

Australasian — PHARMACY —

President's
Message PGA

President's
Message PGNZ

APP2024 Visual
Highlights

A LOOK BACK AT

APP 2024



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PRESIDENT'S MESSAGE

Trent Twomey

President, Pharmacy Guild of Australia

WELCOME TO AUSTRALASIAN PHARMACY

Pharmacy is a dynamic and ever evolving sector and that's reflected in the Guild as we introduce you to Australasian Pharmacy.

It is bigger and better than its predecessor, ITK.

Australasian Pharmacy is the new communications tool of both the Pharmacy Guild of Australia and the Pharmacy Guild of New Zealand.

It will be in both print and digital formats.

If you were at APP 2024 on the Gold Coast in March, you would have noticed our new digital channel in action, interviewing high profile guests such as Federal Opposition Leader Peter Dutton and Queensland Health Minister Shannon Fentiman.

Myself and my New Zealand counterpart – and good mate – Des Bailey launched the channel at the conference.

This is a way for the Pharmacy Guilds of Australia and New Zealand to communicate with our members and the entire industry, whether it be suppliers, politicians or decision makers.

Australasian Pharmacy will be talking to the decision makers and stakeholders in community pharmacy and will be a dedicated news breaking service for pharmacy.

8CPA BREAKTHROUGH

Like most pharmacists, pharmacy assistants and those who work with the broader community pharmacy sector, the APP Conference on the Gold Coast is a highlight of the Guild's year.

As President it's my job to report to you on the state of community pharmacy. APP should be an occasion to talk about all the good things happening in our world and for our patients.

In the days before the Conference's opening, I honestly didn't know if I was going to be telling you good news or bad news.

We were still furiously negotiating an Eighth Community Pharmacy Agreement in the countdown to the Conference.

And while I could see progress was being made, there was no guarantee I'd be having anything positive to announce despite six months of negotiations.

Thankfully, we got a breakthrough on the eve of APP 2024.

My speech had to be rewritten in the hours before APP, something I mentioned in the speech itself.

What I said to the conference, and what I am telling you here, is that the lesson of the last 12 months it is this: when the Government implements policy unilaterally, implementation is difficult and health outcomes suffer.

However, when the Government works with your Guild, on your behalf:

- Healthcare is more affordable. Impactful cost of living relief is delivered, like the first copayment reduction in the 75 year history of the Pharmaceutical Benefits Scheme.
- Healthcare outcomes improve, and community healthcare is more accessible – look at the Scope of Practice transformations being led by Labor Governments in Queensland, New South Wales and Victoria.
- Community pharmacies are sustainable, able to be depended upon by local communities.

Genuine reforms are delivered through Community Pharmacy Agreements, not in spite of them.

Our hard work on your and our patient's behalf has paid off.



The Guild was able to announce that:

1. A Heads of Agreement for a new Community Pharmacy Agreement has been signed by the Commonwealth Government and the Pharmacy Guild of Australia;
2. The Heads of Agreement reflects an intended Australian Government investment of an additional \$3 billion in community pharmacy, and in cheaper medicines;
3. The full details of the measures contained in the Heads of Agreement remain to be finalised by the parties as soon as practicable; and
4. The parties will use their best endeavours to agree an 8CPA commencing from 1 July 2024.

As I write this, we still have the finer details of the 8CPA to resolve. I know you all will want to ask questions about what this Agreement means for your patients and your community pharmacy.

Once the Agreement is formally signed, it will be publicly available.

It's also when we will be able to talk to you directly and answer your questions, travelling around the country through our State of the Industry Roadshows.

I look forward to seeing you there.

The future of community pharmacy is bright.



“GENUINE REFORMS ARE DELIVERED THROUGH COMMUNITY PHARMACY AGREEMENTS, NOT IN SPITE OF THEM.”

FEDERAL BUDGET

It's that time of the year when the Federal Budget becomes front and centre.

Your Guild has contributed to the 2024 Budget with our submission. You can read all about our submission in this edition of Australasian Pharmacy.

We are asking the federal government to focus on strategies to address the workforce shortage.

We have submitted proposals to improve PBS prescribing and aged care.

I know you will enjoy this first print edition of Australasian Pharmacy.

Trent Twomey

President, Pharmacy Guild of Australia



PRESIDENT'S MESSAGE

Des Bailey

President, Pharmacy Guild of New Zealand

I am delighted to be contributing to the first Australasian Pharmacy magazine. The New Zealand and Australian Guild's have always had a close working relationship, and a bi-monthly magazine focused on providing business and clinical content for community pharmacy owners in both countries is a logical next step.

We look forward to working with the Australian team who produces this fantastic magazine to ensure useful content relevant to New Zealand Guild members is included and to sharing updates on the New Zealand market that may be of interest to our Australian colleagues.

The New Zealand community pharmacy sector, like the rest of the world, is under pressure, with a shortage of pharmacists and pharmacy technicians, concerns about sustainability and ongoing viability due to government funding shortfalls over many years, and increasing competition from discounters.

2023 saw many positive changes for community pharmacies in New Zealand. Highlights included the government's decision to remove the \$5 prescription co-payment from 1 July and favourable legislative settings for community pharmacy.

Co-payment removal had been a key strategic priority for us over the past five years. This has seen us providing policy and fiscal advice to government, engaging with members of the Health Select Committee, Cabinet Ministers, and successive Health Ministers. The Minister of Health openly acknowledged that the Guild helped make co-payment removal happen in 2023.

Members have already started to see real benefits, including increased access by removing the cost barrier, with patients returning to their local community pharmacies for a more engaged and personalised service. The financial sustainability of community pharmacies was also strengthened by this decision, helping to sustain the diverse network of pharmacies across New Zealand.

We succeeded in influencing key parts of the Therapeutics Products Act, which was set to replace the Medicines Act 1981, with the final Act fully retaining the need for community pharmacies to be majority-owned and operated under the effective control of pharmacists. We also successfully addressed the risk around the definition of dispensing potentially enabling separate supply and advice components (a 'hub and spoke' model), by ensuring that the definition of dispensing includes the mix of clinical checks, medicine supply and professional advice.

Winter 2023 also saw the government introduce a minor ailment scheme as a 'proof-of-concept' pilot from June to September. Pharmacies in selected Districts delivered consultations and, when appropriate, a range of funded medicines for pain and fever, head lice, eye infections, diarrhoea, dehydration, and minor skin conditions. The minor ailment scheme helped reduce pressure on general practice, with GPs referring patients to pharmacies. The pilot saw community pharmacies deliver over 137,000 consultations (at \$25 per consultation). We are now advocating for this successful service to be rolled out nationally.

Late 2023 then saw the new coalition government announce their commitment to the introduction of a targeted co-payment (planned for 1 July) and a plan to repeal the Therapeutic Products Act (no date specified).

The Guild team recently met with the Health Minister to discuss these issues. The Minister acknowledged there are a range of co-payment policy consequences and implementation challenges that warrant attention and are subject to further work, he recognised the extent of our workforce shortage and that this needs attention, and expressed a need to address the sustainability of core pharmacy services.

The Minister has agreed to meet with us regularly. We look forward to updating you as we continue to work on these and other key issues.



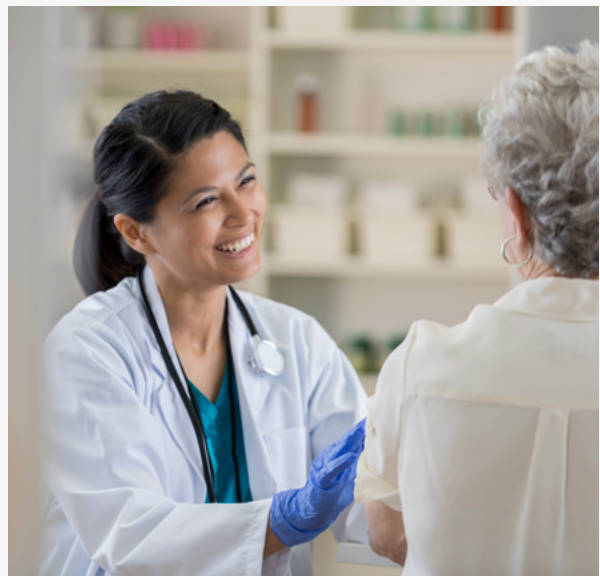
“WE CONTINUE TO ADVOCATE FOR AN EXPANDED ROLE FOR NEW ZEALAND COMMUNITY PHARMACY AND SEE CHILDHOOD IMMUNISATIONS AS A PROMISING NEXT STEP.”

Early 2024 has seen welcome service model expansion for community pharmacy, with the decision to allow pharmacists to vaccinate babies from 6 weeks old. We welcome this announcement as it will increase vaccination sites and improve childhood immunisation rates. It means more points of convenient and timely access in our communities.

It is a great acknowledgement of the work community pharmacy has already done to lift vaccination rates. Community pharmacies in New Zealand are the leading Covid-19 vaccinator, and a significant vaccinator for flu. Pharmacist vaccinators will be upskilled to become authorised vaccinators and complete the same training as other authorised vaccinators, such as general practitioners.

We continue to advocate for an expanded role for New Zealand community pharmacy and see childhood immunisations as a promising next step.

I trust you will enjoy reading this first Trans-Tasman edition, and hope that the similarities and differences in our pharmacy practice will both inspire and challenge you.



Des Bailey

President, Pharmacy Guild of New Zealand



BUDGET WISH TO FOCUS ON WORKFORCE

The federal budget is an important date on the Guild calendar because each year there is always a focus on the health portfolio. Earlier this year the Pharmacy Guild lodged its pre-budget submission for this year's budget.



Your Guild wants strategies implemented on how to address the workforce shortage.

The shortage was raised in the submission along with aged care reform, PBS prescribing and medicine affordability.

In discussing the challenges of the workforce, the submission noted that pharmacists and their staff are facing unprecedented demand, and expectations of their services have never been higher.

The submission says that with an ageing population and further advancements in pharmacists working to their full scope, this demand will only increase. Therefore, strategies are needed to help grow the workforce to meet that demand.

Workforce Strategies

One of the proposals the Guild has put to the government in the submission is to extend the Higher Educational Loan Program (HELP) for rural doctors and nurse practitioners to pharmacists.

This would attract more students to pharmacy and invest in the workforce for the future.

Migration has been another area identified which could help address the workforce shortages.

The Guild has proposed several initiatives in migration including a strategy to increase eligible visa classes that lead to permanent residency.

This Guild is also proposing to lift the cap on skilled migration as well as using immigration outreach officers to support the pharmacy industry to better understand sponsorship requirements and obligations.

Finally, there is a call to increase vocation education and training to "ensure skills and training are appropriate for the future pharmacy workplace".

PBS Prescribing

Our public health system has never been under so much strain and the Guild's pre-budget submission says pharmacists will need to play a greater role to help alleviate the stress in the system.

Key to that is enabling pharmacists to treat and prescribe for certain conditions as permanent practice, starting with Urinary Tract Infections (UTIs) and oral treatments for COVID.

The submission cites the recent success of pilots and trials to treat women with UTIs, a condition that often sees patients present to emergency departments (Eds) for treatment to relieve pain, or waiting days even weeks to see a GP for treatment.

This is one of the most common avoidable presentations to Eds and GP surgeries which could be quickly and effectively treated by pharmacists.

While Queensland and Western Australia have enabled pharmacists to treat and prescribe UTIs as permanent practice, the rest of the country is either undergoing trials or is yet to begin the path to trials.

The Guild notes that if pharmacists treating and prescribing becomes permanent practice nationally, it will improve patient access to timely and effective treatment.

It is the same argument for COVID.

Time is critical in being able to treat COVID quickly and effectively with anti-virals.

For this treatment to be effective, initiation must happen within five days of the first symptoms.

As the Guild's submission notes, "The access pathway for oral COVID-19 treatments involves multiple steps including diagnosis, prescribing, dispensing and supply; time delays can occur at each of these steps, with the cumulative effect leading to patients falling outside of the initiation timeframe, therefore making them ineligible to receive an oral COVID-19 treatment."

Since March 2022, pharmacists have dispensed 1 million antivirals but many, many more would have been dispensed if pharmacists had been able to prescribe anti-virals.

The Guild is proposing in its submission for pharmacists to be able to treat and prescribe COVID anti-virals in line with approved service protocols.

The submission also calls for the appropriate remuneration for these PBS prescribing services and "enabling PBS prescribing for treatments included on the schedule of pharmaceutical benefits."

Aged Care

The Guild's submission has highlighted the findings of the Royal Commission into Aged Care Quality and Safety regarding medication management.

As older Australians have a higher proportion of PBS medication usage the risk for medicine misuse and the need for quality advice and care increases as a patient ages.

This is especially so for patients of Residential Aged Care Facilities (RACFs) who as their health and medicine needs increase, unfortunately their access to their local community pharmacy decreases.

The Guild believes there is a need for more involvement of community pharmacy with RACFs to ensure a consistency of medicine management and advice and timely medicine supply.

Therefore, the Guild is proposing a "high-quality holistic care for residential aged care patients based on assessed needs and allowing for personalised care, regular engagement, and a coordinated and integrated range of support."

Recognising the desire for Australians to age in their home as opposed to a RACF, the Guild says community pharmacies are ideally placed to support Australians ageing in their home by providing:

- Medicine management
- Home delivery services
- Dose administration aids
- Health literacy

The Guild proposes the best way to ensure these services is to incorporate the community pharmacy 'Care at Home' into Home Care Packages from July 1.

The federal budget will be handed down on Tuesday 14th May.

ACT Elections:

TIME'S TICKING AWAY

Election fever is in the air in the ACT as we count-down to an October 2024 polling day. The state of Canberra's health system including lengthy hospital emergency waiting times will be an issue front-and-centre for Canberrans. Other political red-hot ticket items include cost of living, housing affordability, and public infrastructure spend including light rail expansion and the much-discussed new site for Canberra Stadium.

Words | Simon Blacker ACT Branch President





Image: L-R ACT Branch President Simon Blacker, Capital Chemist Southlands Co-owners Marjan Seyedi, Louise McLean, Stacey Fuller and Federal Member for Bean David Smith MP

With the arrival of the Independents for Canberra party on the political landscape, there's room for heightened focus on these big-ticket items particularly health. ACT community pharmacists want to be able to practise at to their full scope to free-up access to GPs, take the pressure of our hospital emergency departments, and make it easier for patients to access health solutions when and where it suits them – whether it's in a pharmacy, walk-in-centre, GP practice or hospital.

We're calling for the Queensland Community Pharmacy Scope of Practice Pilot to be rolled out in the ACT. There are sound reasons for the ACT Government to adopt this model and its learnings and not reinvent the wheel. We need a consistent national approach regarding scope of practice and this pilot provides the framework for it to happen.

UTI and Contraceptive Pilot

There are now 15 ACT pharmacies taking part in the NSW Health trial enabling them to prescribe antibiotics to people with uncomplicated UTIs who are aged between 18 and 65 years. Participating pharmacists in the trial can also resupply the oral contraceptive pill to eligible patients between 18 and 35.

Minister for Population Health Emma Davidson says the expansion across the ACT means women will be more empowered to access care to live healthier in our community.

"Pharmacists are trusted, accessible and often the first point of contact when someone needs healthcare. Primary health care workers, such as GPs, are under high demand and often people receive care once symptoms are exacerbated," Minister Davidson said.

The UTI trial will end in July and the trial for the contraceptive pill will end in September. We will be calling on the ACT Government for these services to become business as usual so that Canberra women can continue to receive treatment from community pharmacies across Canberra.

At the time of writing, we're waiting for the ACT to be included in the next phase of the NSW-led trial which includes pharmacists being able to offer treatment for minor skin conditions such as shingles and impetigo (school sores). It is expected that the skin condition treatment component of the trial will run for 12 months.

Given that Canberra shares a land border with New South Wales, it makes sense that ACT pharmacists can provide their patients with the same professional services as their NSW colleagues.

2024 Pharmacy of the Year

We're very proud that Capital Chemist Southlands is the 2024 Guild Pharmacy of the Year. This is the fourth ACT pharmacy to win this accolade in ten years which is an amazing result: Chemist Charnwood (2014), Capital Chemist Chisholm (2020), Cooleman Court Pharmacy (2022) and Capital Chemist Southlands (2024). It is great recognition of the work community pharmacies do day-in day-out serving their local communities.

We'll continue to talk to all political parties and independent candidates in the lead-up to the election to ensure they know that our highly skilled community pharmacists are ready and able to provide more professional services to Canberrans.

THE MORE THINGS CHANGE...

WA Branch Update

Amongst everything that is occurring in the sector, this year is also a Pharmacy Guild of Australia election year. In preparing to write this article, I reflected on the activity of the WA Branch in advocating for the community pharmacy sector, in what has been a very turbulent period, both within and due to external pressures.



As a part of this reminiscing, I did review one of the first articles I wrote as President, which was for the WA Branch's Guild News.

In 2019 I wrote:

"One of the key roles undertaken by the Pharmacy Guild on behalf of members is engagement and advocacy with political stakeholders and decision-makers. This applies at both the State and Federal level, where we communicate and conduct meetings with MPs and government and department officials to work through the issues that arise and put the case for continuing and enhanced support for community pharmacy.

The Branch will continue to advocate for:

Expansion of the vaccines that pharmacist immunisers are able to administer.

The role of community pharmacy in the delivery of key initiatives as identified in the Sustainable Health Review.

Administration of pharmacy ownership laws as enshrined in the Pharmacy Act 2010 to ensure the protection of public safety and the safe storage and supply of medicines."

Across the last four years, the WA Branch has worked closely with the Western Australian government to deliver on these priorities. We have had extensive dealings with Premier, Hon. Roger Cook MLA and Hon. Amber Jade Sanderson MP, Minister for Health. Given their backgrounds, both are extremely familiar with, and supportive of community pharmacy and its capacity to deliver a greater number of patient services. Under their leadership, a number of sensible and practical reforms related to the 2019 priorities have taken place in the sector.

Expansion of vaccination services has included partnering with the WA Government to deliver a free flu program in both 2022 and 2023. Western Australian pharmacists administered nearly 380,000 influenza vaccinations, in 2023, 38 percent of the state's total. Patient support of pharmacy vaccination continues to increase, with the total number of free flu vaccinations nearly doubling across the two years, 2022 and 2023.

To expand and provide background on the Sustainable Health Review, it was the largest review of the delivery of health care services conducted in the state for some years. This review made a number of recommendations which both recognise the current underutilisation of community pharmacy and support an expansion of its ability to deliver innovative, timely and accessible health outcomes for West Australians.

An early local example of the benefits of such recommendations is evidenced in Western Australia's Pharmacist Initiated Treatment of Urinary Tract Infection Program. The Program was launched by Minister Sanderson in August 2023, and in its first seven months of operation, specially trained pharmacists in over 450 community pharmacies have collectively delivered over 3,600 occasions of service. These patients have elected to engage and pay for an in-

pharmacy treatment, based on their confidence that community pharmacies provide both convenience and high-quality care.

The Program represents the first time that Western Australian pharmacists have been able to dispense script only medication in tablet or capsule form. It is therefore a highly visible demonstration that community pharmacy is highly capable and effective in delivering primary healthcare services and is a very solid platform to build from.

We also maintain that the ownership and control of community pharmacies should remain solely in the hands of registered pharmacists, ensuring pharmaceutical and health care services are provided to patients from a practice which is owned and controlled by pharmacists who are personally responsible for its operations.

Pharmacy ownership was extensively reviewed in 2018/19. The final report of the Review of Community Pharmacy Ownership in Western Australia (released March 2019) stated that:

Medicines are not ordinary items of commerce and for this reason there is ongoing public interest in the regulation of pharmacies. Pharmacists are appropriate persons to own a pharmacy and dispense medicines, as well as to run and maintain standards in a pharmacy business.

Western Australia is now less than twelve months away from its next State General Election, and we continue to engage positively with the WA Government, and more broadly with all political parties as they endorse or nominate candidates for 2025.

In 2024, as was the case in 2019, engagement and advocacy with political stakeholders and decision-makers remains a key role. I've no doubt that this will only grow in importance across the next four years.



"WE ALSO MAINTAIN THAT THE OWNERSHIP AND CONTROL OF COMMUNITY PHARMACIES SHOULD REMAIN SOLELY IN THE HANDS OF REGISTERED PHARMACISTS, ENSURING PHARMACEUTICAL AND HEALTH CARE SERVICES ARE PROVIDED TO PATIENTS FROM A PRACTICE WHICH IS OWNED AND CONTROLLED BY PHARMACISTS WHO ARE PERSONALLY RESPONSIBLE FOR ITS OPERATIONS."



Andrew Ngeow
WA Branch President

A Survey Of

REAL TIME PRESCRIPTION MONITORING

In Australia



This article aims to give the reader an overview of the current state of Real Time Prescription Monitoring in Australia's healthcare system, as one of the important tools for reducing the harm in communities that results from misuse of medicines.

National Vice President for
Health Economics and Policy

Words | Anthony Tassone



Harm Reduction

As the medication experts, pharmacists have a crucial role in harm reduction efforts. We know that an individual's engagement in drug or alcohol misuse, or illegal drug supply or manufacture, has flow-on effects for the people around them including family, friends, colleagues and the wider community. These can be health, social, economic, environmental, or other consequences, and pharmacists are important stewards in reducing the risk of these harms.

Harm reduction activities for pharmacists include providing opioid dependence treatment, take-home naloxone, needle and syringe programs, programs around alcohol and other health risks, and activities to reduce medicine diversion. The Commonwealth and state and territory governments fund a number of harm reduction programs, which the Guild consistently advocates to be made permanent, and funded in a nationally consistent way.

Project STOP

National consistency is especially important for reducing medicine diversion because it occurs across states and territories, and an inconsistent system can be exploited by those who are involved in the illegal supply or manufacture of drugs.

In 2005 the Guild collaborated with the Queensland government to implement Project STOP, a Real Time Monitoring system for the purpose of monitoring pseudoephedrine-containing medicines, and recording purchases and attempted purchases of these medicines to prevent diversion to methamphetamine production.

Project STOP was then introduced to other jurisdictions and researchers found that the intervention was most effective in jurisdictions that made the program mandatory. This showed how effective it could be for law enforcement to collaborate with health practitioners to reduce the diversion of these precursor drugs, instead of just regulating the wholesale distribution of these medicines as they had previously done.

However, if a jurisdiction legislates the mandatory use of Project STOP or a similar program, it is essential that the government funds the program and adequately remunerates health providers for their involvement. This is important because pharmacies and other health providers should not be expected to subsidise law enforcement or crime prevention measures on behalf of their state or territory government.



“THIS SHOWED HOW EFFECTIVE IT COULD BE FOR LAW ENFORCEMENT TO COLLABORATE WITH HEALTH PRACTITIONERS TO REDUCE THE DIVERSION OF THESE PRECURSOR DRUGS.”

Real Time Prescription Monitoring

Real Time Prescription Monitoring (RTPM) takes the concept of Project STOP a step further. Not just a policing aid to address illicit diversion, RTPM is a clinical aid that can help health practitioners to identify patients with potential abuse or misuse issues so they can be treated. Governments and policymakers increasingly see drug misuse and drug-seeking behaviour not through a criminal lens but as a health issue that affects individuals and their communities, and RTPM can be used to monitor any medicines that have a risk of dependence, addiction, overdose or mortality.

All states and territories have implemented their own systems at different stages and in different forms. While all jurisdictions include Controlled Drugs for RTPM, there is variability with the inclusion of other high-risk medicines. Common Prescription Only medicines for inclusion are – benzodiazepines, 'Z-drugs' (zolpidem and zopiclone), gabapentinoids (e.g. gabapentin and pregabalin), tramadol, codeine combination analgesics and quetiapine.

Victoria introduced the SafeScript platform in 2019 and mandated its use in 2020, and since then, there has been for the first time in a decade a reduction in the annual number of overdose deaths related to prescription medicines. These kinds of outcomes show the potential benefits of RTPM in reducing overdose-related harm in our communities.

For a long time, the different state and territory systems have not “talked to each other”, so the Commonwealth developed a National Data Exchange (NDE) in 2019 to receive and broadcast prescription dispensing events to all jurisdictions with the aim of preventing cross-border drug-seeking. The Commonwealth is continuing work with the states and territories to integrate the NDE into each jurisdiction's RTPM system, which will be essential for the systems to work effectively across state and territory borders.

A recent example proves the value of these systems, as the Northern Territory Government told Pharmacy Daily how NTScript helped multiple pharmacies identify and report repeated attempts from a patient to obtain supply of pregabalin. The state's regulator was alerted and an incident investigation followed, and the actions of pharmacists across Darwin and Palmerston directly reduced unsafe and potentially illegal supply of pregabalin.

RTPM equips pharmacists and other health professionals with accurate and timely information so that they can make more informed decisions to provide better care for their patients, but of course RTPM is only part of the solution in reducing harms from medicine misuse. Governments must invest more in drug addiction treatment and support programs. RTPM helps pharmacists to identify medicine misuse issues, but patients must also be supported and treated to fully address any drug dependency concerns in order to make the most of RTPM and the opportunities it presents for our patients.



Anthony Tassone

National Vice President for Health Economics and Policy



The Pharmacy
Guild of Australia

Vital facts on community pharmacy

1



There are **5,935** community pharmacies in Australia¹

2

On average, every person visits a community pharmacy **18** times each year, in metropolitan, rural and remote locations².



3



Community pharmacies are the most frequently accessed and most accessible health destination, with over **443.6 million** individual patient visits annually and **2,127 pharmacies** open after-hours, including weekends³.

4



In 2023, under the PBS and RPBS, community pharmacies dispensed almost **227 million** Government subsidised (Above Co-Pay) prescriptions⁴.

5



Pharmacists are one of the most trusted professions along with nurses and doctors. Public opinion surveys have shown that **84%** of adults trust the advice they receive from pharmacists⁵.

1. PBS Expenditure and Prescription Report

2. Pearson, D., De lure, R. (2021) NAB Pharmacy Survey 2021. NAB. <https://business.nab.com.au/nab-australian-pharmacy-survey-2021-48091/>

3. GuildLink data

4. Department of Health, Date of Supply Supplementary Report, Accessed at <https://www.pbs.gov.au/info/statistics/dos-and-dop/dos-and-dop>

5. <https://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543>



6



In capital cities, **97%** of people have access to at least one pharmacy within 2.5 km radius, while in the rest of Australia **66%** of people are within 2.5 km of a pharmacy¹⁰.

7



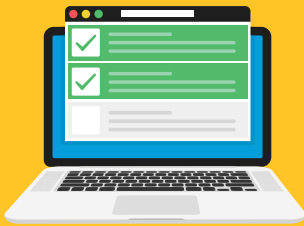
More than **95%** of pharmacies nationwide have achieved quality accreditation⁷.

10



There have been over **189 million** electronic prescriptions issued for patients (original and pharmacy repeat prescriptions)⁸.

8



As of 30 June 2022, **99.9%** of PBS or RPBS prescriptions are now claimed electronically online⁹.

11

As of December 2023, there were **37,393** registered pharmacists in Australia. **64%** of pharmacists are women; and about **58%** are under 40 years of age¹¹.



9

53% of patients say they use one pharmacy for everything or at least one category of product / service. **38%** of patients state they were driven by convenience of location⁶.



Vital facts on **community pharmacy**

6. CP2025_Integrated Market Research Report 2018 – Orima Research

7. Quality Care Pharmacy Program

8. Australian Digital Health Agency, www.digitalhealth.gov.au, Accessed March 2024

9. <https://www.servicesaustralia.gov.au/annual-report-2021-22>; Page 68

10. The Pharmacy Guild of Australia 2020

11. Pharmacy Board of Australia Registrant Data; December 2023



12

7CPA 7th Community Pharmacy Agreement

Seven Community Pharmacy Agreements have been negotiated between the Government and the Guild, underpinning patient access to PBS medicines and professional services for over 30 years.

13

In 2020–21, **660,071** of all hospitalisations were classified as potentially preventable. Of these, **188,572** potentially preventable public hospitalisations and **62,360** private hospitalisations were due to chronic conditions (excluding diabetes). Medicines adherence is an important role for community pharmacists.¹³



14



Community pharmacies provide a national network of National Diabetes Services Scheme access points for the **1,463,772** Australians with diabetes registered with the NDSS¹⁵.

16



Pharmacies support public health initiatives such as Opioid Replacement Therapy and needle and syringe programs and participating in the Return of Unwanted Medicines Program improving social, economic and health outcomes.

15

Between July 2022 and June 2023 there were **16.2 million** dose administration aids provided by community pharmacies to patients to assist them to remain living at home¹⁴.



17



Community Pharmacist-Led medication adherence interventions have improved adherence rates by **9.3%** and reduced health system costs by **\$1.9 billion**¹².

Vital facts on community pharmacy

12. Dovepress Journal – Patient Preference and Adherence: Pharmacist-led medication non-adherence intervention: reducing the economic burden placed on the Australian Health Care system
13. Australian Institute of Health and Welfare Admitted Patient Care 2021–22; Table 8.2; <https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients>
14. <https://www.health.gov.au/resources/collections/pharmacy-programs-data>
15. <https://www.ndss.com.au/about-diabetes/diabetes-facts-and-figures/diabetes-data-snapshots> (December 2023)



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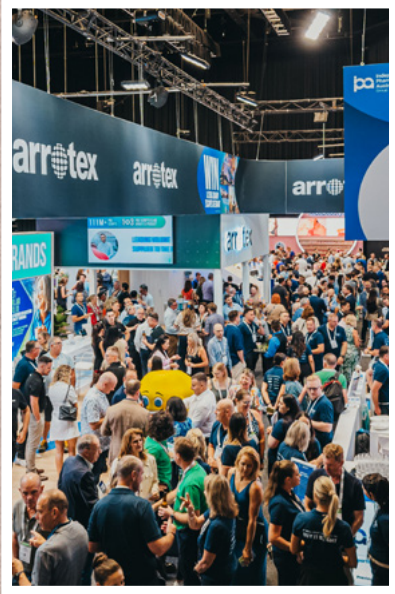


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FLYING THE PLANE

Key Indicators to Know How Your Business is Flying

M

Many people seem to think that the key to being a successful pharmacy owner is being a great pharmacist. This is a good start but far from the whole story. Let's unpack some of the rest.

Managing Partner of 10 successful community pharmacies over a span of 23 years

Words | Greg Cadorin



To fly an aeroplane there are a lot of dials, indicators and instruments that you need to monitor, heed and react to. At least that's what I'm led to believe. A great pilot can probably fly a rudimentary plane in good conditions "by feel", but as the size and complexity of the plane increase, or the stability of conditions decrease, I reckon flying by feel would get very dangerous very quickly.

Pharmacy businesses are similar to aeroplanes in this way. A competent pharmacist can likely open the doors in the morning, run the pharmacy for a day, do all that's necessary and close at the end of the day without any problem. As an owner, the same person could potentially go on like this for years without (obvious) issue, even being somewhat successful. The problems only become obvious when the business becomes bigger & more complex, or the environment becomes less predictable (60 day scripts anyone?)

RUNNING A COMMUNITY PHARMACY SUCCESSFULLY REQUIRES MULTIPLE SETS OF SKILLS:

- Knowledge & competence as a pharmacist.
- Human resources management skills.
- Systems design and management.
- Business analytic skills.

It is my belief that this list is in order of least to most essential. All of the skills must be present, but the lower down the list, the less able they are to be delegated to some party other than the owner/manager.

IT IS THE LAST OF THESE SKILL SETS THAT I WILL DISCUSS IN THIS ARTICLE. BUSINESS ANALYTIC SKILLS

I think of this as how well you understand the operations of your business. What areas are doing well? What areas are struggling? How do you measure struggling vs doing well? Most importantly, why are these things as they are? How does what you do in the pharmacy in the day to day effect the outcomes of the business?



Where to Start?

In order to analyse your business, you need only one thing (but you need a lot of it). Data.

Which data? As a pharmacy owner over the past 23 years, I would track the following metrics:

1. Total Sales – daily, weekly, monthly, annually.
2. Dispense Sales – daily, weekly, monthly, annually.
3. FOS Sales – daily, weekly, monthly, annually.
4. Prescription numbers – daily, weekly, monthly, annually.
5. Sales & GP\$ by total and by category – weekly, monthly, annually.
6. Wages \$ and % of GP\$ – weekly (depending on pay cycle), monthly, annually.
7. Profit and loss – monthly, annually.
8. All of the above compared to the same period the previous year. Showing the increase or decrease at the weekly, monthly and annual level (whether that's good or bad)

My reporting evolved a bit over time, but nothing major changed over my whole career as a pharmacy owner. To run a business successfully (and by that, I mean for maximum profit) you need to understand what is happening and importantly, how any change you implement affects business performance.

WHERE DO YOU FIND THIS INFORMATION & WHAT DO YOU DO WITH IT?

All of the above is available from any good pharmacy software suite (dispense + POS). Each software provider may present it slightly differently and will have varying capability of presenting it in a way that is easy to digest and act on.

Throughout my career, I took the information from the POS and Dispense systems and entered into my own excel spreadsheet that grew over years for each pharmacy. The advantage of this is that I could refer back to the data I was collecting over a period of years (or in a few cases a decade).

Ideally, when you take over a business you will have access to historical data, so you can build a record of what you want to look at over the previous 1-2 years. In week one, it is great (and often important) to be able to look at the figures at the end of the week and say we are x% up or down vs what the vendor did in the same week last year. Every week moving forward from there, it is equally powerful and informing to be able to see how you are tracking compared with the same time the previous year. This gives you a very clear indicator of how the changes you are bringing to the business are affecting the outcomes from the very beginning.



Why vs Last Year?

Pharmacy is extremely cyclical. Flu season affects sales, hay fever season affects sales, Christmas affects sales (especially if your pharmacy still participates in "Gifts"), December SN rush and subsequent January lull affects sales, the month Easter falls in affects sales. Extreme weather events even affect sales. I have been known to annotate my excel spreadsheet with labels such as **Flood or **Fires.

For all the above reasons the most valuable comparison you make of any of your data is vs the same period last year. NOT last week or last month (with outlier exceptions). Even then you need to look at data that garners unexpected results and consider; "What happened differently last year or this year that would cause this?"



"THE MOST VALUABLE COMPARISON YOU MAKE OF ANY OF YOUR DATA IS VS THE SAME PERIOD LAST YEAR. NOT LAST WEEK OR LAST MONTH (WITH OUTLIER EXCEPTIONS)."

- Author's Name

What is MOST important?

My list may seem extensive, even onerous to some. Personally, I wouldn't try and run a business on any less information than listed above. The most important by far though is the MONTHLY (not annual) Profit and Loss statement.

The reason this is the most important data to know and understand is that this one document literally tells you:

1. Your sales volume
2. Your GP\$ (and % if you convert it and the data is correct)
3. Your expenses.
4. Your Net Profit. This number is why you are in business, it literally is what pays your bills (at home).

If you understand the profit and loss statement, how various actions affect it and how those changes result in you making more or less money each month (and by extension each year) you are on your way to having a super power that few pharmacists seem to possess. That can help you propel your business and your own income into the stratosphere.

The profit and loss, as well as some of the other key trackable metrics warrant further exploration. Hopefully I will be able to expand upon these ideas and some of the other key skills sets required for a successful community pharmacy in future articles.

Good luck out there.

PARTNERSHIPS

How to Avoid Disputes and Protect your Business

Forming a partnership can be a wise business decision. But circumstances can often change, and unforeseen disputes can happen. In this article, Principal Douglas Raftesath from Meridian Lawyers explains how having a regularly updated agreement is important for protecting each business partner's interests.



Partnerships in pharmacy can lead to successful and profitable businesses. But what happens when conflicts arise or when it's time to part ways?

Each year Meridian Lawyers deals with many disputes between business partners. In our experience, we find disputes often happen because the relevant documentation is unsatisfactory or out of date. This results in partners not seeing eye-to-eye on how to deal with commercial matters.

Business partnerships can end for many reasons. For instance, partners may wish to retire, cash-in on their efforts, or seek a career change. Whatever the reason, parting ways does not mean partners need to fall out and end up in a costly dispute. However, in reality, that is often what happens.

From our experience, there are several recurring factors that are the catalysts for conflict. Relatively simple measures can be put in place to limit the risk of costly disputes in the future.

Common Causes of Disputes

Disputes between partners are often caused due to:

- a lack of an appropriate and well drafted partnership or shareholders agreement. We often see pharmacists enter into a partnership on good terms where trust and the representations of fellow partners are relied upon, but the partners fail to include critical terms of their agreement in writing which is signed by the partners
- the partners failing to update their existing partnership or shareholders agreement to reflect the changes that have occurred over time
- the uncertainty of respective rights and obligations of each partner as a result of not having a well drafted partnership or shareholders agreement
- the underperformance or breach of an obligation of a partner
- one or more partners having contributed financially to the partnership but with no documented agreement as to how this financial contribution is to be treated. Is it a loan or is it a purchase of further equity in the partnership? If it is a loan, when is it repayable and does interest accrue on the loan?

- management and personality conflicts between partners, and
- unforeseen changes to the dynamics of the partnership.

How to Prevent a Dispute

Having appropriate provisions in a partnership or shareholder agreement that accurately reflect the current business relationship between partners, will assist in limiting the risk of a costly partnership dispute.

It is important to remember that it is much easier to update a partnership agreement or shareholders agreement when the partnership is going well. If partners have already started to fall out with each other, it is often too late to update the agreement.

A well written partnership or shareholders agreement should at a minimum:

- clearly articulate the ownership interests of each partner, should specify any commitment that has been made by a partner such as capital investment, and should set out a process for the control of any business loans to or from a partner
- provide simple procedures for partnership meetings or shareholders meetings to take place, the number of partners necessary for the meeting to go ahead, and for decisions of the partnership to be made, and should provide a mechanism for dealing with the decision making process when not all partners agree
- clearly state the basis for partner remuneration and profit distribution
- detail the commitments that are required from partners. For example, are all partners required to work in the business for the same amount of time? Do certain partners have particular obligations that are different to others? What do partners who work in the business get paid?
- clearly detail a process for when a partner decides to leave the partnership
- deal with any restrictions that are to be imposed on retiring partners, and
- have a clear and workable dispute resolution clause.

From our experience, the best time to review a partnership or shareholders agreement and business structure documents is when things are going well.

Resolving Disputes

A dispute resolution clause is an important part of every partnership or shareholder agreement. The clause will clearly stipulate how the partners are required to resolve any dispute that arises.

Seeking legal advice as soon as possible is highly recommended to ensure the processes and implications of any decisions made are clearly understood.

Court litigation is expensive and time consuming, and should be considered as an absolute last resort.

In the interests of saving clients significant costs and time, we recommend that partners consider alternative dispute resolution avenues, such as mediation or negotiation, before commencing court proceedings.

We understand that not all disputes can be resolved through alternative dispute resolution and relief from the Court is sometimes more suitably sought.



HOW WE CAN HELP

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

To learn more visit: meridianlawyers.com.au/pharmacy. For more information regarding partnership disputes or for assistance in drafting a partnership or shareholders agreement or resolving a dispute, please contact:



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draftesath@meridianlawyers.com.au

PHARMACY IN THE TECH FAST LANE

Pharmacy Goes Digital: A Dose of Disruption



One area of the health industry that continues embracing change through technology is pharmacy. After years of relying on paper scripts, the pandemic accelerated the widespread adoption of e-prescriptions and telehealth services.



This technology was vital in providing patients with better care and support through the tough times.

According to the Australian Digital Health Agency¹, 87 million telehealth services were delivered to 16.2 million patients between March 2020 and December 2021. As of December 2023, over 191 million electronic prescriptions were issued since May 2020, by more than 78,000 prescribers. For many patients with multiple medications, an Active Script List that can be accessed with consent by participating pharmacies has become a convenient service and over 85% of pharmacies across Australia have access.

Telehealth and e-prescriptions have been the 'battering ram' – but many pharmacies are adopting tech in other ways too.

Putting patients first has meant being aware of their level of comfort with new tech. The sheer volume of patients requiring vaccinations and the challenges of staffing during the pandemic meant the widespread adoption of online bookings, with vaccination status kept updated for many via the Federal Government's Medicare app.

For pharmacies to thrive it is now more critical than ever to invest in tech – but what are the drivers of change and what are the investment priorities?



“PUTTING PATIENTS FIRST HAS MEANT BEING AWARE OF THEIR LEVEL OF COMFORT WITH NEW TECH.”

Patients Are More Tech Savvy – And Want Pharmacies To Be Too

Many Australians are now comfortable with booking appointments online, a telehealth appointment with their GP and visiting pharmacies virtually.

This has provided an opportunity to offer telepharmacy services via audio and video consultations – a great benefit to remote patients.

To make this a positive experience, many pharmacy websites are evolving to become a 'digital front door', while the video call software required to drive telehealth is also important to complete the experience.

Many pharmacies are outsourcing their website to join-up online services so that patients can get a seamless experience – and importantly get links to official and correct information.

Pharmacies are businesses too – so integrating search engines, maps, a social media presence including short videos and marketing for front-of-shop products is also part of the mix.

A content-rich website means pharmacies can begin providing care before the patient even walks in the door, helping improve outcomes for both the practice and patients, reducing waiting times for scripts and saving time and costs.

Watch for increasing adoption of new digital tools ahead with the patient acceptance of electronic health records, management of medicine online, remote monitoring of health conditions and the software that drives it.

Software for business systems is now in the cloud and constantly updating – whether it is health-specific or more general such as business accounting and customer management systems.

Add to this the increasing importance of cyber security both to protect core business systems and to safeguard patients from scams and cyber-crime.

There is a growing tech race for pharmacies to understand generative AI and use it beneficially, while understanding and avoiding its downsides.



A Patient-Focussed, Profitable Community Pharmacy Through Tech

So how can tech enable good patient care and business profitability for Australian pharmacies?

nbn is the Australian government broadband wholesale network covering approximately 12.4 million premises of which approximately 8.6 million premises have connected.

nbn data shows pharmacies are in the growth phase of using broadband bandwidth as they adopt new tech platforms and services.

Many small to medium businesses (like community pharmacies) are moving to higher speed tiers that support higher upload speeds, which is a crucial for satisfactory use of business applications including file sharing and video conferencing ^.

The reasons for adopting higher speed tiers vary for each business.

They could be to create the customer 'front door' via website and social media marketing, or to use cloud applications (and many more).

There's also an emergent use of smart devices, CCTV and Internet of Things connections.

And yet of the 1.4 million small to medium businesses in Australia, around 1.3 million are likely to have a slower broadband speed than their customers.

Many don't know they can get business-grade **nbn** just by asking a broadband retailer.#

Having a fast connection helps makes technology work better with improved patient outcomes the result, as well a more efficient and profitable community pharmacy.

By connecting to a business-grade **nbn** speed tier, pharmacies can fully embrace digital technologies and take their patient care to the next level.



TAKE YOUR TECH TO THE NEXT LEVEL

Talk to your provider to learn how our business speed tiers could help transform your business ^.



SOURCES

1. Digitalhealth.gov.au: 2021 - challenge and progress
2. Digitalhealth.gov.au: 2023 - electronic prescriptions

*^A customer's experience, including the speeds actually achieved over the **nbn** network, depends on the **nbn** access network technology and configuration over which services are delivered to their premises, whether they are using the internet during the busy period, and some factors outside **nbn**'s control (like the customer's equipment quality, software, broadband plan, signal reception and how their service provider designs its network). For business **nbn** Enterprise Ethernet, if the provider has not selected Class of Service - High, the speeds the customer experiences may be affected by contention on the **nbn** network, particularly in busy periods. business **nbn** Enterprise Ethernet is only available in the **nbn** Fixed Line network footprint and at limited premises served by the **nbn** Fixed Wireless and Satellite networks. Costs may apply; customers should contact their preferred service provider to ask about availability and any fees and charges that may be applicable.*

*# business **nbn** is not available on the **nbn** Fixed Wireless network. Not all providers offer plans based on the full range of wholesale business **nbn** products, product features and services. Availability of wholesale business **nbn** products, product features and services depends on an end customer's access technology and area. Ask your preferred provider if they offer plans based on these wholesale business **nbn** products, product features and services in your area.*



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Talk Automation

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We had the amazing opportunity of interviewing Sam Laing, General Manager of Health Services from National Pharmacies Group. Sam provided fascinating insights regarding the implementation of BD Rowa SynMed™ system for Dose Administration Aid (DAA), Blister-packing automation. Sam also describes the journey, business growth and benefits of automating in this space.

General Manager of Health Services
– National Pharmacies Group

Interview | Michael Beck & Sam Laing



Introduction

Sam, could you tell me a bit about yourself, your role, and the National Pharmacies group?

I grew up in Townsville and graduated from James Cook University as a pharmacist 20 years ago. I am currently the General Manager Health Services within National Pharmacies in Adelaide and lead a team of experts including our Growth and Innovation Manager, Chief Pharmacist, Health Services Manager, Professional Services Coordinator and Sleep Apnoea Coordinator.

Our Health Services team is responsible for National Pharmacies' clinical governance, service delivery frameworks and administration, service excellence initiatives and growth and innovation activities. Our recent organisational successes include direct involvement in the Automatic External Defibrillators (AED) installations outside all National Pharmacies stores in SA, Victoria and New South Wales, the Pharmacycycle medication blister recycling program and, most recently, the 24/7 Pharmacy launch at Norwood National Pharmacies as part of a State Government initiative to increase access to health care.

Adoption of a Hub-and-Spoke Model:

What led to the decision to adopt a hub-and-spoke model for DAA (Blister-packs) packing at National Pharmacies, and how did the BD Rowa SynMed™ ULTRA Automation Robot fit into this strategy?

Firstly, as a mutual organisation, we are unique in that all our 44 community pharmacy sites are coordinated and supported by a head office structure. As we do not have separate pharmacy owners, our decision-making process can be more streamlined. Having the Growth and Innovation function within my team constantly challenges our way of thinking and doing things.

We have been aware of DAA (Blister-packs) technology for decades and have rigorously modelled internal opportunities as new technologies enter the market, but until the SynMed™ machine came along, the numbers didn't stack up for our business.

Draw to BD Rowa SynMed™ Technology:

What was it about the BD Rowa SynMed™ Technology that drew you to pursue it, and what performance and scalability did that allow you to achieve in the context of your operations?

Given our previous modelling activities on market technologies, we were well-positioned to move if a machine entered the market that met our internal decision-making criteria. It was at the Australian Pharmacy Professional conference in 2022 where a colleague from Germany – who knew the BD Rowa SynMed™ ULTRA system would potentially suit our business – introduced me to Michael Beck and Dr Paul Gooden from Med-ID.

We commenced discussions and moved quickly to a decision to proceed.

The actual technology was advanced and well-proven in North America and Europe. The machines are very robust and unique as they are built using "pick and place" technology, which is essentially using suction pipets to pack multiple pills at once without damage.

We also carry over 95 per cent of our medications within the machine, this is due to the 508 RFID canisters on board. More medications packed, means less manual packing, in turn increasing safety and efficiency.

Finally, the biggest game changer is that we do not have to send our canisters overseas or back to the manufacturers to recalibrate for new medications. We can now do this in house in 10 or so minutes, saving valuable time.



“THE BIGGEST GAME CHANGER IS THAT WE DO NOT HAVE TO SEND OUR CANISTERS OVERSEAS OR BACK TO THE MANUFACTURERS TO RECALIBRATE FOR NEW MEDICATIONS.”



Overview of Goals:

Could you provide an overview of the project to in source the DAA (Blister-packs) packing process using the BD Rowa SynMed™ ULTRA Automation Robot? What were the key objectives you aimed to achieve with this initiative?

Our objectives considered multiple components to improve; patient (member) safety, dispensary efficiencies, supply chain and logistics, commercial elements, member value and consistency, and service growth opportunities.

Once we decided to implement, we assigned our Growth and Innovation Senior Manager, Bill Lelas, to lead the project, with assistance from myself, General Manager Finance Rob Quinton and Senior Manager Technology Nick Martin.

The project took three months and, given our installation was unique, we held weekly project steering meetings which aided in a smooth implementation process.

Integration with Existing Systems:

Integrating new technology with existing software and systems can be challenging. How did you manage the integration of the BD Rowa SynMed™ ULTRA Automation Robot with Webstercare's software and card systems to further improve medication safety?

Software was a challenging issue for us. Our DAA (Blister-packs) software (Webstercare) did not feature an integration with the BD Rowa SynMed™ Robot at that point in time.

We wanted to minimise potential disruption to our pharmacy teams, especially in the environment of the time where we faced challenges with pharmacist COVID-19 burnout and workforce shortages. We wanted to avoid the imposition of a software change at all costs and Med-ID recognised this.

Therefore, as part of our agreement, we worked closely with both Webstercare and Med-ID to agree to an integration being developed, and we were the first Med-ID customer to achieve this in the Australian market.

Efficiencies and Cost Savings:

Could you share some insights into the efficiencies and cost savings realised through this automation? How has it impacted the overall operation of National Pharmacies?

We have decades of experience with other types of dispensary automation, so we held similar expectations with automation of DAA (Blister-packs) packing.

With well-known healthcare sector challenges, pharmacists and dispensing teams are evolving to doing more with examples such as vaccinations, expanded services, and scope-of-practice. We saw DAA (Blister-packs) automation as an opportunity to remove the manual DAA (Blister-packs) packing activity and increase capacity for our teams to deliver on new initiatives.

Our goal with centralisation or “hub and spoke” was to remove the potential pressures of daily packing from the pharmacies (spoke) to the centralised automation (hub). At the hub, our staff’s expertise is focused on delivering a professional, accurate and scalable product.

The centralisation gives us scalability without large additional costs too. This also helped the business case stack up.

At a simplistic level, if a DAA (Blister-packs) is manually packed at 6 packs/hour, we are seeing rates between 60–75 packs/hour. The efficiency gain is quantifiable, real and has a significant impact on the business!

Our objective was to automate 90 per cent of our total packs and this has been achieved.



“WE ALSO CARRY OVER 95% OF OUR MEDICATIONS WITHIN THE MACHINE, THIS IS DUE TO THE 508 RFID CANISTERS ON BOARD. MORE MEDICATIONS PACKED MEANS LESS MANUAL PACKING THAT INCREASES SAFETY AND EFFICIENCY.”

Design and Construction of the Production Facility:

The production facility’s design, including natural lighting, airflow, and visibility to customers, seems to have been a priority. Can you discuss the importance of these elements and how they were incorporated into the facility’s design?

When it came to design, we trusted the Med-ID team to plan the close-proximity robotic workspaces given their experience. Michael Beck and Dr Paul Gooden (from Med-ID) helped guide important features of the general facility, such as lighting, logistics zones and staff facilities.

Additionally, we had internal team members support key areas relating to functional movement and safety of our staff, including our WHS Manager and Occupational Therapist.

Staff Satisfaction and Operational Excellence:

How has the new production facility, with its emphasis on high standards for operational areas and staff satisfaction, impacted the pharmacy team’s morale and productivity?

The facility began operating with three full-time staff in July 2023 and is currently running smoothly with four full-time staff. Our internal processes have reported exceptionally low error rates.

When it came to establishing our facility team, we had strong interest in the recruitment phase from both internal and external applicants. We ultimately appointed Brad Price, a pharmacist in our company for 20 years, to facility manager. Brad has provided exceptional leadership to this new initiative and has been supported by a highly engaged and competent team.

Our frontline pharmacy teams have provided great feedback on the initiative and our facility team was nominated for an annual award in 2023 after just a few months of operation.

Challenges and Lessons Learned:

Could you share some of the challenges faced during the implementation of the BD Rowa SynMed™ ULTRA Automation Robot and the hub-and-spoke model, and what lessons were learned?

This project required many inputs from a number of internal departments, from operations and IT, to finance, supply chain, people and culture, legal, marketing, and others. The project also required inputs from external stakeholders including Med-ID (automation company), Webstercare (software), shop-fitting and other DAA (Blister-packs) automation.

Given the sheer number of stakeholders, one of the best decisions we made was assigning a project manager to coordinate all interested parties through regular steering meetings.

Of course, we had the odd surprise, but we gave ourselves time to constructively work through these areas and collectively work on solutions for positive outcomes – a testament to all partners involved in this project.

Advice for Other Pharmacies Considering Automation:

Based on your experience, what advice would you give to other pharmacies considering the implementation of automation and a hub-and-spoke model to enhance their operations and customer service?

Given our unique position as a mutual organisation, the following advice may vary in its relevance for some, however the main suggestions should be universal and include:

- Scheduling regular project meetings before installation to ensure a smooth process.
- Prioritising change management – involve your pharmacies (or pharmacy customers) throughout the journey and maintain frequent communication.
- Establishing clear expectations regarding the facility's functionality.
- Developing a comprehensive onboarding phase, incorporating contingencies for both facility and network, particularly during the initial three to six months.

- Conducting frequent reviews between the facility and dispensing teams (customers) to address and resolve any issues.
- Maintaining regular communication with supply partners (automation and software), even after installation.
- Conducting periodic facility reviews and establishing clear Key Performance Indicators (KPIs) for evaluation.
- Operationally, make sure that the production team use the SynMed™ Productivity Reports for continuous improvement.
- Ensuring that there is a clear supply chain process of medications and consumables at all times. This includes a clear process of supply, deblistering, and replenishment.
- Ensuring that all medications are deblistered and ready for filling the machine. The SynMed™ will churn through a very high volume of pills, far more than we have ever seen.

My last recommendation would be to reach out to the team from BD Rowa SynMed™ and Med-ID to start a conversation today.



Sam Laing

General Manager of Health Services - National Pharmacies Group



ABOUT MED-ID

Med-ID Pty Ltd is the exclusive proud partner of BD Rowa SynMed™, specialising in automation for pharmacies. With systems in all mainland states and a team covering Australia, Med-ID is well positioned to assist with sophisticated automation, integration and pharmacy requirements.

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WHY THE BEST RELATIONSHIPS ARE BUILT IN TIMES OF HARMONY

W

When a team is put under pressure, is often when its true culture is revealed. Culture is defined by the way people do things, the behaviours that get rewarded, and these behaviours are most challenged in difficult and pressured times.





Resourcing issues, complex decision making, natural disasters, personal heartache, deadlines, media scrutiny, economic downturns mean that pressure is almost inevitable in the workplace. A great test for high performing teams is how well they perform under pressure.

At Leading Teams, we have supported clients that have experienced challenges like this and have observed that being prepared culturally for pressure is a critical success factor.

Leaders create the environment that fuels high performance under pressure. When we ask teams what traits they admire in leaders, we hear descriptions like skilled under pressure, good for their word, selfless and willing to put the needs of others ahead of themselves. These are some of the great qualities of high performing leaders but to drive high performance we need to look at several other qualities.

The high performing leader will connect their team to a common purpose...the "why we exist" question. This helps align the team and keep them focussed on why they do what they do. This is even more important when the pressure is on.

The high performing leader also works with their teams to establish an agreed behavioural framework that documents the behaviours that will not only be rewarded but challenged. These are the clear expectations of what it means to be part of the team and when brought to life, drives performance. The leader should model these behaviours and create an environment where the team can reward the right behaviours when they see them and challenge when they don't see them or see counterproductive behaviour.

Combining a common purpose and an agreed behavioural framework with strong professional relationships, creates the infrastructure for a culture that will allow the organisation to be high performing. If these characteristics don't exist – a common purpose, an agreed behavioural framework and strong professional relationships – it can be difficult to get the best out of a team when the pressure is on.

Mutual trust and respect is a cornerstone to high performance. Teams make decisions at the "speed of trust" and establishing strong professional relationships creates trust. Investing in relationships in "times of harmony" – that is, before the pressure is on – is easier to do because often there are less time critical priorities to get in the way.

The better we know people, the easier it becomes to communicate and help make interactions more efficient. It means teammates aren't second guessing what they've heard or waste time trying to work out if there are any hidden agendas. People are able to "say the wrong thing" knowing it will be "taken the right way". It makes it easier to give, respond and act on feedback.

Under pressure, in teams where we don't have strong professional relationships we see things like working in silos and internal competition. It's common for teams to revert to default behaviours... productive and unproductive.

The more we care for and understand our colleagues, the easier it becomes to support each other. A set of agreed behaviours gives us clear expectations on how teams perform, and a common purpose ensures alignment of effort – these are even more important under times of pressure.



“INVESTING IN RELATIONSHIPS IN “TIMES OF HARMONY” – THAT IS, BEFORE THE PRESSURE IS ON – IS EASIER TO DO BECAUSE OFTEN THERE ARE LESS TIME CRITICAL PRIORITIES TO GET IN THE WAY.”



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BUILDING PHARMACY RESILIENCE

Navigating a Struggling Economy

In recent times, pharmacies across Australia and New Zealand have found themselves at the forefront of a dual challenge: navigating the rising pressures of business costs while bracing for the looming threat of an economic downturn. This situation is not unprecedented, but the current global financial climate suggests a unique set of obstacles and opportunities for the community pharmacy sector.



Historically, pharmacies have played a pivotal role in healthcare, often acting as the first point of contact in the medical system for many individuals. They offer more than just medication; they provide invaluable advice, support, and a human connection that cannot be replicated by any online service. Yet, as the cost of living escalates and recessionary fears grow, the very fabric of this essential service is tested.

The question then arises: How can pharmacies not only withstand these economic challenges but also thrive amidst them? The answer lies not in a retreat to cost-cutting measures but in a bold, forward-looking strategy that repositions the value of what you do, and who does it in your pharmacy.

And to celebrate the joining of forces with this publication and its readership across both sides of the Ditch, we'll explore what this means for both Australian and New Zealand community pharmacies in today's article.



“PROVIDE ETHICAL SOLUTIONS TO YOUR CUSTOMERS THAT ULTIMATELY EARN THE BUSINESS PROFITS.”

Finding Opportunity In Uncertainty

As pharmacies in Australia and New Zealand look ahead, understanding the broader economic landscape becomes essential. The shadow of economic uncertainty looms large, with global events contributing to an atmosphere of financial instability. This uncertainty directly impacts consumer behavior, particularly in the healthcare sector, where discretionary spending is often the first to be reassessed in tight economic times.

Recent forecasts have painted a mixed picture of the future. In Australia and New Zealand, while both countries have shown resilience in the face of global economic challenges, they are not immune to the pressures of a global slowdown. Economic growth rates are expected to moderate, and with this comes the tightening of household budgets. For pharmacies, this translates to a potential decrease in spending on both essential and non-essential health products and services, putting additional strain on already tight margins.

Previously, pharmacies had less to fear when it came to spending on essential health products. But as we know, many patients today, even in times of an optimistic economic outlook, fail to purchase essential health products due to budgetary pressures.

And while this might sound all doom and gloom, it's vital to remember that pharmacies have a unique position within the healthcare ecosystem. As accessible health care providers, pharmacies often serve as a barometer for the health of a community. This position offers an unparalleled opportunity to adapt and respond to changing economic conditions creatively.

And despite the reluctance to invest in essential healthcare needs during times of economic strain, customers will often prioritise this need in line with food and shelter. It is therefore our role, as community pharmacies, to look both within and outside as to how we can do things better, smarter and in more innovative ways to pivot our operations and services to meet the evolving needs of our communities to not only survive, but thrive.

Things that usually come top of mind when I mention this is focusing on cost-effective healthcare solutions, enhancing the in-store experience, or leveraging technology to offer new services that add value for customers.

But one thing that rarely pops up is the need to invest in the growth and well-being of our pharmacy teams. As economic constraints tighten, health businesses tend to look at ways to cut costs – and our teams are not immune to this. But let me reframe the opportunity here – to invest in your team, to give them the skills to then redeploy their efforts to things that matter, create efficiencies and remove tasks that don't earn profits, and allow your team to do what they do best – to provide ethical solutions to your customers that ultimately earn the business profits.

How does this sound?
It's a bit different right?

So let's look at why investing in your team is so important right now.

Redeploy Your Team To Things That Matter

Right off the bat, if you're thinking that I mean that an investment in your team simply means paying them more, that's not what I mean. Instead, it's about nurturing their growth, well-being, and engagement as individuals who stand at the forefront of healthcare delivery within the community.

Investing in the team means providing opportunities for professional development that extend their expertise and adaptability. This could take the form of training in new healthcare trends, digital tools for enhancing customer service, or even soft skills that improve patient interactions. A well-trained team is more equipped to handle the diverse needs of customers, especially when they are more discerning about where they spend their healthcare dollar.

Moreover, team investment is about fostering a culture of innovation where talent feel empowered to bring new ideas to the table. Encouraging this kind of environment not only boosts morale but also can lead to operational improvements and enhanced customer experiences, particularly during times of economic slowdowns. When team members feel valued and part of a collective mission, their commitment to the pharmacy's success deepens, driving performance and ideas to come up with innovative solutions to thrive despite tough economic times.

A skilled, flexible team can shift gears, whether that means adopting new service models, integrating innovative health solutions, or finding efficiencies that cut costs without cutting corners. This agility becomes a competitive advantage, allowing pharmacies to respond dynamically to economic pressures and changing customer needs.

Investment in the team also has a ripple effect on community and peer engagement. A knowledgeable and enthusiastic team can foster stronger connections with customers, creating a loyal base that values the personalized care and advice they receive. Similarly, pharmacies with a reputation for investing in their teams

are more attractive collaborators for other healthcare professionals and local businesses, opening doors to new partnerships and networking opportunities.

By weaving team investment into the fabric of pharmacy operations, owners can build a resilient business capable of navigating economic uncertainties. This approach not only ensures the sustainability of the pharmacy but also elevates its role in the community, standing as a testament to the power of collective effort and dedication.

It also allows them to take charge of creating the efficiencies in redundant operations that no longer serve you and to be a part of the changes necessary to grow and develop your business, rather than sitting idly by hoping that the impacts of the economic downturn don't threaten their own livelihoods as well.

Create Savings Through Operational Efficiencies

During times of economic uncertainty, cost management becomes not just a practice but a necessity to navigate through financial uncertainty while continuing to serve the community effectively. And while this practice should be maintained even when times are good, we tend to only jump into this area when our backs are against the wall. So it's vital that we explore the key areas to look into to ensure you are operating as efficiently as possible.

Firstly, **inventory management**.

Adopting a lean approach—stocking products based on demand, using data analytics to predict buying patterns, and reducing overstock—can significantly reduce costs. This strategy ensures pharmacies only invest in inventory that moves, improving cash flow and reducing waste. However, it's also vital that you don't cut so much back that you don't carry a suitable stock weighting that conveys stability, rather than empty shelves that lead your customers to believe that you are going out of business. This balancing act is key to ensure that you're not overstocked, but still living to the adage that "stock sells stock".

Another area ripe for cost savings is **energy use**.

Implementing energy-efficient practices, such as switching to LED lighting, optimizing heating and cooling systems, and investing in energy-efficient appliances, can lead to substantial savings. Encouraging these eco-friendly practices not only cuts costs but also aligns with the growing consumer preference for sustainability.

Pairing these practices with **technology and automation** is also key.

Leveraging technology can streamline pharmacy operations, reducing manual labor and minimizing errors. From automated dispensing systems to digital record-keeping, investing in technology enhances efficiency. While the initial investment might be significant, the long-term savings in time and resources can be substantial.

Multi-skilling your team is also a way to best utilise one of your most costly but essential resources.

Empowering your team to perform multiple roles within the pharmacy can optimize staffing costs. Cross-trained employees can cover various tasks, from front-end sales to managing inventory, to dispensary operations and processes, ensuring the pharmacy remains operational and responsive to customer needs even with a lean team.

And lastly, thinking beyond your four walls, are your **suppliers**.

Building strong relationships with suppliers and negotiating better terms can lead to cost savings. Bulk purchasing, exploring generic alternatives, and timely payments in exchange for discounts are strategies that can reduce the cost of goods sold.

Implementing these operational strategies requires a proactive and strategic approach. Don't just flick some switches and change things up on a whim. Plan based on what you want to achieve, and work towards that. Track and measure what you do, and review and refine your efficiencies over time, ensuring that your customers remain at the core of what you do, and are brought along the journey as well so they can support your efforts too.

Support Your Customers, So They Can Support You

As pharmacies refine their operations to weather economic downturns, the same principles of adaptability and efficiency can be applied to assist customers facing financial challenges. Implementing flexible payment solutions like Afterpay is a prime example of how operational flexibility extends to customer service. This not only alleviates immediate financial pressure for customers but also maintains pharmacy revenue streams, ensuring mutual sustainability.

Moreover, the strategic selection of cost-effective healthcare options reflects an operational efficiency ethos. By carefully managing inventory to include generic medications and bundled wellness products, pharmacies can pass on savings to customers without compromising their bottom line. This approach is rooted in the understanding that operational savings enable customer affordability, reinforcing the pharmacy's role as a community pillar.

Educational initiatives on managing healthcare costs and maximizing benefits offer another layer of support, directly stemming from a pharmacy's operational focus on community engagement and value addition. Think about things like Dose Administration Aids tied in with subscription models that allow customers to predict and cater to relatively set prices on their healthcare. Not only does this allow patients to budget for their healthcare, it maintains an ongoing touchpoint with the customer and their healthcare team to monitor progress and ensure compliance during these tougher times.

Furthermore, use this as an opportunity to leverage professional networks beyond your pharmacy. Whether it's aid agencies that help to cover costs of food and other essentials, or care services that help with transportation and logistics to access and receive care, think beyond your four walls to identify how your pharmacy can serve as the central hub of healthcare and be seen as the pillar it is within the community for what it does for its constituents.

By focusing on both internal efficiencies and the external support of customers, pharmacies can demonstrate a holistic approach to navigating economic uncertainty. This collective approach not only strengthens the pharmacy sector but also reinforces the community's fabric, ensuring that healthcare remains accessible and responsive to people's needs, while seeking opportunities to do new things, in better and more profitable ways.

Forge Ahead, Or Complain About Today?

As we draw this exploration to a close, it's evident that the path through economic uncertainty is paved with proactive action, strategic planning, and a deep commitment to the core values of pharmacy practice. The economic challenges of today and the unknowns of tomorrow call for more than passive hope; they demand deliberate, informed actions that reinforce the resilience and sustainability of pharmacies in Australia and New Zealand.

The strategies discussed throughout this article—from optimizing operational efficiencies and extending support to customers in financial distress, to leveraging professional



networks—are not merely theoretical considerations. They are actionable steps that pharmacy owners and their teams can implement to navigate these turbulent times. Each strategy underscores the responsibility pharmacy leaders have in steering their businesses through economic downturns while continuing to serve their communities with dedication.

Taking action means doing the work to understand your pharmacy's unique position within the economic landscape, identifying areas where efficiency can be improved without compromising quality, and recognising the immense value that flexible payment solutions can bring to your customers. It involves investing in your team, not just as employees, but as pivotal stakeholders in your pharmacy's journey through these challenging times.

The call to action now is for you, the pharmacy owners and teams, to assess, adapt, and act. It's about seeing the potential in every challenge as an opportunity for growth and innovation. Embrace technology, but remember the irreplaceable human touch that defines your service. Build your professional networks not just for support, but as a strategy for mutual growth and learning.

This is not a journey you undertake alone, yet the responsibility to take the first step is yours. Your actions today will define your pharmacy's tomorrow. Let this moment be the catalyst for change, driving you to not only envision a resilient future for your pharmacy but to lay the groundwork for its realization. The economic challenges we face are significant, but so too is the capacity for pharmacies to adapt, thrive, and continue being a cornerstone of healthcare in our communities.

As we look ahead, remember that the strategies for navigating economic uncertainty are within your grasp.

The time to act is now. Seize the opportunity to lead your pharmacy with courage, innovation, and an unwavering commitment to the communities you serve. Together, we can navigate the challenges of today and emerge stronger, ready for the challenges and opportunities of tomorrow.



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

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Check out more about Foundations by scanning the QR code!



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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CAN FIBRE BE A PREVENTATIVE FOR COLON CANCER IN MEN?

C

Colon-related diseases pose a significant threat to health, with colon cancer standing out as a particularly concerning issue for men. Statistics from Bowel Cancer Australia (2023) indicate that almost 55% of all Australians diagnosed with bowel cancer are male.⁷



What Factors Contribute to this Gender Discrepancy?

Historically, the higher incidence among men has been attributed to elevated rates of smoking and a higher exposure to dangerous chemicals in occupational settings.⁸ However, recently research suggests that genetic differences may play a role, particularly the protective effects of the additional X chromosome carried by women.⁸ According to this theory, male cells would require a mutation within one X chromosome to turn cancerous, whereas females would require a mutation in both.⁸

Can Dietary Adjustments Prevent the Risk of Developing Colon Cancer?

Several factors, both modifiable and non-modifiable, can influence the development of colon cancer.⁷ Among the modifiable factors, dietary behaviours play a significant role, which should come as no surprise given the colon's primary constituents are bacteria and the food we consume.

Specifically, a diet lacking in fibre has been extensively studied and found to be strongly correlated with colon and gastrointestinal diseases.^{1,3,4,7} This association prompted the World Cancer Research Fund to update their consensus on the link between fibre intake and colon cancer risk from 'probable' to 'convincing'.³

What is Fibre?

Fibre is a type of carbohydrate that comes in two forms, both of which are present in most plant-based foods.⁵ Soluble fibre is found in foods such as; legumes, fruits, oats, nuts and seeds and vegetables. As suggested, soluble fibre is able to dissolve in water to form a thick gel-like substance.^{5,6} Insoluble fibre is found in the skin of fruits and vegetables, nuts and seeds, whole grains and wheat bran. Insoluble fibre does not dissolve in water and instead it passes through the gastrointestinal tract relatively intact.^{5,6}

While the precise protective mechanism of fibre remains elusive, combining these two types of fibres in the gastrointestinal tract increases stool bulk and decreases transit time. This process may potentially protect against cancer development through exposing the colon to lower concentrations of carcinogens for shorter amounts of time.⁴

Another possible mechanism lies in fibres fermentation procession. Fermentation within the gut yields short-chain fatty acids, which are known to promote gastrointestinal health. These fatty acids limit DNA damage due to oxidation, suppress tumour proliferation, reduce inflammation and assist in maintaining the protective barrier in the gut lining.^{2,4}

Despite the uncertainty surrounding the exact protective mechanisms, populations with a high dietary fibre intake consistently exhibit lower rates of chronic disease. Unfortunately, the prevalent 'Western Diet' often lacks fibre, raising concerns about fibre deficiency in Australian diets.⁶



Dietary Recommendations

According to the Australian Dietary Guidelines, adult males should be recommended to consume at least 30g of fibre per day. However, recent surveys suggest the average fibre intake per day for adult males falls short, at just 24.8g per day.⁶

Recommendations to increase fibre intake

- Incorporate fruit and vegetables into daily meals (with the skin on)
- Choose whole-grain breads, crackers, cereals, rice and pastas.
- Include legumes in various meals
- Sprinkle nuts and seeds over salads and pastas
- Aim for 30 different varieties of plant-based foods per week

Pharmacies are able to offer high fibre supplements for patients struggling to meet their daily fibre requirements through diet. However, research indicates that the solution lies not just in introducing more fibre into a diet, but rather substituting existing foods with high fibre alternatives.^{2,4,5,6}

When recommending high-fibre foods it is important to advise patients against sudden increases in fibre intake, which can lead to discomfort through intestinal gas, cramping and abdominal bloating.^{5,6} To help mitigate these symptoms, recommendations should encourage gradually introducing fibre over several weeks alongside increased water consumption.

Conclusion

While a range of nutrition recommendations can aid in preventing the development of colon cancer, increasing fibre intake stands out as a crucial step, particularly for men.^{6,7} Individuals concerned about their risk of colon cancer should be encouraged to seek consultation from a multi-disciplinary team, comprising of physicians, specialists and dietitians.

GOLD CROSS TIME-TESTED MEDICINES

S

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



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

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

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

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

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

- HEALTH:** Cough liquids and other products for the medicine cabinet
- FIRST AID:** Disinfection of cuts and abrasions, soothe bites and stings, and ease toothaches
- WELLBEING:** Vitamins and oils
- SPECIALIST SKIN:** Specialist skin products to soothe skin conditions
- HOUSEHOLD:** Traditional products for use in the home



“A KEY REASON MANY OF THE GOLD CROSS® PRODUCTS CAME INTO BEING WAS DUE TO THEIR TIME-TESTED EFFECTIVENESS FOR GENERATIONS PRIOR. IN SOME CASES, RECORDS OF PRODUCT USE SPAN OVER 100 YEARS.”



Using GOLD CROSS®

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



SENEGA & AMMONIA

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

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

CALAMINE LOTION

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

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

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

ICHTHAMMOL DRAWING OINTMENT

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

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

CLOVE OIL

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

HYDROGEN PEROXIDE

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

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



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CONTINUING PROFESSIONAL DEVELOPMENT



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Adaptability: An Important Skill in Pharmacy Business

- Define adaptability in the context of business operations and describe its significance in navigating changing environments.
- Identify key factors driving change within a business, such as technological advancements, shifts in consumer preferences, regulatory changes, and competitive pressures.
- Recognise the impact of adaptability on various aspects of business performance, including innovation, resilience, customer satisfaction, employee engagement, and strategic advantage.
- Identify plans for enhancing adaptability within a specific business context, incorporating strategies for promoting a culture of agility, fostering innovation, empowering employees, and implementing proactive measures to anticipate and respond to future changes effectively.

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The Underestimated Impact of Dry Eye Disease

- Recall the aetiology and pathophysiology of dry eye, including environmental, systemic, and medication-related factors.
- Recognise the symptoms of dry eye through patient history-taking and clinical assessment.
- Identify which over the counter (OTC) treatments for dry eye are appropriate to use, such as artificial tears, gels and lubricating ointments.
- Highlight the role of education and counselling on proper administration techniques, lifestyle modifications and management options to alleviate dry eye symptoms.

ADAPTABILITY

An Important Skill in Pharmacy Business

A Adaptability is a crucial component of Australian community pharmacy business in today's dynamic environment¹. The significance of adaptability in pharmacy business operations is underscored by the constantly evolving healthcare industry, technological advancements, shifting consumer preferences, regulatory changes, and competitive pressures². The aim of this article is to analyse adaptability in community pharmacy, highlighting its importance, identifying drivers of change, evaluating its impact on business performance, and proposing strategies for enhancing adaptability in a specific business context.





Learning Objectives

On completing this activity pharmacists should be able to:

1. Define adaptability in the context of business operations and describe its significance in navigating changing environments.
2. Identify key factors driving change within a business, such as technological advancements, shifts in consumer preferences, regulatory changes, and competitive pressures.
3. Recognise the impact of adaptability on various aspects of business performance, including innovation, resilience, customer satisfaction, employee engagement, and strategic advantage.
4. Identify plans for enhancing adaptability within a specific business context, incorporating strategies for promoting a culture of agility, fostering innovation, empowering employees, and implementing proactive measures to anticipate and respond to future changes effectively.

Defining Adaptability

Adaptability in the realm of community pharmacy business encompasses the ability to respond efficiently to changing circumstances, market demands, and external forces while upholding core values and objectives³. It involves being agile, flexible, and resilient in navigating uncertainties and disruptions quickly. For instance, a pharmacy may need to adjust its service offerings, adopt new technologies, or change its operational processes in response to shifts in consumer behaviour, regulatory requirements, or competitive dynamics⁴.

Adaptability is not just about reacting to changes, but by fostering a culture of adaptability within the organization, pharmacies can cultivate a mindset that embraces change as an opportunity for growth and improvement rather than fear it. By promoting proactivity, innovation, and openness to new ideas, and by offering resources, support, and autonomy, employees are empowered to succeed in an ever-changing environment.



“BY FOSTERING A CULTURE OF ADAPTABILITY WITHIN THE ORGANIZATION, PHARMACIES CAN CULTIVATE A MINDSET THAT EMBRACES CHANGE AS AN OPPORTUNITY FOR GROWTH AND IMPROVEMENT RATHER THAN FEAR IT.”



AUSTRALIA

Competency standards addressed:

1.3, 1.4, 4.3, 4.4, 4.5, 4.6, 4.7



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NEW ZEALAND

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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.

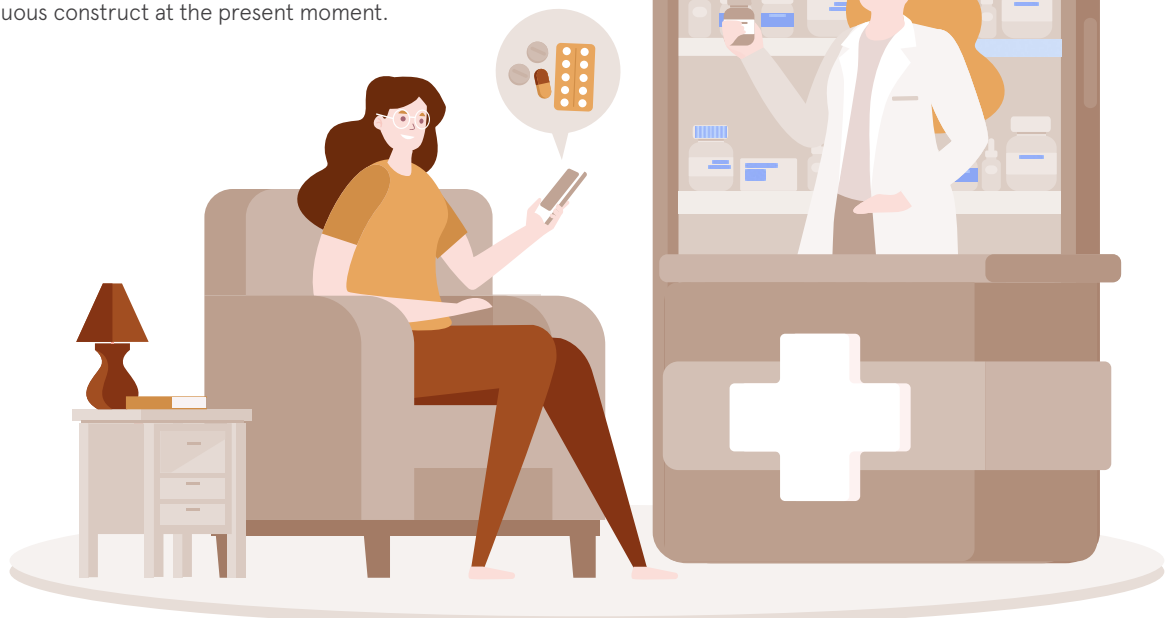
Significance of Adaptability

The importance of adaptability for community pharmacy cannot be emphasized enough⁵, and this skillset has long been regarded as essential for gaining a competitive advantage. The concept of dynamic capabilities was introduced in 1997 by Teece, Pisano, and Shuen and it outlines the necessary steps for a company to achieve corporate agility. The firms' abilities lie in their capacity to integrate, construct, and modify internal and external competencies to adapt to rapidly changing environments⁶. It is highly recommended for pharmacy business owners to explore Teece's work in this domain and delve into the concept, as it serves as the cornerstone for extensive research on organizational adaptability, ensuring its sustainability.

The ability to adapt is essential for pharmacies to stay competitive and relevant in a rapidly changing and uncertain environment⁷. Embracing adaptability allows pharmacies to take advantage of technological advancements such as automation, digital health platforms, and medication management apps¹. Being adaptable enables pharmacies to meet evolving consumer preferences, including the desire for personalized healthcare solutions, expanded scope of practice, and access to wellness services.

Adaptability is not only about survival; it is also about growth and innovation. By being adaptable, pharmacies can effectively spot emerging trends and seize opportunities in the market, driving business growth and expansion². By continuously adapting and innovating, pharmacies **can differentiate themselves from competitors, attract new customers, and retain current ones**. This concept empowers pharmacy business owners to anticipate and mitigate potential risks and challenges, safeguarding their long-term viability and sustainability. According to research conducted by Tuominen, Rajala, and Moller (2004) titled 'How does adaptability drive firm innovativeness?', being able to exercise this skill is fundamental in achieving strong business performance, and its level of development can vary among individuals and organizations, resulting in diverse performance consequences.

The remuneration for prescriptions has experienced notable changes, and the pharmacy market is evolving quickly. The key to long-term viability and profitability lies in fostering adaptability within the business and its culture. It is crucial to build capability and give full attention to this continuous construct at the present moment.



Key Drivers of Change

The pharmacy business landscape is driven by multiple factors, with technological advancements playing a key role in shaping its future³. From automated dispensing systems and electronic prescribing to AI and data analytics, technology has the potential to revolutionise how pharmacies operate and deliver care⁴. The adoption of robotics such as dispensing robots and automation can lead to streamlined dispensing processes, enhanced medication safety, and improved operational efficiency. The ability to embrace and incorporate new technologies gives businesses a competitive advantage, enabling them to enhance efficiency and gain early insights into new trends or patient groups. Ultimately, this will lead to these firms being able to deliver better service at a lower cost, making them more attractive to employees and customers, resulting in improved health and business outcomes.

Consumer preferences also play a major role in shaping the pharmacy industry².

1. Convenience
2. Accessibility
3. Personalized experiences

These three principles are becoming more and more important to today's consumers.

Consequently, pharmacies need to adjust their services and delivery methods to meet these changing demands. This may involve expanding beyond traditional pharmacy services to offer comprehensive healthcare solutions, such as medication therapy management, chronic disease management, and preventive care services.



“WITHOUT ADJUSTING THE CURRENT OPERATING MODEL, THE BUSINESS OR SERVICE IS AT HIGH RISK OF FAILURE WITH THE INCREASED OR DIVERSIFIED OFFERINGS.”

A systematic review titled ‘General practice pharmacists in Australia: A systematic review’ conducted by Sudeshika et al. (2021) in Australia and Canada, found that pharmacists who were proactive, adaptive, and confident had a higher tendency to implement new services and work in general practices. This highlights the importance of such skills, as they are crucial for seamless integration of expanded services within community pharmacies, both now and moving forward.

Another important driver of change in the pharmacy business environment is regulatory changes⁷. To remain compliant in the businesses, pharmacy business owners must stay up-to-date with the constant changes in government regulations, funding arrangements, and quality standards. More recently, community pharmacies have had to evaluate their business performance and viability due to the introduction of 60-day dispensing. It will still take some reasonable time to observe any complete financial consequences of the change of policy after it is implemented, and it is not too late for pharmacy business owners or managers

to reconsider and make alterations to their business operations. With the next community pharmacy agreement on the horizon, there will be further changes to remuneration structures. Both pharmacists and pharmacy business owners must be prepared to embrace these changes and the opportunities they bring. Those that do so will thrive and those that do not may struggle to survive.

Pharmacy practice is also influenced by competitive pressures¹ as many are experiencing fierce competition for market share and customer loyalty due to the rise of pharmacy chains, online pharmacies, and non-traditional healthcare providers. In order to succeed in such a competitive environment, pharmacy business owners must differentiate themselves by being innovative, providing excellent service, and implementing customer engagement strategies. This may be further enhanced through investing in new technologies, enriching the patient experience, and forging strategic partnerships with other healthcare providers.

Impact of Adaptability on Business Performance

The performance and sustainability of a pharmacy business is heavily influenced by its capacity to adapt, with far-reaching consequences³. Innovation is fostered in pharmacies when adaptability is promoted, leading to the exploration of new ideas, technologies, and business models⁴. Through fostering innovation, pharmacies can create unique solutions to tackle evolving healthcare challenges, enhance patient outcomes, and drive business growth. Moreover, the ability to adapt increases resilience as it enables pharmacies to endure, bounce back from, and capitalize on disruptions⁷. This could include various circumstances, whether a natural disaster, supply chain disruption, or regulatory change; pharmacies that are adaptable can pivot and implement contingency plans to mitigate risks and ensure continuity of care. Building resilience allows pharmacies to protect their reputation, maintain customer trust, and ensure long-term sustainability.

It is also worth noting that customer satisfaction and loyalty are greatly influenced by adaptability². Numerous studies have indicated that businesses with adaptable managers and employees achieve high customer satisfaction and business performance⁸. Pharmacies can implement strategies to improve the patient experience and build customer relationships by adjusting their services and offerings that meets the changing consumer’s needs. In this current society, consumers have greater access to information more than ever before and are increasingly involved in their own healthcare decision making, therefore interactions and expectations towards healthcare is changing. By providing personalized care and tailored solutions, pharmacies can differentiate themselves from competitors and earn the loyalty of their customers. It’s important to start considering how to prepare yourself, your team, and your business for pharmacists practicing to their full scope, as this will very soon become a normal consumer expectation.

From the perspective of internal operations of a workplace, employee engagement and retention can also be greatly affected by adaptability¹. Creating an environment where employees are empowered to contribute, take ownership, and embrace change can foster innovation and continuous improvement in pharmacies. When employees are engaged, they are more motivated, productive, and committed to providing excellent care and service to consumers, resulting in improved job satisfaction and performance in the workplace. Through recognition, work-life balance, and open communication, adaptable pharmacy owners can boost employee satisfaction and retention, minimising turnover costs and ensuring a skilled and resilient workforce.

Developing and implementing structures and processes that promote organisational adaptability may help some of the recruitment challenges that many pharmacies, especially those in regional and remote Australia, are experiencing. Accommodating employees' circumstances or characteristics positively affects recruitment and retention. The financial impact of employee turnover on a business is difficult to measure, but it is estimated to be 1.5 times the employee's yearly pay. A more flexible work environment, improved retention, and reduced recruitment costs is expected to lead to increased organizational stability and productivity.

Therefore, in a highly competitive market, adaptability is a strategic advantage for pharmacies⁵ and a key factor for long-term success and competitiveness². Being able to actively work in a versatile manner allows certain pharmacies to stand out from their competitors through innovative services, superior customer experiences, and agility in responding to market conditions.

For example, the COVID-19 pandemic prompted many pharmacy businesses to implement vaccination programs, but the success of each business still varies. One such successful pharmacy, located in a regional area with a high concentration of community pharmacies, was able to quickly change their operations to administer vaccinations 7 days a week with no booking required. The pharmacists from this business administered more than ten thousand COVID-19 vaccinations throughout this peak period. As a result, this pharmacy became renowned in the region for its expanded vaccination services, and continues to deliver approximately 15 vaccinations daily, which is over 5,500 doses yearly. While vaccinations may not generate huge profits at the present time, the main advantage lies in the exposure and significant growth of the customer base. The ability to transform in a short time proved a success because the team was engaged, included in the process, and maintained their focus on the core pharmacy business. Businesses such as these consistently prioritized organisational culture, which played a crucial role in their success. This example of a simple, yet noteworthy adjustment to their business through adaptability and organisational ambidexterity was able to result in not only better profits for the business, but also better health outcomes for the local community. It is important to note however, that this success story developed over time and wasn't achieved overnight, as many strategies require time and planning.

Developing a Plan for Enhancing Adaptability

A successful pharmacy business must therefore address adaptability through various means such as culture, leadership, processes, and technology. The dynamic capabilities framework outlines that to be successful, a business must be stable enough to maintain its current core business operations but agile enough to alter this quickly when certain situations demand it. For a manager or business owner, it can be broken down into three separate areas⁶:

1. Sensing opportunities or threats
2. Seizing opportunities
3. Transforming when required

To achieve dynamic capability, managers or business owners must establish the right structures and processes for success. The most important elements to achieving an adaptable organisation though are the employees and the culture of the organisation.

Below are some strategies for promoting adaptability within a pharmacy business.

RECRUITMENT

During recruitment process, look to increase the diversity of your team. By actively encouraging heterogeneity, businesses can boost the creative potential of the team and improve the ability to identify new possibilities and generate innovative ideas. When recruiting a pharmacist, it can be safely presumed that universities have equipped them with the necessary clinical skills, therefore consider also digging deeper to understand their capability in intellectual curiosity and entrepreneurial spirit.

FOSTER A CULTURE OF AGILITY

Cultivate an organisational culture that values flexibility, innovation, and continuous improvement⁴. Managers and pharmacy business owners should strive to create a work environment that is psychologically safe, promotes open communication, collaboration, and experimentation. Encourage employees to express ideas, take calculated risks, and learn from failures.

EMBRACE INNOVATION

Invest in research and development and encourage the adoption of new technologies and best practices³. Innovation is not always confined to new technology but can also involve process innovation. When was the last time you looked at your day-to-day processes to see if there is a better, more efficient way of doing it? Discuss with your team and colleagues about innovative approaches for completing simple tasks.

EMPOWER EMPLOYEES

Provide employees with the tools, training, and autonomy they need to excel in their roles¹. Pharmacy business owners and managers should help their team to embrace change and adopt a growth mindset, as without their involvement, failure is inevitable. Acknowledge and incentivize employees for their contributions and accomplishments, promoting a culture of responsibility and ownership among all team members.

EMBRACE TECHNOLOGY

Make use of technology to streamline operations, enhance efficiency, and improve patient care⁷. There is excellent opportunity to optimise your dispensary operations by incorporating robotics, thanks to the increasing affordability and reliability of automation. Alternatively, starting with a smaller item such as a computer or tablet, or even implementing a software change, could yield notable results. Many AI-driven software solutions now exist to enhance ordering processes, uncover missed patient opportunities, and generate reports. Now is the time to accept and welcome it.

BUILD STRATEGIC PARTNERSHIPS

Expand your reach and capabilities by collaborating with healthcare providers, community organisations, and industry stakeholders². Establish strategic partnerships to exchange resources, expertise, and best practices. By partnering with other pharmacists and businesses, pharmacies can more effectively respond to the evolving needs of patients and communities.

Conclusion

Ultimately, community pharmacy businesses in Australia must be adaptable to thrive in a constantly evolving and competitive environment. To position themselves for long-term success and sustainability, pharmacies should define adaptability, understand its importance, identify key drivers of change, evaluate its impact on business performance, and create a plan for improving adaptability³. By promoting an agile culture, embracing innovation, empowering employees, utilising technology, and forming strategic partnerships, pharmacies can adjust to industry changes, capitalise on growth prospects, and provide excellent care and services to patients and communities.



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The Underestimated Impact Of

DRY EYE DISEASE

D

Dry eye disease (DED), also known as keratoconjunctivitis sicca is a common, chronic ocular condition that is often overlooked and underdiagnosed⁽¹⁾. In Australia, dry eye affects over 50% of people aged 50 years and older, and over a third of the adult population⁽²⁾.





Learning Objectives

On completing this activity pharmacists should be able to:

1. Recall the aetiology and pathophysiology of dry eye, including environmental, systemic, and medication-related factors.
2. Recognise the symptoms of dry eye through patient history-taking and clinical assessment.
3. Identify which over the counter (OTC) treatments for dry eye are appropriate to use, such as artificial tears, gels and lubricating ointments.
4. Highlight the role of education and counselling on proper administration techniques, lifestyle modifications and management options to alleviate dry eye symptoms.

DED may begin as mild irritation or discomfort, but the disease can progress and can result as a burden to those affected. Severe disease may also lead to complications of the cornea, such as infectious keratitis, ulceration, and scarring⁽³⁾. In addition to this, loss of vision is also a possible outcome⁽³⁾.

Therefore, the recognition, diagnosis, and management of DED is crucial in mitigating impact on affected individuals. As pharmacists are often sought for advice in symptoms of DED, they should be confident in providing evidence-based counselling and referral where necessary.

Aetiology and Pathophysiology

The tear film of the eye consists of three layers, known as the mucous, aqueous, and lipid layers as outlined in Figure 1.

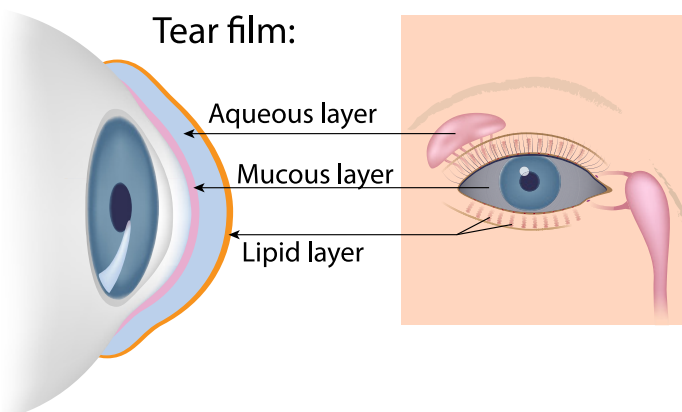


Figure 1. Tear film layers on the eye surface.



AUSTRALIA

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NEW ZEALAND

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The surface of the eye is kept moist by the functions of the lacrimal function unit (composed of the lacrimal glands, eyelids and meibomian glands) with a tear film of 7-10 microliters. Tears from the eyes run through an inferior and superior lacrimal punctum, which eventually drains into the nose through the nasolacrimal duct (Figure 2). Lubrication over the ocular surface is regulated by a homeostatic process, keeping a balance of moisture and hydration⁽¹⁾.

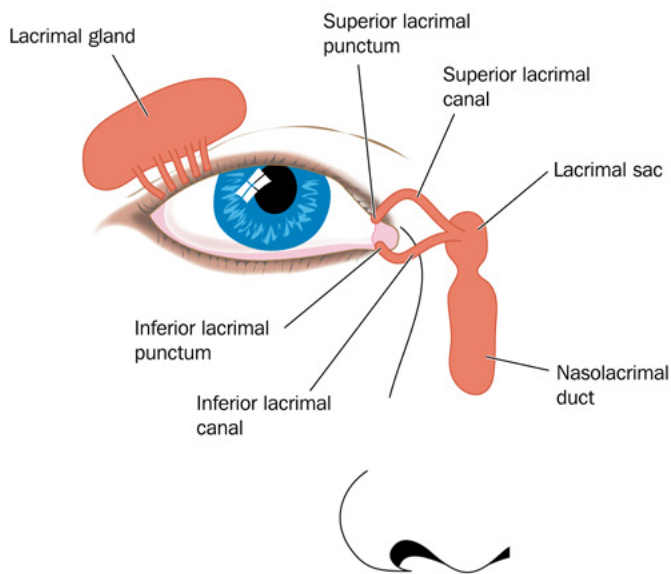


Figure 2. The draining of tears from the eye

DED is a multifactorial disease that can be further broken down into evaporative dry eye (EDE) or aqueous deficient dry eye (ADDE). There are a myriad of reasons that may contribute to the cause of DED, including ophthalmic factors, systemic diseases, environmental factors, sociodemographic factors, or use of certain medicines and surgical procedures⁽³⁾.

Evaporative dry eye (EDE)	Aqueous deficient dry eye (ADDE)
<ul style="list-style-type: none"> • Results from a deficient lipid layer which leads to the increase evaporation of tears. • Due to dysfunction of the meibomian gland, a structure which secretes lipid. Meibomian gland dysfunction accounts for more than 85% of DED. • Blepharitis (eyelid inflammation) can be a cause of meibomian dysfunction, or a result of it. • DED is both a cause and effect of blepharitis. 	<ul style="list-style-type: none"> • Is a result of a lack of adequate aqueous production from the lacrimal glands. • 1 out of 10 DED is affected by ADDE • Is often categorised as Sjögren's syndrome-related (a chronic autoimmune disease) and non-Sjögren's syndrome-related.

Box 1. Subtypes of DED⁽⁴⁾

Some common factors that may be associated with dry eye includes^(3,5):

- **Side effects of medicines** such as antihistamines, antihypertensives, benzodiazepines, diuretics, hormones, NSAIDs, corticosteroids, anticholinergics, isotretinoin or antidepressants.
- **Topical eye drops** such as certain medications and preservatives contained in the drops.
- **Medical conditions** such as those mentioned in Box 1., Vitamin A deficiency, and other autoimmune or connective tissue disorders.
- **Environmental factors** such as irritants, chemicals, smoke, pollution, or humidity.
- **Lifestyle factors** such as usage of screened devices or contact lens wearing.

Women have also been observed to be more likely to experience dry eyes than men, and this is thought to be due to hormonal effects. Although not all studies can confirm this theory⁽⁵⁾.

Identifying Dry Eye

The most common presentation of dry eyes involves bilateral descriptions of, **burning, red eyes, blurry vision, grittiness, stinging and light sensitivity**⁽⁶⁾. These symptoms range from a spectrum of mild to severe. Individuals presenting with these symptoms should therefore be screened for DED with clinical assessment, history taking, ocular examination and referral where necessary. Many other ocular conditions can overlap with the symptoms of DED, and it is important to exclude red flags and consider differential diagnosis. See Box 2. for other conditions to consider when assessing for dry eye.

Other Eye Conditions Similar to DED Presentation

- Conjunctivitis
- Blepharitis
- Contact lens-related keratoconjunctivitis
- Eyelid malposition
- Keratitis

Box 2. Conditions to consider when making differential diagnosis in DED

Accurate identification of DED (or any underlying cause of the condition) is crucial in order to provide suitable treatment. This not only helps prevent the advancement of disease but also alerts health professionals to the fact that certain conditions may be linked to, or capable of causing, DED⁽³⁾.

Gathering a patient history on current or past eye conditions is essential when assessing individuals⁽¹⁾. It is important to establish if there is a history of corneal refractive surgery, contact lens use, or ocular diseases such as infectious diseases, transplants, or allergic conjunctivitis⁽¹⁾. As mentioned previously, systemic disease such as skin conditions, thyroid disorders, autoimmune diseases, Bell's Palsy and Parkinson's disease can be associated with DED⁽¹⁾. In addition to history taking, understanding the risk factors of dry eyes is also helpful when assessing for dry eyes.

There are several ways to assess the severity of dry eye, including questionnaires; however, these are not commonly used in Australia at present⁽⁴⁾. They include questionnaires such as the five-item dry-eye questionnaire (DEQ-5), or the ocular surface disease index (OSDI). OSDI relies on 12 questions that are presented to the patient, with scores ranging from 0 to 4, where 0 indicates a frequency of 'some of the time' and gradually increases to 4 which is 'most of the time'⁽⁷⁾. At the end of the questionnaire, a score is calculated, with an increasing score indicating greater disability⁽⁷⁾. The DEQ-5 on the other hand, is a short 5 question assessment answered based on a typical day experienced by the individual in the last month, where answers are allocated with scores ranging from 0 to 4; where 0 is a frequency of 'never' and 4 is 'constantly'⁽⁷⁾. A total calculated score of 0 to 22 is possible, where an increasing score also indicates increased disability⁽⁸⁾.

Trained health professionals such as physicians or optometrists can also examine the eye further with the aid of ophthalmic equipment or methods to examine tear film height and observe any other physical abnormalities of the eye⁽¹⁾. Some of this may involve measuring the tear stability, tear volume, ocular surface assessment, tear film assays and others^(3,4).

Although such diagnostic and examination methods are beyond the scope of a pharmacist, individuals are still likely to seek pharmacist advice as first call, especially in mild cases. It is imperative that pharmacists recognise the typical symptoms and risk factors of DED and understand how to recommend simple management and provide relevant advice to prevent disease severity.

Where red flags are present, pharmacists should not hesitate to refer to an optometrist or physician for possible further referral to an ophthalmologist. The NICE guidelines specify the following as referral points⁽⁴⁾:

- Pain in the eye that is moderate to severe
- Photophobia
- Marked redness in one eye or where visual acuity is reduced
- Vision that appears to be deteriorating
- Presence of ulcers or signs of corneal damage
- Symptoms that appear to continue or worsen even after treatment for four weeks
- Presence of other associated disease which require management by a specialist (e.g Sjögren's syndrome)

Management

In circumstances where DED has a secondary cause, the underlying disease should be treated first⁽⁹⁾. However, other treatments such as those below are also commonly utilised and prescription medicines may be prescribed in certain severe cases.

OVER THE COUNTER

Studies have shown that the use of lubricants are effective on the ocular surface and can have a positive effect after 30 days of treatment, with an outcome of an overall 25% improvement⁽¹⁰⁾. Ocular lubricants serve as artificial tears and are easily accessible, making them the mainstay treatment option for mild conditions⁽⁴⁾. They commonly come in the form of drops, gels and ointments and the choice of lubricant formulation depends on symptom severity.

- **Lubricating drops** replenish the aqueous layer of the tear film and are often used in mild dry eyes. May require frequent use for relief.⁽⁴⁾
- **Ophthalmic gels** can be used in cases where symptoms are moderate and can be used during the daytime. They may last longer than eyedrops and may cause blurred vision (less than ointment though).⁽⁴⁾
- **Ophthalmic ointments** should be used before bed as they can cause blurred vision. Usually used for patients who experience dryness at night or when they awaken.^(4,11)
- **Eye sprays** are administered over closed eyelids, ~10cm away, and are believed to help with the lipid layer of the tear film.⁽¹¹⁾

When possible, preservative-free lubricants are preferred, as preservatives have the potential to cause irritation, exacerbating DED symptoms. This effect however tends to be more relevant in individuals with severe disease than those with mild symptoms due to the amount of preservative being diluted in the tears of a person with mild dry eyes (as there may be more tear volume in mild than severe disease)⁽⁴⁾. Avoidance of preservatives such as benzalkonium chloride is best, especially in those with sensitive eyes. In addition to this, individuals should also be advised to use their artificial tears regularly, at least 3 to 4 times per day⁽²⁾.



Prescription Treatment

In some severe cases, prescription medication treatment may be required. Anti-inflammatory topical treatment such as corticosteroids can be prescribed, but monitoring and caution is recommended as there is the risk of increased intraocular pressure (leading to glaucoma), risk of infection, and keratolysis⁽⁴⁾. Such treatments are typically reserved for cases that are chronic or quite severe⁽¹²⁾.

Other topical treatments may also be prescribed under supervision of an expert, such as cyclosporin, tacrolimus and testosterone drops⁽⁴⁾.

Physical Intervention

Physical intervention using punctal plugs is a form of treatment where a small device is fitted into the tear ducts to physically prevent the drainage of tears⁽⁹⁾. Canicular plugs are another type of occlusive plug but is named differently as they are inserted in the canaliculus instead of the punctum⁽⁹⁾. Various types of materials are used to create these plugs, and they can be for short term or long-term insertion, where some dissolve and some stay permanent. If artificial tear replacement proves ineffective, plugs may be inserted. Nonetheless, a review of these plugs has concluded that it remains uncertain whether they can alleviate symptoms⁽¹³⁾.

Aside from punctal and canicular plugs, surgery is another type of physical intervention where the ducts are closed to stop the drainage of tears, thus preserving tear volume⁽²⁾. Newer treatments for dry eye have also been introduced in more recent times such as⁽²⁾:

- Intense pulsed light (IPL): Reduces inflammation along the rim of the eyelids to increase meibomian gland function
- Thermal pulsation: Applies heat and light pressure to the meibomian gland to promote the flow of oil.

Counselling

LIFESTYLE CHANGES

In addition to topical treatments, it is advised that affected individuals make changes to their environment to reduce tear evaporation. This includes increasing the humidity in the environment, avoiding environment triggers, reducing screen time, taking regular breaks for the eyes and 'conscious blinking'^(4,14).

There is also moderate level of evidence that meibomian gland function may be optimised with a warm compress or eye mask^(1,3). This can be recommended to patients as an adjunctive treatment on top of ocular lubricants. In the presence of DED with blepharitis, individuals are advised to keep good lid hygiene (eg. use wipes) or treat the cause if infectious origins are suspected.

ADMINISTERING OCULAR DOSAGE FORMS

Ensuring correct technique ensures that the appropriate dose is administered for optimal treatment outcomes. Pharmacists **should never assume** that patients know how to use eye drops, eye gels, or eye ointments correctly. There are cases where patients may feel confident in administration but are found to be using poor techniques.



Figure 3. Application of eye gel

Formulation	Administration Technique
Eye drops	<ol style="list-style-type: none"> 1. Clean hands 2. Tilt head back 3. Pull bottom eyelid down to form a pouch with the non-dominant hand 4. With the dominant hand, instil one drop into the pouch 5. Close eye and hold in the inner corner of eye for a few minutes 6. Blot any excess solution with a tissue 7. Wait 5 minutes before instilling another drop (if necessary)
Eye gels or ointments	<ol style="list-style-type: none"> 1. If eye gel or ointment is to be used at the same time as drops, leave the gel or ointment to be applied last. 2. Clean hands 3. Tilt head back 4. Pull bottom eyelid down to form a pouch with the non-dominant hand 5. With the dominant hand, squeeze approximately 1cm of the gel or ointment in the pouch of the eyelid 6. Blink several times to ensure that the formulation coats the entire eye surface 7. Close the eye for 1-2 minutes after

Note: Try to avoid allowing the tip (of the dropper, gel, or ointment) from touching the eye to prevent contamination.

Box 3. Correct administration techniques of ocular formulations⁽¹⁵⁾



Short Case Study

A 35-year-old male visits your pharmacy and has been lingering around the eye care section for about 5 minutes. You approach him to ask if he requires any assistance and he admits that he is not quite sure what will be best to choose from.

You **take an ocular history** with following questions⁽¹⁾:

- Can you describe your symptoms?
- How long have they bothered you for?
- Have you noticed any aggravating factors?
- What is the severity of your symptoms?
- Have you tried any relief options yet?
- Are you a contact lens wearer?
- Are you on any medications?
- Have you experienced any visual changes such as blurred vision?
- Is there a red eye?
- Are symptoms in both eyes or just one?
- Has there been any recent history of illness?
- Do you feel unwell in any other way (systemic symptoms)?

Clinical assessment determines the following.

- Gritty, red eyes that feel mildly uncomfortable in both eyes that started 3 days ago

- He notices that it worsens when he goes for a run outdoors
- He has not tried anything to relieve his symptoms and he does not take any medications on prescription or over the counter
- He has been given new prescription glasses in the last week and is trialling contact lenses in the last 4 days.
- He describes the discomfort as mild, but a bit more irritated since going outdoors
- He says that he feels healthy otherwise.

When **recommending an appropriate product** (Table 1.) consider the outcome of clinical assessment, patient factors and preferences. The Australian Medicines Handbook states that there is no evidence to support that one type of lubricant is superior to another, and in most instances patient preference and empirical treatment plays a large role⁽¹¹⁾.

There is some evidence however that shows lipid-containing ocular lubricants to be effective in improving comfort and tear film stability in patients with lipid deficient dry eye⁽¹⁶⁾. A systematic review which included 64 papers also concluded that ocular lubricants that come in combinations may also appear to be more effective than single formulations. Furthermore, it was found that drops containing polyethylene glycol (macrogol 400) are more effective than carboxymethylcellulose/carmellose sodium and hydroxypropyl methylcellulose⁽¹⁷⁾.

MULTIDOSE DROPS

Brand [®]	Preservative	Key ingredients
Blink Intensive Tears	oxychloro complex ^a	macrogol 400, sodium hyaluronate
GenTeal, In a Wink Moisturising	sodium perborate	hypromellose
Liquifilm Tears, PVA Tears	benzalkonium chloride ^b	polyvinyl alcohol
Methopt	benzalkonium chloride ^b	hypromellose
Murine Tears	benzalkonium chloride ^b	polyvinyl alcohol, povidone
Optive	oxychloro complex ^a	carmellose, glycerin
Optive Advanced	oxychloro complex ^a	carmellose, glycerin, polysorbate 80
Optive Fusion	oxychloro complex ^a	carmellose, glycerin, sodium hyaluronate
Optive Gel Drops	oxychloro complex ^a	carmellose, glycerin
Optix	oxychloro complex ^a	macrogol 400, propylene glycol
Poly-Tears, Tears Naturale	polyquaternium	hypromellose, dextran 70
Refresh Liquigel, Refresh Tears Plus	oxychloro complex ^a	carmellose
Revive Tears	sorbic acid	hypromellose
Systane	polyquaternium	hydroxypropyl guar, macrogol 400, propylene glycol
Systane Balance, Systane Complete	polyquaternium	hydroxypropyl guar, mineral oil, propylene glycol, sorbitol
Systane Ultra	polyquaternium	hydroxypropyl guar, macrogol 400, propylene glycol, sorbitol

Brand®	Preservative	Key ingredients
Cationorm	none	heavy mineral oil, light mineral oil, glycerin
Evolve Carmellose	none	carmellose
Evolve Hypromellose	none	hypromellose
Hylo-Forte, Hylo-Fresh	none	sodium hyaluronate
Murine Dry Eyes	none	sodium hyaluronate
NovaTears	none	perfluorohexyloctane
Systane Complete Preservative-free	none	hydroxypropyl guar, mineral oil, propylene glycol, sorbitol
Systane Ultra Preservative-free	none	hydroxypropyl guar, macrogol 400, propylene glycol, sorbitol

SINGLE USE DROPS

Brand®	Preservative	Key ingredients
Bion Tears	none	hypromellose, dextran 70
Blink Intensive Tears	none	macrogol 400, sodium hyaluronate
Cationorm	none	heavy mineral oil, light mineral oil, glycerin
Cellufresh, Celluvisc	none	carmellose
Optifresh Plus, Optifresh Tears, Refresh Plus	none	carmellose
Optive Advanced	none	carmellose, glycerin, polysorbate 80
Optive Fusion	none	carmellose, glycerin, sodium hyaluronate
Optive Sensitive	none	carmellose, glycerin
Refresh	none	polyvinyl alcohol, povidone
Systane	none	hydroxypropyl guar, macrogol 400, propylene glycol
Systane Hydration	none	hydroxypropyl guar, macrogol 400, propylene glycol, sodium hyaluronate
Systane Ultra	none	hydroxypropyl guar, macrogol 400, propylene glycol, sorbitol
TheraTears	none	carmellose

MULTIDOSE EYE GEL

Brand®	Preservative	Key ingredients
GenTeal, HPMC PAA	sodium perborate	hypromellose, carbomer 980
Optifresh, PAA, Viscotears	cetrimide	carbomer 980
Systane Gel Drops	polyquaternium	hydroxypropyl guar, macrogol 400, propylene glycol, sorbitol

EYE GEL (SINGLE USE)

Brand®	Preservative	Key ingredients
Poly Gel	none	carbomer 974P
TheraTears	none	carmellose
Viscotears Gel PF	none	carbomer 980

EYE OINTMENT

Brand®	Preservative	Key ingredients
Refresh Night Time	none	paraffin
Poly Visc	none	paraffin, lanolin
VitA-POS	none	retinol palmitate, paraffin, lanolin

EYE SPRAY

Brand®	Preservative	Key ingredients
Murine Eye Mist	none	phospholipid liposomes
Optrex Actimist	phenoxyethanol	
Tearsagain	phenoxyethanol	

Note on preservatives: ^a also known as Purite® and ^b is most irritating to eyes

Table 1. Comparison of some available ocular lubricants (re-adapted from AMH 2024)⁽¹¹⁾

Short Case Study
(CONTINUED)



You discuss those points with the patient, and he states that he prefers something easy to carry around. As a result of this, eye drops are recommended to him. After explaining to him about the potential for irritation caused by preservatives, and the evidence behind certain artificial tears, he decides to go with a multi-formulation that is preservative free and contains macrogol 400.

You **tailor your counselling**, advising him to:

- Use the eye drops as frequently as needed (at least 4 times a day) and show him the best technique to instil drops.
- Improvement is usually seen within a month⁽¹⁷⁾.
- Avoid triggers that worsen symptoms, including increasing humidity (outdoor running can increase air movement and dry eyes)
- Consider giving contact lenses a break while he treats the dry eye symptoms
- Visit the optometrist again for a follow up to ensure his contact lenses are the right fit for him.



“GENERALLY, IF IMPROVEMENT DOES NOT OCCUR WITHIN 2-4 WEEKS PATIENTS SHOULD BE REFERRED TO AN OPTOMETRIST OR OPHTHALMOLOGIST FOR FURTHER MANAGEMENT.⁽¹¹⁾”

Summary

DED is often overlooked in primary care settings and may sometimes have a secondary cause, such as meibomian gland dysfunction, Sjögren’s syndrome, medication use or contact lens wearing. Given the various brands and options available in the ocular section of a pharmacy, individuals seeking relief can find self-selecting a product overwhelming. Pharmacists are best placed to screen and triage patients presenting with dry eye symptoms, referring where appropriate, but also recommending products that will help symptomatic relief based on clinical assessment and patient preference.



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Adaptability: An Important Skill in Pharmacy Business

01 Which of the following best defines adaptability in the context of a community pharmacy business?

- a) The ability to stick rigidly to predetermined plans and strategies despite external pressures
- b) Reacting slowly to changes in market demands and external forces to maintain stability.
- c) Responding efficiently to changing circumstances and market demands while upholding core values and objectives
- d) Remaining resistant to adopting new technologies or adjusting operational processes

02 What are the key drivers of change within a business as described in the article:

- a) Employee skills and training, regulatory compliance, and geographical location
- b) Technological advancements, consumer preferences, regulatory changes, and competitive pressures
- c) Financial performance analysis, market research, and historical data trends
- d) Traditional business models, employee satisfaction, and advertising strategies

03 How does adaptability impact business performance?

- a) It has little significant impact on innovation, resilience of customer satisfaction
- b) It primarily influences external market conditions and has minimal effect on internal operations
- c) It only affects employee engagement and retention within the workplace.
- d) It fosters innovation, enhances resilience, and influences customer satisfaction and loyalty

04 Which of the following statements best summarizes the relationship between adaptability and pharmacy business success?

- a) Adaptability has a negligible impact on business competitiveness and long-term success
- b) Adaptability enables pharmacies to differentiate themselves, respond to market conditions, and achieve long-term success
- c) Adaptability affects recruitment challenges and employee retention, but not overall business performance
- d) Adaptability primarily contributes to short-term gains and influences short-term strategic advantage

05 Which one of the following options is highlighted as the primary factors in achieving adaptability within an organization?

- a) Employee engagement and a culture of innovation
- b) Financial stability and investment in infrastructure
- c) Legal compliance and regulatory adherence
- d) Market analysis and customer relationship management



LEARNING OBJECTIVES

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

- Define adaptability in the context of business operations and describe its significance in navigating changing environments.
- Identify key factors driving change within a business, such as technological advancements, shifts in consumer preferences, regulatory changes, and competitive pressures.
- Recognise the impact of adaptability on various aspects of business performance, including innovation, resilience, customer satisfaction, employee engagement, and strategic advantage.
- Identify plans for enhancing adaptability within a specific business context, incorporating strategies for promoting a culture of agility, fostering innovation, empowering employees, and implementing proactive measures to anticipate and respond to future changes effectively.



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The Underestimated Impact of Dry Eye Disease

01 Which of the following statements is TRUE about dry eye disease?

- a) Evaporative dry eye disease is due to a deficit of the aqueous layer of the tear film
- b) Dry eye disease can cause diseases such as Sjogren's syndrome if not treated
- c) Blepharitis can be related to dry eye disease and treating it may help
- d) Tears drain to the nose which causes a lack of tears retained over the ocular surface

02 Which of the following conditions will need to be considered when making a differential diagnosis on dry eyes?

- i. Keratitis
- ii. Bacterial conjunctivitis
- iii. Viral conjunctivitis

- a) i and iii
- b) ii and iii
- c) ii only
- d) i, ii and iii

03 A patient requests for a formulation of eye drops that are suited to dry, sensitive eyes. Which of the following would present as appropriate for them?

- a) Eye drops containing oxychloro complex and macrogol 400
- b) Eye drops containing carmellose and glycerine
- c) Eye drops containing just polyquaternium
- d) Eye drops containing sorbic acid and Hypromellose

04 When is referral necessary to an optometrist or ophthalmologist in dry eyes? (Select 2 correct options)

- a) After one month with no improvement of using lubricating eye drops five times a day
- b) After a month with no improvement of using lubricating eye drops once a day
- c) After two weeks with no improvement of using lubricating eye drops twice a day
- d) After two months with no improvement of using lubricating eye drops four times a day

05 Choose ONE statement that is TRUE below about dry eye disease and its treatment:

- a) Thermal pulsation is a new type of treatment that reduced inflammation to help with meibomian gland function.
- b) Punctal plugs are physical plugs inserted to prevent tear drainage and are therefore proved to be very effective in improving symptoms.
- c) Preservatives in eye drops should always be avoided as they can be as irritating towards patients with mild disease as with severe disease.
- d) Pain in the eye, presence of ulcers and deteriorating vision should be referred further.



LEARNING OBJECTIVES

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

- Recall the aetiology and pathophysiology of dry eye, including environmental, systemic, and medication-related factors.
- Recognise the symptoms of dry eye through patient history-taking and clinical assessment.
- Identify which over the counter (OTC) treatments for dry eye are appropriate to use, such as artificial tears, gels and lubricating ointments.
- Highlight the role of education and counselling on proper administration techniques, lifestyle modifications and management options to alleviate dry eye symptoms.



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