



Quality Care  
Pharmacy Program  
An initiative of The Pharmacy Guild of Australia

# EXCELLENCE

Supporting Excellence in Pharmacy

January – February 2010

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## WELCOME

A new year – 2010 – and members are not only embracing the QCPP but they are taking it to a new level. At the last QCPP Assessors meeting the Assessors shared their experiences of auditing community pharmacies. Assessors, many of whom have been auditing pharmacies for over 10 years, observed that pharmacy's performance has improved markedly since the launch of the 2nd edition and there is more 'QCPP enthusiasm' than ever before.

Assessors also provided feedback that you really appreciate the support and assistance provided by the QCPP staff. It's great that you know these staff

members are there to help and you are getting the level of support you need.

This month, our Mystery Shoppers are in the final stages of mystery shopping data collection to assist us to provide a report to the May 2010 meeting of the National Coordinating Committee on Therapeutic Goods (NCCTG). The Mystery Shopper Program provided a report to November 2009 NCCTG meeting in which we demonstrated our improved performance since the *Pharmacy Medicines* and *Pharmacist Only Medicines* professional protocol was first assessed by QCPP. We have continued to improve, but as you all know, new staff need to be trained

in the pharmacy protocols, to ensure we sustain this level of performance.

On 7 December 2009, the US President Barack Obama and Commerce Secretary Gary Locke announced the five organisations that were the recipients of the 2009 Malcolm Baldrige National Quality Award, the USA's highest Presidential honour for innovation and performance excellence. Three of this year's category winners are providers of health care services. In announcing the awards President Obama said:

*"The road to greatness in America has been, and always will be, travelled by those who embrace change and work hard every day to be the best. The organisations we honour today with the Baldrige National Quality Award exemplify that spirit. This year's recipients have shown how quality, innovation, and an unending quest for excellence help strengthen our nation and brighten the future of all Americans."*

The Pharmacy of the Year finalist site visits will occur soon. As you know, there are now three categories in which Quality Care pharmacies can be considered as a finalist:

- Excellence in business management,
- Excellence in community engagement, and
- Innovation in professional services.

Both the Baldrige award and the Pharmacy of the Year award seek to recognise and reward innovation and excellence. If you are in the running, good luck in your judging process. We look forward to seeing the finalists at their professional in-pharmacy photo shoot and again at APP. We also look forward to the winners showcasing their excellence and innovation stories in future newsletters.

As I reported in the last newsletter, QCPP took the first step of our journey to become externally accredited under the Joint Accreditation System for Australia and New Zealand (JAS-ANZ). This edition of the newsletter contains more information about our accreditation to develop Australian Standards by the Accreditation Board for Standards Development Organisations (ABSDO).

**Jenny Bergin**  
Director, Quality Assurance and Training

## SMA'S WITH SNOW CHAINS AND HIGH HEELS

BY CHERIE KESBY, PHARMACY LIAISON OFFICER (NSW)

Wow, what wild weather we endured: dust, wind, snow, and rain. It's always action-packed for those of us who spend time travelling from pharmacy to pharmacy. My job as a Pharmacy Liaison Officer takes me all over our wonderful state (NSW). I've travelled as far west as Broken Hill, as far south as Eden, north to Tweed Heads and everywhere in between.

This year, the Standards Maintenance Assessment (SMA) program took me to the magnificent Snowy Mountains. It was already cold and windy at home on the Central Coast, so I was feeling mildly prepared. However, after hearing the forecast for a huge dump of snow, I was dreading the thought of travelling down there. In the end I decided I was excited about seeing the snow but still apprehensive about the drive.

As a girl who grew up in a country town on the Mid-North Coast, this would be only the third time I have ever seen snow in my life. I remember my last visit to the Snowy Mountains was in 1986 for a school excursion! So off we headed not really knowing what to expect and clearly under prepared. Just as the mountains loomed nearer we saw an ominous flashing sign that read, "Snow chains required". At that point a sense of panic went through me and my mystery shopper. Our solution was to call into the nearest servo to enquire about these 'chains'.

Luckily, a man there was very helpful and was also able to give us a quick demo. He also tried to comfort us by explaining that if we have any trouble just wait and a bloke would surely stop and help! As we were talking he asked where we were headed. It was at that point that we discovered we would need a pass to enter the Kosciuszko National Park! "What the?"

Unfortunately this wasn't as easy as it sounds either as the office that sold the passes was closed. The solution was to enter the park without a pass and buy it from a newsagency, inside Thredbo. The last 'helpful' thing he happened to mention

was to be careful of the rock falls! My jaw dropped, what else was going to happen? Well guess what, when we got to Thredbo we couldn't find the newsagency let alone the pharmacy, even 'Tom Tom' (my GPS) was confused!

Finally we were equipped with both chains and passes. "Here we come Perisher!" What a hairy drive that was, with low cloud, a distracting scene of a winter wonderland and of course the threat of rock falls. At one stage my mystery shopper had to get out and move some rocks so we could get through.

It was fantastic to get down there, to visit the pharmacies and meet the people in this area as it has been a while since we

have been there. But next time I have to remember not to wear high heels when going to the snow!

We're a bit like the mail – come snow, rain, hail or sunshine no matter where your pharmacy is, if you're QCPP accredited, a mystery shopper will find you! The question is though, will your staff be prepared for us? The key to success in a mystery shopper visit is to make sure your pharmacy's training and procedures ensure that your staff always:

- gather enough information to ensure safe and appropriate selection of the medicine; and
- provide enough information to ensure safe and effective use of the medicine.

## DMAS UPDATE

The Diabetes Medication Assistance Service (DMAS) was developed to assist patients in the management of their diabetes monitoring and medication. It was run as a pilot project which will be concluded by 30 June 2010.

QCPP Assessors engaged to conduct the DMAS audits returned favourable results with the general audit finding that approved protocols are being consistently used by participating pharmacies. This was shown as a significant number of the audits were completed without the need for remedial actions to be issued. Pharmacies that

received remedial actions were quick to respond and have all sent in evidence and rectified their procedures within the given timeframe. The last systems audits for DMAS are scheduled to be completed by the end of 2009.

The QCPP Assessments Team would like to thank pharmacy staff for their cooperation in the audits and congratulate the DMAS pharmacists for their efforts in implementing the Diabetes Medication Assistance Service in their pharmacies.

The Diabetes Pilot Program is funded by the Australian Government Department of Health and Ageing as part of the Fourth Community Pharmacy Agreement.



Photograph courtesy of Tourism NSW



Christmas Island (photograph copyright Commonwealth of Australia reproduced by permission)

## ISLANDS OF QUALITY – PART II

# CHRISTMAS ISLAND

No less than 2600 kilometres off the northwest coast of Western Australia is Christmas Island. Best known by the role it plays in Australian immigration policy, the true character of the island is often overlooked. Helen Bowden, one of the managing pharmacists of Christmas Island Pharmacy - the only pharmacy on the island, believes the media portrays a bleak situation that misrepresents the reality of life there. "I think it's similar to what life would have been like in a small town 50 years ago. There is a magnificent feeling of safety here that gives you a freedom that I've never experienced before," Helen said.

Many residents, including miners, construction workers, health care providers, detention centre staff and their families are often only on the island for a contracted period. So the main customer base for the pharmacy comes from the Island locals. However it's the non-human patrons which are the possibly the most dependable, when every November the famous giant red crabs travel in their millions across the island to the sea; a migration mysteriously initiated by the lunar cycle. "I often find myself distracted in the dispensary by an anonymous scratching from a drawer or inside a cupboard. You wouldn't believe the sorts of spaces these crabs can get into."

Because of the group of people who are seeking asylum in Australia is consistently rotating, the pharmacy plays an important role as a consistent presence on Christmas Island. "Having a high turnover of people,

particularly the health providers, can make things difficult," Helen said.

A recent surge in boat interceptions has taken the number of asylum seekers to more than 1000, meaning there are almost as many detainees as there are locals; this includes the Government staff who are there to manage the refugee program. "In the last six months we have had a lot of boat arrivals combined with a lot of staff changes in the detention centre. I feel like a broken record sometimes, having to go over patient histories. The extra arrivals have required a lot of new construction to accommodate them; but I think the island is starting to normalise again."

Despite these uncertainties, the pharmacy still has some remarkable and very close relationships with many people on the island. In July 2008 the Labour Government announced a policy that no woman or child seeking asylum would be kept behind bars. "I think we're fortunate to have opportunities to be involved with the asylum seekers. There are a few families who live in the community and some unaccompanied minors who need to be looked after by paid carers. For most asylum seekers the idea of a pharmacy, health advice or even access to medicines is quite foreign. So we run little events to explain how our pharmacy works and what they can expect if they are successful in their application and then go to live on the mainland," Helen said.

Eighty percent of the Island population are from Malaysia, China or Indonesia

and non-English speaking. So Ramadan and the Chinese New Year tend to be more widely celebrated than Christmas or Easter. "Australians are the minority here and it's often up to us to adapt to the other cultures. It helps that the locals are incredibly tolerant and patient people, especially when it sometimes take days for their medicines to arrive. When you decide to come to a place like this it becomes your responsibility to contribute and be a part of the community. So you end up being very close to people and it's tough when people seeking asylum are either sent home or moved on to Australia." Helen said.

Christmas Island Pharmacy also supplies medicines and health services to the neighbouring Cocos (Keeling) Islands, via a rigorous distance supply procedure. "The Cocos Islands are just magnificent and I get there whenever I can. We employ a local woman on the island to give out the medicine and we are in regular telephone contact to discuss medication and health related issues. We also have to do language translations from English to Malay.

"The distance supply part of our business is very time demanding. We need comprehensive guidelines to allow the whole process to work, and so we feel confident that our patients get their medicines in a timely fashion," she said.

Peter Howard worked on Christmas Island for eight years and is now the Operations Manager for a collection of pharmacies called, Health Focus Pharmacies; of which

Christmas Island is part. After overcoming the significant challenges of managing a pharmacy in such a remote location, Peter believes he has the experience to set up business practically anywhere. "I realised that if we can achieve what we do in this island setting, surely we could use the same systems and protocols and apply them to mainland pharmacies and be successful. Essentially our current business model is to go into rural areas and support the communities by doing what we can to provide the health services that are missing in the area. We go to the nursing homes and the doctors and we ask them what they have and what they are missing," Peter said.

The Quality Care Pharmacy Program has played a key role in the success of Christmas Island Pharmacy, and the management group that has grown from it. "We took the QCPP standards and we evolved them. We created our own operations manual and tripled the amount of procedures for everything. The procedures begin as soon as you put the key in the door to open the pharmacy. These have now been applied across the Health Focus Pharmacies and even though they are spread across the country and in non-metro areas, we have learnt enough lessons from Christmas Island that we can manage all these pharmacies remotely."

Christmas Island pharmacy has a contract with the Attorney-General's Department to supply pharmaceutical services to the Indian Ocean Territories Health service and local communities. One of the main reasons we initiated QCPP was because the Commonwealth Government has an expectation that we will follow systems and protocols. So keeping the standards in place and staying accredited is important from that point of view, and also for the remote management to be successful.

"I believe the 2nd edition QCPP provides the groundwork for building your pharmacy infrastructure, and if people don't use it like that they are wasting an opportunity. My only frustration with the QCPP is that it doesn't go far enough, and I would like to see more in the standards.

"Our aim is to get to a point where we have one clinical pharmacist and one retail pharmacist in each of our pharmacies. We envisage that this clinical pharmacist would spend a lot of their time outside of the pharmacy conducting professional services. We want to be able to provide more services to the hospital on Christmas Island and the Cocos Islands, and so we are having talks with the Attorney-General's Department to expand our contract and enable us to have an extra pharmacist on the Island," Peter said.

## ACCREDITATION OF QCPP BY ABSDO

On 20 November 2009 the Pharmacy Guild of Australia was accredited by the Accreditation Board for Standards Development Organisations (ABSDO) for the development of Australian Standards. This is one of the steps the Guild's National Council approved earlier this year as the pathway for the whole of the Quality Care Pharmacy Program to be accredited by JAS-ANZ, the peak accreditation body in Australia.

Because of this accreditation by ABSDO, the QCPP standards will be recognised as the Australian Standard for Community Pharmacy.

Following ABSDO's meeting where the decision was taken to accredit the Guild, Mr Norm Crothers, Chairman of ABSDO said "ABSDO's decision to accredit the Pharmacy Guild of Australia recognises the thorough and robust processes put in place by the Guild for the development of these important Standards for the pharmacy profession."

"The Guild has achieved significant credibility and respect amongst the pharmacy industry as a result of this work. Recognising these Standards as an Australian Standard now takes the Guild's program to a new national and international level," he said.

Mr Kos Slavos, National President of the Pharmacy Guild of Australia said the ABSDO accreditation was the next logical step in the Guild's development of the QCPP standards.

"Accreditation by an independent body such as ABSDO demonstrates compliance to national and international requirements. Community pharmacies can be assured that their standards are equivalent to world's best practice," he said.

# FOCUS ON THE STANDARDS

The day-to-day work of a QCPP Assessor provides an interesting demonstration of how the standards are applied in practice within community pharmacies. Our assessment team have a nose for detail and are often quick to spot something which is out of place. One such area where a number of observations have been made is in pharmacies offering methadone maintenance services.

As pharmacies are aware, methadone dispensing is a highly regulated aspect of pharmacy practice. Recently publicised cases of methadone misadventure have once again highlighted the importance of maintaining a high level of vigilance in accordance with the standards and the professional and legal obligations of a pharmacist.

Below are some of the more common issues identified by our team when conducting QCPP assessments:

## Safes and Storage

Methadone is a *Controlled Drug* and must be stored in a safe. Two common issues identified with the storage of methadone include:

- **Methadone bottles, with pumps attached, stored on a bench in the dispensary during business hours.** This often occurs when the methadone pumps are too large to sit inside the safe when attached to the bottles. Storing methadone in such a manner exposes the pharmacy to increased risk of theft, with potentially fatal outcomes for the end-user. The Opioid Substitution Program Checklist (T3A) requires that pharmacies providing opioid substitution services have a drug safe which is of sufficient size for providing the service.
- **Multiple pre-prepared doses left sitting on the dispensary bench after being prepared prior to the store opening.** Pharmacies providing opioid substitution services must maintain a procedure which stipulates dosing only one patient at a time.

## Single use cups

The Opioid Substitution Program Checklist (T3A) requires that only single use disposable cups are used for dosing within the pharmacy. The requirement is an

infection control measure which protects both pharmacy staff and clients. QCPP Assessors have identified pharmacies which use reusable drinking vessels, or alternatively use single use cups on multiple occasions. As the name implies, single use cups are not intended for use by multiple clients, nor are they intended to be used by one client on multiple occasions. Single use cups should be discarded after use.

## Calibration

All pharmacists are trained to dispense is for the right patient, with the right dose, of the right medicines at the right time. When it comes to liquid formulations, accurate measurement is imperative to ensuring the right dose is dispensed. This is normally achieved by using reusable volumetric glassware or pumps that are calibrated regularly or alternatively by using single use syringes. Our QCPP Assessors sometimes note syringes being used after calibration marks have been worn off. Pharmacists must be confident that all equipment is clean and appropriately stored. All markings should be clearly readable. If measuring devices are not calibrated regularly, or you can't read the dosing markings, you can't be sure the customer is getting the right dose.



## IN-PHARMACY REFRESHER TRAINING

Pharmacies will now be aware of the new QCPP requirement for pharmacy staff to complete three hours of Refresher Training each year. Refresher Training builds on the content covered in the mandatory accredited training module *SIRPPK001A – Support the supply of Pharmacy Medicines and Pharmacist Only Medicines, and will relate to Pharmacy Medicines and/or Pharmacist Only Medicines.*

One way in which this training can be delivered is via in-store training, which is run by pharmacists or senior staff. When contemplating delivering in-store training, you may ask what does this in-store training look like and how will we know it will meet the requirements of the program?

Pharmacies received a hard copy of the refresher training guidelines recently. These guidelines are also available on the QCPP website [www.qcpp.com](http://www.qcpp.com). The guidelines can provide you with direction on the topics and content which will meet the new requirement.

The key point to remember about refresher training is that it should support product knowledge and the implementation of your QCPP procedures which relate to *Pharmacy Medicines* and *Pharmacist Only Medicines*. You should design the training to suit your individual pharmacy's QCPP procedures, templates and policies. These elements aim to ensure your staff gather enough information to inform the safe and

appropriate selection of non-prescriptions medicines; and, give enough information to ensure their safe and effective use. Pharmacies are particularly encouraged to emphasise the importance of asking consumers about other medicines and health conditions, as this is an essential part of managing the risk of medicine use.

When preparing in store training, a training plan is a valuable tool to help focus the training session to achieve your key objectives. An example training plan has been provided below. A good way of delivering training may include revising the protocols used in your pharmacy and then discussing how they apply to a particular product category. This could include category specific information such as product range, 'red flag' symptoms, the importance of referring customers to the pharmacist and additional questions you would like pharmacy staff to ask customers. When running the training, the training plan should be used to focus the session and keep it on topic.

For more information about conducting in-store training, visit the QCPP website [www.qcpp.com](http://www.qcpp.com) or contact Sue Bond, National Training Manager the Pharmacy Guild of Australia for guidance. Email: [sue.bond@guild.org.au](mailto:sue.bond@guild.org.au) Phone: 03 9810 9999



### Sample training plan: cough and cold products

<b>Introduction</b>	Welcome – Introduce topic: cough and cold products	5 min
<b>Protocols</b>	Revise: ask-assess-advise - Highlight the mandatory questions - What additional questions may be relevant? - What are the red flags? - Why we need to refer to the pharmacist	5-10 min
<b>Guided discussion</b>	Changes to use in young children Project STOP and pseudoephedrine supply Phenylephrine vs pseudoephedrine	10-15 min
<b>Case Study</b>	Prepared case	10 min
<b>Conclusion</b>	Summarise key points. Questions	5 min

**Total duration 35-45 mins**



# THE BUSINESS PLANNING CHALLENGE

This edition we are putting the challenge out to pharmacy to develop a SWOT analysis and action plan for a hypothetical pharmacy. With the assistance of John Chapman (CEO, Australian College of Pharmacy) and Bruce Annabel (JR Pharmacy Services) the following challenge has been developed.

QCPP pharmacies are invited to develop a SWOT analysis and an Action Plan from the following information and submit to Caroline Sibley, Marketing and Communications Co-ordinator QCPP on caroline.sibley@guild.org.au. The due date is 28 February 2010. The word limit for the response is 500 so succinctness is recommended.

By responding with your SWOT and Action Plan, you will be eligible for 4CPD points from the Australian College of Pharmacy and the **best response will receive a \$250 gift voucher**. Bruce Annabel and John Chapman will judge the responses and the winning response will be published in the QCPP Newsletter.

To prepare for the challenge it would be opportune to review the previous five articles in the QCCP newsletter and to refer to Standard 6 and the Business Plan Template T6B. You can use the template as provided or a customised version for your response.

If you would like any further clarification, please contact Donna Stephenson, Divisional Manager QCPP on donna.stephenson@guild.org.au.

## INFORMATION ON PHARMACY Market Demographic – Customers

The local population consists of young families with babies, families with school aged children plus an average number of aged people. It is an older suburb regenerating as older people retire and move out, being replaced by young families seeking lower cost homes and good services. The employment status of the population is middle to upper income earners and some pensioners including self funded retirees. There is below average unemployment with many employed in trades and professional jobs such as teaching, banking etc.

## Competition – Pharmacies and supermarkets

### Pharmacy

The nearest pharmacy is a large pharmacy trading since January 2005 and is 1 km away in a shopping strip with good parking and street exposure. It occupies 700 m<sup>2</sup> and focuses on lowest prices in the market area particularly for private scripts, safety net scripts and the most recognised OTC medicine brand lines. The pharmacy has a very aggressive marketing programme and is now progressing more toward health suggestions and service attributes. The pharmacy has recently installed a robotic dispensing system and reorganised the dispensary procedures so pharmacists are permanently at the front dealing with customers and solution selling. Technicians process the scripts and maintain the dispensing stock holding robot. There is a very wide range of stock placed in metal racks and shelving and the accent is on larger packs and product bundling

that provides greater value for money even though the consumer's outlay is greater. The pharmacy appearance is neat, clean and bright. The products are easy to find and lowest price signs dominate the scene.

### Supermarket

A large supermarket (2500 m<sup>2</sup>) is located in the same centre as the hypothetical pharmacy. The supermarket is competing strongly in healthcare category on price, terrific merchandising, promotion, loyalty (petrol discounts), 'time' convenience and leveraging off the food offer. The biggest space and stock allocations devoted to dental, vitamins, analgesics, cough/cold, NRT, oral and baby. There is clear signage, light/bright/colourful format, good access, lots of parking and the supermarket is open 15 hours per day.

## PHARMACY PREMISES

### Location

The pharmacy is in a terrific location and is highly convenient for customers. It is located in the same shopping centre as the large supermarket and there is no other pharmacy in the centre. A medical centre with six FTE GPs is located adjacent to the shopping centre and there are four in the medical centre near the competitor pharmacy. Access to the pharmacy is good via a busy thoroughfare between the car park and the supermarket entrance. The pharmacy is open 7 days and 65 hours per week. The tradeable area is 215 m<sup>2</sup>.

### Signage

The external signage and overall impression of the pharmacy is reasonable and the store entrance is good but has

not been taken advantage of due to poor format design. The windows are used to promote brand products and to a customer entering the pharmacy, the statement categories are the dispensary, cosmetics, vitamins and gifts.

### Fit Out

The quality of the pharmacy design and fit out complies with the banner member guidelines and was partially 'refitted' two years ago. The last major refit was 8 years ago. Some of the pharmacy attributes include:

- quick and easy customer access to the dispensary
- a cluttered retail space
- a typical layout/design of a banner group
- a traditional overall ambience/appeal i.e. looks the same, sells the same things and does the same things as any other pharmacy.

A key aspect of pharmacy management has been cost minimisation, bulk buying and aggressive generics deals, which have successfully held profitability together for years. Unfortunately because of the lack of investment the store has a 'worn' look, and the overall retail presentation is poor and the dispensary operation is now regarded as inefficient and costly. There is a cash register/service pod near the front door that handles all cash/wrap. The consulting room and consulting pod aren't used because they are full of stock for unpacking, spare fixtures and clutter such as stationery.

## Merchandise & Services

Major/Statement categories:

- Dispensary
- Diabetes Australia Agent
- *Pharmacist Only Medicines*
- *Pharmacy Medicine* lines not categorised and small space/stock allocations
- Big private label
- General medicines (eye, ear, stomach/bowel, NRT, anti-fungals, foot care, etc.)
- Complementary Medicines – full range of Blackmores, Natures Own (brand leaders) and several others
- Cosmetics and skincare
- Gifts

## Services

The pharmacist managing partner and junior partner work mainly in the dispensary getting the scripts done, as it's a very busy dispensary doing 20 prescriptions per hour on average. Employed and relief pharmacists work in the dispensary as well. The pharmacy supplies DAAs for a 120 bed facility and RMMRs are contracted out, even though the junior partner is AACCP accredited. HMRs are also contracted out.

## Pricing

The pharmacy's objective is to compete with its competitor in private scripts, most schedule medicines and the safety net. Good purchase discounts and generic

substitution allow prices to be competitive. Pricing in the non prescriptions space handled by a Retail Senior who decides what an item can be sold for and takes advice from supplier reps.

## Staff

There are 10 full time equivalents (FTE = 38 hours) including:

- Two owners (each work 40 hours per week)
- 3.5 FTE employed pharmacists plus locum relievers
- 1.5 FTE Dispensary Technicians handling scripts in and out and webster packing
- Retail Senior – Retail ordering, pricing and supervise pharmacy assistants
- Pharmacy Assistant – 5 FTE, mainly juniors to save wages.

Staff only participate in training product knowledge programmes provided by suppliers and banner.

Average wage cost per FTE \$50,783.

## Marketing

The pharmacy is a member of a wholesaler banner with 12 catalogues per annum, which includes some family healthcare advice. There is no local area marketing and only limited centre promotion. The loyalty club scheme focuses on offering customer discounts and collects limited data that is not used for segmentation/targeting.

## How is this reality reflected in the numbers?

The description of the business and its demographics are always reflected in the operating results of the business. For this business, the following table shows the difference in operating results between 2005 and 2009.

**In summary:** Sales are flat; script volume and customer numbers are dropping; some costs are growing faster than income.

	2009	2005	Change	Comment
Sales	\$3,538,878	\$3,533,251	0.16%	Flat
Script no's	71,565	79,764	(10.3%)	Long waiting time
Customer no's	98,745	112,316	(12.1%)	Defecting to competitor
GP %	33.8%	31.20%	26%	Generics focus
Overheads/sales	24.6%	21.30%	16.1%	Costs always grow
Wages/sales	14.2%	12.40%	14.9%	Inefficient
Net profit/sales	9.6%	10.10%	(4.6%)	Costs grew faster than income

These metrics show the impact of the elements that you will identify in your SWOT. Your action plan will discuss how you might address these.



# QCPP ACCREDITATION AND FINAL QMA PAYMENTS FOR THE FOURTH AGREEMENT

The Fourth Community Pharmacy Agreement ends on **30 June 2010**. Current arrangements for the Quality Maintenance Allowance (QMA) payments for QCPP accredited pharmacies will therefore only apply to 30 June 2010. This includes **new pharmacies** working towards accreditation, **lapsed QCPP pharmacies and pharmacies with a QCPP accreditation date to 30 June 2010**.

To ensure your pharmacy is eligible to receive a payment from the Fourth Agreement you must complete all accreditation processes by 31 October 2010. This includes:

- If you are a **new (to QCPP) pharmacy** or a **lapsed pharmacy**, you must have a confirmed booking for an assessment

to occur on or before 30 June 2010 with a QCPP Assessor. To receive the QMA payment, you must complete any remedial actions, submit the Legal and Professional Obligations Declaration (form T1A) and pay your QCPP membership invoice by 31 October 2010. This will ensure your pharmacy is included in the last payment run of the Fourth Agreement.

- If you are currently **QCPP accredited** and in an **assessment year**, you must book an assessment within the allowable time frame, complete any remedial actions, submit your Legal and Professional Obligations Declaration (form T1A) and pay your QCPP membership before 31 October 2010.

- If you are **QCPP accredited** and in an **anniversary year**, that is the second year of the two year cycle, you must submit your Legal and Professional Obligations Declaration (form T1A) on your anniversary date and pay your QCPP membership by 31 October 2010.

Remember the sooner you complete your QCPP accreditation, the sooner you will receive your 2009/2010 QMA payment.

If you would like to confirm your accreditation due date or discuss your pharmacy's situation, email the Administration Helpline at [help@qcpp.com](mailto:help@qcpp.com) or call on 1300 363 340.



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Quality Care  
Pharmacy Program

An initiative of The Pharmacy Guild of Australia



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Supporting Excellence in Pharmacy