KEY FINDINGS FROM THE QCPPP COMMUNICATION SURVEY

DISEASE STATE MANAGEMENT FOR DIABETES AND SLEEP APNOEA

NEW QCPPP CHECKLISTS

PARTIAL ASSESSMENTS AND CHANGES TO ACCREDITATION DATES
The 1st of July 2012 was the first anniversary of the start of the Pharmacy Practice Incentives program. Community pharmacy can be very proud of how it has changed and adapted to new requirements to be eligible for PPI, and also the associated QCPP requirements that confirm pharmacy’s eligibility for PPI via QCPP assessment.

We’ve all heard the doomsayers bemoaning that the ‘existing’ model of community pharmacy will not survive. But that is because there is no ‘existing’ model- community pharmacy is forever a dynamic health service delivery, with pharmacy continually evolving and adapting to the pressures in our health and retail environment. Many have emphasised that ‘community pharmacy needs to change’ but pharmacy has changed and will continue to do so. There would be few of us that could look back 10 years and not see dramatic differences in the way we operate between now and then.

The model of community pharmacy has evolved to reflect the changing focus of pharmacy practice from one dominated by a product supply process to one incorporating professional services. It is amazing to think that in January 2011, when the Guild and QCPP were promoting PPI, many of you had no idea what PPI was, what the acronym stood for, nor of the benefits for your business. Now, 12 months after the start of the program, many of you have changed, and are now offering a greater range of professional services- and are being paid to deliver those services via an incentive scheme that recognises delivery to a quality Standard. Well done pharmacy!

The statistics speak for themselves. As at 1 June 2012, 4723 (91%) out of Australia’s 5167 approved pharmacies were participating in at least one priority area of the PPI program. Of these 4723 participating pharmacies, 4009 (85%) had registered and were eligible for all six PPI priority areas. There has been a small but steady increase in the original participation rate since July 2011. However, of concern is that only 70% of participating pharmacies are actually claiming for DAAs and Clinical Interventions, the two priority areas that are subject to a periodic claim. If you are registered for these two priority areas, make sure you take advantage of the incentives on offer- claims for 1 June to 30 September period are due to Medicare by 14 October 2012.

No one is denying that it is not easy for pharmacy at the moment. However, I am confident that community pharmacy’s ability to adapt and accommodate the changing needs of the Australian healthcare consumer will see a viable and sustainable community pharmacy industry now and into the future. The Community Pharmacy Agreements, and QCPP will help you accommodate these changes.

Paul Sinclair
Chair, Quality Assurance and Standards Committee
National Councillor
The Pharmacy Guild of Australia
In this edition we are pleased to publish the results of the QCPP Communication Survey. Thank you for supporting this research - we really make sure we are communicating with you in the way that you want us to. I was really pleased to see in the survey such great recognition of QCPP resources and materials amongst you all, and great use of the QCPP Excellence newsletter. The QCPP team and I are very proud of this publication, and hope you too have recognised how Excellence has become more of a resource for pharmacy than just a newsletter.

As always, we have some practical examples of how pharmacy is offering professional services; this time in the Primary Health Care area, including sleep apnoea services and diabetes disease state management. We’ve also included information on functional changes in QCPP; we will be introducing an option to access a partial assessment for those pharmacies who didn’t initially register for some of the PPI priority areas, and have included notification of upcoming changes in accreditation dates for some pharmacies that were caught up in the pre-30 June 2011 PPI rush for accreditation.

Excellence – a never ending pursuit.
THINGS TO KNOW

RECENTLY APPROVED REFRESHER TRAINING AND EASIER-TO-USE APPROVAL LIST NOW AVAILABLE

The following courses have been approved for Refresher Training since the last edition of Excellence.

QCPP has recently updated the list of approved Refresher Training and made it easier to use. To see the complete list of currently approved courses go to Resources > Training > Approved Refresher Training at www.qcpp.com. The new format separates courses currently within their approval period, from training where the approval period has elapsed. Note, as the QCPP accreditation cycle is two years, activities remain in the Previously Approved Training table for two years after the end of the approval period. The Current Approvals table now includes contact details e.g. website, phone number or email address of the training provider to make it easier for pharmacy staff to find out if training is available.

<table>
<thead>
<tr>
<th>Training</th>
<th>Approved Duration</th>
<th>Approval Period</th>
<th>Format</th>
<th>Training provider &amp; contact details</th>
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<tbody>
<tr>
<td>ACT Pharmacy Assistant Professional Development Day</td>
<td>30 mins</td>
<td>10/8/12 - 10/8/12</td>
<td>Face to Face</td>
<td>Pharmacy Guild – ACT Branch Email: <a href="mailto:guildact@guild.org.au">guildact@guild.org.au</a></td>
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<tr>
<td>Skin Conditions session</td>
<td>30 mins</td>
<td>10/8/12 - 10/8/12</td>
<td>Face to Face</td>
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<tr>
<td>Scheduled Medicines Skills Workshop</td>
<td>60 mins</td>
<td>10/8/12 - 10/8/12</td>
<td>Face to Face</td>
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<tr>
<td>Asthma Session</td>
<td>30 mins</td>
<td>10/8/12 - 10/8/12</td>
<td>Face to Face</td>
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<td>CounterConnection</td>
<td></td>
<td></td>
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<tr>
<td>Gastro-oesophageal reflux disease (GORD)</td>
<td>1 hr</td>
<td>1/9/12 - 31/10/12</td>
<td>Distance/Online</td>
<td>Pharmaceutical Society of Australia Email: <a href="mailto:pscnat@psa.org.au">pscnat@psa.org.au</a> PSA Self Care inPHARMation (September 2012)</td>
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<tr>
<td>Pain Pod</td>
<td></td>
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<tr>
<td>Module 7: Cold and Flu</td>
<td>30 mins</td>
<td>31/7/12 - 30/7/14</td>
<td></td>
<td>Reckitt Benckiser <a href="http://www.painpod.com.au">www.painpod.com.au</a></td>
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UPDATING PHARMACY GROUP OPERATIONS MANUALS

If your pharmacy is part of a pharmacy group that relies on an Operations Manual developed by your group’s head office it is still the responsibility of the individual pharmacy to ensure the latest manual updates are reflected in your Operations Manual. Please ensure you make arrangements with your head office to update your Operations Manual to be in alignment with the requirements in the Manual Updates (#2) released in July 2012. Electronic copies of these documents and previous updates are available from the QCPP Standard section at www.qcpp.com.
“YES, YOU CAN FAIL A QCPP ASSESSMENT”

In the past year, there have been a number of pharmacies so unprepared for their QCPP assessment that they have had to go back and work from scratch and then be reassessed, in order to maintain their accreditation and be eligible for Pharmacy Practice Incentives.

We know that there are many priorities in pharmacy, but QCPP is all about integration into your day-to-day work flow, so be efficient and set your pharmacy up correctly the first time in accordance with QCPP Requirements.

QCPP helps with a structure that ensures that tasks are performed to a quality standard. It should not just be seen as a paperwork exercise, or be very time consuming. It is simply a matter of following procedures and keeping the associated records organised. An evidence folder may help and your QCPP State Manager can provide one free upon request. Scheduling tasks is also a big help, so marking when tasks are due (e.g. equipment checks, loss prevention checklists) in a diary or a planner can be useful, or use your evidence folder proactively and include pre-dated forms so your pharmacy’s Quality Care Coordinator can easily see when tasks are due.

For more information on how you can become more prepared for an assessment or to obtain an evidence folder to store your assessment documentation contact your QCPP State Manager. Their contact details are located on the back cover of Excellence.

ACCRREDITED PHARMACIES NOW LISTED ON THE JAS-ANZ WEBSITE

JAS-ANZ is the organisation that accredits the Guild as a conformity assessment body to assess pharmacies against the Quality Care Standard. All accredited pharmacies are now published on the JAS-ANZ website. To access the list visit www.jaz-anz.org and click on Certified Organisations under the Quick Links section or go directly to: http://cab.jaz-anz.org/CABPublic/Pages/PublicSearch.aspx. This will take you to the JAZ-ANZ search form. If you want to see the full list of accredited pharmacies enter Community Pharmacy in Australia in the Scope of Certification field. As there are over 4000 accredited pharmacies this list will take some time to generate so you may want to narrow the search by entering in more details e.g. suburb/town in the Organisation City field. Note: This list is currently updated with JAS-ANZ on a monthly basis.

NEXT PPI CLAIM DUE

Don't forget, if you are eligible to receive Pharmacy Practice Incentives (PPI) Periodic payments for DAAs and/or Clinical Interventions for any of the eligible Claiming Periods you MUST complete and submit the claim form to Medicare by the relevant due date, by mail or facsimile. Claims for 1 June to 30 September are due to Medicare by 14 October 2012.
When the Pharmacy Guild of Australia approached Colmar Brunton earlier this year to conduct research to inform QCPP communication strategies there were a number of objectives to be explored. However the major need was for QCPP to understand how you want us to communicate with you. QCPP would like to thank all of the pharmacy staff who participated. The responses demonstrated that respondents were mostly satisfied but were also open to alternative channels of communication in the future. The survey was conducted online and by phone between 28 May and 25 June, and 444 pharmacies participated.

**WHO PARTICIPATED**

Although the survey was sent out using existing QCPP contacts which quite often belong to the pharmacy owner or the QCPP Coordinator, the survey still reached a number of staff that identified themselves as performing other roles in the pharmacy. Respondents were allowed in this question to nominate multiple roles as indicated by the numbers below.

![Survey participants by role](image)

Of the total sample (n = 444), 135 respondents were neither the QCPP Coordinator nor the pharmacy owner, which means we were able to gauge interest from a range of pharmacy staff. Thank you to those members who passed on the survey to other staff or requested surveys be sent to other staff or direct to their pharmacy if they were the pharmacy group contact.
As Figure 2. shows most respondents were between 33-54 years (54%) however statistically significant numbers responded in the younger and older categories. On the whole there were no major differences in responses based on age. Questions related to the use of Facebook suggested that respondents aged 15-34 were more likely to use Facebook; however this difference was not seen with regards to other online technologies such as e-newsletters, webinars and online discussion forums.

Respondents from all geographical locations were approached. Survey respondents included 2% from remote communities, 37% from regional Australia and 61% from metropolitan areas. This is reflective of overall QCPP membership.

**AWARENESS OF QCPP RESOURCES AND MATERIALS**

QCPP pharmacies knowledge of QCPP resources was extremely high as shown in Figure 3.

The most widely used resource (considered by those who identified they were aware of QCPP resources) was *Excellence* with 61% of respondents stating ‘always’ or ‘regularly’ in response to their usage of the newsletter.
ELECTRONIC OR PRINT

There was strong support from pharmacy staff to receive communication in both electronic and/or print format. When asked if Excellence could be offered in an electronic format via email, 25% of you said they would prefer to keep receiving it in print only, 39% said if given the opportunity would prefer electronically, while 34% would like to receive it both in print and via email.

Of those respondents who identified as being the main contact for QCPP correspondence, 42% would like in the future to receive invoices and correspondence via email, whilst 52% still prefer mail or fax.

ONLINE TECHNOLOGIES

The question was asked if QCPP provided updates via various online technologies how many of you would want to receive updates in this way. The following outlines the top four of the technologies offered. Blogs, LinkedIn, Twitter and other social media all rated less than 10% amongst the group.

77% e-newsletters
37% Webinars
29% Online discussion forums
21% Facebook

Figure 4. Most popular online technologies for QCPP updates

PROMOTIONAL MATERIALS

It was great to see that 62% already promote QCPP to customers and 91% promote the program to their staff. Figure 5 shows that most of you would be interested in promotional items to assist with your promotion.

Counter mats (71%), pens (67%) and shopping bags (59%) rated the most popular promotional items amongst survey respondents so consideration will be given to these items first as QCPP looks at providing more promotional items to pharmacies.

WHERE TO NOW?

The research has been extremely valuable in providing direction for QCPP communication and marketing activities and over the coming editions of Excellence we will keep you informed on what QCPP is doing in response to the research. QCPP hopes to repeat this survey in two years to ensure QCPP communication still aligns with pharmacy operations.
### NEW QCPPP CHECKLISTS

The latest Manual Updates were released and posted to pharmacies in July 2012. The second Manual Update includes minor changes to existing documents, plus the addition of two new checklists and one new procedure to support evolving pharmacy services. The two new checklists are:

- T3K In-pharmacy Medicine Review Checklist and
- T3L Absence from Work Certificates Checklist.

### T3K In-pharmacy Medicine Review Checklist

This checklist has been designed to support the in-pharmacy medicine review process, particularly the MedsCheck and Diabetes MedsCheck services. This checklist identifies the key steps in conducting an in-pharmacy medicine review.

### Actions marked with an asterisk are mandatory and will be assessed. Any modified template must include those actions marked with an asterisk.

<table>
<thead>
<tr>
<th>Program requirement</th>
<th>Advice provided at assessment</th>
<th>Procedure/Imposition overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Ensure there are adequate resources to provide the in-pharmacy medicine review service.</td>
<td>Proof that there are adequate resources to provide the in-pharmacy medicine review service.</td>
<td>No</td>
</tr>
<tr>
<td>Training and qualifications</td>
<td>No additional requirements</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference material</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure the pharmacy has access to current information resources and guidelines.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Premises and equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. For an IT supported service, maintain an easily accessible computer system and ensure the software meets the minimum requirements of the service.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facilities to support the program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure confidential seated consultations between the pharmacist and consumer.</td>
</tr>
<tr>
<td>2. Ensure the pharmacist and consumer to talk at normal speaking volumes without being overheard by others.</td>
</tr>
<tr>
<td>3. Is not located in the dispensary.</td>
</tr>
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</table>

### Action 1.1 – Resources

Pharmacies need to ensure that the consulting pharmacist is not interrupted for dispensing or undertaking other professional duties at the time of MedsCheck or Diabetes MedsCheck consultation.

### Action 3.1 – Reference material

The approved guidelines are the PSA Guidelines for pharmacists providing medicines use review (MedsCheck) and diabetes medication management (Diabetes MedsCheck) services. An electronic copy can be found on the PSA website or via [www.5cpa.com.au](http://www.5cpa.com.au) under the Resources tab.

### Action 6.1 – Facilities to support the program

To ensure confidentiality is maintained the pharmacy must have a screened area or separate room that is distinct from the general public area of the pharmacy and allow MedsCheck and Diabetes MedsCheck consultations to occur at normal speaking volumes without being heard by other persons.
Action 7.1 – Procedures and templates
The pharmacy must develop their own procedure for providing in-pharmacy medicine reviews. Pharmacies could consider using information provided in the flowchart on page 3 of the PSA Guidelines for pharmacists providing medicines use review (MedsCheck) and diabetes medication management (Diabetes MedsCheck) services to develop their pharmacy’s procedure. Visit the QCPP Standard tab at www.qcpp.com to see the example Fast track procedure released with Manual Updates #2 (July 2012).

Action 8.1 – Records
For accreditation, insurance and legal reasons, the pharmacy should keep the following records:

- A complete record of the in-pharmacy medicine review service; and
- A copy (e.g. electronic, photocopy, carbon copy or second printed copy) of any report or documentation provided to another health professional if relevant.

Action 8.2 – Records
The reporting system must be capable of reporting the number of consumers who have participated in the service.

Action 8.3 – Records
It is recommended that all records are maintained securely (including when in transit) for seven years.
### T3L Absence from Work Certificates checklist

This checklist recognises an existing service that may be available within the pharmacy. The key components of this checklist focus on the existing Pharmacy Guild and PSA – Guidelines for Pharmacists issuing certificates for absence from work. Additional information can also be obtained from the Issues and Resources tab at [www.guild.org.au](http://www.guild.org.au).

In particular, you should ensure when providing absence from work certificates:

- they are supplied within your scope of practice
- customer privacy and confidentiality is maintained
- the processes are well documented for the consumer and the pharmacy
- good record storage principles are followed.

#### Action 2.1 – Training and qualifications

All staff, including pharmacists providing absence from work certificates, need to be trained in the pharmacy’s policy and procedure for issuing absence from work certificates. Ensure that training is recorded on the staff member’s Training Record (T15B).

#### Action 3.1 – Reference material

The approved guidelines are the Guild and PSA – Guidelines for pharmacists issuing certificates for absence from work and the Guild’s Reference guide for issuing medical certificates involving minor conditions in pharmacy. Electronic copies can be found in the member sections of the PSA website or the Guild website.

#### Action 6.1 – Premises and equipment

Pharmacists will need to conduct a face-to-face consultation with the person requesting a certificate or the member of their immediate family or household. The pharmacy must have a separate consultation area, not be located in the dispensary, and allow for confidential consultations to occur at normal speaking volumes without being overheard by other people.

#### Action 7.1 – Procedures and templates

The pharmacy must develop their own procedure for providing absence from work certificates. Visit the QCPP standard tab at [www.qcpp.com](http://www.qcpp.com) to see the example Fast track procedure released with Manual Updates #2 (July 2012).

#### Action 8.1 – Recording system

For accreditation, insurance and legal reasons, the pharmacy should keep the following records:

- A complete record of the consultation; and
- A copy (e.g., photocopy, carbon copy or second printed copy) of the final certificate issued.

It is recommended that all records be maintained for at least two years for accreditation purposes from the date of the consultation. Legal requirements should also be confirmed.
PARTIAL ASSESSMENTS

To be eligible for Pharmacy Practice Incentives (PPIs), pharmacies must not only be QCPP accredited, but also demonstrate upon QCPP assessment that they are offering a range of professional services in accordance with the quality Standard.

For some of the PPI priority areas, a number of pharmacies were not in a position to be successfully assessed for, or were not offering these services (particularly under Primary Health Care) at the time of their last assessment. As a consequence, they may now need to demonstrate their compliance outside the normal assessment cycle.

To make this possible, QCPP will be offering a mechanism for Partial Assessment to allow pharmacies to be assessed and become eligible for PPI components they were previously not eligible for. A reason for a Partial Assessment may include a change in pharmacy ownership. For example a new pharmacy owner may take over the pharmacy not long after accreditation under the previous owners, and decide to offer more services under PPIs. This is where an already fully accredited pharmacy provides evidence that it also meets the requirements of additional professional services.

The first step a pharmacy needs to take is to download the Partial Assessment application from the QCPP website, complete it and fax it to the QCPP Assessments team on 02 8088 7184. The pharmacy will then receive the guidelines for providing the necessary evidence. All the evidence required is in the form of various documents. If necessary, Remedial Actions will be identified and advised to the pharmacy. When appropriate evidence has been provided to demonstrate that the pharmacy is fully compliant with the new service offered, it will be advised and Medicare Australia will be notified of the pharmacy’s change in eligibility status.

MOVEMENT OF ACCREDITATION DATES

Due to the commencement of the Fifth Community Pharmacy Agreement (SCPA) Pharmacy Practice Incentives (PPIs) a large number of pharmacies became accredited in the lead up to July 2011. As a result, in May and June 2011 over 600 new pharmacies were assessed on top of the usual number of re-accreditation assessments. This resulted in an enormous workload for the QCPP Assessors, implementation staff and administration staff.

Due to the 2 year accreditation cycle, these pharmacies will become due for re-accreditation in May and June 2013. In order to better manage the assessment and administration requirements, a number of pharmacies that are due for re-assessment in May and June will be offered a once off opportunity to change their accreditation dates. Over the coming months, invitations will be sent to pharmacies explaining the process.

To encourage the pharmacies to take up this offer, each pharmacy accepting the change will have its annual membership reduced for the following year for each month their assessment is bought forward.

QCPP will attempt to facilitate the timing of the assessments with Assessors and pharmacies to ensure critical business processes are not disrupted.

This is an important and temporary variation of the QCPP Accreditation Rules and has been approved by the Quality Assurance and Standards Committee that governs QCPP.
WHAT TO EXPECT AT ASSESSMENT

The purpose of the QCPP assessment is to ensure that the pharmacy is compliant with all of the mandatory requirements of QCPP and a reasonable number of the non-mandatory requirements. QCPP encourages continuous improvement and it is considered that providing a number of non-mandatory requirements initially will encourage pharmacies to incrementally improve their services to the community so that these requirements eventually become mandatory requirements.

The QCPP Assessor is looking for objective evidence that the pharmacy complies with QCPP requirements, and will use an assessment checklist to systematically work through the documentary and implementation evidence available.

On average, a normal assessment will take between 4 and 7 hours depending upon the readiness of the pharmacy, the organisational systems for pharmacy records and the Operations Manual, the number of professional services offered and the size of the pharmacy.

The Assessor is responsible for identifying the compliance with the QCPP standard using the Assessor checklists. All these requirements are documented in the QCPP Requirements Document which every accredited QCPP pharmacy must retain.

The assessment process is made up of four key stages.

1. **The Opening Meeting** is a short time allocated for the Assessor to be introduced to the pharmacy staff, be shown where the amenities are located and be presented with the Operations Manual and Evidence Folder. The timing of the assessment and the availability of the pharmacy staff will also be confirmed.

2. **The Document Review** is when the Assessor systematically works through the Operations Manual to confirm that all the requirements have been appropriately documented, procedures are in place and that this documentation reflects the specific needs and processes within the pharmacy. The review of the Operations Manual will also allow the Assessor to understand how the pharmacy operates within the QCPP Requirements. It will be during this review that the Assessor will identify what services are being offered and the evidence that will need to be sighted to confirm that the procedures have been implemented. In some cases the document review may have been conducted outside of the scheduled assessment plan, e.g. at an owner’s head office.

3. **The Observation stage** allows the Assessor to check the records, observe samples of pricing, staff records, advertising, expiry dates, placement of products, interview the QCPP Coordinator and other pharmacy staff, observe interactions with customers and discuss with the QCPP Coordinator aspects of the Standard. The Assessor will systematically work through the checklist and record appropriate observations. It should be noted that although a sample of staff records will be reviewed in detail, the training records of all non-pharmacist staff will be reviewed to ensure compliance with the initial training for the supply of Pharmacy Medicines and Pharmacist Only Medicines and the ongoing refresher training requirements for these scheduled products. During this stage the Assessor will also begin preparation of the Assessment Report. Any area of non-compliance will be documented in a Remedial Action Report.

4. **The Closing Meeting** is another short meeting at the end of the assessment to allow the Assessor to discuss the findings and any Remedial Actions that may have been identified. The Assessor will ask the pharmacist-in-charge or person authorised by the pharmacy owner to sign the report and accept the Remedial Actions that will be fixed over the allowed period. This period is no longer than three months.
With an estimated 275 Australians developing diabetes every day and further studies suggesting by 2031 that 3.3 million Australians will have type 2 diabetes¹, it is important that health care providers take notice of this epidemic. We interviewed Kirrily Chambers of South Australia, a pharmacist and diabetes educator, to see how she has supported three pharmacies in the Adelaide Hills to deliver a disease state management service for diabetes.

For Kirrily, pharmacy came first, graduating in 1994. In 2005 she started her journey as a diabetes educator and in 2009, in recognition of demonstrated experience and expertise in diabetes education, was granted status as a Credentialled Diabetes Educator. This unique background has helped her develop the diabetes services at Blackwood Green Dispensary, Stirling and Mt Barker Chemmart pharmacies where she splits her time.

When asked why the need to develop diabetes services in pharmacy, Kirrily explains "on average Australians visit a pharmacy 14 times a year and are more likely to see a pharmacist than any other health profession because of their need to regularly fill their scripts. Because of this, community pharmacies are well positioned to offer people with diabetes, information about their medicines. They can also suggest visits to other health providers that the patient could benefit from seeing such as diabetes educators, podiatrists and their GP. The pharmacies I work with are also National Diabetes Services Scheme (NDSS) outlets." Kirrily points out though, "Being an NDSS outlet (now called access points) supports the diabetes services but in the same way that simply supplying medicines is not disease state management, providing supplies such as syringes and testing strips is also not disease state management."

"At initial diagnosis by a medical practitioner, there is a lot of information that patients have to take in and over time medicines may be added to their treatment. It is easy to understand that people often forget what each medicine is for." This lack of understanding amongst many of the people who Kirrily sees has led to a number of problems. "Some patients don't realise that some medicines are prescribed for preventative measures and so they stop taking their medicines because they think they don't need them. Others are unaware that even with lifestyle changes, such as a healthy eating and physical activity exercise, type 2 diabetes is a progressive disease. They feel guilty or that they have failed in some way when new medicines are added to their treatment. And sadly some patients have been suffering in silence for years from medication side effects such as severe diarrhoea not realising that alternative medicines are available."

Patients who might benefit from diabetes services offered by the pharmacies are often identified by the pharmacist when diabetes related scripts are filled. In the Chemmart® pharmacies Kirrily works at, conversations about whether diabetes is in the family during the Chemmart® 20 Minute Health Check, can also assist in identifying suitable patients.

When asked about the benefits of being both a pharmacist and a diabetes educator Kirrily explained clearly that her role in the pharmacy is primarily as a pharmacist but being a diabetes educator has helped her talk to patients, develop resources and train pharmacy staff on diabetes. "Diabetes educators assist people with diabetes to adapt to life with diabetes. As a pharmacist I educate people about their medicines but it is not restricted to diabetes medicines. I could be talking to them about a range of medicines. We can’t be everything to everyone so we encourage patients to make appointments with other health professionals for services outside the pharmacy role."

The QCPP requirements for delivering a disease state management service are outlined in T3I Disease State Management Service Checklist.

Table 1 summarises some of the ways Kirrily has handled these requirements.

Kirrily accesses diabetes resources from a variety of sources to ensure pharmacy staff have the most up-to-date information and training, including:

- Promoting and encouraging pharmacy staff to attend training e.g. full day workshops, insulin information services.
- Developing relationships with diabetes drug company representatives and set up monthly information sessions where the reps come in to train pharmacy staff.
- Adapting Australian Diabetes Educators Association (ADEA) resources to suit pharmacy staff and patient audiences

Equipment used (e.g. blood pressure meters, cholesterol machines in particular Cardiocheck PA, and blood glucose machines) is maintained to manufacturers’ specifications.

In each of the pharmacies Kirrily works in specially designed private consulting rooms have been built that have diabetes supplies and a computer. There are consumer friendly and roomy enough for significant others to also be part of the consultation process.

Kirrily has adapted the QCPP Example Disease State Management Procedure provided with the Fast track USB. Note: Diabetes MedsCheck is one of the components of the disease state management service provided by Kirrily and her colleagues. This part of their service must meet the requirements set out in the new T3K In-pharmacy Medicine Review Checklist available in the latest QCPP Requirements Manual Updates (released July 2012). As an NDSS outlet her pharmacies would also need to meet the requirements of P2F Supplying Medical Devices.

For documenting consultations with patients Kirrily’s pharmacies are currently using GuildCare software. Recommendations to see other health professionals and any discussions the pharmacist has with other health professionals are also documented with the patient's record in GuildCare.

To obtain a Fast track USB contact your QCPP State Manager. Electronic copies of the Manual Updates are available from www.qcpp.com under the QCPP Standard tab.

We asked Kirrily three tips she would give other pharmacists looking to provide diabetes services:

1. **Know your drugs** – Ensure pharmacy staff have the most current information about diabetes medicines. Kirrily explains “Getting to know all of the diabetes drugs available is like working through a mine field. Any information we received back at university will definitely be out of date so do whatever training you can access”.

2. **Start with a customer you know well** – “I started with a customer I had known for some time and was familiar with her medicines. After doing it a few times you will feel comfortable providing services to all your customers.”

3. **Find good resources** – “Get to know your local diabetes educators who have a range of resources available to them. They are more likely to get referrals from you so will appreciate developing the relationship as well.”

For more information about the QCPP requirements relating to disease state management please contact your QCPP State Manager (see contact details on the back cover of Excellence).
Snoring is a common problem for many adults. While many people dismiss snoring as an annoyance, for people with sleep apnoea, it can be a serious condition which has a dramatic impact on short and long term health. In our role as primary health care providers, community pharmacy is ideally suited to helping identify people with undiagnosed sleep apnoea and supporting those who have been diagnosed with the condition. This article explores the potential role of community pharmacy in sleep apnoea, and discusses how a disease state management service may align with QCPP requirements.

WHAT IS SLEEP APNOEA?

Sleep apnoea occurs when a person stops breathing while asleep, and may last from 10 seconds to a minute; breathing resumes when the person arouses slightly from sleep. This may occur many times during the night, causing fragmented sleep. The severity of the condition is determined by the frequency of these events. Sufferers have an increased risk of hypertension, cardiovascular disease, stroke, daytime sleepiness and also motor vehicle accidents. Sufferers are also likely to have a reduced quality of life. Up to 5% of adults in western countries are likely to have undiagnosed Obstructive Sleep Apnoea (OSA) syndrome.2 Sleep apnoea is more common in men, older people, and in people who are obese.

Lifestyle modification is usually the first step in a treatment plan for sleep apnoea, such as weight loss, reducing alcohol consumption and sleeping on the side rather than the back. More severe cases are usually treated by continuous positive airway pressure or CPAP. This involves wearing a close fitting nasal mask at night into which air is pumped at a low pressure to keep the upper airway open. However, compliance and persistence with therapy is often poor.

Polysonomography is the standard diagnostic tool and requires patients to attend specialised sleep clinics, often known as a ‘sleep-lab’. While this is considered the gold standard diagnostic tool, waiting times and costs associated with this service can be a burden on patients.

PRIMARY HEALTH CARE ROLE FOR COMMUNITY PHARMACY

As a health condition primarily managed without the use of medicines, community pharmacy has traditionally not played a significant role in the promotion, screening and management of sleep apnoea. However, in recent years, the accessibility of community pharmacies, and relative inaccessibility of other sleep apnoea service providers, has seen a number of pharmacies develop services to address this gap. The Guild Roadmap similarly identifies sleep apnoea polysomnography and ongoing patient management as key services that can be implemented through community pharmacy in the short to medium term. The Roadmap states:

“The availability of professional sleep apnoea support services through community pharmacy provides at-risk patients with easier and more readily available access to diagnostic and ongoing support services. Considering the level of undiagnosed OSA and its link to increased morbidity, there is a greater opportunity for at-risk patients to be diagnosed and support provided to enable effective self-management of their condition. This should result in better health outcomes and a better quality of life for OSA patients.”3

In Figure 6, above it can be seen that with QCPP guidance, community pharmacy is well placed to support people with diagnosed and undiagnosed OSA. Some pharmacies are already providing sleep apnoea services. There is also potential to raise awareness of sleep apnoea through standardised and coordinated health promotion campaigns delivered through community pharmacy.

The primary health care continuum is (see figure 6) a useful model for exploring the potential role of community pharmacy in sleep apnoea:

- **Health promotion**
  Pharmacies are well placed to promote public health messages about sleep apnoea. Most health promotion is likely to focus on the undiagnosed population and the risks of sleep apnoea on an untreated individual. This may include messages outlining the health risks (e.g. risk of cardiovascular disease), trauma risks (i.e. motor vehicle accidents) or quality of life risks (e.g. relationship problems due to snoring, constant fatigue). These messages would be equally useful to both the undiagnosed and also people who hadn’t persisted with treatment.
Disease State Management
There are a range of management options for sleep apnoea, which include lifestyle modification, weight loss and the maintenance of positive airway pressure during sleep. The latter is generally achieved through a machine, which maintains continuous positive airway pressure (CPAP). Persistence with the device is often poor, and the upfront cost of a machine can be a deterrent to therapy. A key role for service providers is to help the patient with successful initiation with the device and support ongoing management. This is often achieved through an initial consultation where the therapy is discussed, masks correctly fitted and a short trial of a loan CPAP machine organised. Subsequent visits evaluate therapy through patient experience and data downloaded from the CPAP machine. At the end of the trial, the patient usually buys their own machine and the provider makes recommendations for ongoing management. The cycle of care can continue, often prompted by consumer contact when parts need replacing over time. More intensive models of care could include tailored weight loss services and other advice regarding the condition.

Screening and Risk Assessment
- Epworth Sleepiness Scale Questionnaire – This simple tool asks eight questions to measure daytime sleepiness on a scale of 0-24. It a useful risk assessment tool for sleep apnoea. A score over ten would warrant further investigation.
- Polysomnography – more simply known as a ‘sleep study’, polysomnography is a study of how the body sleeps. The test measures multiple parameters of sleep, such as brain function, muscle activity and respiratory air-flow. Traditionally, sleep studies are performed in a sleep lab, where the patient will spend the night having their sleep monitored. More recently, take home polysomnograms have become available and are offered by an increasing number of pharmacies and sleep apnoea clinics for use in the diagnosis of sleep apnoea. This service usually involves a consultation with the customer on how to correctly use the device. Following the at-home study, the results are downloaded and provided for a sleep physician to interpret and provide a recommendation, which may include diagnosis or further investigation.

QCPP REQUIREMENTS
As discussed in recent editions of Excellence, Element 3 of the Quality Care Standard sets out a quality framework for the provision of health services in community pharmacies. This framework is elaborated upon further in the service specific checklists which support the Element. The types of services described for sleep apnoea in community pharmacy fit in the primary health care continuum (Figure 6), and particularly disease state management services.

As obstructive sleep apnoea is a disease customised by blockage of airways, it could be considered a respiratory disease. As such, screening/risk assessment and/or disease state management services for sleep apnoea could contribute towards eligibility for the Primary Health Care PPI priority area table as the respiratory element.

The table across the page provides comments on how a disease state management service for sleep apnoea could align with the quality management framework outlined in T3 Disease State Management Checklist.
The three major companies who market sleep apnoea therapeutic devices offer training in the pathophysiology of sleep apnoea, the treatments for the condition, and how to appropriately fit, supply and service their products. Other organisations within the sleep apnoea industry also offer training which supports a sleep apnoea services in a primary care environment. Pharmacy banner groups who provide this service may also have training developed for their pharmacies. The pharmacy should keep records of this training on the relevant staff training records.

Material provided by company training or clinical guidelines would be relevant references. There are few pharmacy specific references relevant to sleep apnoea.

Therapeutic devices supplied in Australia must be listed on the ARTG, which can be found via www.tga.gov.au.

Some companies offer software packages which can support the service. These packages may include patient management and data downloads from CPAP machines. Consideration should be given as to how to ensure the system is accessible when needed.

If providing therapeutic devices, such as CPAP machines, on a hire/loan basis, consideration should be given to frequency of servicing and cleaning.

A private consultation area is necessary to provide a sleep apnoea management service. The consultation area may need to include a bed, seating and/or computers.

Pharmacies who offer the service should ensure their procedures include all the mandatory steps. Requirements relating to ‘medicines’ should be considered to relate more broadly to ‘therapeutic goods’, including CPAP devices.

Different service models involve different levels of collaboration with other health professionals such as sleep physicians and general practitioners. The nature of lifestyle interventions which assist in the management of sleep apnoea provides opportunity to build relationships with other health professionals such as dietitians and speech pathologists.

Some software packages provided by CPAP device companies support records maintenance. Other pharmacies maintain their own database of records.

Other relevant QCPP Requirements:
- P2F Supplying Medical Devices Procedure
- T5B Equipment Calibration and Maintenance Schedule
- P9A Receiving, Unpacking, Pricing and Storing Stock procedure
- P10A Hiring Equipment Procedure
- P10B Acquisition of a New Piece of Hire Equipment Procedure
- P10C Repair/Service Equipment Procedure
- T10A Hire Agreement
- T10B Equipment Data

**Table 2. Disease state management – Sleep apnoea**

| TRAINING (Action 2.1) | The three major companies who market sleep apnoea therapeutic devices offer training in the pathophysiology of sleep apnoea, the treatments for the condition, and how to appropriately fit, supply and service their products. Other organisations within the sleep apnoea industry also offer training which supports a sleep apnoea services in a primary care environment. Pharmacy banner groups who provide this service may also have training developed for their pharmacies. The pharmacy should keep records of this training on the relevant staff training records. |
| REFERENCE MATERIAL (Action 3.1) | Material provided by company training or clinical guidelines would be relevant references. There are few pharmacy specific references relevant to sleep apnoea. |
| EQUIPMENT (Action 4.1) | Therapeutic devices supplied in Australia must be listed on the ARTG, which can be found via www.tga.gov.au. |
| EQUIPMENT (Action 4.3) | Some companies offer software packages which can support the service. These packages may include patient management and data downloads from CPAP machines. Consideration should be given as to how to ensure the system is accessible when needed. |
| MAINTENANCE (Action 5.2) | If providing therapeutic devices, such as CPAP machines, on a hire/loan basis, consideration should be given to frequency of servicing and cleaning. |
| FACILITIES TO SUPPORT THE PROGRAM (Action 6.1) | A private consultation area is necessary to provide a sleep apnoea management service. The consultation area may need to include a bed, seating and/or computers. |
| PROCEDURES (Action 7.1) | Pharmacies who offer the service should ensure their procedures include all the mandatory steps. Requirements relating to ‘medicines’ should be considered to relate more broadly to ‘therapeutic goods’, including CPAP devices. |
| COLLABORATION (Action 7.3) | Different service models involve different levels of collaboration with other health professionals such as sleep physicians and general practitioners. The nature of lifestyle interventions which assist in the management of sleep apnoea provides opportunity to build relationships with other health professionals such as dietitians and speech pathologists. |
| RECORDS (Action 8.1) | Some software packages provided by CPAP device companies support records maintenance. Other pharmacies maintain their own database of records. |

4 Note: Collaboration with health professionals registered under AHPRA may contribute towards eligibility for the Working with Others PPI payment. Dietitians and speech pathologists are currently not registered with AHPRA.
Thompson's Amcal Pharmacy
Eltham (Victoria)

For the past four years, John Wooller’s pharmacy team has been providing sleep apnoea services to the Melbourne community. The service consists of an initial series of consultations following diagnosis, with a particular focus on effective initiation of CPAP devices following receipt of a CPAP referral from sleep physicians. In this initiation period the pharmacy will see the customer between two and four times, depending on their experience with the device. Following the CPAP trial period the pharmacy provides a therapy recommendation to the sleep physician regarding ongoing therapy. The service also supports an ongoing cycle of care to customers who are managing the condition.

For John, the sustainability of the service is built on service quality, strong relationships with sleep physicians and GPs (which have taken time to build) and a refined fee structure for consultations. John muses “you can’t expect a service to be up and running by next week; it takes time, resources and commitment. But our high-service model is effective both for the patients and for the business. Through high level customer care, 90% of people continue with CPAP after the initial trial. This is about double the persistence rate of some other providers.”

As there are multiple people involved in delivering the service, establishing consistency via their quality management system has been vital: “Our in-house procedures are standardised. We have a checklist for the consultations. We have a standard agreement with the customer and standard structure. We have notes from each patient visit and can pick up on each other’s patients if needed. These systems help make sure we don’t miss things.”

Pyman’s Pharmacy
East Melbourne (Victoria)

Andrew Pyman is the proprietor of one of Melbourne’s oldest pharmacies and runs his business in East Melbourne, a short tram ride from the city. The pharmacy has been running a sleep apnoea service for a number of years, which has focussed primarily on the management of the condition.

Andrew and one of his staff operate the service from their designated consultation room at the rear of the pharmacy. In addition to standard furniture and fittings, the consultation room contains an examination bench, which assists in correct mask fit. Andrew notes “the shape of the face changes when lying down and sometimes you need a good eye to select a mask system that will seal and be comfortable from such a huge palette of masks on the market”.

The pharmacy receives referrals from sleep physicians at nearby tertiary hospitals, and he often sees patients with more complex needs. The service attracts clients from across the city, and even one or two patients usually based overseas.

The pharmacy uses a recording system developed by one of the device companies. The system includes comprehensive records of all the patients the pharmacy has served, as well as assists in the management of appointments and follow-up.

Hughes Capital Chemist
Hughes (ACT)

Peter Holder and his team at Hughes Capital Chemist have been offering sleep apnoea services for the last nine years. The pharmacy offers screening, CPAP trials and sales as well as ongoing support to customers. The service is flexible based on the client, with some patients being referred from the nearby sleep clinic, while others approach the pharmacy via their GP or a suggestion from a family member.

A key part of ensuring the service works has been ensuring staffing levels don’t get in the way of the service. “Each session takes at least 20 minutes, so it is difficult to spend the time with the customer if there isn’t another pharmacist on duty. We generally limit appointments to times when we have more than one pharmacist on duty”. Reflecting on the service, Peter is driven by the improvements he sees in his patients: “It makes a huge impact. CPAP can significantly reduce the risk of stroke, diabetes and other cardiovascular diseases. But more importantly, the therapy improves quality of life. After a few weeks the patient is more refreshed, can work to their full potential and can drive without feeling drowsy. By feeling more refreshed, the patient can start to think about exercise and maybe even about weight loss, which always seemed so hard because they were always tired.”
Join the honours list

2012  Cape York Guardian Pharmacy  Weipa, QLD
2011  Orana Mall Pharmacy  Dubbo, NSW
2010  South City Chemmart  Bunbury, WA
2009  Nick Logan Pharmacist Advice  Artarmon, NSW
2008  Terry White Myer Centre  Brisbane, QLD
2007  Dupuy’s Pharmacy*  Mount Pleasant, QLD
2007  Robe Pharmacy*  Robe, SA
2006  Palm Springs Pharmacy  Warnbro, WA
2005  Morgan and Rule Pharmacy  Mornington, VIC
2004  Warnbro Fair Pharmacy  Warnbro, WA
2003  Maleny Amcal Pharmacy  Maleny, QLD
2002  Friendlies Chemist Subiaco  Subiaco, WA
2001  Range Pharmacy  Toowoomba, QLD
2000  Berwick Amcal Pharmacy  Berwick, VIC

* Joint winners in 2007

The competition is now on and the search for the best pharmacies in the country has begun. For more information and to complete your entry visit the competition website. Entries close 26 November 2012.

www.pharmacyoftheyear.com.au
FOCUS ON THE STANDARD: ELEMENT 3 – SCREENING AND RISK ASSESSMENT

Peter Guthrey – Pharmacist Consultant
Alison Hicks and Belinda Wilkinson, National Stroke Foundation

IMPRESSIVE NUMBERS FOR KNOW YOUR NUMBERS

Community pharmacies offering the Know your numbers program, which was described in the January-February edition of Excellence, continue to work towards raising awareness about stroke and cardiovascular disease risk. More than just a test, pharmacies provide information about the risks of blood pressure, methods to reduce risk, and discuss the meaning of the results with the customer, with potential referral to other health professionals.

Following site visits and talking with pharmacy staff, the Stroke Foundation have identified that the majority of pharmacies elected to register for the Know your numbers program because they wanted to offer their customers a well-structured and comprehensive health program.

Other benefits identified for pharmacies to engage in the program included:

- Enabling pharmacies to build their profile in the community as a primary health care provider.
- Building better relationships with customers as it provides an opportunity to have a ‘health conversation’ with individuals.
- Assisting the pharmacy to meet QCPP requirements for Screening and Risk Assessment and Health Promotion checklists.
- Being a great program for interns to run as it can be used as part of their health promotion assignment.

For Terry White Chemists Clifford, (Queensland) the program was professionally and financially rewarding: “We found the program really beneficial for our customers. Lots of customers were unaware of their risk, and a few were already on medication but had not been back to their doctor in a long time so we were able to refer them back. Customers really enjoyed the program and were excited to have a health check. They loved the resources also. The set up with all of the promotional material really drew in the customers passing by, and therefore increased our business.”

Similarly, pharmacies found the program opened the door to other services and generated goodwill. “At Pacific Pines Chemmart (Queensland) we found the Know your numbers campaign a great way to start a ‘health’ conversation with our customers. Simply offering a blood pressure check allowed us, on most occasions, to chat about the customer’s health and wellbeing. We still use the AUSDRISK check in-store on a daily basis. Many of our customers left feeling positive about their health or about the action plan we offered to improve their health. It [has been] a great opportunity to showcase how caring and professional we are at Chemmart Pacific Pines!”

FINDING FROM THE CHECKS THAT ARE REPORTED BACK TO THE STROKE FOUNDATION SHOW:

1/2
Almost 1/2 of registrants = High BP readings ≥ 140/90mmHg

40%
Customers did not know or were unsure of their BP

1/3
1/3 of those that were found to have high BP claimed to not have a history of high BP

Preliminary findings from a pilot conducted in selected pharmacies in Queensland (2011) identified of those people at risk of high blood pressure & type 2 diabetes, 70% were recommended to their doctor for follow up, which is a positive indication for the program when identifying at risk customers who may otherwise be unaware. When considering high blood pressure and type 2 diabetes checks together as part of Know your numbers, there also tends to be a higher rate of recommendation for GP follow up.
RESULTS FROM PARTICIPANT QUESTIONNAIRE

Three months after attending a Know your numbers check, a sample of customers reported in the Stroke Foundation’s participant questionnaire:5

- 55% had their blood pressure checked regularly
- 52% Read the information brochure provided
- 54% Visited their doctor
- 27% Reported that a pharmacy staff member conducting the check advised them to see their doctor and the majority did
- 77% Reported having their blood pressure measured again following the check
- 44% Customers had commenced new blood pressure lowering medication after visiting their doctor following recommendation from pharmacy staff

Other reported lifestyle changes identified in the participant questionnaire included increased knowledge of stroke, heart failure, heart attack and kidney disease as well as more than two thirds of participants understanding that high blood pressure is a risk factor for stroke and heart disease and needs to be managed.

REAL EXAMPLES FROM A FELLOW PHARMACIST – MARTINE LIGHT

Martine Light recently posted on AusPharm® about some of the results her pharmacy at Narooma Plaza Pharmacy in NSW has achieved with the Know your numbers program. The abridged examples described by Martine below demonstrate how the Know your numbers program has made a difference in her pharmacy.

Case 1.
We had a slim elderly lady who is the carer of a sick husband who is on a Webster pack. The lady came in to collect the Webster and we asked her if she would like a KYN check. Her BP was 200/90! She had been stressing about her husband and not looking after herself. We sent her off to the doctor and she is now on blood pressure medication.

Case 2.
An obese lady in her 30s who had been dieting on a high protein diet. She never sees a doctor. Her BP was 211/95. I found out that she had a family history of diabetes. She did not want to see a doctor and I persuaded her to make an appointment and gave her a doctor’s referral.

Case 3.
An elderly gentleman on anti-hypertensives, has a careful lifestyle with good diet, not overweight and no alcohol. His BP was 189/95. On speaking to him he told us that his wife had just been diagnosed with cancer and he was stressed. My pharmacy assistant has a relative with a similar cancer and told him of her experience and the man was extremely grateful and comes back at least weekly for BP checks and a chat. I referred him to his doctor. The man was very impressed with the service. All this took at least 15-20 minutes but you cannot put a price on it as far as I am concerned. It is what we do.

RESOURCES
If you would like further information on Know your numbers visit www.strokefoundation.com.au or email knowyournumbers@strokefoundation.com.au

HEALTH PROMOTION IN ACTION

NORTHPHARM IN NT SUPPORTING RED UNDIES WEEK

Red Undies Week 2012 was a major success with Kidney Health Australia reporting awareness-raising launches and community health events throughout Australia from 27 May to 2 June. Northpharm pharmacy in the Northern Territory supported the initiative by staging an event in the foyer of the Royal Darwin Hospital on the Wednesday. In collaboration with NT Renal Services nursing staff the pharmacy staff were operating a risk factor screening program taking blood pressures, blood sugar levels and providing advice. They also had the participation of Danila Dilba Health Service staff, Charles Darwin University pharmacy students and Healthy Living NT on the day.

As depicted in the photo above the Kidney Health Australia mascot ‘Billy the Kidney’ was also present and was in the Darwin region for most of the week.

Hopefully the success of Northpharm’s event will inspire other pharmacies to organise health promotion activities in their community. For further inspiration visit the national Calendar of Events as explained below.

National Health Promotion Calendar

When planning future health promotion activities in your pharmacy check out the national Calendar of Events on the Department of Health and Ageing website to ensure pharmacy activities align with national health days/weeks and don’t clash with other major events in the calendar. To access this calendar visit: www.health.gov.au/internet/main/publishing.nsf/Content/health-pubs-calendar-index.htm

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WELCOME TO OUR NEW QCPP STATE MANAGER IN NT

QCPP and the NT Branch is pleased to welcome its fabulous new staff member, Kylie Clark as the QCPP State Manager. Kylie comes with a wealth of experience as a former pharmacy assistant in both SA and the NT and is looking forward to getting to know all the NT pharmacies and staff.

Kylie has been involved with QCPP since its inception. She was involved in writing her pharmacy’s first standards, policies and procedures from scratch using the Team Standards flip chart. She has come a long way from initially wondering why it was necessary, to realising what a valuable program it is for community pharmacy.

Originating from a country town in SA, Kylie is accustomed to travelling long distances to access services. Therefore the remoteness of some pharmacies in the NT won’t keep her from popping in to provide assistance.

Kylie will be the contact in the NT Branch for all matters relating to the QCPP. She will also be managing the QCPP Standards Maintenance Assessment Visits (Mystery Shopping).

Kylie can be contacted on 0409 974 058 or by email at kylie.clark@guild.org.au.

Thank you to Chemmart® Pharmacy Superstore Eaton, WA, Cape York Guardian Pharmacy, QLD, Blackwood Green Dispensary, SA, Thompsons Amcal Pharmacy, VIC, and Northam Pharmacy, NT for their participation in the photography. QCPP is committed to adopting environmentally friendly practices and chooses to print Excellence on 100% recycled paper.