-Rauf

President, Pharmacy Guild of New Zealand



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

What's a scope of practice pilot?

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

An additional benefit for Guild customers.

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

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

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Don't go it alone

RECENT CHANGES TO WORKPLACE RELATIONS LAWS

And Their Impact On Community Pharmacy Employment

It has been an action-packed time for the pharmacy sector in the workplace relations space since the change of Federal Government in May 2022. There have been significant amendments to the *Fair Work Act 2009* that are impacting how we employ and manage our staff in the pharmacy, and I wanted to take the opportunity to explain some of the key changes in more detail.

Tasmania Branch President,
The Pharmacy Guild of Australia

Words | Helen O'Byrne



It has been an action-packed time for the pharmacy sector in the workplace relations space since the change of Federal Government in May 2022. There have been significant amendments to the Fair Work Act 2009 that are impacting how we employ and manage our staff in the pharmacy, and I wanted to take the opportunity to explain some of the key changes in more detail.

Since 2022, The Federal Government has introduced and passed four major tranches of amendments to the Fair Work Act, with the latest change passed on 26 February 2024. These amendments are significant, spanning approximately 760 pages. The implementation of all changes for small business will be complete by August 2026.



“THERE HAS BEEN A SIGNIFICANT NUMBER OF AMENDMENTS TO THE FAIR WORK ACT 2009, INCLUDING THE MODERN AWARDS (E.G., PHARMACY INDUSTRY AWARD 2020).”

Impact on Community Pharmacy

For the community pharmacy sector, understanding and navigating these reforms presents challenges, but provided their implications for your business operations, staff and their entitlements are understood, navigating them confidently is possible. Many of the changes will offer substantial benefits to both employers and employees. As always it is crucial that business owners fully meet obligations under these changes to mitigate any associated risk.

If there's one thing I know from my years managing staff in the pharmacy, it is that change can bring a feeling of uncertainty. On the other side of this challenge is an opportunity to present the benefits of the changes so staff know their interests are at the heart of reforms.



Let's take a look at four of the key reforms.

Out of all the changes over the last 18 months, let's have a closer look at four significant changes that will impact community pharmacy employment arrangements:

1. WAGE THEFT OR UNDERPAYMENT

From January 2025 (or January 2026 for small businesses), it will be a criminal offence if an employer is proven in court to have deliberately and systematically underpaid an employee's entitlements. This stringent measure underscores the importance of accurate payroll management and compliance.

Wage theft refers to various forms of wage violations, including underpayment, failure to pay overtime, illegal deductions, and not providing required benefits. The measure underscores the importance of accurate payroll management and compliance, as employers found guilty could face severe penalties, including fines and imprisonment. It's an important one to get your head around, to ensure you aren't inadvertently underpaying your staff – a mistake that could cost you severely.

2. CASUAL EMPLOYMENT

Effective from 26 August 2024, the definition of casual employment will change. It will be characterised by the absence of a firm advance commitment to continuing and indefinite work, considering several factors including the real substance and nature of the employment relationship. Employees will be still entitled to casual loading or specific casual pay rates, beyond merely what is described in the employment contract.

Previously, casual employment was often determined by the terms set out in the employment contract, where the primary characteristic was the payment of a casual loading in lieu of certain entitlements such as paid leave. The change seeks to protect employees working regular, ongoing shifts from having ambiguous employment status and missing out on entitlements such as paid leave.

3. JOB SECURITY AND FLEXIBLE WORK

There are, or will be, several changes that aim to enhance job security and flexible work arrangements, including:

- Fixed-term employment contracts being limited to two years, including extensions, with specific exemptions.
- Employees can share information about their pay and working conditions and inquire about others' pay, though disclosure is not mandatory.
- Job advertisements from January 2023 must not include pay rates below the minimum safety net wage rate of an Award or Enterprise Agreement.
- Requests for flexible working arrangements now include considerations for family and domestic violence and pregnancy, although employers can refuse based on reasonable business grounds.

4. DISCRIMINATION AND HARASSMENT OBLIGATIONS

There are now increased obligations for employers to address discrimination and harassment, particularly where an employee experiences family and domestic violence, which is now recognised as a protected attribute. This complements the introduction of 10 days' paid family and domestic violence leave for eligible employees.

Fair Work Commission

The extensive changes to the Fair Work Act have prompted the Fair Work Commission to undertake several critical cases involving both employer and employee associations, as well as industry stakeholders. These cases are particularly relevant to the community pharmacy sector, as they will directly affect the Pharmacy Industry Award 2020. Key cases include:

- **Delegates Rights:** Introduction from 26 July 2024, which will formalise the rights of workplace delegates to represent their colleagues.
- **Right to Disconnect:** Effective from 26 August 2024, allowing employees to disconnect from work communications outside of agreed hours, thereby promoting better work-life balance.
- **Gender Undervaluation:** The Commission will review the Pharmacy Industry Award to ensure there has been no undervaluation of the minimum wage due to the historic gendered nature of the pharmacy workforce.
- **Aged Care Industry Work Value Case:** This case will reset the benchmark wage rate for degree-qualified roles in Awards, which could influence the remuneration standards for pharmacists.
- **Benchmarking of Degree-Qualified Employment Classification:** Reviewing whether pharmacists' pay within the Pharmacy Industry Award is comparable to other degree-required roles, ensuring fair compensation.
- **Application to Vary Junior Rates:** This involves assessing and potentially adjusting the junior rates defined in the Awards to ensure they are appropriate for younger workers in the pharmacy sector.

The amendments to the *Fair Work Act 2009* signify important changes for businesses and the community pharmacy sector. While they introduce complexities and challenges, they also present opportunities for better employment conditions and protections for workers. Community pharmacies must stay informed and compliant to navigate these changes effectively and continue to thrive in a dynamic regulatory environment.

As always, I wish you well in navigating the employment changes in your pharmacy.



CLINICAL GOVERNANCE

The Key to Unlocking Community Pharmacy's Potential

Clinical Governance ensures community pharmacies deliver consistent, quality care while minimising risks. It requires leadership, team engagement, and practical adaptation. Emphasising its importance beyond compliance enhances patient outcomes and safety. Quality Care Pharmacy Program (QCPP) is the framework for Clinical Governance in community pharmacy.

Chair of the Clinical Governance Committee, Pharmacy Guild National Councilor, President of the Pharmacy Guild ACT Branch, and community pharmacy owner.

Words | Simon Blacker



What is Clinical Governance and Why Does it Matter?

Clinical Governance is crucial in ensuring that community pharmacies deliver consistent, quality, patient-centred care while minimising risks. It's not just a set of processes to follow in a ring-binder on a shelf; it encompasses practical, everyday activities anchored in a culture of continuous improvement. Ultimately, it will enhance the overall effectiveness and reliability of pharmacy services, help to mitigate risk, improve patient outcomes, and contribute to the overall performance of your pharmacy.



The Quality Care Pharmacy Program (QCPP) is the Clinical Governance framework for community pharmacy in Australia. Clinical Governance is embedded in a range of QCPP's accreditation requirements including areas relating to pharmacy management and governance, patient-centred care as well as the overall quality management system supporting the safe and effective delivery of care.

Clinical Governance is an integrated component of overall governance (Figure 1). At its core, it is a risk management framework and strategy that addresses safety and quality gaps with patients at its core. As the industry evolves, Clinical Governance also plays a crucial role in supporting the successful implementation of full scope initiatives. The Government's focus on safety and quality further drives the pharmacy industry to address Clinical Governance aspects in community pharmacy.

Crucial aspects of Clinical Governance are illustrated below, with partnering with consumers at its core.

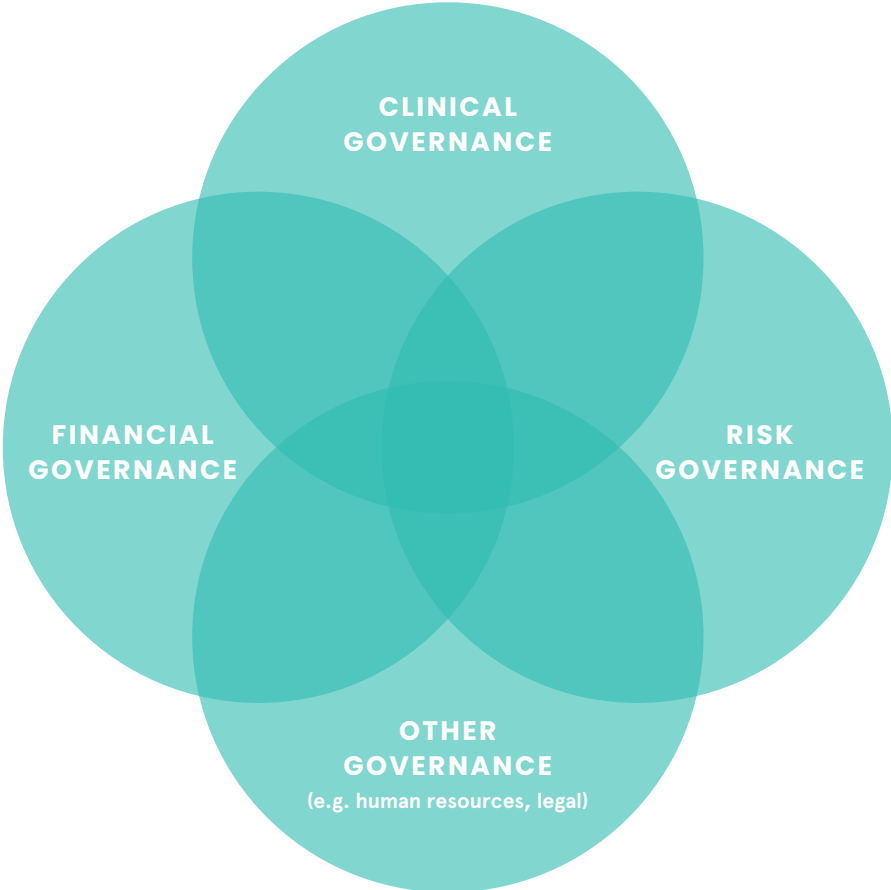


Figure 1: Australian Commission on Safety and Quality in health Care (ACSQHC) National Model for Clinical Governance Framework

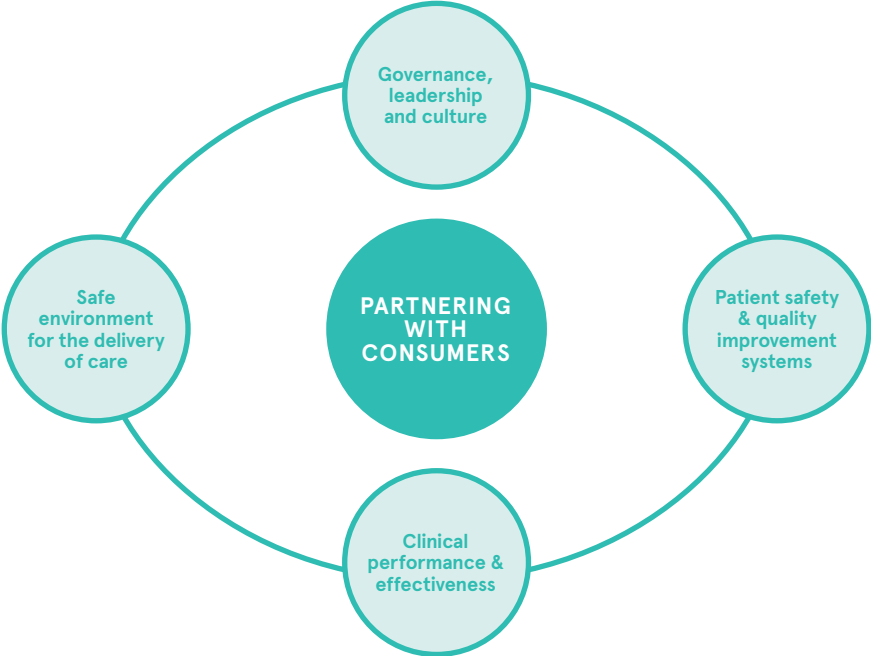


Figure 2: Australian Commission on Safety and Quality in health Care (ACSQHC) National Model for Clinical Governance Framework

Moving Beyond Ticking Boxes

One of the most common documented pitfalls in implementing Clinical Governance in the broader healthcare environment is adopting a tick-box mentality. Clinical Governance should be more than just going through the motions- we need to engage deeply with its principles to derive real benefits. Whilst ultimate responsibility for quality and safety in the pharmacy rests with owners, everyone has a role to play. Clinical Governance is about community pharmacy staff at all levels routinely engaging with clinical best practice on a daily basis and maintaining a mindset of continuous quality improvement. Every team member, from pharmacists to support staff, should understand the 'why' of Clinical Governance and how it adds value to their role, and subsequently understand how to engage with it.

This widespread understanding ensures that Clinical Governance becomes a living, breathing part of your pharmacy's operations, rather than just another task to check off a list. Ultimately, this will create lasting outcomes.

For more information, you can listen to our recent Guild Dispensary Podcast episode, *Making Clinical Governance Practical*, with guest Chantelle Turner of Turn Pharmacy Leadership.

Focus on Clinical Governance

Increasing awareness of Clinical Governance starts with ensuring that everyone in the pharmacy understands what Clinical Governance is and why it matters.

Successful and effective Clinical Governance requires strong leadership. Leaders should focus on communicating the reasons behind Clinical Governance. Helping your team understand the 'why' and linking the 'how' and the 'what' is essential to empowering staff at all levels. Relating it to the pharmacy's mission, values and overall goals help make it more meaningful and purposeful. Clearly communicating the importance and value of Clinical Governance to the entire team ensures understanding and buy-in, including the positive impacts it will have on their own role.

Adaptation is another important consideration – tailoring Clinical Governance practices so they fit the unique needs and capabilities of your pharmacy and staff. This might include considering the layout of the pharmacy, the dynamics of your team, and the varying skill levels of staff members. Practical adaptation ensures that Clinical Governance practices are not only relevant but also feasible and effective for your specific setting.



“HELPING YOUR TEAM UNDERSTAND THE 'WHY' AND LINKING THE 'HOW' AND THE 'WHAT' IS ESSENTIAL TO EMPOWERING STAFF AT ALL LEVELS.”

Creating a Culture of Continuous Improvement

Part of creating a culture of continuous improvement is promoting a culture where mistakes are seen as opportunities for learning (without trivialising error – all pharmacists are aware of the gravity of making errors in a pharmacy). Psychological safety is crucial here, ensuring that team members feel safe to report and discuss mistakes, and addressing them with empathy and a focus on improvement rather than blame.

Approach mistakes with curiosity. Use them as learning experiences to identify underlying processes that need improvement. By learning from these experiences as a team, you can continually enhance your practices and prevent future errors.



More Useful Tips

To make Clinical Governance a meaningful part of your pharmacy's daily operations, focus on its practical application and involve the whole team in understanding the reasons for, and benefits of, implementing it. Keep processes simple and practical and focus on good team communication. By doing so, you'll ensure better patient care, a safer working environment, and a more engaged and motivated team. In the end, Clinical Governance should be about enhancing the safety and quality of patient care and creating a positive impact in your pharmacy and the community it serves.

Building awareness and understanding of Clinical Governance in community pharmacy will support quality patient care and the community pharmacy industry's journey towards practicing to full scope.

CHIEF PHARMACISTS NETWORK

Gathers Momentum

The Chief Pharmacists Network (CPN), established by the Pharmacy Guild of Australia in 2022, supports Chief Pharmacists to understand key tenets of clinical governance, by providing leadership and fostering collaboration. The CPN provides opportunities for education and advocacy, which supports community pharmacy's growth and evolution.





The Chief Pharmacists Network, established in 2022 on the recommendation of the Pharmacy Guild of Australia's National Council, aims to empower Chief Pharmacists with the tools and support necessary to increase awareness of clinical governance and provide clinical leadership to ensure safety and quality in community pharmacy.

The 'Chief Pharmacist' role is key as community pharmacy evolves. It provides a career opportunities pharmacists can aspire to, while delivering a transformative vision for clinical governance and contributing to strategic management in the pharmacy group they are employed by. Responsibilities include clinical leadership of all areas of service innovation, clinical governance, and performance, along with training and coaching dispensary teams to be capable of embracing increased scope of practice. Chief pharmacists have oversight and influence of all aspects of clinical services within their organisation, focusing on patient safety and care as it relates to the group, and if applicable, its' franchisees.

The CPN creates opportunities for networking among Chief Pharmacists, fostering unity, knowledge-exchange, collaboration, innovation and advancement of the community pharmacy sector. It provides insight into the current capability and capacity across the sector and fosters collaborative relationships to support the viability and growth of community pharmacy.

The CPN has grown to represent 58 distinct industry groups, with engaged participation in quarterly virtual meetings and face-to-face gatherings at APP and Pharmacy Connect. Recently, the CPN has focused on increasing familiarity of clinical governance at all levels of community pharmacy. With the industry's focus on practicing to full scope, the emphasis on clinical governance and the Quality Care Pharmacy Program (QCPP)- the framework for clinical governance- has been paramount.



"THE CPN CREATES OPPORTUNITIES FOR NETWORKING AMONG CHIEF PHARMACISTS, FOSTERING UNITY, KNOWLEDGE-EXCHANGE, COLLABORATION, INNOVATION AND ADVANCEMENT OF THE COMMUNITY PHARMACY SECTOR"

Over the past year, several CPN members based in Queensland have trained and qualified as pharmacist prescribers. At the last face-to-face CPN meeting at the APP conference in March this year, a panel discussion highlighted their experiences, challenges, and insights from the scope of practice rollout. The panel attracted strong engagement and solutions-oriented discussions with attendees.

To support the CPN, the Guild is collating a suite of resources and exploring collaboration and partnership opportunities to equip the industry to navigate the changing environment. The Guild also provides updates to the CPN, ensuring Chief Pharmacists are informed about industry developments. As the industry continues to evolve, the CPN remains committed to addressing pertinent issues and fostering alignment and collaboration across community pharmacy for the ultimate benefit of patients.

The next face-to-face meeting will take place at the Pharmacy Connect conference in September 2024 in Sydney. Key features of this event will include an interactive session on implementing scope of practice in pharmacy, building on the success of the APP session, as well as hearing from a keynote speaker.

WORLD PHARMACISTS DAY 2024

Celebrates Pharmacists 'Stepping Up'

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World Pharmacists Day is celebrated globally every year on 25 September. Now in its 14th year, the theme for 2024 is "Pharmacists: Meeting Global Health Needs."



This day offers an opportunity to celebrate the pharmacy profession and its increasingly significant contribution to frontline health service delivery in Australia.

Aussie pharmacists are at the forefront of healthcare delivery, providing accessible, patient-centered services in community pharmacy, hospitals, aged care and in the community. Pharmacists are experts in managing medication for chronic diseases. They offer medication reviews and education to ensure safe and effective treatment for conditions such as diabetes, asthma, and cardiovascular diseases. Their expertise plays a part in helping patients understand their medications and promote adherence and managing long-term health issues.

Pharmacy services extend beyond dispensing medications. In recent years and over the course of 2024 so far, the role of pharmacists has grown significantly, with many now offering an expanded range of services. This includes additional vaccinations, health screenings, and disease prevention programs. This shift not only enhances the accessibility of healthcare services but also alleviates pressure on other parts of the healthcare system.

Pharmacists are stepping up.

They have become indispensable in preventing the spread of seasonal illnesses by providing flu vaccinations, particularly during peak times when healthcare resources are stretched. In 2024, the number of flu vaccinations administered in pharmacy settings reached an all-time high. This is just one key example where pharmacists have stepped up and become an indispensable part of Australia's primary healthcare system.

Across Australia, pharmacists are providing more health services than ever before. Full scope of practice is being rolled out around the country, fully utilising the skills and expertise of pharmacists. Pharmacists can prescribe medications for specific conditions, and provide more comprehensive health assessments. These initiatives improve patient access to healthcare, particularly in rural and remote locations.

Queensland is at the forefront of allowing community pharmacists to work to their full scope in primary care, setting a benchmark for other states and territories. In that state, pharmacists can manage and prescribe treatments for 17 everyday conditions and 5 chronic health conditions. Pharmacists in NSW are able to treat uncomplicated urinary tract infections as a permanent practice, and through targeted pilot programs, they can now offer consultations on the resupply of oral contraceptive pills and minor skin conditions such as impetigo, and shingles for eligible patients.

In the ACT, pharmacists can now treat uncomplicated urinary tract infections in women, resupply oral contraceptive pills, and soon participating pharmacists will be able to manage minor skin conditions, like shingles and impetigo. In South Australia, pharmacists can treat uncomplicated urinary tract infections in women and resupply oral contraceptive pills. Some pharmacists are involved in a pilot aimed at the management of respiratory diseases through community pharmacy.

Victorian pharmacists can now treat uncomplicated urinary tract infections in women, resupply oral contraceptive pills, manage minor skin conditions, shingles and mild plaque psoriasis. Additionally, they are authorised to administer a wide range of vaccines and injectable medicines such as travel health vaccines, Long-Acting Injectable Buprenorphine (LAIB) and RSV in over 60's.

In WA, significant advancements were announced recently that will enable patients to be treated at their community pharmacy for a range of everyday health conditions, including shingles, acne, dermatitis, musculoskeletal pain and inflammation, nausea and vomiting, and wound management. These treatments will be available by the end of 2026. WA pharmacists can already treat uncomplicated urinary tract infections in women and provide consultation on the resupply of oral contraceptive pills

Tasmanian pharmacists can also treat uncomplicated urinary tract infections in women and provide consultation on the resupply of oral contraceptive pills, and in the NT work continues to harmonise service delivery with counterparts across the federation.

As we celebrate World Pharmacists Day, we recognise and appreciate the care, skill and expertise of pharmacists in improving individuals' health and strengthening the broader healthcare system. By meeting the diverse health needs of Australians, pharmacists build healthier communities and improve the quality of life for all. By stepping up, pharmacists have become an indispensable asset in the Australian healthcare system.

Get involved in World Pharmacists Day 2024 by sharing a story about your local pharmacist and how they step up to help you when you need it most. Upload your story and make sure to tag your pharmacist (and the Pharmacy Guild of Australia) and use the hashtag #WPD2024.



CHILDHOOD IMMUNISATIONS

In Community Pharmacies

In 2023, the Immunisation Taskforce provided recommendations and guidance to Health New Zealand on improving New Zealand's immunisation coverage. The report highlighted one of the biggest barriers to increasing our childhood vaccination rates was access to vaccination.

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

Words | Nicole Rickman



Currently in New Zealand, Pharmacist Vaccinators can vaccinate children from 3 years and over, dependent on the vaccine and funding. However, many pharmacists have elected not to vaccinate this age group and are still hesitant to vaccinate children.

In March 2024, Health New Zealand and Pharmac decided to allow community pharmacies to provide funded childhood immunisations to children from 6 weeks old. Pharmacist vaccinators are required to become Authorised Vaccinators to vaccinate this new, younger age group. Pharmacy premises are also required to be approved.

To enable this change, Pharmac removed restrictions for vaccines on the national immunisation schedule. This allowed pharmacies to order these vaccines at no cost and claim for administering these to eligible people.

This allows pharmacies to administer the Infanrix-hexa, Infanrix-IPV, Hiberix, Prevenar 13, Varivax, and Rotarix vaccinations.

It is expected that pharmacies adding childhood vaccines to their offering are already confident providers of adult vaccinations.

Becoming a Fully Authorised Vaccinator

Pharmacist Vaccinators interested in offering childhood immunisations must upskill to become Authorised Vaccinators to administer vaccines to children from 6 weeks of age.

The training pathway involves:

- Successfully completing the free online Extending Vaccinator Skills (whole-of-life) course – this three-hour course revisits information from the foundation course, concentrating on vaccines for pēpē (baby) and tamariki (children) aged 5 and under.
- Applying for authorisation to administer a wider range of vaccines and age ranges without a standing order or prescription to people under five years old, under direct supervision.
- Completing supervised practice – the vaccinator must be directly supervised by an experienced authorised vaccinator mentor when administering vaccines in the deltoid or vastus lateralis to those under 5 years. The mentor must have at least six months experience in administering vaccines to infants in the vastus lateralis.
- Completing an immunisation workbook – the workbook provides evidence of required clinical skills such as planning simple catch ups, and selection, preparation and administration of vaccine to pēpē and tamariki.
- Successfully completing a clinical assessment on a person under two years old.
- Submitting the immunisation workbook and clinical assessment documentation to the Health New Zealand authorisation portal.

Pharmacy Premise Requirements

Pharmacies delivering childhood immunisations must have an Integrated Community Pharmacy Services Agreement (ICPSA) with an Immunisation Services Schedule, be registered to order vaccines on the inventory portal and have appropriate facilities (see below), robust cold chain management and suitably qualified staff to ensure quality service provision.

Because this service is so new, the process of a pharmacy being signed off to provide childhood vaccinations may vary between regions.

Guild Vice President, Brooke McKay's pharmacy (Queen Street Pharmacy) was the first in the country to complete this process. Brooke also sits on the national immunisation working group.

To give childhood immunisations, Queen Street Pharmacy was required to have:

- Public access to a toilet
- A baby change table
- Scales to weigh to a baby
- A plan in place for babies not registered with a GP (as they need to be referred to a provider for a six-week check) to enable follow-up immunisations and care.

Note, premises sign off is separate to vaccinator upskilling, as outreach teams could come in and offer the service, for example. This means pharmacies could get signed off before completing authorised vaccinator training.



Key Learnings

It is important to discuss with the entire pharmacy team that you're considering offering the service. Staff need to be aware that there may be changes in workflow, different patient requirements, etc. You need to assess whether staff will be able to handle the increased workload of what is a time-consuming service – consider staff stability and desire to upskill and provide additional services.

Queen Street Pharmacy in Upper Hutt employs five pharmacists (four are pharmacist vaccinators, one is an authorised vaccinator), two pharmacy accuracy checking technicians (both are vaccinating health workers), four pharmacy technicians, two nurses (both are authorised vaccinators), along with retail staff.

The pharmacy is open from 9am–9pm seven days a week, and currently offers childhood vaccinations on weekdays until 8pm and every second Saturday until 8pm.

The pharmacy is co-located with a medical centre and has a good working relationship with the GPs, this was helpful when getting the service set up, as was a good relationship with the local immunisation coordinator.

As the service is new, Health New Zealand is not advertising pharmacies as a provider of childhood immunisations, this means you need to advertise your service to your local community.

The Queen Street Pharmacy team also found you need to allow for longer appointment times in consultation rooms. After Rotarix vaccinations (given orally) mums are encouraged to breastfeed, this means the room can be in use for 30 minutes after the vaccine is given – you ideally need another consult room or to block your room out for a long period.



“OVERALL, THEY HAVE FOUND THAT THE INTRODUCTION OF CHILDHOOD IMMUNISATIONS HAS BEEN GREAT FOR CUSTOMER LOYALTY AND HAS IMPROVED THE PHARMACY’S IMAGE AND THE COMMUNITY’S UNDERSTANDING OF THEIR EXPERTISE AND QUALIFICATIONS.”

However, because it's a long consultation, they have found it's a great time to look at other vaccinations due in the family and have taken the opportunity to catch mum and dad up on vaccinations and review medicines history. This makes it important to have access to the Aotearoa Immunisation Register (AIR) and other electronic records inside consultation rooms.

Brooke recommends pharmacies consider the service as an add on, not in isolation, with conversations about nappy rash, conjunctivitis, etc, often leading to minor ailments consultations.

Overall, they have found that the introduction of childhood immunisations has been great for customer loyalty and has improved the pharmacy's image and the community's understanding of their expertise and qualifications.



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GLUCOJEL OFF-LOCATION COMPETITION!

In June 2024 I had the absolute pleasure of presenting to the PATY finalists from each state. In order to support the pharmacy winner, I put together an "Exclusive Glucojel Off-Location Competition".

We were so impressed with how engaged our pharmacies were we wanted to extend this competition to all pharmacies!



A huge congratulations to all the PATY finalists on being selected, showcasing their skills, knowledge, leadership and customer service in pharmacy. I recently had the absolute pleasure of presenting to the PATY finalists from each state. All states were very engaged providing great feedback and we had plenty of fun in each session.

Off the back of the enthusiasm for that engagement from our pharmacy community I decided to create a fun competition, encouraging the finalists to get creative and send through their best Glucojel off-location display in-store. The added bonus is that it's a great way to capture additional purchases and help drive increased basket size!

A pharmacy and their team who went absolutely above and beyond was Balwyn North DDS. This pharmacy certainly thought outside the box with their creativity while actively engaging with the community.

On 8th July they hosted their very own "Glucojel Day" where they organised a range of fun and engaging activities including:

- Guess the number of Glucojel beans in the jar.
- Glucojel colouring-in competition – making up some creative flavours (including the winning flavour of Birthday Cake!).
- Dress up as human Glucojel jellybean bags.
- Photobooth with the Glucojel Bear.



Speaking with the highly engaged Retail Manager Rachel Klashovski who brought the concepts to life she had this to say:

“

“FOR THE WEEK LEADING UP TO THE 8TH, OUR STAFF ENCOURAGED CUSTOMERS TO GET INVOLVED WITH THE DAY TO LEARN MORE ABOUT GLUCOJEL AND WHAT MAKES THEM SO IMPORTANT TO OUR DIABETIC COMMUNITY. HAVING THESE ACTIVITIES AND FULLY STOCKED STANDS DEFINITELY SPARKED THOSE IMPORTANT CONVERSATIONS AND WE FELT VERY PROUD TO BE ABLE TO SUPPORT THE COMMUNITY”.

Felicity: What gave you the idea of creating a Glucojel Day?

Rachel: “We wanted to get behind our much loved Glucojel and what better way than to celebrate with a Glucojel day!

I loved the new reinvigorated marketing advertising that was presented in the PATY presentation. I have worked here for 17 years, I know everyone by name and we pride ourselves of having fun days with community engagement and supporting the community”.

Felicity: I bet you were popular on that day! Was the community engaged?

Rachel: “Such a fun day and felt very proud to support the community!!! Guess the amount of Glucojels in a jar, sharing fun facts on Glucojel. Anyone who would listen I told it takes 21 days to make a single Glucojel.”

Felicity: What were the main highlights from the day?

Rachel: “The moment when people saw our costumes. Also the little girl who won the colouring comp. As a Type 1 Diabetic it's such a journey at that age so it was nice, she felt very valued and seen.”

Felicity: Fun stories from the day?

Rachel: “Lots of laugh out loud moments! When our customers saw us dressed up as Glucojel Bags. Working with 8 balloons attached to you is challenging. Going to get coffees across the road and explaining to people “Its Glucojel Day!”. Sumo Bumping each other so our balloons popped. This will have to be an annual event it was such a fun and successful day.”

We were so impressed with how engaged all the entrants were that we wanted to extend this competition, making it available to all pharmacies! So...get creative, order your POS, send through your Glucojel off-location pics and we will send you an exclusive Glucojel prize! The bigger and more creative the display, the bigger your prize!



GLUCOJEL COMPETITION: SEPTEMBER 2024

We want to hear from you!! For the whole month of September send through your Glucojel Off-Location Display.

Everyone will be a winner!! The bigger and more creative the display, the bigger the prize you will win!

So, what are you waiting for – capture those additional sales and drive your category growth!!

Send your entries to enquiries@goldx.com.au with "Glucojel Competition September 2024" in the subject line.



HOW TO IMPROVE SALES IN 6 COMPLICATED CONUNDRUMS

Revue is the life blood of every business. Revenue at any cost however, does not lead to optimal business outcomes. Many pharmacists have a mind that likes precision and clear definitions. Unfortunately, many business strategies require the mindset of an artist, capable of considering how much a particular concept needs to be promoted and at what point to allow it to give way to its opposite.

Managing Partner of 10 successful community pharmacies over 23 years

Words | Greg Cadarin



Increasing Sales is Good. Right?

Increased sales are a good thing. More money coming into the business gives the opportunity to have more money left over after all the expenses are paid.

When considering what strategies to use to try to increase sales it is essential to consider the costs of each strategy so that the profit generated from new or extra sales provides a better outcome than what would occur should you make no change.

There are several strategies a business can employ to attempt to increase sales. These include:

1. Locating the business at a place that is convenient for customers to attend.
2. Advertising.
3. Applying specials and discounts.
4. Increasing prices.
5. Providing a higher level of "service".
6. Providing a wider range of goods or services.

Let's look at each of these strategies and consider the conflicting issues that need to be thought through before application.



"RENT IS AN EXPENSE THAT CAN'T REALLY BE AFFECTED MONTH TO MONTH, BUT SINCE IT IS USUALLY ONE OF THE 2 HIGHEST VALUES IN THE EXPENSES, HAVING A REASONABLE RENT MAKES IT MUCH EASIER TO EXTRACT A GOOD AMOUNT OF PROFIT FROM THE BUSINESS."

Location

It seems obvious that different locations offer different degrees of convenience to customers and therefore different chances of them choosing to shop at that location. This is usually a consideration that you will make when purchasing a pharmacy initially. It is not always possible to choose where your pharmacy is located. There is often little opportunity to move once a pharmacy has been established.

Examples of highly sought after locations may include large shopping centres with high foot traffic or large medical centres with a large number of doctors prescribing for long hours.

What issues are there to consider about various options?

A large shopping centre pharmacy often has sales much higher than the average.

People have limited time; therefore, they are likely to buy their pharmacy needs at a place where they go for other purchases.

Shopping centre owners know this, so shopping centre rents are often much higher than other pharmacy locations. A strip pharmacy rent is usually between \$30K - \$150K depending on the size of the building and the foot traffic of the area. A shopping centre pharmacy on the other hand is likely to range from \$200K to \$1M+.

A pharmacy that pays \$1M in rent will need sales (and GP\$) to cover that plus wages and other expenses before it make \$1 of profit.

This doesn't mean that shopping centre pharmacies are unviable, but the fact that sales of \$3M at 33% GP are required just to pay a \$1M rent (or proportionally more or less for a different amount) needs to be considered when choosing the best location or the best opportunity to pursue.

Rent as a percentage of turnover is a useful metric to consider when looking at this. The lower % of turnover that is paid in rent, the more left over as Net Profit. Rent is an expense that can't really be affected month to month, but since it is usually one of the 2 highest values in the expenses, having a reasonable rent makes it much easier to extract a good amount of profit from the business.

A strip pharmacy is likely to have a rent to turnover ratio of 1-4%. A ratio greater than 6-8% would require significant consideration. It's not unusual for shopping centre rents to approach 10% of sales.



Advertising

If you've got something you think people want, whether that be a great service or great value prices for their needs, you will want people in your catchment area to know about it. There is a myriad of ways to advertise your wares these days. There are an equal number of considerations as to whether it is worthwhile.

At its core, the consideration as to whether advertising has a positive effect is the following probability:

- How many people will see your message?
- Of those, how many will find it relevant to their needs?
- Of those, how many will take action and come to make a purchase?
- Finally, will the sum of the profit from those purchases be greater than the cost to provide the goods/service plus the cost of the advertising? Will that profit be greater than the profit that would have been made in the absence of advertising?

If the answer to the final question is no, there may still be other benefits such as attracting a group of customers who will then also spend money on other goods or services in the pharmacy in future. Because of this, marketing decisions are often some of the hardest a pharmacy owner will make, and are often very difficult to measure even in hindsight.

Specials & Discounts

Factors that affect consumers choice of pharmacy (pretty much in order) are:

1. Convenience.
2. Price.
3. Healthcare service.

Discounting in pharmacy is a divisive and nuanced topic. There are many conflicting issues at play.

Specials & discounts are different from "being a discounter" but the considerations as to whether they are worthwhile are similar.

Will the decrease of a price lead to increased sales sufficient to offset the reduction in GP\$ resulting from reduced prices?

Having "specials" such as in pharmacy banner group catalogues can result in an increase in sales of the discounted items. The questions you need to consider:

1. Does the increased volume result in increased GP\$ from sales of that item? Selling 3 units for a total profit of \$30 is sometimes better than selling 10 units for \$25 total profit. On the other hand, selling 100 units for a \$250 profit would obviously be preferable.



"WILL 'DISCOUNTING' RESULT IN A SUFFICIENTLY INCREASED SALES VOLUME OVERALL TO OFFSET THE REDUCTION IN GP%, ENSURING EQUAL OR GREATER GP\$?"

2. Is there an increase in total volume or have improved sales come at the cost of other equivalent options? For example; do increased sales of Duro-Tuss at 30% off, result in reduced sales of Benadryl at the regular price? Substituting full priced, full profit sales for discounted, low margin sales is unlikely to result in the best possible profitability.

As mentioned, the consideration of adopting a "discount model" takes the above questions and applies them to whole of store sales.

The basic question is: Will "discounting" result in a sufficiently increased sales volume overall to offset the reduction in GP%, ensuring equal or greater GP\$? For example, a business turning over \$3M revenue at 35% GP will have \$1.05M gross profit. If a "discount model" results in a GP% of 26%, sales would need to increase almost 35% to \$4.04M in order to maintain the SAME GP\$. Unit sales volume needs to increase even more than that as unit price is reduced.

When considering whether the above is likely to play out think about the following:

1. Is there is sufficient business in the catchment area to allow for the growth required to make up for the reduced margin? If a business is already dominant in its catchment area, any increase in sales is unlikely to offset margin reductions.
2. Is there already a discounter in the catchment area? If so, is your business likely to do better as a discounter for some reason than the existing discounter? There are customers who will shop based exclusively or mostly based on price, but it is only a segment of the customer base. If this segment is already being adequately served, it might be more beneficial to compete for customers from a different angle such as high service levels or increased convenience. (Convenience can come from such things as location, extended trading hours, deliveries, online ordering options, DAA packing etc).



Increasing Prices

This is essentially the opposite of discounting. If it is possible to maintain unit sales with increased prices this will result in greater sales and profits. Higher prices lead to greater sales per unit sold and increased GP\$ per unit.

The theory here is that if people are not shopping based solely on price (which many do not), it makes sense to charge as high a price as possible that will not cause them to go elsewhere. Unfortunately there is no clear way to know where that point is. You need to consider what competitive advantage or disadvantage you have in comparison to your competitors and consider what their pricing policies are.

"Service" to Increase Sales

As customers we enjoy the experience of great service. Therefore, it would seem obvious that offering great service would be a good way to secure more repeat business and increased future sales.

As with many of the other strategies for increasing sales, the difficulty of employing this strategy is that there is no clear definition of what your patients will define as great service.

Luckily, in this case there are some super easy wins. Many reading this may be surprised that these are wins at all and not just standard operating procedure. If you are not doing any of the following, start now:

1. Customers come first. All staff should be trained that customers are the number one priority. Any staff member doing anything other than serving a customer should immediately redirect their attention to a customer should one enter the store. All customers need to be offered assistance as soon as possible after entering.

A key point here is that conversations between staff members, or even between staff and management are low priority in a situation where a customer requires (or might require) assistance. I regularly walk away from a conversation mid-sentence to attend to a customer, and I expect the same of my staff. The same applies to ALL other tasks from stocktaking and putting orders away to putting up marketing or cleaning.

2. Ensure prescriptions and other requests are processed as efficiently and promptly as possible.

This is often a processes issue. Dispensaries need to be set up so that staff can work efficiently and are not unnecessarily delayed in processing prescriptions.

3. Ensure all staff are suitably trained & use professional staff where appropriate.

This seems obvious, but I have worked in many stores where support staff answer patient enquiries which would be more appropriately handled by a pharmacist.

4. Maintain opening hours that serve your patient needs. Long opening hours present several challenges. Choosing opening hours based on staff preference, however understandable, is not a recipe for success.

Beyond these basics, there are many things you can do to improve service, but it's amazing how many instances are out there of the basics not being adhered to.

Widening Your Range of Goods or Services to Increase Sales

If you have a greater range of goods and service to offer, the opportunity for sales from a wider range of customers is available.

There are many balances that need to be struck in this case as well.

With regard to ranging, a pharmacy should offer a range of products across categories that their customers expect to be able to find in pharmacies. Where is the line drawn however? Some pharmacies will stock a large variety of cosmetics and fragrance, some will have up to 10 brands of vitamin ranges. Some pharmacies will have a large range of home health aides, some will have a comprehensive range of sleep apnoea machines and accessories. On the services side, a pharmacy may offer a large hire range or they might offer compounding services.

Whether it is an increase in stocked SKUs or an increase in labour to provide a service, all of these things require resources to make them available. A balance needs to be struck between the cost of supplying the item or service and sales/profit that will be generated.

With regard to items for sale, you need to consider how much capital is required to be held in stock and how often that stock is turned over to decide if it is beneficial. In addition, you need to consider the ability to swap patients between one product and another. For example; how many brands of bromhexine syrup is it really useful to stock, 2 or 10?

When considering some of the less core departments that can be sold in pharmacy such as cosmetics, fragrance, home health, sleep apnoea etc. It is often that case that you will need to choose a number (or none) of these to do very well, because they are invariably unprofitable when done mediocly.

For services, you need to consider expected revenue/profit vs required space, equipment and labour resources.

Every increase in the range of products and services will result in an increase of potential sales. Each business owner must decide on a case-by-case basis however, whether the costs associated with providing that good or service are greater than the revenue generated.

So, Are Increased Sales Good After All?

Yes, of course but you must ensure that the strategies you employ to achieve them will on the balance of probability increase profitable sales sufficient to recover what ever costs are associated with employing that strategy. Striking the right balance will be more art than science, so perhaps we all need to exercise the right side of our brains in order to achieve this.

THRIVING IN A DYNAMIC PHARMACY LANDSCAPE

Embracing Change with Emotional Management and Consistency

The pharmacy sector, much like other industries, is undergoing significant transformations driven by technological advancements, evolving patient needs, legislative changes, supply chain challenges, and shifting healthcare landscapes. While change is inevitable, there are strategies that pharmacy businesses can implement to stay ahead of the curve and thrive in this dynamic environment. Two essential elements for success in this evolving field are emotional management and consistency, both of which can play a critical role in building high-performing teams and achieving long-term goals.



Emotional Management and Consistency: Cornerstones of Success

Emotional management equips individuals with the strength to bounce back from setbacks and challenges without losing sight of their end goals. Embracing the philosophy that “emotions are data, not directives,” as noted by Australian author and psychologist Susan David, allows pharmacy professionals to use their emotions as guiding tools rather than obstacles. This resilience is crucial in navigating the complexities of the pharmacy business, where the ability to respond rather than react can make a significant difference.

Consistency, on the other hand, involves the daily commitment to turning goals into reality. In the pharmacy business, this means maintaining a committed approach to delivering quality patient care, adhering to regulatory requirements, and continuously improving services. Consistency ensures that efforts are sustained over time, leading to cumulative progress and success. By taking small, incremental steps every day, pharmacy businesses can achieve significant milestones over the long term.

The Undermining of Consistency

One of the main reasons why consistency falters in pharmacy without even realising it is due to the lack of attention on emotional management. When emotions are not effectively managed, stress, burnout, and frustration can take over, leading to inconsistent performance and decision-making. Pharmacy professionals may start projects with enthusiasm but lose momentum as emotional challenges arise, disrupting the steady progress needed for long-term success.



Building High-Performing Teams in Pharmacy

High-performing teams are essential for the success of any pharmacy business. Building such teams requires a focus on several key areas, including leadership, strategy, and mindset. Leadership plays a critical role in setting the tone for the entire organisation, adopting a culture of excellence, and ensuring alignment with the overall goals. Effective leaders understand the importance of emotional management and consistency, and they model these behaviours for their teams.

A clear and well-defined strategy is also crucial. Pharmacy businesses need to set long-term goals and break them down into manageable steps. This involves developing an operating rhythm that keeps everyone aligned to the clearly defined goals with laser-like focus, and accountability. The operating rhythm includes regular meetings—annual offsite meetings for strategic planning, quarterly meetings for tactical adjustments, monthly meetings for progress reviews, and weekly and daily huddles for operational updates and accountability.



“CONSISTENCY ENSURES THAT EFFORTS ARE SUSTAINED OVER TIME, LEADING TO CUMULATIVE PROGRESS AND SUCCESS. BY TAKING SMALL, INCREMENTAL STEPS EVERY DAY, PHARMACY BUSINESSES CAN ACHIEVE SIGNIFICANT MILESTONES OVER THE LONG TERM.”





Simple Ways to Focus on the Right Emotional Management

01 MINDFULNESS PRACTICES

Incorporating mindfulness practices, such as meditation and deep-breathing exercises, can help pharmacy professionals stay grounded and manage stress effectively. Even a 5-minute walk outside in fresh air & sunlight can help reduce stress levels. These practices promote emotional regulation and enhance focus, contributing to better consistency.

02 REGULAR CHECK-INS

Establishing regular check-ins with team members to discuss their emotional well-being and address any concerns to create a supportive work environment. This proactive approach helps identify potential issues early and provides the necessary support to maintain emotional balance.

03 PROFESSIONAL DEVELOPMENT

Investing in professional development programmes that include emotional intelligence & self-awareness training can equip pharmacy professionals with the skills to navigate emotional challenges. Understanding and managing emotions and behaviours can lead to improved communication, better teamwork, and sustained consistency. These programmes highlight the tools available to help strengthen individual and team resilience.

The Gift of Time: Efficiency and Effectiveness

Introducing an operating rhythm into the pharmacy business is the ultimate gift of time. By creating structured communication and interaction processes, pharmacies can ensure that operations flow smoothly and are controlled as intended regardless of external circumstances and changes. This helps Pharmacy owners and teams focus on what is in their control and look inward rather than relying on external factors to “save” the day. This approach eliminates unnecessary tasks and meetings (non-productive activities), allowing team members to focus on high-value activities that contribute to the overall goals. The operating rhythm helps teams stay emotionally involved with the company’s objectives, with a sense of belonging and motivation.

As mentioned up front, change is inevitable. Staying ahead of the curve requires a powerful blend of emotional management, consistency, and effective team building. By embracing these strategies and developing a strong operating rhythm, pharmacy businesses can overcome challenges, meet their goals, and deliver exceptional patient care, regardless of external pressures. Maintaining a clear vision and steady progress positions pharmacies to thrive in the future. The real question for pharmacy owners and managers is not whether there will be change, but rather, “Do I want to be ahead of the change curve, or do I want to change through suffering and pain?” Will you choose the easy way or the hard way?



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ENHANCING PHARMACY PRACTICE THROUGH STRATEGIC EDUCATION

The Path to Knowledge Retention and Behavioural Change

Implementing a robust educational strategy is essential for enhancing knowledge retention and driving behaviour change among pharmacy team members. This article explores the necessity of an educational strategy, supported by evidence and cost-effective solutions.

Words | Krysti-Lee Patterson | Managing Director, Meitheal Services



In the fast-paced community pharmacy environment, pharmacists and pharmacy assistants must stay updated with the latest advancements, regulatory changes, and best practices. An educational strategy ensures all team members have the necessary knowledge and skills to provide high-quality patient care. Organisations prioritising learning are more likely to excel in innovation, customer satisfaction, and overall performance.^{1,2}

A structured educational approach addresses the unique needs of your pharmacy team. By identifying skill gaps and providing targeted training, you foster an environment of continuous improvement and professional growth. This not only enhances team capabilities but also boosts confidence and job satisfaction, leading to better patient outcomes and higher retention rates.

Evidence Behind Educational Strategies

Research highlights the positive impact of tailored educational strategies on learning outcomes. Adaptive e-learning environments, for instance, significantly improve student engagement and knowledge retention.³ Problem-based learning (PBL) has been shown to enhance critical thinking and perseverance, especially among younger generations who thrive on interactive and practical learning experiences.⁴

These findings emphasise the need to move away from traditional, one-size-fits-all training methods. Leveraging adaptive learning technologies and problem-based learning approaches creates a more engaging and effective learning environment that caters to the diverse needs of team members.

The Cost-Effectiveness of Outsourcing Educational Services

Outsourcing educational services can be a highly cost-effective solution for community pharmacies. Developing in-house training programs requires significant time, resources, and expertise. External educational providers offer ready-made, high-quality training modules that are continuously updated to reflect the latest industry standards and regulations.

Outsourcing provides access to a wider range of training formats, including e-learning, webinars, and hands-on workshops, tailored to the specific needs of your pharmacy team. This flexibility ensures training is accessible and relevant, enhancing its effectiveness and impact. External providers can often deliver training at a fraction of the cost of developing and maintaining in-house programs, freeing up valuable resources for other business areas.

A Stepwise Approach to Developing and Implementing an Educational Strategy

01 NEEDS ASSESSMENT

- Conduct surveys and interviews to gather input from staff on educational needs and preferred learning styles.
- Analyse performance data and review regulatory requirements to pinpoint improvement areas.

02 SET EDUCATIONAL GOALS AND OBJECTIVES

- Define clear, measurable learning outcomes aligned with business goals.

03 DEVELOP A CURRICULUM

- Select relevant topics based on the needs assessment.
- Choose delivery methods, incorporating adaptive learning technologies to tailor content to individual learning styles.³

04 SOURCE OR DEVELOP EDUCATIONAL CONTENT

- Consider outsourcing to specialised educational providers for CPD-accredited content.
- Develop in-house materials if resources allow, using multimedia to enhance engagement and retention.⁴

05 IMPLEMENT THE TRAINING PROGRAM

- Schedule training sessions into the roster to minimise disruption to daily operations.
- Use a Learning Management System (LMS) to deliver, track, and manage the training program efficiently.
- Communicate clearly with all team members about the training schedule, objectives, and expectations.

06 MONITOR AND EVALUATE PROGRESS

- Collect feedback and measure learning outcomes using assessments and practical evaluations.
- Track performance metrics to gauge the training's impact.

07 CONTINUOUS IMPROVEMENT

- Regularly update training materials to reflect the latest industry developments and best practices.
- Foster a culture of continuous learning by providing ongoing professional development opportunities and recognising achievements.

Conclusion

Investing in a strategic educational approach is crucial for the success and sustainability of community pharmacies. By embracing adaptive learning technologies and evidence-based teaching methods, pharmacy owners can ensure their teams are well-equipped to meet future challenges. Outsourcing educational services offers a cost-effective way to access high-quality training, enabling pharmacies to maintain a competitive edge while delivering exceptional patient care.

Prioritising education and professional development drives knowledge retention, fosters behaviour change, and enhances overall pharmacy performance. It's a strategic investment that pays dividends in improved patient outcomes, increased staff satisfaction, and sustained business growth.



“PRIORITISING EDUCATION AND PROFESSIONAL DEVELOPMENT DRIVES KNOWLEDGE RETENTION, FOSTERS BEHAVIOUR CHANGE, AND ENHANCES OVERALL PHARMACY PERFORMANCE.”



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THE LITERAL CHANGING “FACE” OF PHARMACY

Embracing the Next Generation of Workers

The landscape of community pharmacy is undergoing a significant transformation, not just in terms of technological advancements or evolving healthcare models, but quite literally in the faces of those behind the counter.

The changing “face” of pharmacy today is increasingly represented by Gen Z and younger generations stepping into pivotal roles. This demographic shift brings new perspectives, values, and expectations that are reshaping the industry from the ground up.





“WE’RE GOING TO DELVE INTO THE DYNAMICS OF THIS SHIFT, EXPLORING WHO GEN Z’ERS ARE, WHAT THEY VALUE, AND HOW PHARMACY OWNERS LIKE YOU CAN ADAPT TO ENGAGE AND EMPOWER THIS NEW WORKFORCE.”

Born between 1997 and 2012, Gen Z is characterized by their digital nativeness, entrepreneurial spirit, search for personal growth and development, and a strong desire for meaningful work and social impact. These traits are not just preferences but essential components that will drive the future of pharmacy practice.

But why should you care?

It’s because by 2025, the workforce is on track to be made up of almost 1 in 3 Gen Z’ers.

That’s right, by next year, research shows that the global workforce is expected to comprise of about 30% Gen Z’ers.

So rather than simply turning your nose to this new workforce by labelling them “lazy”, “entitled”, “unmotivated” or whatever other labels get thrown around, we’re going to delve into the dynamics of this shift, exploring who Gen Z’ers are, what they value, and how pharmacy owners like you can adapt to engage and empower this new workforce.

But before we go on, I want to highlight a hard truth.

If you want your business to actually have a workforce that gives a crap about your goals, where you want the business to go, and how well you want it to perform, you better pay attention.

Because by understanding and embracing the characteristics and expectations of Gen Z, pharmacies can create a supportive, innovative, and future-ready work environment. We all know that the models of pharmacy are rapidly changing.

But to embrace these new models, you need talent. And that talent pool is going to significantly be driven by ensuring you not only meet the needs of younger employees but take them on the journey with you towards growth and mission success.

So now that you know where we’re going, if you’re not prepared to do the work, stop reading now. Don’t bother. This article is not for you.

But if you are committed to exploring the strategic shift from traditional practices to more inclusive, tech-savvy, and growth-oriented approaches, stick with me.

Because this journey calls for a commitment to investing in the development and well-being of the team, fostering a culture of innovation and resilience, and leveraging the strengths of the next generation.

So now that you’re embracing just this first realisation, let’s explore how we can navigate this transformation and position community pharmacies to thrive in the face of change.

Understanding Gen Z’ers

Before we jump into understanding Gen Z’ers, it’s vital that you remove whatever preconceived notions or biases you have towards Gen Z’ers. We covered off some of those labels used to describe them earlier, but it’s vital to remember that these are largely based on anecdotal evidence, rather than a true understanding of their values and motivations.

Dismissing Gen Z’ers based on these stereotypes is a dangerous path, especially considering they represent the future workforce of your pharmacies. So it’s vital that before we go on, you recognize and address whatever biases you may have that are holding you back from effectively engaging this new generation.

CHARACTERISTICS AND VALUES

Gen Z is often characterized by their digital nativeness, having grown up with the internet, social media, and mobile technology.

This generation is also known for its entrepreneurial spirit, with many young people starting their own businesses or side hustles even before completing their formal education. Just have a chat with a Gen Z’er that you know, and many will say that they have something else going on to supplement their income, and support their lifestyle choices.

They also prioritise personal growth, meaningful work, and social impact, seeking employers who can offer opportunities for development and a sense of purpose in their roles.

As a result, to attract and retain Gen Z’er talent, you need to start by looking at what you do internally within your workplace, and how your pharmacy matches these evolving expectations.

DIFFERING EXPECTATIONS

More importantly though, you also need to understand what drives them separately to other talent from different generations within your pharmacy. This is highlighted in research conducted by international consulting and research firm, McKinsey & Company. They have found that 4 key factors influence Gen Z'ers to not only stay in a workplace, but to choose one to begin with. You can see what they found in the table below:

COMPENSATION

Gen Z'ers are least motivated solely by money, and also view this as the least important factor for staying in a job.

CAREER DEVELOPMENT

Gen Z'ers rate this as the number one reason for taking a new job – number one! And while, millennials and younger boomers all consider this important, they tend to put compensation above this.

WORKPLACE FLEXIBILITY

Gen Z'ers, alongside younger and older millennials all state that this is the top reason to stay in their current job. On the other hand, Gen X and young boomers continue to prioritise compensation.

PURPOSE

Contributing to something bigger than themselves, and connecting to the meaning behind it, drives Gen Z'ers, and ranks in their top three factors for taking a new job, as well as staying in or quitting a current job.

Adding to this, Gen Z'ers also place a high value on mental health and well-being. It's their connection to technology and social media that unfortunately drives a double-edged sword in this area, with research showing that Gen Z'ers are more likely to experience stress and mental health challenges more so than other generations. Therefore, employers that prioritise mental health support and foster a culture of work-life integration (rather than balance as this doesn't exist – it's been dispelled for some time now!), are more likely to attract and retain Gen Z talent.

So now that you know this, what strategies can you deploy to attract, engage and retain Gen Z'ers within your organisation?



Evolving To Gen Z'ers

Firstly, cater to their number one expectation and needs – **personal growth and professional development**.

To meet this expectation, pharmacies should offer clear pathways for professional growth from the onset of their employment. There are many ways to do this, with some examples including:

- **Regular Training Programs:** Implement continuous learning opportunities through workshops, webinars, and certifications. Focus on both clinical skills and entrepreneurial skills such as communication and leadership.
- **Mentorship Programs:** Establish mentorship programs where experienced pharmacy leaders can guide and support Gen Z employees. This fosters knowledge transfer and provides younger employees with valuable career guidance.
- **Career Progression Plans:** Develop and communicate clear career progression plans that align with the employee's personal aspirations and goals. There's no point guiding them onto a training plan if they have no interest in the topics you are presenting! Or worse still, they are unsupported with the tools and resources to learn what they want to learn. So ensure that your talent understand the opportunities available to them and the steps they need to take to advance within the organization under your guidance and leadership.

Next, **support their entrepreneurial spirit**.

Many Gen Z'ers have an entrepreneurial mindset, often running side businesses or engaging in freelance work. Encouraging this spirit within the pharmacy can be beneficial through:

- **Innovation Projects:** Allow employees to lead or participate in innovation projects that contribute to the pharmacy's growth. This could include developing new services, improving processes, or exploring new market opportunities.
- **Intrapreneurship Programs:** Foster an intrapreneurial culture by encouraging employees to take initiative and bring new ideas to the table, and recognize and reward innovative contributions that drive the pharmacy forward. Some pharmacies I know of do this incredibly well by taking inspiration from popular TV shows like Shark Tank.

Next, **foster a collaborative environment** that drives an inclusive work culture. Gen Z'ers thrive in settings where teamwork and open communication are prioritised, so focus on things like:

- **Team-Building Activities:** Organise regular team-building activities to strengthen relationships and enhance collaboration. These can range from social events to collaborative projects and problem-solving exercises.
- **Open Communication Channels:** Establish open and transparent communication channels, that also drives psychological safety in the workplace. Think about the technology that you can use to facilitate this, and extend it to encourage regular feedback where employees can voice their ideas and concerns too.
- **Diversity and Inclusion Initiatives:** Promote diversity and inclusion within the workplace. Ensure that all employees feel valued and respected, regardless of their background or identity.

Fourthly, focus on **providing flexible work arrangements**.

Now I get it, this has been a hot topic for decades but one that is often greeted with resistance when discussed. This is because community pharmacy owners often face challenges in providing flexible work arrangements due to the nature of their operations, such as extended opening hours and the need for a retail presence. But recognizing this, there are some specific strategies that can help balance flexibility with operational needs:

- **Shift Swapping:** Implement a shift-swapping policy that allows employees to exchange shifts with their colleagues who share similar skillsets, roles and responsibilities. This provides flexibility while ensuring that the pharmacy remains adequately staffed.
- **Flexible Start and End Times:** For roles such as an Inventory Manager/Stock Controller, offering flexible start and end times within a shift structure allows employees to choose to start their shift an hour earlier or later, as long as their work hours and required duties and tasks are completed just as effectively and efficiently.
- **Compressed Work Weeks:** Compressed work weeks where employees work longer hours over fewer days allow team members to work harder for a shorter period of time, to free themselves up to more rostered days off. For example, a pharmacist could work four 10-hour days instead of five 8-hour days, giving them an extra day off each week.
- **Study Leave and Exam Flexibility:** Provide flexible working hours to accommodate study schedules and exam periods for employees pursuing further education. This not only supports their personal growth but also enhances their professional skills.

And lastly, but as important as offering growth and development pathways, **connecting to purpose, social impact and meaningfulness** allows Gen Z'ers to prioritise what's important, and intrinsically motivates them to do the work in service towards it. This is further enhanced through:

- **Community Engagement:** Involve your pharmacy in community outreach and health education programs. Encourage employees to participate and contribute to these initiatives.
- **Sustainability Practices:** Implement and promote sustainable practices within your pharmacy. This can resonate with Gen Z's values and enhance their engagement.
- **Ethical Business Practices:** Ensure that your pharmacy operates with high ethical standards. Transparency, integrity, and social responsibility should be at the core of your business operations.

So as you can see, there are various strategies that pharmacy owners and their teams can use to create a supportive, innovative, and future-ready work environment that meets the needs and expectations of Gen Z'ers. But looking beyond Gen Z'ers, you can see how these elements could apply and support your entire team, regardless of the generations they belong to. As a result, these strategies, when used holistically not only attract and retain top talent, but also position the pharmacy for sustained growth and success in an evolving industry.

And so with that, what can you do **today** to build a future-ready pharmacy team in the changing face of community pharmacy?

Action Items

Firstly, engage your team to play an active role in this process.

This is critical to ensuring that they feel included in their journey, and also provides them with the levels of self-accountability and ownership required to ensure they play full-out in what you are offering them. To do this:

1. Involve Employees in Decision-Making:

Create opportunities for your team to participate in decision-making processes. This could include regular team meetings where everyone has a voice, brainstorming sessions for new initiatives, and feedback surveys to gather insights on various aspects of the pharmacy's operations.

2. Foster a Collaborative Culture:

Encourage a culture of collaboration where team members feel valued and respected. Implement open-door policies and transparent communication channels to ensure that everyone is informed and can contribute their ideas. This approach not only enhances team morale but also drives innovation and continuous improvement.

3. Thirdly, enroll you and your team in the Foundations Program to develop adaptable and forward-thinking teams.

Developed over 3 years, and using a lifetime worth of lessons, research and techniques, Foundations offers a comprehensive training platform designed to equip pharmacy teams with the essential skills needed to navigate the changing face of community pharmacy.

By leveraging the clinical skillset pharmacy teams have, into the entrepreneurial skillsets that Gen Z'ers show a keen interest in, we've found that pharmacies have greatly improved team and business performance.

Scan the QR code here to learn more:



Note that entire pharmacy team plans are available which offers even more value. Enquire with us today to learn more!

4. And finally, you need to commit to personal growth yourself before expecting others to.

In other words, lead by example.

If you're not investing in your own training and development, how can you expect your team to work harder and invest more of their time in driving your business forward for you? Instead, create a culture where the forward momentum is driven alongside them. To do this:

- **Stay Informed:** Regularly update yourself on the latest industry trends, technological advancements, and best practices in pharmacy management.
- **Personal Development Plans:** Develop a personal development plan for yourself that outlines your own growth objectives and the steps needed to achieve them. This could include attending industry conferences, enrolling in Foundations, upskilling in your business acumen and knowledge, or participating in professional networks. By committing to your own growth, you can better guide and support your team.

- **Inspire Your Team:** Share your learning journey with your team and encourage them to pursue their own development goals. Highlight the benefits of continuous learning and how it can positively impact their careers and the pharmacy's success. Leading by example not only motivates your team but also reinforces the importance of personal and professional growth.

So that's it.

That's the changing face of pharmacy. Not the new models, but the actual face of your pharmacy. The face that greets your customers, offers holistic solutions to your patients, supports your community, and drives your business forward towards your goals. That's Gen Z'ers.

So with this knowledge, take a moment now to list down 5 Action Items that you're going to do, starting with booking a free 45-minute strategy session **valued at \$379** with Zamil using the QR code.





“THE FACE THAT GREETES YOUR CUSTOMERS, OFFERS HOLISTIC SOLUTIONS TO YOUR PATIENTS, SUPPORTS YOUR COMMUNITY, AND DRIVES YOUR BUSINESS FORWARD TOWARDS YOUR GOALS. THAT’S GEN Z’ERS.”



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

Check out more about Foundations by scanning the QR code 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.

Zamil Solanki

Pharmacy Owner, Business Strategist & Entrepreneurial Coach



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STARTING AND FINISHING STRONG

Structuring Your Pharmacy Business for Financial, Tax and Legal Success

T There are many options and important factors to consider when structuring a pharmacy business. In this article, Principal Georgina Odell from Meridian Lawyers and Director Stuart Brandman of 542 Partners explain the need for upfront planning from a legal and tax perspective.

Words | Principal Georgina Odell, Meridian Lawyers
& Director Stuart Brandman, 542 Partners



Pharmacy ownership can be an exciting and lucrative business venture, but as the old saying goes, 'A fail to plan, is a plan to fail.'

A lack of planning upfront and poor decisions can lead to serious business risks, financial loss and unforeseen legal consequences. That's why it makes good business sense to partner early with a trusted legal advisor and accountant.



Understanding Business Structures

One of the first and most important decisions to make will be choosing the right business structure to meet your business objectives. There are several different types of structures. The most common are sole trader, a partnership, or a pharmacists' body corporate with shareholders.

If you choose to be a sole trader, you are the owner and operator of your pharmacy business. Under this structure, you have personal liability for all debts and obligations. This includes entering into contracts in your personal name with suppliers, insurers, employees and so on.

However, a more common structure is a partnership of pharmacists or a pharmacists' body corporate.

In the case of a partnership, two or more individual pharmacists own and operate the business with each of them personally liable for the business' debts and obligations.

With a pharmacists' body corporate, the company itself will own and operate the business and enter into the business contracts in its own name, rather than the names of the individual pharmacists. This gives the benefit of limited liability for the pharmacists involved.

What to Include in a Partnership or Shareholder Agreement?

Even with the best of intentions, commercial relationships don't always work out. Plus, every partnership will inevitably come to an end one day.

It's critical the intended business partners or shareholders openly discuss and document what they would like to happen during the life of the business and at its end.

The agreements should be documented in a partnership agreement where the pharmacists are going to operate through a partnership, and should be documented in a shareholder agreement where the pharmacists are going to operate through a pharmacists' body corporate.

It's particularly helpful to outline what happens if one partner wishes to retire, if a partner defaults on its obligations, or if a dispute arises.

In forming a partnership agreement, questions that should be addressed include:

- What are the parties' expectations for carrying on the business?
- What are the voting rights of each partner/shareholder and how will key decisions be made?
- How and when will the parties be remunerated and how and when will profits be paid out?
- What is considered to be a default by a partner/shareholder?
- Can a partner sell some of their interest/shares? How can new partners/shareholders be introduced?
- Can partners/shareholders own other businesses with other people? Or, is this considered a conflict of interest?
- What happens if a partner wishes to retire, or becomes totally and permanently disabled, or dies? Does an ongoing partner wish to have the right to buy out the exiting pharmacist's interest in the business? What valuation methodology is to be used where an exiting partner's interest is to be purchased by an ongoing partner?

It is important to understand every commercial agreement you are being asked to sign and to negotiate any partnership agreement. It is also critical to seek the advice of a legal adviser and accountant **prior** to signing any agreement. Together your legal adviser and accountant will ensure the terms of the agreement are in your best interests.



Tax Considerations

Setting up efficient tax structures is applicable to any business. However, in the case of pharmacies, this becomes even more important due to pharmacy council regulations. The need to comply with these regulations means the options for efficiently managing tax are less wide and varied, and require more intricate knowledge and expertise, especially when considering the governance documents surrounding the arrangements.

From the outset, getting the right setup and structure of entities, arrangements, and agreements is critical to ensure the most tax efficient outcomes while maintaining compliance and considering other critical elements such as legal protection, efficient function, and succession.

While structuring a pharmacy business is a complex process, it can run smoothly and offer many exciting opportunities. The essential ingredient is investing the time to plan upfront and seeking expert advice so common pitfalls are avoided.



“WHILE STRUCTURING A PHARMACY BUSINESS IS A COMPLEX PROCESS, IT CAN RUN SMOOTHLY AND OFFER MANY EXCITING OPPORTUNITIES. THE ESSENTIAL INGREDIENT IS INVESTING THE TIME TO PLAN UPFRONT AND SEEKING EXPERT ADVICE SO COMMON PITFALLS ARE AVOIDED.”



HOW WE CAN HELP

Meridian Lawyers and 542 Partners are experts in pharmacy law and business.

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 Pharmacy Guild of Australia.

To learn more visit: meridianlawyers.com.au/pharmacy

If you have any questions or require further information please contact:



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CULTURE – THE KEY TO EXTRAORDINARY RESULTS

A

At the end of the day every pharmacist is looking for the same result – a well-managed customer. This means healthier customers, more referrals and greater customer satisfaction.



You're able to move on to the next customer with the confidence that the previous one trusts you and has been educated and managed well. But as every pharmacist knows, each individual and their needs are different and ensuring best outcomes for each individual customer can be easier said than done. This can be said for managing your working team of individuals also. This article offers some practical advice on how to build a team that delivers extraordinary results.

Leadership – Set The Tone

As a Pharmacy leader it's important to understand your role within the team. While the path to being a pharmacist includes many hours of study and supervised practice, the skills required to be an effective leader of a diverse team are not the same as the technical skills required to complete your degree.

It's not easy for a pharmacist to lead a diverse group of individuals without significant skills training. Although these leadership skills are often referred to as 'soft skills' it is clear to anyone who has had to use them they are not 'soft'.

To keep it simple, leaders need to role model for their teams. By definition, a leader is someone who is followed by others. The actions a leader takes will be replicated by their followers. If you want your team to show up on time it is important that you set the tone and show up on time. If you want your team to work cooperatively, you need to work cooperatively. If you want your team to show genuine care for one another, then you need to lead by example. Take some time to consider how you are working. Do you see your team doing the same?

Purpose – What Are We Trying To Do?

Every member of your team will need to understand their role in fulfilling the purpose of your business. This might be 'improving the health of individuals' or 'ensuring the safe and ethical use of medicines'.

The aim is to ensure that every team member understands how they help deliver on the purpose so that when they are asked by others 'What do you do at work?', their first response is 'I improve the health outcomes of individuals' or 'I dispense medicines safely to individuals who require it', rather than a statement like 'I just work as a pharmacist' or 'I oversee medicine supplies at a chemist'.

This connection to your purpose, if clear and aspirational, will drive your team to look beyond their day-to-day tasks and help them understand they are part of something larger.

Relationships – The Key To A Culture That Works

Think about the last time you really needed something done. Not at work - in life. Who did you turn to? It was probably someone you knew you could trust. Relationships are one of the main drivers of a successful culture.

Building a strong relationship takes time and every relationship will grow differently. But taking the time to grow them before you need them is time well spent. If the COVID pandemic has taught us anything it is that quality relationships will be there when we need them. At the same time strong relationships will mean that you can reward and challenge your team members when you need to. If you have a good relationship with someone who keeps arriving late, you'll find it easier to challenge them about the behaviour that might be impacting your whole team. On the flip side, when somebody you know well praises you the impact of that feedback is likely to be far greater.

Values And Behaviours – A Framework For Expectations

Almost every team has a set of values and/or behaviours that they believe spells out their culture. If they were lived out by the team they would be in a better position. All too often these values/behaviours live on the wall or in a strategy document that nobody ever looks at.

If you use your values/behaviours actively with your team you may find that some of the issues you are confronting with your team can be resolved. For example, if one of your behaviours is 'we are professional, we show up on time' and your team agrees with and understands this, paired with your strong relationships, you are now in a great position to call out both good and poor examples when you see them.

Feedback – The Ultimate Tool To Improvement

Each of the elements discussed above, working together, help to create an environment of safety for feedback within the team. When everyone in your team sees their leaders acting in line with their values, when the team is engaged in a wider purpose, when they have strong relationships and clear guidelines for behaviour, you have created an environment that empowers conversations of all kinds that will drive your performance.

This safe environment will allow all members of the team to take ownership over the results and improvements. You want your team to own their culture so that you are not having to supervise and micromanage. It is often said that culture is what happens when the boss isn't around.



Dean Anderson
CEO, Leading Teams Australia

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Figure 1. Missed pill window of oral contraceptives

CAN ANYONE TAKE SLINDA?^{1,2, 4-6}

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SUPPORTING GUT HEALTH DURING ANTIBIOTIC THERAPY

Antibiotics represent a monumental advancement in modern medicine, crucial in combating bacterial infections. While these medications are effective in eliminating pathogenic 'bad' bacteria, unfortunately they also kill off beneficial 'good' bacteria, disrupting the delicate balance of the gut microbiome.

Words | Bridget Scrogings Accredited Dietitian





The gut microbiome plays a critical role in various aspects of well-being, including digestion, nutrient absorption, immune function, mood regulation, and mental health.

As such, when this delicate balance is disturbed due to antibiotic use, several consequences can arise:

1. Growth of opportunistic pathogens: Antibiotics create an opportunity for less desirable bacteria to proliferate, often leading to antibiotic-associated diarrhoea (AAD) due to an overgrowth of pathogens such as *Clostridium difficile*.^{1,2}
2. Medically induced dysbiosis: An imbalance among gut microorganisms can contribute to digestive issues, inflammation, and increased susceptibility to disease.^{1,3}
3. Reduction in microbial diversity: Antibiotics lead to a notable reduction in microbial diversity, which is widely regarded as the most reliable indicator of microbiome health.¹

While research indicates that the gut microbiome can recover from antibiotic disruption, this process can be significantly prolonged without implementing supportive behaviours. Pharmacists play a vital role in patient care by dispensing antibiotics, and it is crucial that they offer complementary advice on how patients can effectively support their gut health during and after antibiotic treatment.

Incorporate Probiotics

Probiotics are living microorganisms that can provide health benefits when consumed in adequate amounts. Research has suggested that while probiotics are not likely to improve overall microbial diversity, they can offer individualised health advantages that are dependent on the specific strain.⁴

Certain strains of probiotics, such as some species of *Lactobacillus* (*acidophilus*, *casei*, *reuteri*, *rhamnosus*), *Bifidobacterium lactis* and *Saccharomyces boulardii* have demonstrated effectiveness in reducing the risk of AAD.⁵

This condition often occurs due to opportunistic pathogens flourishing in the gut following antibiotic treatment and these probiotics appear to mitigate AAD by competing with and inhibiting the growth of these pathogens.⁵

For best results, probiotics should be taken alongside the entire antibiotic treatment course, preferably also for two weeks upon completion. To avoid any interactions, the antibiotic dose and probiotic should be separated by at least 2 hours.

Consume Fermented Foods

In addition to manufactured supplements, patients can enhance their intake of live bacteria by incorporating fermented foods. Studies have shown that combining both fibre and fermented foods contribute to a more significant increase in microbiome diversity compared to diets high in fibre alone.⁶

Fermented foods encompass a diverse range of options, including dairy products such as yoghurt, kefir, and certain cheeses. Non-dairy alternatives include foods such as kimchi, sauerkraut, miso, sourdough bread, tempeh, and cultured non-dairy yoghurts. Consuming these foods introduces live cultures into the digestive system, which can help improve microbial diversity.

Consume Adequate Fibre

Dietary fibre is widely recognised for its crucial role in maintaining a healthy gut microbiome. Research indicates that a low-fibre diet can worsen the depletion of microbes caused by antibiotics, hindering recovery processes.⁷ In contrast, a diet rich in fibre provides essential nourishment for resident microbes, thereby supporting the growth of beneficial bacterial communities.⁸

Current guidelines recommend that healthy Australian adults consume 25–30g of fibre daily. To support patients in achieving this recommendation, patients should be encouraged to incorporate a variety of plant-based foods into their diets. This includes whole grains, fruits, vegetables, legumes, nuts and seeds.

Consume Prebiotics

While most prebiotics are dietary fibre, not all dietary fibre is considered a prebiotic. To earn this classification, the substrate must withstand the acidic environment of stomach, pass through the small intestine intact and stimulate the growth and activity of specific beneficial strains of bacteria in the large intestine.⁹

When prebiotics undergo fermentation, they produce short-chain fatty acids (SCFAs), such as acetate, propionate, and butyrate. These metabolites play a crucial role in stimulating the production of mucus, which coats the intestinal lining – the primary site where microbes reside. This mucus acts as both a fuel source and binding site for beneficial bacteria, and it's this mucus barrier that is often compromised in cases of dysbiosis.⁹

Prebiotic fibres in our diets include inulin, fructans and galacto-oligosaccharides (GOS). Foods rich in prebiotics include legumes, garlic, asparagus, onion, leek, artichokes, apples, green bananas and wholegrains. Alternatively, supplemental forms of prebiotics include slippery elm, inulin (often derived from chicory root), or partially hydrolysed guar gum. To maximise the benefits of prebiotics, it is recommended to consume at least 10 grams per day alongside probiotics and fermented foods.

GET THE MOST OUT OF YOUR VITAMINS

Not all vitamin formulations are created equal. There are tablets, capsules, gummies, chewables and powders, but which formulation is best for each supplement?



AFT pharmaceuticals have launched a range of liposomal vitamins that could maximise the benefits of vitamins.

Are You Absorbing Your Vitamins Effectively?

Maintaining a healthy and nutrient dense diet can feel like hard work! This is why people turn to vitamin and mineral supplements to make it easier to feed their bodies with the required micronutrients, so it is one less task we have to stress about in busy day to day lives.

However, it isn't always as easy as swallowing a vitamin pill. All vitamins and minerals (from food or supplements) need to be absorbed into the body and our bloodstreams before they can provide any of their micronutrient and health benefits. There are a number of different factors which may affect the absorption of vitamins including your gut and digestive health, any medications, what you eat & drink with supplements, and the supplement formulation.

When it comes to formulation, liposomal supplements are more bioavailable, and biocompatible, providing enhanced absorption of the micronutrients.

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Liposomal formulations have shown to enhance bioavailability and targeted delivery and can be used to protect vitamins from degradation (by stomach acid and other substances in the digestive system).

The next generation in high dose liposomal vitamins utilising patented LIPOSHELL® technology, delivering proven superior absorption¹²³ compared to standard vitamin C, D, and iron. This unique technology mimics the structure of cell membranes in the human body, making them highly biocompatible. As a result, Lipo-Sachets® release vitamins and minerals efficiently into the body, through the lymphatic system, while being gentle on the gastrointestinal tract. This reduces the likelihood of stomach upsets and other digestive issues like constipation that can be associated with taking supplements such as iron.

Lipo-Sachets® are hassle-free, one-a-day sachets, carefully formulated without added sugars*, alcohol, gluten, GMO, artificial flavours, or colours and are suitable for vegetarians.



References available upon request.

Could You Be Lacking In Vitamin C?

Vitamin C is a go-to nutrient especially when people are feeling a bit under the weather, supporting immune system enhancement and recovery support. As the human body cannot produce its own vitamin C, any excess is naturally expelled. While certain fruits and vegetables contain this vital vitamin, some diets may lack enough of these sources, necessitating supplementation.

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Low iron levels may be the culprit. Relieve fatigue with Ferro Lipo-Sachets®, enriched with liposomal iron ensuring biocompatibility, the patented LIPOSHELL® technology protects the iron during digestion, enhancing absorption, whilst being gentle on the gastrointestinal tract, and reducing side effects such as stomach upset, diarrhoea, constipation, nausea, and other digestive issues.

Easy to optimise daily vitamin intake with one sachet, once a day

Simply put the contents of the sachet into approximately 50ml of your favourite cool, still beverage, such as water, juice or pre made smoothie and down the mixture.

Vitamin C Lipo-Sachets® offer the authentic taste of liposomal vitamin C, free from any artificial additives or flavouring. Vitamin D Lipo-Sachets® come in a natural melon flavour and Ferro Lipo-Sachets® in a natural strawberry flavour.

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GOLD CROSS

PHARMACIST ROLE IN TACKLING LONELINESS & SOCIAL ISOLATION THROUGH SOCIAL PRESCRIBING

What is Loneliness & Why Should Pharmacists Care?

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“Given the significant health consequences of loneliness and isolation, we must prioritise building social connection the same way we have prioritised other critical public health issues such as tobacco, obesity and substance use disorders.”(Office of the US Surgeon General, 2023)

Words | Rajna Ogrin, Jenny Kirschner, Kerry Rendell, Ahsan Saleem





Loneliness is a subjective, unwelcome or distressing feeling of a lack of connection to other people, along with a desire for more or more satisfying social relationships (Badcock, Holt-Lunstad, Garcia, Bombaci, & Lim, 2022).

In Australia, the State of the Nation Report – Social Connection 2023 showed that 1 in 3 (32%) Australians report moderate loneliness, with 1 in 6 (17.5%) Australians experiencing severe loneliness (which is approximately 5 million Australians). Men and women are equally lonely (Ending Loneliness Together, 2023) while young and middle-aged people report the highest levels of loneliness (Ending Loneliness Together, 2023).

Pharmacists all know the many community members who come into the pharmacy just so they can have a chat. Loneliness is one of the things that pharmacists see in the pharmacy that cannot be treated with medication. Loneliness can, however, have a significant negative impact on physical, mental and cognitive health (Holt-Lunstad, 2021) and medication use (Vyas, Watt, Yu, Straus, & Kapral, 2020).

Pharmacists are trusted and highly accessible health professionals that are well poised to address loneliness due to the unique and personal relationship that they have with so many of their patients.

Pharmacists can help to reduce loneliness in their patients by playing a role in the social prescribing ecosystem.

What Pharmacists Can Do

To promote holistic health and wellbeing through social connection in the community members they see, pharmacists could consider including a three-step approach, as shown in Figure 1.

- 01 Find out what social connection supports are available in the local area
- 02 Find out which of your community members might benefit from social connection
- 03 Refer identified community members to available support

Figure 1. Three step approach pharmacists can use to promote holistic health and wellbeing through social connection.

Codesign with older people, pharmacists, and other healthcare providers by our team have identified that there are some signs that could indicate that social connection could be of benefit to someone, shown in Figure 2. While pharmacists might already be aware of these signs, it is a good reminder for them and their pharmacy staff to identify community members in need of social connection support.

Signs That Social Connection Could Be Of Benefit



CHATTINESS

- Any change in level of chattiness?
- Are they particularly chatty or seem as though they don't have as opportunities to have conversations?



FINANCIAL SITUATION

- Are they struggling financially?
- Noticing someone always trying to get discounts?
- Have they expressed difficulties in paying bills/ medication/affording transportation?



EMOTIONAL WELLBEING

- Do they show signs of depression or anxiety?
- Has a major life event happened? Retirement, family moved away, or a loved one passed away recently?
- Have they expressed the need to have more social connections than they have already?
- Have they stopped going to social events they used to enjoy?



PHYSICAL APPEARANCE

- Are they struggling to take care of themselves where these things could become noticeable? How is their hygiene? Are their clothes clean?
- Any signs of malnutrition? Are they eating enough? Do they have lack of appetite?

Figure 2. Some signs in older community members that may indicate that social connection could be of benefit (Schlegel-UW Research Institute for Aging, 2022).



Loneliness and social isolation is a sensitive topic for people, with associated stigma and shame, therefore raising this topic requires sensitivity (Barreto et al., 2022). Older community members have shared the following tips around how they would like to be approached to raise the topic of connecting to social programs, shown in Figure 3.



Figure 3. Some conversation pointers older community members have identified to raise social connection activities.

Social Prescribing Initiatives Underway in Australia

There are many social prescribing activities underway around Australia, and information is available about programs at the Australian Disease Management Association website [Social Prescribing Tools and Resources \(adma.org.au\)](https://adma.org.au).

For example, a social prescribing initiative is currently being trialled in six locations in Victoria, called **Local Connections**. This initiative, funded by the Victorian Government, aims to reduce loneliness and social isolation by supporting older people to engage in non-clinical community-based activities such as art, nature based or recreational activities, or other social groups.

The trial sites are located in: Brimbank, Benalla-Wangaratta-Mansfield, Frankston, Geelong-Queenscliff, Latrobe and Whittlesea.

People may self-refer, or be referred through health and social support services, such as Mental Health and Wellbeing Local Services, as well as by individual practitioners such as pharmacists. For more information, access the website at: [Wellbeing Promotion Office](#).

Also in Victoria, there is a social connection program for people who live in Glen Eira Local Government Area of metropolitan Melbourne called **Connect Local**. To promote access, there are multiple entry points, including self-referral and referral by health professionals such as pharmacists,

and it aims to support people 65 years and older to connect to local social activities and programs. The program is funded by The Ian Potter Foundation.

Each state has activities underway, for example, Queensland State Government have engaged Primary Health Networks to Commission social prescribing initiatives across the State, after a Parliamentary Inquiry on Social Isolation and Loneliness made 14 recommendations to address social isolation and loneliness – all of which were accepted by the government (QLD Community Support and Services Committee, 2021).



LOCAL RESOURCES

If you aren't aware of any programs in your local area and you want to make a start on identifying local social activities or programs, you can reach out to your local Neighbourhood or Community Houses. These have a great amount of information available about social activities and programs for local community members.

Pharmacist Specific Information About Loneliness and Social Isolation

Pharmacy Addressing Loneliness and Social Isolation (PALS) is the first international pharmacy initiative out to inspire and educate the entire industry to address loneliness. The aim is to improve the health of the community members pharmacists care for and society as a whole.

Conclusion and Next Steps

Social connection is important for holistic wellbeing and pharmacists, as the most accessible health care provider in Australia, are able to reach many community members. By understanding the social needs of community members and being aware of existing social connection programs locally, pharmacists can be enabled to better support the holistic needs of the community members in their care.



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JENNY KIRSCHNER

Jenny Kirschner is a pharmacist and the founder of PALS (Pharmacy Addressing Loneliness & Social-isolation). Her mission is to inspire and educate the entire pharmacy industry to address loneliness. Connect with Jenny and PALS at hello@palsglobalnetwork.com palsglobalnetwork.com



DR RAJNA OGRIN

Dr Rajna Ogrin is a Senior Research Fellow at Bolton Clarke Research Institute and is leading a collaboration led by Bolton Clarke, working with Alfred Health, South Eastern Melbourne Primary Health Network and Australian Disease Management Association Connecting Communities to Care in a project funded by The Ian Potter Foundation to codesign, implement and evaluate a whole of community social connection program for older people: Connect Local. www.connectlocal.org.au



DR AHSAN SALEEM

Dr Ahsan Saleem is a pharmacist by training with clinical experience in community and hospital pharmacy, prior to moving into clinical and health services research. He has a PhD from The University of Queensland in health literacy and quality use of medicines, followed by a postdoctoral fellowship position in translational research in the Elder Care program at the University of Alberta in Canada to gain further expertise in geriatric pharmacotherapy and aged care research. He worked at Bolton Clarke Research Institute researching holistic wellbeing in older people through community-wide social connection in Connect Local, and is currently working towards registration as a clinical pharmacist in Australia.



KERRY RENDELL

Kerry Rendell has qualifications in Business and Marketing and over 25 years' experience across various industries from consumer goods, consulting and executive search where she has worked on a diverse range of national and international projects. She currently works at Bolton Clarke, in a dual role, project managing Connect Local, and leading the implementation of the preventative health initiative – Be Healthy and Active, which she developed.

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SUBMIT YOUR ANSWERS TO EARN CPD CREDITS

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



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ASSESSMENT Q'S | P.84

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Part 1 – Organisational Behaviour: An Introduction

- Discuss some of the broad organisational behaviour factors to consider when managing people.
- Describe the factors that influence how individuals behave within an organization.
- Be aware of cultural and workplace factors which influence behaviour.

72

Understanding Oral Contraceptive Choices

- Outline the hormonal changes in a typical menstrual cycle and how hormonal contraceptives suppress ovulation.
- Recognise factors influencing the choice of different oral contraceptive and other contraceptive methods.
- Identify strategies for managing contraceptive pill side effects.
- Recall the protocols for managing missed contraceptive pills and the types of oral emergency contraceptives available.

Part 1

ORGANISATIONAL BEHAVIOUR: AN INTRODUCTION



Organisational behaviour is the study of human behaviour in organisational settings, at the interface between human behaviour and the organisation, and of the organisation itself.





Learning Objectives

After completing this activity, pharmacists should be able to:

- Discuss some of the broad organisational behaviour factors to consider when managing people.
- Describe the factors that influence how individuals behave within an organization.
- Be aware of cultural and workplace factors which influence behaviour.

Introduction

One definition of an organisation is a social unit of people that is structured and managed to meet a need or to pursue collective goals.¹ Thus pharmacies are no different than other organisations. The scale and the issues might be different, but when you consider that pharmacies are made up of people, then organisational behaviour as a field of study and a management discipline is relevant. The decision and actions of owners, managers and staff affect people including other pharmacies and the community.

Businesses are made up of individuals. Where the needs of the individual and the demands of the business are not compatible, the result is frustration and conflict. It is the role of management to provide an environment which allows the satisfaction of individual needs and the attainment of organisational goals.

Even small business is comprised of groups of people and some people will belong to more than one group. People in groups influence each other and groups may develop their own hierarchies and leaders. Group pressure can have a major influence on behaviour.

A manager's success depends on getting things done by leading people. Studying organisational behaviour helps managers to:

- understand why others in the organisation behave as they do and why their employees are likely to behave in certain ways rather than others;
- understand personal needs, motives, behaviours, feelings and career dynamics and predict how employees will respond to various actions the owner or manager might take;
- understand attitudinal processes, individual differences, group dynamics, inter group dynamics, organisation culture, power, and political behaviour;
- understand interactions with people outside of the organisation; and
- influence the way employees behave.



AUSTRALIA

Competency standards addressed:

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



Accreditation Number: A2406ORG1

Expires: 11/6/2026

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

NEW ZEALAND

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

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

Thus, the goal of organisational behaviour as a management discipline is to explain, predict and influence behaviour. Studying organisational behaviour helps managers gain a greater understanding of individual and group behaviour in order to help improve performance and effectiveness. A greater understanding of organisational behaviour can result in a happier and more productive workplace.

There are many aspects of organisational behaviour to consider, even within a small to medium business. Contemporary issues influencing organisational behaviour include workplace diversity, technology, knowledge management, culture (age and gender), work-life balance, ethics and social responsibility.

As stated earlier, organisational behaviour is the study of the interrelation between an individual and an organisation on the following levels:

- individual (concerned with personal growth);
- interpersonal (concerned with social competences);
- group (concerned with group dynamics); and
- organisation (concerned with organisational structures and culture).

These levels are also classified as overt (or formal) behavioural aspects and the covert behavioural aspects. It's a bit like the iceberg (Figure 1) described by Hellriegel (1998); there is a visible dimension and a much larger under-the-surface dimension.

The focus of this article is the under the surface dimension, in particular, a focus on the individual and interpersonal aspects of organisational behaviour.

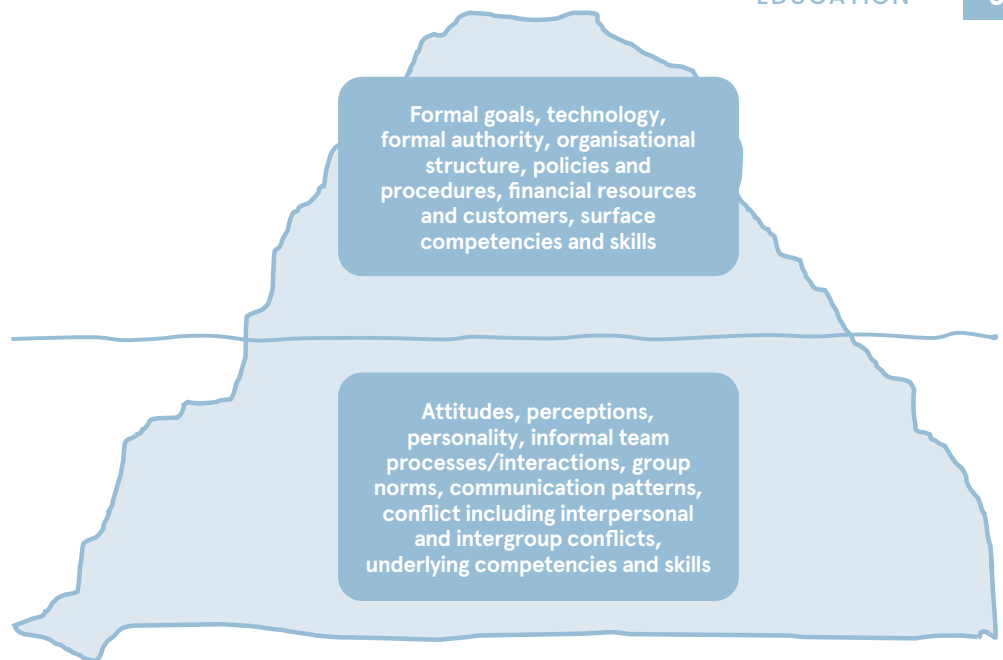


Figure 1

As may be noted in Figure 2, the study of organisational behaviour draws from a multidisciplinary behavioural science approach and can be viewed as an overlap of three main disciplines – psychology, sociology and anthropology.

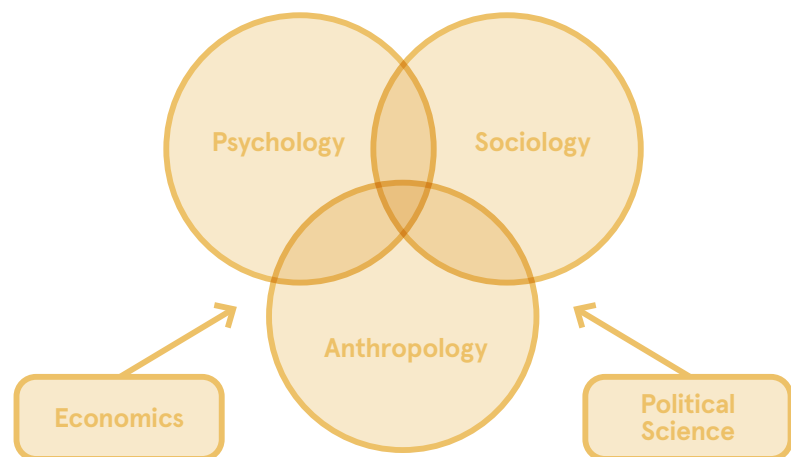


Figure 2



Culture

Organisational culture develops over many years and is underpinned by deeply held values and behaviours or “the way we do things around here”!

Workplace cultures may be difficult to change as employees in strong cultures are highly committed and resist efforts to disturb the equilibrium and there are several forces including entrenched rituals which work to maintain the status quo.

Organisational culture is based on factors such as the degree of:

- group emphasis/ group orientation, people orientation (support of people);
- innovativeness, tolerance of risk;
- attention to detail, outcome orientation;
- aggressiveness and stability; and
- management’s willingness to tolerate conflict.

Job satisfaction is usually the highest when there is congruence between individual needs and the culture.

Culture is a multifaceted concept, but it has important repercussions for the effective management of people and understanding of workplace behaviour. A key dimension is the implications of managing and working with people from different cultures.

A major challenge facing managers today arises from the increasingly international or global business environment. Although international business does not affect the majority of pharmacists the development of the global village and multicultural Australia means that a cross-cultural awareness is critical in the management of pharmacy and to ensure good communication with customers and suppliers.

For example, the recollections of an international human resource manager cited in Schneider and Barsoux recalled:

“Indonesians manage their culture by a group process and everyone is linked together as a team. Distributing money differently among the team did not go over well so we’ve come to the conclusion that pay for performance is not suitable for Indonesia.”

Different cultures vary in the way time, space, things, friendships and agreements are communicated. In “high” context societies such as Asian, African and Latin American countries:

- A large proportion of information is “uncoded” and internalised by the individual.
- Words are less important – there is indirect communication.
- There are shared group understandings.
- Importance is attached to the past and traditions.
- The culture is “diffuse” stressing the importance of trust and personal relationships in business.

“Low” context societies such as USA and Australia have contrasting features:

- A large proportion of communication is “coded” and expressed.
- Communication is direct – words are paramount.
- Past context is less important.
- The culture is “specific” and stresses the importance of rules and contracts.

Difficulties may arise when people from high and low context cultures communicate. People from low context cultures usually say exactly what they mean (directly and to the point). This may be considered rude, insensitive and/or confrontational to a person from a high context culture. Figure 3 has been adapted from Anderson as described by Banducci Consulting².

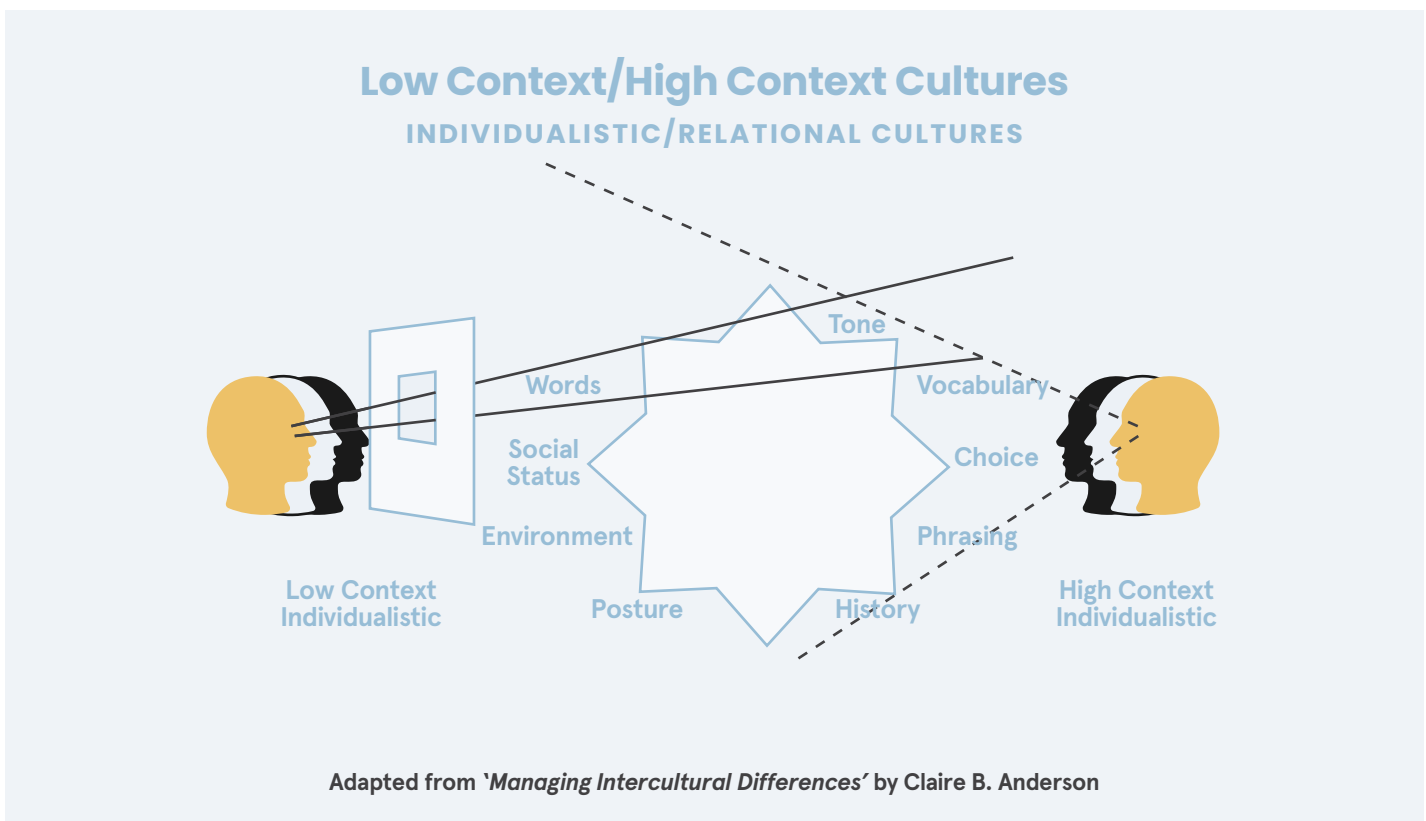


Figure 3

Authors such as Hofstede and Trompenaars have identified factors or dimension of national cultural differences. Hofstede's³ dimensions of culture include:

- **Power distance** – the degree to which a society accepts or rejects the unequal distribution of power in organisations and the institutions of society.
- **Uncertainty avoidance** – the degree to which a society tolerates risk and situational uncertainties.
- **Individualism–collectivism** – the degree to which a society emphasises individual accomplishment and self-interests, versus collective accomplishments and the good of groups.
- **Masculinity–femininity** – the degree to which a society values assertiveness and material success, versus feelings and concern for relationships.
- **Time orientation** – the degree to which a society emphasises short-term considerations versus greater concern for the future.

Some authors have criticised the validity of national rather than regional dimensions and have also questioned whether Hofstede's findings remain current. However, it is important to consider the contribution of factors outside of our own cultural experience. Trompenaars' work which is based on academic and field research outlines seven factors which may affect workplace behaviour. Three which are discussed here are:

- **Relationship and Rules** – here societies may have relative rigidity in respect of rule-based behaviour or with regard to relationships may have flexibility in the interpretation of situations;
- **Neutral versus Emotional Societies** – societies differ in the extent to which members show emotion in public. Neutral societies favour the "stiff upper lip" and emotional societies show overt emotion in public; and
- **Environment** – in western societies individuals are typically masters of their fate. In other parts of the world, the world is more powerful than individuals.

This may also be seen as locus of control; a theory which was developed by Julian B. Rotter in 1954, and has since become an aspect of personality studies. Figure 4 describes the locus of control continuum⁴.

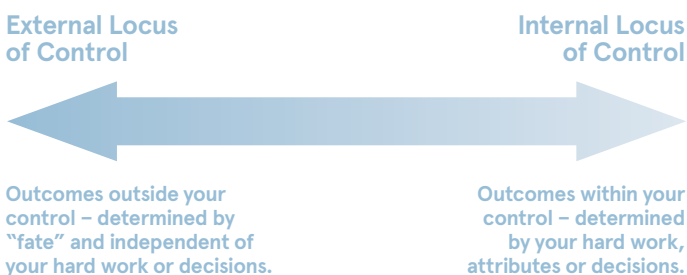


Figure 4

Locus of control is the extent to which people believe they have power over events in their lives. A person with an internal locus of control believes that he or she can influence events and their outcomes. That is, the outcomes of their actions are results of their own abilities and hard work that lead them to obtain positive outcomes. Someone with an external locus of control believes many things that happen in their lives are out of their control. *Externals* attribute outcomes of events to external circumstances; blaming outside forces for everything.

Employee Behaviours and the Behaviour of Individuals

The six employee behaviours that managers are interested in are:

- **Employee productivity** – this is a measure of efficiency and effectiveness.
- **Absenteeism** – although this can't be totally eliminated, excess levels impact costs and functioning of the business.
- **Turnover** – again this can't be eliminated but it's something to be managed particularly among high performing employees and those difficult to replace.
- **Organisational citizenship** – this is a discretionary behaviour that is not part of a formal job description. Good behaviours in this area result in helping others, avoiding unnecessary conflicts, making constructive statements, doing more than their usual job duties.
- **Job satisfaction** – this is more like an attitude than a behaviour but it is of concern because satisfied employees are more likely to show up and stay with a business.
- **Workplace misbehaviour** – this behaviour manifests as deviance, aggression, antisocial behaviour, or violence (For example irritating co-workers, abusing customers or sabotaging work).

The range of individual characteristics which influence individual behavior at the micro level include demography, competency, personality, values, attitudes and perception.

Demographic or biological differences shape individuals. Factors such as age, marital status, sexual preference, race, and disability give important clues about people; although it's important not to generalise as there will always be strong and/or subtle differences so stereotyping should be avoided.

With regard to competency, people vary in that they have different aptitudes, intelligence, abilities and skills. For example, with regard to intelligence, we vary in the way we understand and conceptualise intelligence. The theory of multiple intelligences was proposed by Howard Gardner in his 1983 book *Frames of Mind: The Theory of Multiple Intelligences* as a model of intelligence that differentiates it into specific (primarily sensory) "modalities", rather than seeing it as dominated by a single general ability⁵. Gardner chose eight abilities that he held to meet these criteria: musical – rhythmic, visual – spatial, verbal – linguistic, logical – mathematical, bodily – kinesthetic, interpersonal, intrapersonal, and naturalistic. He later suggested that existential and moral intelligence may also be worthy of inclusion.⁶

Values are typically described as long-term guides about what a person believes is important or unimportant or what is good or bad in their lives. Values have both content and intensity (how important). They contain a judgement element about what is right, good and desirable and people are not always consciously aware of their values.

Perception, attitudes and personality, are three of the four psychological factors that help to predict and explain employee behaviours. The fourth is learning.

LEARNING

Almost all complex behaviour is learned. In this context, learning is any relatively permanent change in behaviour that occurs as a result of experience. There are two learning theories that help increase the understanding of why individual behaviour occurs: operant conditioning and social learning.



**“ALMOST ALL
COMPLEX BEHAVIOUR
IS LEARNED.”**

Operant conditioning argues that behaviour is a function of its consequences. Social learning theory argues that people learn through observation (direct observation regarding what happens to other people and being told about something) and direct experience.

PERCEPTION

Perception is the process by which individuals organise and interpret their sensory impressions and give meaning to their environment. Research on perception consistently demonstrates that individuals can look at the same set of behaviours and facts and perceive or interpret them differently. The point being that no one actually sees reality; we all see it via the prism of perception.

An example is in performance management. One supervisor might interpret a pharmacy assistant who is methodical and never makes mistakes negatively i.e. they are slow and afraid to be proactive. Another supervisor might rate the assistant positively i.e. they are organised and effective with high attention to detail that avoids costly rework.

The factors that influence perception include:

- The personal characteristics of the perceiver – attitudes, personality, motives, interests, past experiences and expectations;
- The characteristics of the person being observed – loud people and attractive people are more likely to be noticed.
- The context in which objects or events are viewed – Time can influence attention as can location, light, heat, colour etc.

ATTITUDES

We acquire attitudes from society, group members, family, and peer groups. Attitudes are either central (core attitudes that may be resistant to change) or peripheral (subject to change by new information or experiences). An attitude is made up of three components:

- Cognitive – beliefs, opinions, knowledge and information for example discrimination is wrong.
- Affective (Emotions) – this is the emotional component of an attitude, for example Peter is sexist because he discriminates against women.
- Behavioural (Intention) or future intention to act – this is the way a person behaves because of an attitude, for example choosing to avoid someone because of the way you feel about their beliefs

Attitudes affect behaviour although it's difficult to establish a causal link. Attitudes which are developed through personal experience tend to be more resistant to change than those learned by association or from others. However, if attitudes are mutually reinforced within a group, they may be very persistent. Can attitudes be changed? It depends on the interaction between:

- the characteristic of the attitude – cognitive, affective or behavioural for example knowledge can be changed but feelings are more difficult to change.

- the personality of the attitude holder – for example locus of control and dogmatism.
- the group affiliations of the attitude holder – group members with the same attitudes may reinforce each other and are less likely to change.

The work-related attitudes which are important are job satisfaction and cognitive dissonance.

There is much debate about the relationship between job satisfaction and work performance. There are several schools of thought. These are:

- Higher job satisfaction leads to better performance.
- Better performance leads to higher job satisfaction.
- There is no clear relationship between the two but both job satisfaction and work performance can influence each other. For example, rewards cause both satisfaction and better performance.

Job satisfaction tends to increase when income increases. Higher pay may reflect the type of job rather than translating alone to higher job satisfaction as higher paid jobs generally need more advanced skills, have greater responsibility and are likely to involve greater challenges. These jobs are also likely to be more stimulating and allow more control by the employee.



PERSONALITY

Personality – an individual's personality is made up of a unique combination of emotional, thought and behavioural patterns that affect how a person reacts and interacts with others. Some people are sociable, talkative and assertive. Others are loud and aggressive. Some are good-natured, co-operative and trusting. Emotional stability may be viewed from a negative standpoint such as tense, insecure and nervous. The continuum of personality traits includes the degree to which a person is responsible, dependable, persistent, and achievement-oriented, as well as their openness to experience and willingness to try new things. People vary in their needs for:

- Achievement;
- Affiliation;
- Autonomy; and
- Dominance.

Additional personality insights include locus of control, Machiavellianism, self-esteem, self-monitoring, tolerance of ambiguity and risk propensity.

Research has shown that there is a relationship between personality dimension and job performance. For example, openness to experience is important in predicting training competency, extraversion-predicted performance in managerial and sales positions and conscientiousness-predicted performance across a range of positions including professionals.

John Holland also developed Holland Codes or the Holland Occupational Themes (RIASEC), and developed a theory of careers and vocational choice based upon personality types. The personality types are:

- Realistic (Doers) – prefers physical activities that require skill strength and coordination;
- Investigative (Thinkers) – prefers activities involving thinking, organising and understanding;
- Artistic (Creators) – prefers ambiguous and unsystematic activities that allow creative expression;
- Social (Helpers) – prefers activities involving helping and developing others;
- Enterprising (Persuaders) – prefers verbal activities in which there are opportunities to influence others and attain power; and
- Conventional (Organisers) – prefers rule-regulated orderly and unambiguous activities.

Wikipedia⁷ lists pharmacists as Organisers and the personality characteristics of this group are conforming, efficient, practical, unimaginative and inflexible.

Many would argue that pharmacy is a helping/caring profession and therefore characteristic of Helpers such as sociable, friendly, cooperative and understanding are highly desirable.

Understanding personality is important as personality types influence the way people interact and solve problems. Two approaches to classify personality traits are the Myers Briggs Type Indicator (MBTI) and the Big Five Model.

The Myers Briggs Indicator classifies people using four dimensions:

- Social interaction – Extrovert or Introvert. Extroverts need a work environment that is varied and action oriented and lets them be with others and gives them a variety of experiences. Introverts prefer a work environment that is quiet and concentrated, that allows them to be alone and that gives them a chance to explore in depth a limited number of set experiences.
- Preference for gathering data – Sensing or iNtuitive. Sensing people like established routine, have a high need for closure, show patience with routine details and tend to be good at precise work. They dislike new problems unless there are standard ways to solve them. Intuitive types dislike doing the same thing over and over again, jump to conclusions, are impatient with routine details and dislike time for precision.
- Preference for decision making – Feeling or Thinking. Thinking types are unemotional and uninterested in people's feelings. They like analysis and placing things in logical order and are able to dismiss staff when necessary. They may seem hard-hearted and tend to relate well only to other thinking types. People who are feeling types are aware of people and their feelings. They like harmony, need occasional praise and dislike telling people unpleasant things. They tend to be sympathetic and relate well to most people.
- Style of making decisions – Perceptive and Judgemental. Judgemental types are decisive, good planners, purposeful and exacting. They focus on completing a task, make decision quickly and only want the information necessary to get a task done. On the other hand, perceptive types are curious, spontaneous, flexible, adaptable and tolerant. They focus on starting a task, postpone decisions and want to find out all about the task before starting it.

It's difficult to imagine a pharmacy staffed by just one type, for example a majority of intuitive types in the dispensary. The MBTI has been criticised for the lack of evidence to support the validity of the assessment. Another model, the Big Five is supported by research which has shown that five basic personality dimensions encompass most of the significant variations in human personality.

The dimensions of the Big Five model are:

- Extraversion – degree to which someone is sociable, talkative and assertive.
- Agreeableness – degree to which someone is good-natured, co-operative and trusting.
- Conscientiousness – degree to which someone is responsible, dependable, persistent, and achievement oriented.
- Emotional stability – degree to which someone is calm, enthusiastic and secure (positive) or tense, nervous, depressed and insecure (negative).
- Openness to experience – degree to which someone is imaginative, artistically sensitive and intellectual.

How we respond emotionally is the subject of a relatively new concept and field of study, Emotional Intelligence. When managers started looking at it in the 1990s, they saw the potential for positive change and became aware that effectiveness in organisations was at least as much about Emotional Intelligence as IQ^{8,9}.



EMOTIONAL INTELLIGENCE

Emotional Intelligence (EQ) has many definitions but in general it refers to the ability of an individual to be aware of personal emotions and to use that awareness to guide their thinking and behaviour. Studies¹⁰ by psychologist Dr Daniel Goleman show that EQ accounts for:

- 15-45 per cent of a person's success at work;
- as much as 85 per cent for leaders' success at work; and
- up to 70 per cent of an individual's performance.

By comparison, thinking and technical competence account for 30 per cent and IQ for less than six per cent of a person's job success. This is a challenge for pharmacy as our professional competency standards are weighted heavily towards technical competence including management and clinical competencies. However, Domain 2 – Communication and collaboration refers to communicating and working effectively, cooperatively and collaboratively with professional colleagues, patients, and the general public.

Harvard University psychologist, David McClelland's research found that leaders with strengths in a critical mass of six or more emotional intelligence competencies were far more effective than peers who lacked such strengths.¹¹

The components of EQ such as non-cognitive skills, capabilities and competencies that influence a person's ability to succeed in coping with environmental demands and pressures are described by many authors. Emotional Intelligence may be described within the four following components, which have been adapted from Goleman^{12,13}. The four components are:

- **Self-awareness.** Self-aware people are able to gauge their own moods accurately and intuitively know how they are affecting others. Put another way this means you can recognise how your feelings are affecting you and your job performance. You are attuned to your guiding values, can see the "big picture" in a complex situation and can quickly determine the best course of action. You also know your strengths and limitations, be aware of your drives and values and welcome constructive feedback.
- **Self-regulation.** People with high EQ don't allow a bad mood to rule the day. They self-manage to leave it outside the workplace or explain the source of the bad mood to people in a reasonable manner so team members are aware where the mood is coming from and how long it is likely to last.

Good self-regulation also means you can stay unflappable even when confronted by a trying situation. You live by your values. You admit mistakes or faults and confront unethical behaviour rather than turn a blind eye. You're adaptable to new challenges, can juggle multiple demands and are comfortable with ambiguity. You're also pragmatic and have a sense of efficacy. You're optimistic, can seize/create opportunities, can roll with the punches" and have a "glass half full" outlook.

- **Social awareness.** People with social awareness do more than sense other people's emotions they show that they care (see social skills below). They can build rapport and consider others' feelings especially when making decisions.
- **Social skill.** People with social skills know how to develop and maintain good relationships, communicate clearly, inspire and influence others to move in a desired direction. People with this EQ trait, work well in a team, and manage conflict. They are not only aware of other people's emotions but are able to handle the emotions of others. They can understand how their words and actions make other people feel and are sensitive enough to modify them if the impact would be/is negative.



"GOOD SELF-REGULATION ALSO MEANS YOU CAN STAY UNFLAPPABLE EVEN WHEN CONFRONTED BY A TRYING SITUATION. YOU LIVE BY YOUR VALUES. YOU ADMIT MISTAKES OR FAULTS AND CONFRONT UNETHICAL BEHAVIOUR RATHER THAN TURN A BLIND EYE. YOU'RE ADAPTABLE TO NEW CHALLENGES, CAN JUGGLE MULTIPLE DEMANDS AND ARE COMFORTABLE WITH AMBIGUITY."

Implications for Managers

Managers need an awareness of employee attitudes because attitudes influence behaviour and give clues to potential problems. Staff turnover is a cost to business so to keep staff absences down and productivity up taking actions to generate positive attitudes will be good for business.

Employees will try to reduce dissonance. If they are asked to do something that appears inconsistent for them or is at odds with their attitudes, the pressure to reduce dissonance is decreased, as the employee perceives that the dissonance is externally imposed and not controllable.

A key point in understanding personality differences lies in employee selection. Psychologist John Holland's theory states that an employee's satisfaction with their job as well as the likelihood of leaving that job depends on the degree to which their personality matches their work environment. Lack of congruence between personality and environment leads to dissatisfaction, unstable career paths, and lowered performance¹⁴.

Employees react to perceptions not to reality. If employees perceive performance reviews to be biased or wage levels to be low they will behave as though that is reality. Managers need to pay close attention to how people perceive their jobs and management practices and minimise their own perceptual errors.

Employees will learn on the job. Learning may be managed through rewards. However, staff look to managers for cues to acceptable behaviour. Managers need to be positive role models as their "negative" behaviours will be interpreted as a signal e.g. that coming in late is acceptable.



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UNDERSTANDING ORAL CONTRACEPTIVE CHOICES

C The world of contraception has come a long way, offering individuals greater choices and control over their reproductive health. Currently, individuals have access to various contraceptive methods, including oral contraceptive pills, intrauterine methods, contraceptive implants, depot injections and barrier methods.





Learning Objectives

After completing this activity, pharmacists should be able to:

- Outline the hormonal changes in a typical menstrual cycle and how hormonal contraceptives suppress ovulation.
- Recognise factors influencing the choice of different oral contraceptive and other contraceptive methods.
- Identify strategies for managing contraceptive pill side effects.
- Recall the protocols for managing missed contraceptive pills and the types of oral emergency contraceptives available.

While each contraceptive method comes with distinct advantages and disadvantages, oral contraceptive pills (OCPs) remain a popular option due to their convenience, reversibility, and additional benefits such as managing conditions including menorrhagia and dysmenorrhea.¹

It is estimated that between 50% and 80% of Australian women have used an OCP at some point in their reproductive journey.²

As pharmacists, it is important to be aware of the different types of OCPs available, understanding which hormonal contraceptive method aligns with the unique needs of each patient.



AUSTRALIA

Competency standards addressed:

1.5, 2.2, 2.3, 3.1, 3.2, 3.5



Accreditation Number: A2312ACP4

Expires: 17/12/2025

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

NEW ZEALAND

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

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

Factors Influencing Contraceptive Choice

There are many different factors that influence contraceptive choice. A healthcare provider's responsibility is to ensure that patients are informed about all viable contraception methods, enabling them to make well-informed choices. This begins with taking a comprehensive medical and social history. Essential points when taking a contraceptive history are outlined in Table 1.

Table 1. Key points in history taking³

Information for Contraceptive Choice	<ul style="list-style-type: none"> • Previous experiences with contraceptives and any encountered issues or side effects • Future pregnancy plans • Frequency of intercourse • Conditions that might benefit from the use of hormonal contraception including heavy menstrual bleeding, dysmenorrhea and pelvic pain or acne
Medical History	<ul style="list-style-type: none"> • Smoking • Migraine with aura • Hypertension • Diabetes • Hyperlipidaemia • Thrombogenic mutation • Venous thromboembolic disease, stroke, transient ischaemic attack, or coronary artery disease • Immobilisation • Early menopause • Hepatobiliary disease • Hormone-dependent cancers, including breast cancer • Concurrent use of medications, including liver enzyme-inducing medications • Allergies (medication allergies and allergies to latex in the case of condom provision)
Family History	<ul style="list-style-type: none"> • Venous thromboembolic disease, stroke, transient ischaemic attack, or coronary artery disease
Social Factors	<ul style="list-style-type: none"> • Alcohol and recreational drug use • Partner issues, including reproductive coercion and intimate partner abuse • Views on pregnancy options if contraceptive failure occurs • Importance placed on method efficacy and pregnancy prevention • Financial ability to afford contraception and attend repeat visits • Need to conceal contraceptive use • Acceptance of irregular or absent bleeding • Religious or cultural influences
Reproductive and Sexual History	<ul style="list-style-type: none"> • Current breastfeeding status • Past pregnancies • Menstrual history, including any abnormal bleeding • Pelvic pain or dyspareunia • Abnormal vaginal discharge • Previous gynecological procedures • Risk of sexually transmissible infections • HIV status

To help facilitate the safe provision of contraception, the UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) system was developed. Adapted from the UK and WHO, the UKMEC table is both accessible and applicable in Australia.⁴ The UKMEC system evaluates the risk associated with various contraceptive methods when used concurrently in women with specific medical conditions⁵ Eligibility for each method is classified into four categories (see Table 2). MEC 1 condition indicates no restrictions, while MEC 4 condition signifies an absolute contraindication. In cases where a patient has multiple MEC 2 conditions, the suitability of contraceptive methods should be carefully considered.⁵

MEC Category	Definition
MEC 1	A condition for which there is no restriction on the use of the method.
MEC 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks.
MEC 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method. The provision of a method requires expert clinical judgement and/or referral to a specialist contraceptive provider since use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable.
MEC 4	A condition which represents an unacceptable health risk if the method is used.

Types of Oral Contraceptive Pills

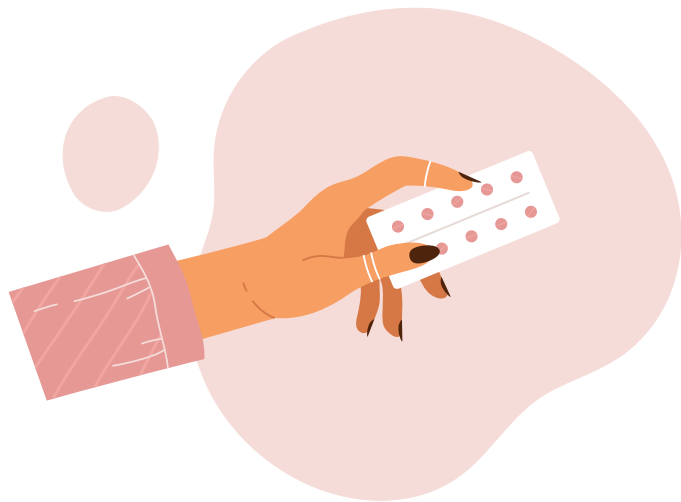
A variety of oral contraceptive pills are accessible to cater to the specific requirements and preferences of individuals seeking contraception. These OCPs can be broadly categorised into combination pills and progestogen-only pills.

COMBINED ORAL CONTRACEPTIVE PILL (COC)

Mechanism of action

The estrogen component of the COC works by suppressing the production of FSH in the pituitary gland, inhibiting the monthly release of an egg from the ovaries.^{7,8} Simultaneously, the progestogen thickens the fluid around the cervix, creating a barrier to impede the entry of sperm into the uterus or womb.⁸

“AS PHARMACISTS, IT IS IMPORTANT TO BE AWARE OF THE DIFFERENT TYPES OF OCPs AVAILABLE, UNDERSTANDING WHICH HORMONAL CONTRACEPTIVE METHOD ALIGNS WITH THE UNIQUE NEEDS OF EACH PATIENT.”



Choice of COC

Combined oral contraceptives consist of a combination of synthetic forms of the hormones oestrogen and progesterone. When used correctly, this contraceptive method exhibits an efficacy rate exceeding 99.5% in preventing pregnancy.⁹

Various types of COCs are available, each differing in strengths and dosing regimens. The monophasic formulation characterised by a consistent hormone dosage throughout the menstrual cycle, is often preferred by patients seeking a predictable monthly cycle. Guidelines recommend a monophasic formulation, specifically ethinylestradiol (20 or 30 micrograms) and levonorgestrel, as the first-line choice when initiating COC use.¹⁰ In contrast to monophasic COCs, multiphasic COCs feature varying hormone doses of progestogen and/or estrogen during the menstrual cycle, mimicking the natural hormonal fluctuations. While they were initially introduced to minimise side effects, evidence supporting their advantages remains limited.¹¹ Extended formulations are also available providing a continuous dose of estrogen and progesterone for more than 28 days, eliminating the traditional pill-free interval. These different formulations of contraceptive pills and their brands are listed are detailed in table 3.

Table 3. Combined oral contraceptive pills (COCP) available in Australia (Adapted from Therapeutic Guidelines¹⁰ & Australian Medicines Handbook)¹¹

Brand	Estrogen dose (micrograms)	Progestogen dose (micrograms)
Zoelyl ¹	estradiol 1500	nomegestrol 2500
Femme-Tab 20/100, Lenest 20, Loette, Microgynon 20, Micronelle 20	ethinylestradiol 20	levonorgestrel 100
Bella ¹ , Brooke ¹ , Yana ¹ , Yaz ¹	ethinylestradiol 20	drospirenone 3000
Madeline, Marvelon	ethinylestradiol 30	desogestrel 150
Valette	ethinylestradiol 30	dienogest 2000
Brooklynn, Isabelle, Petibelle, Yasmin, Yelena	ethinylestradiol 30	drospirenone 3000
Eleanor 150/30, Evelyn 150/30, Femme-Tab 30/150, Lenest 30, Levlen, Microgynon 30, Micronelle 30, Monofeme, Seasonique ²	ethinylestradiol 30	levonorgestrel 150
Brenda-35, Diane-35, Estelle-35, Juliet-35	ethinylestradiol 35	cyproterone 2000
Norimin	ethinylestradiol 35	norethisterone 500
Brevinor-1, Norimin-1	ethinylestradiol 35	norethisterone 1000
Microgynon 50	ethinylestradiol 50	levonorgestrel 125
Nextstellis ¹	estetrol 14200	drospirenone 3000
Logynon, Trifeme, Triquilar	phase 1 (6 pills): ethinylestradiol 30 + levonorgestrel 50 phase 2 (5 pills): ethinylestradiol 30 + levonorgestrel 75 phase 3 (10 pills): ethinylestradiol 40 + levonorgestrel 125	
Qlaira ³	phase 1 (2 pills): estradiol valerate 3000 alone phase 2 (5 pills): estradiol valerate 2000 + dienogest 2000 phase 3 (17 pills): estradiol valerate 2000 + dienogest 3000 phase 4 (2 pills): estradiol valerate 1000 alone	

Packs contain 21 active tablets followed by 7 inactive tablets unless specified

¹ 24 active tablets followed by 4 inactive tablets

² 84 active tablets followed by 7 tablets containing 10 mcg ethinylestradiol

³ 26 active tablets followed by 2 inactive tablets



Contraindications and Precautions

- **Risk of VTE:** The use of COCs increases the risk venous thromboembolism (VTE).¹⁰ However, the risk remains low. The estimated VTE risk during COC use ranges between 5 and 12 per 10,000 women per year, in comparison to 2 per 10,000 non-COC users per year.⁵ It is important to highlight that the VTE risk is lower during COC use than during pregnancy and the postpartum period.⁵ COCs containing cyproterone, desogestrel, drospirenone, gestodene, or etonogestrel have been linked to a slightly higher VTE risk compared to formulations containing levonorgestrel or norethisterone.¹⁰ In cases where a woman has significant VTE risk factors, combined hormonal methods are contraindicated (MEC 3–4).¹⁰
- **Other risks:** COC contraindications are primarily associated with risk factors or personal history of arterial and venous diseases.¹² Conditions classified as MEC 3 and 4 contraindications include a history of migraine with aura, smoking in individuals aged over 35 years, hypertension, BMI above 35 kg/m², a first-degree relative aged 45 years or younger with a venous thromboembolism (VTE), or a personal history of breast cancer.¹²
- **Drug Interactions:** The main drug interactions with COCs result from the induction of cytochrome P450 liver enzymes.¹⁰ These enzyme-inducing medications accelerate the metabolism of both estrogens and progestogens, resulting in a decreased effectiveness of oral hormonal contraceptive methods.¹⁰ Drugs known to induce these enzymes include antiepileptics, St John's Wort, antibiotics such as rifampicin and rifabutin and certain drugs used to treat viral infections such as HIV.¹⁰ Alternative contraceptive methods such as depot medroxyprogesterone or an intrauterine method should be explored and discussed with patients taking these medications.¹⁰

Non-Contraceptive Benefits

- **Acne:** COCs have shown to lower serum androgen concentrations, thereby reducing acne.¹⁰ COCs containing dienogest, drospirenone and cyproterone may be more beneficial for acne patients, however there is insufficient evidence available to establish the superiority of any particular COC formulation over another in the context of acne management.¹⁰ Prolonged treatment is necessary to maintain improvements in acne, and it typically requires several months of consistent treatment before an improvement of acne is observed.¹¹
- **Menstrual Bleeding:** COCs are an effective option for managing heavy menstrual bleeding.¹⁰ The estrogen component within contraceptive pills promotes increased clotting factors in the blood.¹³ This results in a reduction in menstrual flow, a shorter duration of menstruation, and relief of associated pain often encountered during heavy periods. Contraceptive pills consisting of estradiol valerate with dienogest are indicated for heavy or prolonged menstrual bleeding, however the available data is insufficient to recommend its superiority over alternative formulations due to no comparative studies been undertaken.¹⁰ In cases where patients present with heavy menstrual bleeding for the first time, a comprehensive approach involving a thorough history, pelvic examination, and abdominal examination is advised.¹⁰
- **Dysmenorrhea & Endometriosis:** COCs are considered first choice to subside dysmenorrhea.¹⁴ They also have an influence on endometriosis-related pain symptoms. In cases where pain is not improved, extended COC regimens are recommended.¹⁴

- **Adolescents:** Adolescents seeking an oral contraceptive method often prefer COCs due to their convenience being ceased and restarted easily if required.¹⁰ Additionally, COCs provide the flexibility to manipulate the menstrual cycle through personalised regimens, as detailed below in tailored regimens.¹⁰

Starting a COC

In Australia, the packaging of COCs varies. Contemporary pill packaging instructs women to initiate with an active hormone pill, while traditional packaging states to start with either a placebo or an active pill based on menstrual cycle timing. Commencing COCs at other times using the quick start method (initiating the method outside the recommended time, such as on the day of the consultation) necessitates seven days of active hormone administration for contraceptive protection.³ Termed the seven-day rule, this approach is grounded in the understanding that seven days of hormone administration are essential to suppress ovulation. In cases where pregnancy cannot be ruled out during initiation, women are advised to undergo a pregnancy test four weeks later, even if a scheduled withdrawal bleed occurs.³ For those using a pill pack instructing a start with a placebo rather than an active pill, contraceptive efficacy may take up to 12 days to be established (up to five days on placebo pills plus seven days of active pills).³

Tailored Regimens

A typical COC regimen includes a 28-day supply comprising of 21 active pills and 7 inactive pills. During the hormone-free interval, most users experience a withdrawal bleed.¹⁰ However, research suggests that monthly withdrawal bleeds do not offer clinical benefits.¹⁰ Modifying COC regimens by adjusting the hormone-free interval is both safe and effective in preventing or minimising withdrawal bleeds.¹⁰ This tailored approach offers advantages for women with dysmenorrhea, endometriosis, heavy menstrual bleeding, premature ovarian insufficiency, and those experiencing symptoms during the hormone-free period, such as headaches and mood changes.¹⁰

Options for tailored regimens include:

- Continuous use: no hormone-free interval
- Extended use: less frequent hormone-free intervals, including tricycling (e.g. Seasonique)
- Shortened hormone-free intervals (e.g. Yaz, Zoely and Qlaria)

While amenorrhea is commonly achieved by many women through continuous use of COCs, unexpected bleeding may be problematic.¹⁰ In cases of troublesome breakthrough bleeding persisting for 4 or more days during continuous use, consider advising a 4-day contraceptive break, provided the last 21 days involved active pills (otherwise, defer the break until after 21 days of active pill use).¹⁰ If unexplained bleeding persists, investigate potential causes such as sexually transmitted infections, pregnancy, drugs inducing liver enzymes, and vaginal, cervical, or uterine pathology.¹⁰

Missed Pill

For combined oral contraceptive (COC) pills, the maximum interval between pills is 48 hours. Therefore, a COC is not deemed a missed pill until it exceeds the 24-hour mark.¹⁰ The most critical period to avoid missing a pill is within the initial 7 days following the hormone-free interval (inactive pills), as this is when the likelihood of breakthrough ovulation is at its peak.¹⁰

Guidance on managing missed COCs is outlined in Figure 1. This protocol is also applicable to progestogen-only contraceptive pills (POPs) that incorporate drospirenone.



Missed Pill Protocol – Combined Oral Contraceptive Pill

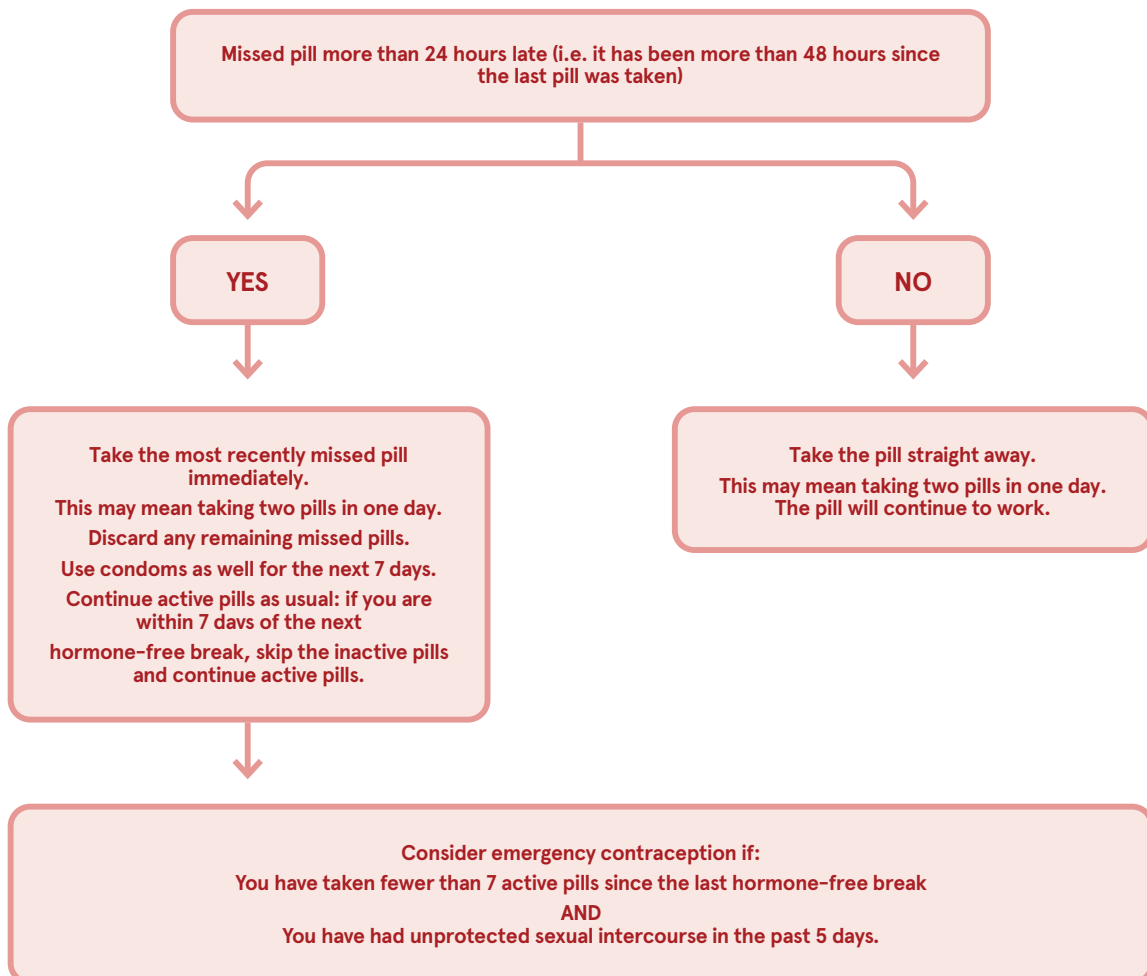


Figure 1. Missed Pill Protocol- Combined oral contraceptive pill (Adapted from Therapeutic Guidelines)¹⁰

Progestogen-Only Contraceptive Pill (POP)

MECHANISM OF ACTION

Traditional POPs containing levonorgestrel or norethisterone work by thickening the cervical mucus, preventing the sperm from entering.¹⁵ Evidence on POPs effectiveness is limited, but it's thought to be similar to COCs, with 99.5% efficacy in perfect use and 93% in typical use.¹²

A notable advancement in progestogen-only contraception is the introduction of the recently approved drospirenone pill. Unlike traditional POPs, drospirenone not only blocks the passage of sperm through the cervix into the uterus but also prevents the ovary from releasing eggs.¹⁶ This aspect makes it less time-sensitive, providing a 24-hour window for pill administration to prevent pregnancy. The formulation also deviates from the traditional POP structure (one active pill each day) by incorporating a four-day hormone-free break. This break was developed to induce a scheduled withdrawal bleed and reduce unscheduled troublesome bleeding.¹⁷

CHOICE OF POP

Progestogen-only pills (POPs) are often referred to as the "mini-pill". These pills contain progestogen, a synthetic form of the natural hormone progesterone, but do not include estrogen. POPs are well-suited for patients who may be sensitive to or have contraindications to estrogen containing OCPs. It is important to note that progesterone only pills have a narrower window in the timing of taking each dose (compared to combination pills), and strict adherence to the dosing schedule is key for their effectiveness. See Table 4 for a list of available POP currently available in Australia.

CONTRAINDICATIONS AND PRECAUTIONS

- **Risks:** POPs are generally considered safe, with the only contraindication being current breast cancer (MEC 4).¹⁰ However, expert clinical judgment or referral (MEC 3) is advised for individuals with the following conditions¹⁰: unexplained vaginal bleeding, past breast cancer, severe (decompensated) cirrhosis, hepatocellular adenoma or malignant liver tumour, ischaemic heart disease, stroke, or transient ischaemic attack (TIA) that develops during use.
- **Drug interactions:** Similar to COCs, the efficacy of POPs is impacted by the simultaneous use of liver enzyme-inducing medications.¹⁰ Consequently, alternative methods such as depot or IUD are recommended for patients on these medications.¹⁰

BLEEDING IRREGULARITIES

Abnormal bleeding is a common reason for discontinuation of a POP containing levonorgestrel or norethisterone.¹⁰ While data on abnormal bleeding rates with POPs containing drospirenone are limited, study withdrawal rates due to this issue remain low, around 3%.¹⁰ In a specific study, 45% of drospirenone users experienced amenorrhea by the ninth POP cycle, while some users observed no change in their menstrual cycle.¹⁰ If troublesome bleeding occurs, switching to a different POP formulation is recommended.¹⁰ For those using a POP with levonorgestrel or norethisterone, experimenting with a double dose is a potential approach, although evidence supporting this is currently lacking.¹⁰

NON-CONTRACEPTIVE BENEFITS

- **Contraindications:** POPs are a safe oral contraceptive option for women who face contraindications to estrogen in COCs or to avoid the estrogen component due to concerns such as the increase in thromboembolic risk.¹⁰
- **Breastfeeding:** POPs are frequently prescribed for breastfeeding individuals since they do not elevate the risk of venous thromboembolism (unlike combined hormonal contraception).¹⁰
- **Dysmenorrhea & amenorrhea:** Research indicates that individuals taking the POP containing drospirenone have experienced a decrease in dysmenorrhea and an increased likelihood of amenorrhea.¹²

STARTING A POP

POPs are suitable for initiation in women of all ages and can be used until menopause is established, provided there are no contraindications.³ They can be commenced at any stage in the menstrual cycle and offer immediate effectiveness when started between days 1 to 5.¹⁰ However, if started on any other day of the cycle, immediate pregnancy protection is not guaranteed. POPs containing levonorgestrel or norethisterone require 48 hours (3 consecutive pills) to become effective, while those with drospirenone require 7 days to take effect.¹⁰

MISSED PILL

Traditional POPs present a limited administration timeframe, with a maximum interval between doses being 27 hours.¹⁰ However, the drospirenone progestogen-only pill extends this window, allowing for a maximum dosing interval of 48 hours.

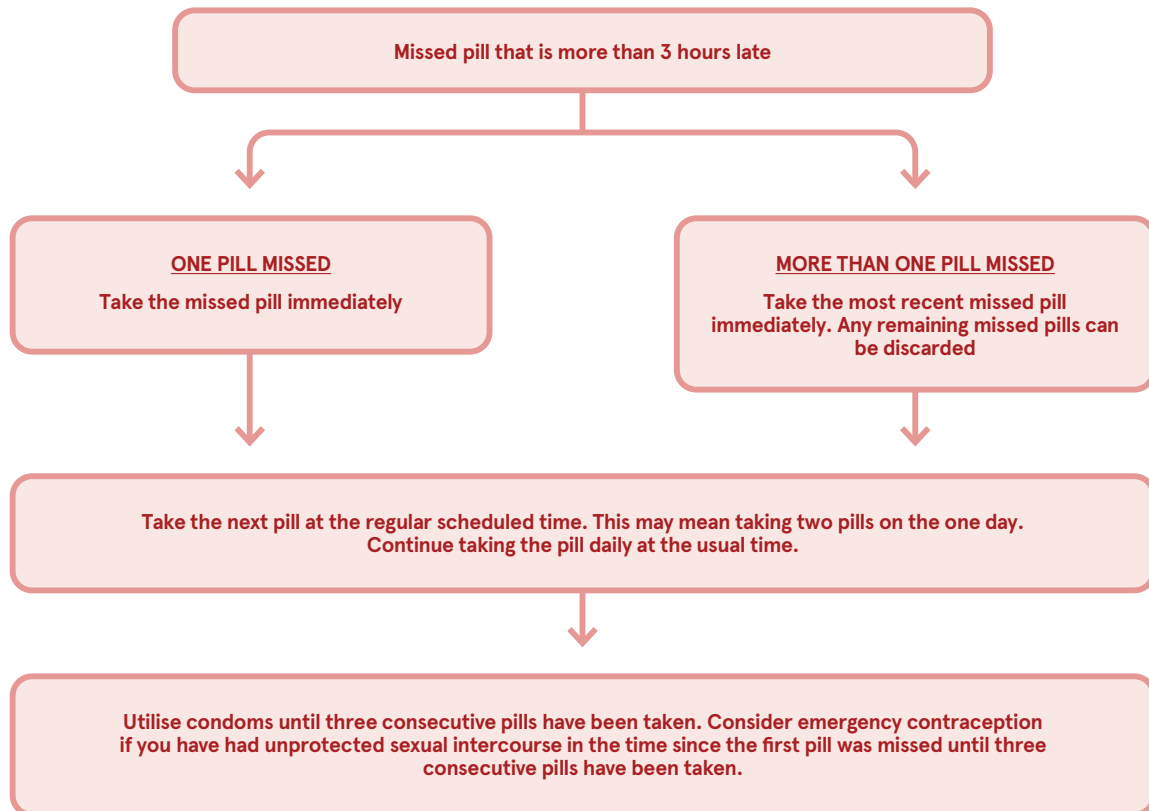
If a progestogen-only pill containing norethisterone or levonorgestrel is taken more than 3 hours past the scheduled time, it is classified as a missed pill.¹⁰ It is recommended to use condoms during sexual activity until three consecutive pills have been taken. In the event of unprotected intercourse during this period, emergency contraception should be considered (refer to Figure 2). For drospirenone containing POPs refer to Figure 1.

Table 4. Progestogen-only contraceptive pills available in Australia (Adapted from Therapeutic Guidelines)¹⁰

Brand	Progestogen dose (micrograms)
Microlut	Levonorgestrel 30
Noriday	Norethisterone 350
Slinda ¹	Drospirenone 4000

Packs contain 20 active tablets unless specified
¹24 active tablets followed by 4 inactive tablets

Missed Pill Protocol – Progestogen-Only Pill (Containing Levonorgestrel or Norethisterone)



**Figure 2 Missed Pill Protocol– Progestogen-only pill (containing levonorgestrel or norethisterone)
(Adapted from Therapeutic Guidelines)⁵**

Emergency Contraception

Emergency contraception commonly known as the “morning-after pills,” serve as a vital backup plan for individuals facing potential contraceptive failures or unprotected sexual encounters. There are two types of oral emergency contraception pills available over the counter in Australian pharmacies, ulipristal 30mg & levonorgestrel 1.5mg.

Levonorgestrel is approved for use within 72 hours (3 days) following unprotected sexual intercourse.¹⁰ This medication acts by preventing or delaying ovulation.¹¹ However, it is ineffective once the luteinising hormone surge begins, and there is no evidence supporting its role in preventing fertilisation or inhibiting implantation post-ovulation^{18,19}

In contrast, ulipristal remains effective for up to 120 hours (5 days) after unprotected sexual intercourse.¹⁰ It also prevents or delays ovulation, however, unlike levonorgestrel, it can be effective even after the initiation of the luteinising hormone surge.¹⁰

Despite being generally well-tolerated, these medications may provoke nausea and vomiting. In cases of vomiting within 3 hours after the initial dose, administering a second dose is advisable.¹⁰ Menstrual disturbances are also common after hormonal emergency contraception, with most women experiencing a menstrual bleed within seven days of the expected time, which may occur a few days earlier or later than expected.²⁰ Delayed bleeding is more prevalent with ulipristal, with bleeding delayed by more than a week in 18.5% of women and three weeks or more in 4%.²¹

Managing Adverse Effects

Common adverse effects from OCPs include bloating, breast tenderness, nausea, and headache.¹⁰ It is recommended to observe a period of two to three cycles to assess the suitability of an oral contraceptive pill, allowing time for the resolution of early adverse effects.³ Limited evidence exists regarding the comparative benefits of one pill over another concerning the management of adverse effects. Comprehensive suggestions for managing these effects are available in Table 5.

Table 5. Management of side effects for oral contraceptive pills (Adapted from Therapeutic Guidelines)¹⁰

Symptom	Management strategies
Headache	Reduce estrogen and/or progestogen dose. If headache occurs in hormone-free interval consider a tailored regimen.
Nausea	Reduce estrogen dose Take COC at night Exclude pregnancy Change to another method of contraception
Breast Tenderness	Reduce estrogen and/or progestogen dose Change progestogen Consider using a COC containing drospirenone
Bloat and fluid retention	Reduce estrogen or progestogen dose Change progestogen; consider using a COC containing drospirenone (has a mild diuretic effect)
Breakthrough bleeding	Address underlying causes If using a COC containing 20 microgram ethinylestradiol. Change to a COC with a higher dose of estrogen Change progestogen Change to vaginal ring If using continuously, consider a 4 day hormone-free break when breakthrough bleeding occurs
Vaginal discharge	Exclude infection If using vaginal ring, change to COC
Weight gain	Address other causes
Mood changes	Medical review if new or worsening mood symptoms Address other causes Consider a tailored regimen Consider a COC containing drospirenone if symptoms exacerbated premenstrually
Acne	Change formulation; however insufficient evidence to guide choice of contraceptive
Reduced libido	Change formulation; insufficient evidence to guide choice of contraceptive

Patient Considerations

Medication adherence is an important factor to take into consideration when recommending an OCP. Studies indicate that approximately 50% of women report missing their pill at least once per month.²² This less than perfect adherence diminishes the pill's effectiveness from 99.7% to 91% and is identified as the primary cause of unintended pregnancies among pill users.²³ Women who report believing they have higher knowledge of the pill or exhibit greater knowledge, have found to have greater adherence and express an intent to continue its use.²³ Alternate contraceptive methods, such as an IUD or implant, may be more suitable for patients with unpredictable schedules (e.g. shift work) or those that may find it challenging to adhere to a strict daily regimen.

Additionally, acknowledging patient beliefs and preferences are integral to the decision-making process. Some individuals may have concerns about hormonal contraception and its potential side effects. Concerns about hormonal contraception and potential side effects should also be addressed to ensure that patients feel comfortable and confident with their chosen contraceptive method.

Future of Oral Contraceptives

The future of oral contraceptives is rapidly evolving, indicating a promising future for women's healthcare. Currently, pilot programs are actively rolling out across various states in Australia, allowing pharmacists to prescribe the oral contraceptive pill to patients. In the pilot, pharmacists will be required to assess each patient before prescribing to ensure safe and appropriate continuation of the oral contraceptive pill via a consultation.²⁴ As a result, pharmacists must navigate these changes and enhance their proficiency in conducting comprehensive history-taking and follow-ups. This innovative approach not only signifies a transformative phase in pharmacy but also promises to revolutionise women's healthcare. By reducing the need for frequent doctor visits, women gain easier and more immediate access to oral contraceptives, marking a paradigm shift in the way these essential medications are obtained.



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Part 1 – Organisational Behaviour: An Introduction

01 Studying organisational behaviour helps managers to:

- a) Predict how staff will react to actions managers take and influence the way employees behave
- b) Manage resources and improve the bottom line
- c) Select staff who know how to behave
- d) Ensure that the business does not cater for minority groups

02 Visible dimensions of organisational behaviour include:

- a) Formal goals, policies and procedures and financial resources
- b) Perceptions & attitudes.
- c) Communication patterns, personal attributes, and team conflicts
- d) Underlying competencies and skills

03 The three main disciplines which the study of organisational behaviour involves includes all of the following except:

- a) Sociology
- b) Psychology
- c) Anthropology
- d) Political Science

04 Psychological factors help to predict and explain employee behaviour. Which of the following is CORRECT?

- a) Higher job satisfaction always leads to better performance
- b) Dissonance is congruence between beliefs and attitudes
- c) Central or core attitudes are resistant to change
- d) Thinkers prefer activities that are unsystematic and ambiguous

05 Myers Briggs indicators classify personality types. Which of the following is INCORRECT?

- a) Extroverts need a work environment that is varied and action oriented and lets them be with others and gives them a variety of experiences.
- b) Feeling people like harmony, are sympathetic and relate well to most people
- c) Sensing people like established routine, have a high need for closure, show patience with routine details and tend to be good at precise work.
- d) Introverts are self-conscious people but they like to work with others to maximize their productivity

06

Emotional Intelligence (EQ) has four components that influence a person's ability to succeed in coping with demands and pressures. Which of the following is CORRECT?

- a) People with social skills like to party and disrupt the workplace by always coming in late.
- b) People with high EQ are adaptable, pragmatic, attuned to their guiding values and know their limitations.
- c) Self-aware people know their strengths but are unable to see the "big picture."
- d) People with good self-regulation are good to have in a team as they will turn a blind eye to unethical behaviour in order to maintain harmony

07

Perception is the process by which individual's organise and interpret their sensory impressions and give meaning to their environment. It is influenced by:

- a) Personal characteristics of the perceiver
- b) Characteristics of the person being observed
- c) The context in which the object or event are viewed
- d) All of the above



LEARNING OBJECTIVES

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

- Discuss some of the broad organisational behaviour factors to consider when managing people.
- Describe the factors that influence how individuals behave within an organization.
- Be aware of cultural and workplace factors which influence behaviour.



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Understanding Oral Contraceptive Choices

01 Which hormone is primarily responsible for thickening the cervical mucus, preventing sperm entry?

- a) Estrogen
- b) Progestogen
- c) Luteinising hormone (LH)
- d) Follicle-stimulating hormone (FSH)

02 Which specific enzyme-inducing medications decrease the effectiveness of oral contraceptive pills?

- a) Antipsychotics
- b) Antiepileptics
- c) Antidepressants
- d) Antifungals

03 A 20-year-old woman begins taking the combined oral contraceptive pill to manage heavy menstrual bleeding. After three months, she complains of persistent nausea despite adhering to a regular pill schedule. Her last menstrual period occurred two weeks ago, and a negative pregnancy test was obtained today. What is the most appropriate action to take?

- a) Recommend an antiemetic medication be prescribed alongside the contraceptive pill.
- b) Continue with the current contraceptive pill and monitor symptoms.
- c) Reduce the estrogen component.
- d) Reduce the progestogen component.

04 Which of the following statements regarding emergency contraception is incorrect?

- a) Ulipristal remains effective for up to 120 hours after unprotected sexual intercourse.
- b) Menstrual disturbances are uncommon after hormonal emergency contraception.
- c) Levonorgestrel is approved for use within 72 hours following unprotected sexual intercourse.
- d) Ulipristal works by preventing or delaying ovulation.

05 A 26-year-old woman on a combined oral contraceptive pill regimen realises she missed a dose by approximately 20 hours ago. She is currently in the middle of her pill cycle. What is the most appropriate course of action?

- a) Take the missed pill immediately and continue with the regular schedule. This may mean taking two pills in the one day.
- b) Skip the missed pill and continue with the regular schedule.
- c) Take the missed pill immediately and use additional contraceptive methods (condoms) for the next seven days.
- d) Skip the missed pill and continue with the regular schedule. Use additional contraceptive methods (condoms) for the next seven days.



LEARNING OBJECTIVES

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

- Outline the hormonal changes in a typical menstrual cycle and how hormonal contraceptives suppress ovulation.
- Recognise factors influencing the choice of different oral contraceptive and other contraceptive methods.
- Identify strategies for managing contraceptive pill side effects.
- Recall the protocols for managing missed contraceptive pills and the types of oral emergency contraceptives available.



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