



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

EXCELLENCE

Supporting Excellence in Pharmacy

March – April 2010



QUALITY CARE ON THURSDAY ISLAND

LESSONS FROM TOYOTA?

CODEINE SCHEDULING CHANGES AND QCPP

ACHIEVING COMMUNICATION CAMPAIGN EXCELLENCE

TerryWhite chemists

WELCOME

As we go to press I can report that 2010 has been action packed and shows no sign of slowing down.

We are on track to submit our application to be assessed as meeting the requirements of accreditation as a Conformity Assessment Body. When discussing the process with JASANZ our decision to use the service systems, rather than the management systems based on the ISO 9001 standards approach, appears to be the right one. Brett Abrahams confirmed that JASANZ is encouraging health service providers to use the service system

approach to accreditation rather than the more confining management systems approach. The organisation is therefore very supportive of QCPP's commitment to accreditation under the service systems requirements.

The QCPP standards consultation document is scheduled to be released by April 2010 as the forerunner to being published in the Australian Standard. (The Guild was accredited as a Standards Development Organisation in November 2009) (see the last page of this edition).

In order to meet the new *Fair Work Act* (2009) requirements new templates for the HR parts of the QCPP are being

developed and members will receive assistance with some of the other requirements. QCPP members will receive implementation materials to support business continuity planning, the new RUM requirements and adherence programs.

Please join us at APP sessions to hear information about QCPP, systems for safety and the announcement of the winner of Pharmacy of the Year. The QCPP stand will be part of the Guild stand so come and see us if you need information or support.

**Jenny Bergin, Director,
Quality Care Pharmacy Program**



QCPP AND CHANGES TO THE FAIR WORK ACT 2009

In preparation for the external accreditation of the QCPP and as part of regular internal review of the program, all QCPP standards will be reviewed in 2010. As a result of the introduction of the *Fair Work Act* (2009) and the provision of a safety net of minimum terms and conditions of employment through the National Employment Standards (NES) it is important to review employment related QCPP Standards.

Five QCPP standards relate to industrial relations issues and include the following:

- Standard 12. Employing staff
- Standard 13. Inducting staff
- Standard 14. Managing staff

Standard 15. Ongoing staff training

Standard 16. Dismissals and resignations

Updates to the QCPP 2nd edition Manual occur every six months and are due to be sent out in April and October 2010, with changes being made to guidelines and templates as soon as practical. Although any changes to the standards will not be assessed until six months after the release of changes, all pharmacies are required to comply with the *Fair Work Act* (2009), the NES and the Pharmacy Industry Award from 1 January 2010. Any member of the Guild with enquiries on their workplace relations obligations should contact their local Guild Branch.



EXAMPLES OF EXCELLENCE

PHARMACY OF THE YEAR 2010 AWARDS

By Greg Turnbull, Director of Communications The Pharmacy Guild of Australia

This year the categories of the Pharmacy of the Year Awards were changed to provide a more direct focus on pharmacy services and pharmacies' role in the community. The three new categories are:

1. Excellence in business management;
2. Excellence in community engagement; and
3. Innovation in Professional Services.

Entries closed on 18 December 2009, and the judges promptly got stuck into the task of perusing the many and varied contributions. It was immediately clear that many pharmacies put significant time and effort into the submissions – some included PowerPoint presentations and videos created specifically to woo the judges. This year's judges included Graham Perl from Johnson&Johnson, and the Guild's Business Development Director Patrick Reid. From late January through to mid-February the dynamic judging duo criss-crossed the nation looking at the eleven finalists. This involved on-site inspections and interviews with proprietors and staff.

The judges reported that they were made to feel very welcome indeed in all pharmacies. What struck them was the very high quality of service and focus in all pharmacies, even though they were made up of a wide variety of store types – some in large shopping centres, some freestanding, some large, some small.

There was evidence of pharmacies improving business practices and style because of changes in their local business environment, such as discounters and the development of new shopping centres nearby. This tested the flexibility and dynamism of many community

pharmacies, and generally resulted in a reinforced commitment to the delivery of healthcare and professional pharmacy services.

There was also evidence of ingenuity in problem solving, such as the Tasmanian pharmacist with a farming and engineering background who designed a conveyor and storage system that enabled the pharmacy to store hundreds of Webster pack medicines in the ceiling, delivering them to the packing counter on demand.

Across all of the pharmacies that entered, there was plenty of evidence of the ongoing value that community pharmacies add to the health system – from free deliveries and community engagement, to sophisticated advice and assistance in areas as sensitive as palliative care. The judges extend their congratulations and thanks to all who entered.

The shortlisted finalists in this year's competition are:

- Goldfields Fullife Pharmacy, QLD
- Murgon Soul Pattinson, QLD
- Malouf Group Pharmacies Aspley, QLD
- Walshs Village Pharmacy, NSW
- Morris Care & Advice Pharmacy, NSW
- Orana Mall Pharmacy, NSW
- Quality Pharmacy Epping Medical, VIC
- Dodges Ferry Pharmacy, TAS
- Devonport Amcal Pharmacy, TAS
- Mundaring Pharmacy, WA
- South City Chemmart, WA

The winners of the three categories will be announced on Friday morning 12 March 2010 at the APP Conference on the Gold Coast.



POINTING YOUR PHONE ENQUIRIES IN THE RIGHT DIRECTION

Next time you call the Administration Helpline you'll notice a change. We've introduced a voice prompt system to make sure your questions are answered sooner. When you call you will be invited to select one of two options; Option 1 for Assessments and Option 2 for all other QCPP enquiries.

If you are specifically calling about your QCPP assessment, Option 1 will take you to our friendly Assessments Team where Chris and Sharon will be able to help you straight away. Option 2 will still take you to our cheerful admin team members Anne and Erin, who can help you with all other QCPP admin related queries.

1300 363 340 is still the number to call for all your QCPP enquiries.

THE QUALITY CARE PHARMACY PROGRAM

LESSONS FROM TOYOTA?

It is important that all those involved in the supply of both goods and services understand that it is customer perception of quality that drives the customer purchasing decision, rather than the quality of goods alone. Customer perception of good quality, once lost, is very hard to turn around. In Australia in the 1980s there was a view that quality was a cost burden, but it is the lessons learnt in that decade that have driven the quality and safety programs of the last 20 years.

Healthcare providers need to understand and consistently provide quality products and services because of their impact on the quality of life of the patient. Failure to do so will lead to a loss of confidence by the general population. Today, more than ever before, pharmacy needs to be concerned about providing quality of both goods and services.

Fortunately, many of the products that are supplied in pharmacy are those for which the product quality is regulated by the Therapeutic Goods Administration. Apart from an occasional glitch where there is a medicine or therapeutic device recall, the public can rely on quality of pharmacy products. However, services provided by pharmacy are just as important to the perception of quality and failure to provide the service parts of the transaction will lead to poor (overall) perceptions of quality.

The problems faced by pharmacies in Australia are nothing like the problems faced by Toyota with their recent, very public recall of product. Despite the wide differences in scope and product, there are lessons that may be learnt by pharmacies from Toyota.

Toyota started out as a manufacturer of weaving machines and rose after a 70 year journey to become the second-largest car manufacturer in the world. The success of Toyota and other Japanese manufacturing firms have been attributed to work done with these firms by Edward Deming, the American management consultant who focused on improving all organisational processes through the people who used them. In Japan, Deming is regarded as the father of the third industrial revolution. He preached that statistical control and the rigorous application of quality was

the key to success including increased productivity and profit. From 1961, Eiji Toyoda used the Deming concepts to drive Toyota to build quality into processes and developments. The company earned a reputation for high speed performance and durability in its cars.

The Deming Award is the highest accolade that can be presented to an organisation in its pursuit of quality excellence. In 1965 Toyota won the Deming prize for quality control management. Several other international quality awards followed.

The Toyota way included principles of:

- continuous improvement,
- respect for people,
- the right process to produce the right results, and
- developing your people and partners.

It recognised that one of the key elements necessary to achieve customer delight is embedding a continuous quality improvement approach in the organisational culture.

Despite the quality of the Toyota product, the company found that when they did a customer satisfaction survey, 90% of new Toyota owners said that the car was the best they had ever owned; however, only 10% said they would buy another Toyota. The reason was poor customer service. The customers loved the car, but couldn't stand the dealers who:

- Promised add-on packages and didn't deliver,
- Promised the car would be ready by a certain date (and it wasn't), or
- Supplied cold coffee.

Clearly, Toyota had a good product but had failed to delight customers with its service.

Recently, Toyota Motors has recalled about 8.5 million cars worldwide due to safety issues. Many 2009 and 2010 Toyota vehicles have been proved hazardous by the US National Highway Traffic Safety Administration, which formally launched a probe on the basis of 168 complaints received involving safety issues ranging from unintended acceleration to uncontrolled steering. There are now class actions associated with 26 deaths before the US courts.



With this massive recall of cars the situation deteriorated even further, as not only is service an issue, but also its product.

What went wrong?

Did quality take a back seat as the Japanese carmaker expanded too far, too fast? Did Toyota deviate too far from the approaches that contributed to their success?

It has been suggested that the company that was renowned for its attention to detail and strict adherence to quality control may have failed to hear weak signals as early as 2002, when rapid expansion put enormous pressure on the company's ability to transmit its corporate knowledge and technology. Hearing the weak signals is critical, as by the time they become strong signals, it may be too late.

As a result of the problems that have arisen, the current Toyota president, Akio Toyoda (grandson of founder Sakichi Toyoda) appeared at a US Congressional hearing on 24 February 2010. He has also apologised at a Japanese press conference with a deep apology bow of the disgraced, which has a special meaning of

accepting responsibility and recognising major failure in the Japanese culture.

Dr Shoichiro Toyoda (a former Toyota President) was quoted as saying that corporations need to be focused on a broad range of objectives including environmental preservation but, "now more than ever we need to put quality first and follow through to develop quality products and people".

Analysts are suggesting that complexity was the enemy and that rapid growth increases complexity. This may be what happened with Toyota.

It's too soon to predict the long term effect on Toyota. However, Bloomberg News recently reported that history suggests that any rebound may take years. The report compared this experience with that of Volkswagen's luxury Audi brand. Volkswagen spent 15 years rebuilding its US sales after sudden-acceleration incidents in the 1980s almost wiped out demand. Audi's US deliveries plunged 83% following recalls of 5,000 sedans. A class action lawsuit in 1987 by Audi owners seeking compensation is still being fought.

Where are the parallels to what pharmacists do?

Pharmacies are not multinational corporations that produce leading edge technology motor vehicles. But there are parallels. If you lose sight of what your customers value – high quality trusted advice – in the thrust to expand and become more competitive, you may lose the very customers you were seeking to attract and retain.

Customers do value our attention to detail and personalised service. We need to continually delight each and every customer. There are three key elements necessary to build a 'quality' culture. They are:

- trained staff,
- empowered staff, and
- an embedded quality management/ improvement system.

Somewhere along the line Toyota lost focus. In pharmacy we cannot afford to lose our focus.

As Philip B. Crosby, the proponent of quality and value once said, "Quality is free. It's not a gift, but it's free. The 'unquality' things are what cost money."



FOCUS ON STANDARDS

CODEINE SCHEDULING CHANGES AND QCPP

QCPP pharmacies should be aware by now of scheduling changes which will soon occur to combination analgesics containing codeine. This change will affect several high volume products in the analgesic range. The removal of all combination analgesics containing codeine from the *Pharmacy Medicine* Schedule (S2) means that all non-prescription requests for these products must involve the pharmacist. This is likely to result in an increased demand on pharmacists' time.

The importance of using good systems and procedures is higher, and more obvious, during times of change like this. The way in which pharmacy assistants engage and inform customers of this scheduling change will be important. Revising the elements of QCPP which support the storage, supply and handling of non-prescription medicines is the best way to help your pharmacy through this change.

The 'Supplying *Pharmacy Medicines* and *Pharmacist Only Medicines* Checklist' (T2C) is part of 'Standard 2 – Supply of medicines, medical devices and poisons'. This standard contains a number of mandatory requirements for the supply of these medicines. One requirement is that pharmacies must 'maintain and follow procedures and protocols for the supply of *Pharmacy Medicines* and *Pharmacist Only Medicines* to consumers'. Common examples of appropriate protocols include Ask-Assess-Advise, WHAT STOP GO and CARER.

The protocols provide a system for pharmacy assistants to gather information

from customers before referring them to the pharmacist. It is important that pharmacy assistants pass this information to the pharmacist when referring the customers. This allows pharmacy assistants to act as a filter by passing on only the key information to the pharmacist. This can save the pharmacist time when responding to the customer. It also saves the customer from being asked the same questions twice.

One of the elements of template T2C which may be relevant is the list of *Pharmacy Medicines* and *Pharmacist Only Medicines* that may be subject to inappropriate use (T2C Requirement 3). Given the regulatory changes, it may be prudent to think about placing combination analgesics containing codeine on this list.

Other standards which need to be considered include:

- **Standard 1 – Compliance with Legal and Professional Obligations.** Make sure your pharmacy has access to current professional standards for the provision of *Pharmacy Medicines* and *Pharmacist Only Medicines*
- **Standard 4 – Advertising and Promotions.** Codeine is not included in *Appendix H* of the *Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP)* and therefore combination analgesics containing codeine must not be advertised to consumers or pharmacy assistants from 1 May 2010. Ensure any of your pharmacy's

advertising or promotional materials (including price lists) comply with the *Therapeutic Goods Advertising Code 2007* available at www.tgacc.com.au

- **Standard 5 – Pharmacy Premises and Equipment.** Utilising a consultation area for confidential conversations will be of higher importance with an increase in requests for *Pharmacist Only Medicines*
- **Standard 8 – Requirements for Pharmacy Stock and Services.** Ensure staff involved in unpacking orders are aware that until 31 December 2010, products may not have the correct schedule listed on the label and that irrespective of the labelling, storage and supply must be in line with the new regulations

- **Standard 15 – Ongoing Staff Training.** All pharmacy assistants who handle *Pharmacy Medicines* and *Pharmacist Only Medicines* must have completed the accredited unit *SIRPPKS001A Support the Sale of Pharmacy and Pharmacist Only Medicines* (T2C Requirement 2), and this must be recorded in the Training Plan

Details of the scheduling changes can be found in the NDPSC June and October 2009 Post Meeting Gazettes at www.tga.gov.au/ndpsc/ndpscgan.htm. Information on how products will be affected is available at www.managepain.com.au and directly from manufactures. The Pharmacy Guild has also developed some resources which are available from www.guild.org.au.

ACHIEVING COMMUNICATION CAMPAIGN EXCELLENCE

Late last year the QCPP engaged a market research firm called ORIMA, with funding from the Fourth Community Pharmacy Agreement, to evaluate the effectiveness of the recent communication strategy and refreshed QCPP brand. The results of the survey are very valuable and we want to sincerely thank all the pharmacy staff who took the time to provide us with their thoughts and feedback.

The questionnaire, which was asked of both accredited and non-accredited pharmacies, was designed to discover whether or not the new QCPP materials effectively conveyed the key message of 'Excellence', whether they inspired lapsed pharmacies to become accredited, or if they helped pharmacies to understand the benefits of accreditation and thereby remain accredited.

We would like to share with you some of the key findings from the evaluation, which included:

- Most pharmacies indicated an awareness of the QCPP newsletter and website,
- Over 85% of respondents agreed that the QCPP material looked professional, made them think of the QCPP as a useful resource for pharmacies, increase their confidence in QCPP and made them think of the QCPP as a support of excellence in pharmacies,
- 88% of pharmacies agreed that "all things considered, QCPP accreditation is worthwhile for my business",
- Over 80% of pharmacies agreed that QCPP helps pharmacies improve the skills and capabilities of staff, is a valuable resource and helps pharmacies achieve excellence in customer service, and

- Loyalty to QCPP was high with 90% of accredited pharmacies indicating that they would renew their accreditation when due and 68% or two-thirds of unaccredited pharmacies indicated that they would likely become accredited.

Perhaps the most satisfying outcomes for the QCPP Communications team was that staff from unaccredited pharmacies who recalled reading or made use of the refreshed QCPP materials indicated a greater willingness to become accredited.

The success of the communication campaign and the positive feedback from our QCPP pharmacy members is extremely encouraging. Over time we hope to evolve and expand the activities of the QCPP communication strategy to further promote pharmacy accreditation and raise awareness of this healthcare brand of excellence.



Brochures



Newsletter



Trade press ad

QCPP ACCREDITATION AND FINAL QMA PAYMENTS FOR THE FOURTH AGREEMENT

The Fourth Community Pharmacy Agreement ends on 30 June 2010, and this will affect some pharmacies' eligibility for the Quality Maintenance Allowance (QMA).

Pharmacies in four different situations may be affected. If your pharmacy is affected, ensure it is eligible to receive a QMA payment under the Fourth Agreement by completing all accreditation processes by 31 October 2010. This includes:

- If you are a **new (to QCPP) pharmacy** or a **lapsed pharmacy**, you must be assessed before 1 July 2010 by a QCPP Assessor. To receive the QMA payment,

you must complete any remedial actions, submit the Legal and Professional Obligations Declaration (T1A form) and pay your QCPP membership invoice by 31 October 2010 to be included in the last round of payments under the Fourth Agreement.

- If you are currently **QCPP accredited** and are due to be assessed before 1 July 2010, you must book an assessment within the allowable time frame, complete any remedial actions, submit your T1A form and pay your QCPP membership before 31 October 2010.

- If you are **QCPP accredited** and your anniversary falls before 1 July 2010 (that is the second year of the two year cycle) you must submit your T1A form on your anniversary date and pay your QCPP membership by 31 October 2010.

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 or call on 1300 363 340.

ISLANDS OF QUALITY - PART 3

THURSDAY ISLAND

Tucked away at the very top of Australia, 39km off the north coast of Queensland, is Thursday Island Pharmacy.

Patricia Jones, who came to the island as a hospital pharmacist after the Second World War, first opened the doors in 1968, as the Island continued its slow recovery after the conflict. Patricia built the pharmacy up for some 34 years before it was sold and entrusted to Lynn Short, the current owner pharmacist, 10 years ago.

Thursday Island Pharmacy is unique for a lot of reasons, not least of which is the number of staff members that work there, most of whom are Torres Strait Islanders. Three to four pharmacists and 20 pharmacy assistants (50 percent of which are male) operate the Island pharmacy five days a week and Saturday mornings.

"You have to realise we cater to a huge district. We have five fulltime staff dedicated to just making [DAA] packs. It is a challenge to provide all the professional services we want to offer in this remote setting," Lynn said.

One of the most important services Thursday Island Pharmacy provides involves a bit of swashbuckling and a 52 foot ship that's almost as old as the pharmacy itself. Since 2001, Lynn and her team have had a contract to supply stock and support to 20 Section-100 health centres, scattered around the surrounding Torres Straits and in the north of Cape York (the mainland).

Make no mistake though; these are no afternoon jaunts in some delightful dinghy. In order to reach one of the health centres, Lynn (alongside her partner and skipper Darby) must traverse 500 nautical miles of open ocean – a journey taking more than 16 hours.

"We looked for a suitable boat for a long time. It needed to be economical enough that we could afford to run it, but large enough that it could cope with the high seas and weather conditions the Straits can experience," she said.

However it wasn't always this way. Originally Lynn used to fly to the islands with a team of other health care specialists, including GPs, midwives, podiatrists and optometrists, in a manoeuvre reminiscent of a covert SAS mission.



"I remember the whole operation was chaos. As soon as we landed we would scramble to help as many people we could in the four hours we had before the plane had to take off again. Eventually, I was asked by the health centres if I could start visiting on non-clinic days.

"So now we travel there on our own, using the boat. Occasionally there is a patient who needs to see a pharmacist, but I spend most of my time supporting the health centre staff. I usually work in the dispensary doing date rotations and stocktaking in the mornings when the clinic staff are busy with their clients. Then in the afternoon I present educational modules and I have Q and A time with the clinic staff," Lynn said.

On occasion Lynn has even produced her own training modules designed specifically for health centre staff. She then trades modules with other pharmacies across Australia that are in a similar position.

"I have huge work satisfaction. Although I don't have any statistics to prove it, I feel very confident that the Quality Use of Medicines has improved in my district every year for the last 10 years."

Importantly Lynn's sheer determination is

backed up by some very rigorous systems that have been built into the operation of the pharmacy. For example, Lynn's nautical activities are monitored carefully, and logistical requirements for distance supply are plotted precisely on a manifest full of comings and goings that would rival major transport hubs. "Again, if QCPP procedures are not adhered to our systems would fall down and we would not be providing the service to our residents we strive for.

"When I first considered doing QCPP I made a commitment that if I was going to do it, I was going to make it work for me. To do this we had to create new procedures – modelled on QCPP – that were specific to our pharmacy and that met our needs."

QCPP Assessor Brett Muller has been assessing Thursday Island Pharmacy since they started doing QCPP.

"Considering the amount of staff and the volume of work that happens in that pharmacy ... well, let's just say if they didn't have procedures nothing would happen. As it is though, the place works like a finely tuned piece of machinery. It also has one of the best distance supply procedures and follow-ups that I have ever seen," Brett said.

Praising the pharmacy's philosophies he said, "Thursday Island is one place I really enjoy going to assess because they are committed to quality. They are always keen to hear feedback and take new ideas on board and to keep improving. Which is really what it's all about"

As you talk to Lynn Short about the work of Thursday Island Pharmacy and the role she plays, you get a sense that it's not so much a profession to her as it is a calling. "I love my work, I'll give you that"

Thursday Island Pharmacy the Training Haven

Another of the many challenges of operating a business in a remote location is managing and maintaining human resources.

"I realised years ago that there isn't a natural pool of potential experienced staff members on the island. It means that everyone who joins the pharmacy has to be trained. I conduct most of the training myself, and we take groups of new staff through the modules," Lynn said.

"Although I believe that the training I provide is adequate, I also understand the importance of feeling like you are receiving professional training. That's why, about



Lynn Short's boat the Rigil Kent – the name of one of the stars in the southern cross.



Grade 2 Training: (left to right) Elizabeth Ahwang, Marcella Mosby, Flora Majid, Caroline Mosby, Kelvin Williams, Katherine Janelle Luffman, Elizabeth Mosby-Nakata.

midway through each course and at the end of each Grade, I arrange for one of the team from Guild Training to come and provide a few units and to do some testing. The trainees know Guild Training's reputation and they can see how my training compares. I think this helps to instill further confidence in the training. Also the team from Guild Training get a kick out of it as well, I think they all take turns coming here!"

Three quarters of the staff on Thursday Island Pharmacy are locals, and Government funding made available by the Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (ATSIPATS)* helps support their employment and training opportunities.

Thursday Island Pharmacy has also become a training hot spot for student pharmacists as well. Lucky indeed are the undergraduates who score a posting to this island for their 'remote block'.

"We have a lot of pharmacy students come to us from all over Australia – James Cook University, Griffith & UQ in Queensland, Sydney Uni, Albury, even Tasmania. Recently we decided to start taking two students at a time. We have enough pharmacists to

supervise them and I think they have a better time together with a friend. The last two students who were here from Griffith Uni had three or four weeks and managed to do everything. They visited the pearl farm, they were guests at a local Tombstone opening (a large celebration of the deceased persons life) and we took them along with us to the Cape so they could see what happens on our remote health centre visits."

Lynn regularly brings her special brand of training and insights from the top end to mainland Australia when she speaks at James Cook University, and as a guest speaker at the Australian Pharmacy Professional (APP) conference 2009, the Pharmacy Women's Congress, and various remote pharmacists' gatherings. She is also a committed member of the National Remote and Indigenous Health Committee which acts as steering committee for s100 Indigenous issues.

* The scheme is aimed at supporting the pharmacy workforce, by encouraging Aboriginal and/or Torres Strait Islanders to enter Pharmacy Assistant/Technician roles. The objectives of the scheme are to increase the number of Aboriginal and Torres Strait Islander Pharmacy Assistants in community pharmacies and establish alternative pathways for Aboriginal and Torres Strait Islander students to enter into pharmacy.

IN-PHARMACY REFRESHER TRAINING

The last QCPP newsletter outlined how Refresher Training for pharmacy assistants can be delivered via in-pharmacy training, which can be delivered by pharmacists or senior staff. The article outlined the requirements for in-pharmacy training and provided an example training plan which demonstrated how a training session may be delivered in the pharmacy. Feedback suggested that some pharmacists and senior staff were concerned that they may need to spend time researching and planning these sessions. Some saw this as a burden which included preparing and delivering in-pharmacy training, rather than being seen as a fantastic opportunity for personal and career development.

Senior pharmacy staff preparing in-pharmacy Refresher Training

Developing and delivering training is one of the best possible learning experiences. The Refresher Training guidelines recognise this, and allow the preparation and delivery of in-pharmacy training to

count towards the Refresher Training requirements of the staff who deliver it. The delivery of this training needs to be recorded in the staff training record, such as Template T15B in your operations manual. This includes recording what the training is, and noting the time taken to prepare and deliver the training.

Pharmacists preparing in-pharmacy Refresher Training

Every pharmacist in a community pharmacy has a professional obligation to maintain competence in the sale and supply of *Pharmacy Medicines* and *Pharmacist Only Medicines* by engaging in Continual Professional Development (CPD). The introduction of national registration for health professionals, including pharmacists, will set minimum requirements for CPD undertaken for registration. The concept of CPD requires pharmacists to identify areas of competency requiring improvement and to develop a plan to maintain competence in that area.

The development and delivery of in-pharmacy Refresher Training would be considered CPD, as it touches on a number of areas of competency required of a community pharmacist. In particular it relates to 'Functional Area 7 – Provide medicines and health information and education'; and 'Functional Area 8 – Apply organisational skills in the practice of pharmacy'. The delivery of Refresher Training additionally helps pharmacists maintain competence in supply of non-prescription medicines, which touch on several other elements of competency standards. The preparation and delivery of in-pharmacy training should be recorded in a pharmacist's CPD diary or recording system. This record may be required by a pharmacy board as evidence of CPD.

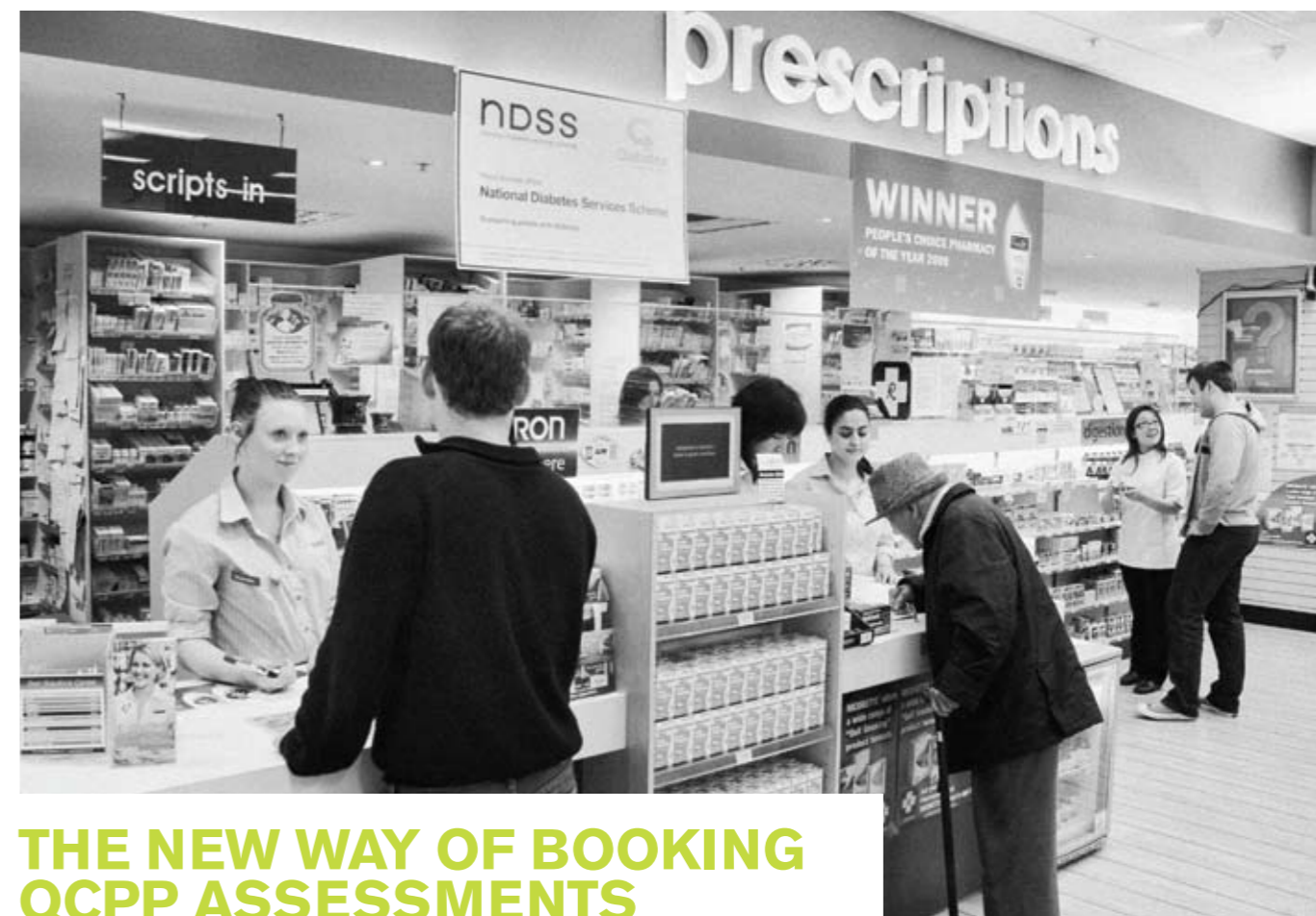
When planning a Refresher Training session, remember:

- Refresher Training should support product knowledge and the implementation of your QCPP procedures which relate to *Pharmacy Medicines* and *Pharmacist Only Medicines*. Guidelines regarding appropriate topics can be found on the QCPP website, www.qcpp.com or see below for details,
- Sessions should be at least 30 minutes in duration,
- The preparation of in-pharmacy Refresher Training is considered CPD for pharmacists, and should be annotated in your CPD diary or online recording system, and

The preparation of in-pharmacy Refresher Training is considered Refresher Training for senior pharmacy staff, and should be documented in your Training Record (e.g. Template T15B).

For more information on in-pharmacy Refresher Training, go to the QCPP website www.qcpp.com and click on 'Refresher Training' or alternatively, contact Sue Bond, National Training Manager on (03) 9810 9999.

* Competency Standards for Pharmacists in Australia 2003, 2003, Pharmaceutical Society of Australia, <http://www.psa.org.au/site.php?id=643>.



THE NEW WAY OF BOOKING QCPP ASSESSMENTS

With much success, the assessor allocation model is continuing to rollout across the country. Many accredited pharmacies in Victoria, Tasmania, New South Wales, South Australia and the Australian Capital Territory have already been allocated a QCPP Assessor and have been sent their reminder letter and booking form. These pharmacies will be contacted by their QCPP Assessor soon to set a date and time for their assessment.

The QCPP Assessment booking form (attached to the reminder letter) will need to be submitted to the QCPP Assessments Team for processing and confirmation. After the assessment has taken place, the pharmacy will now receive an assessment invoice from QCPP Assessments instead of the QCPP Assessor. A second invoice will be issued by QCPP to pharmacies that may require QCPP Assessors to travel.

The last phase of the rollout will include

pharmacies in Queensland, Western Australia and the Northern Territory, which begins in April 2010.

Further information is available under 'Booking an Assessment' on our website www.qcpp.com with some questions and answers for pharmacies wanting further clarification. You may also contact the Assessments Team through assessments@qcpp.com or by calling the QCPP Helpline on 1300 363 340.

STANDARDS COMMITTEE MEETS

The second meeting of the Standards Committee was held at the Guild's offices in Canberra on 19 February 2010. This was the first meeting of the committee since the Guild was accredited by Accreditation Board for Standards Development Organisations (ABSDO) as a Standards Development Organisation.

The committee is made up of stakeholder representatives from all sections of the pharmacy industry and is now responsible for the review and revision of the QCPP standards. Once the first review is completed, the standards will be published as an Australian Standard.

The committee is scheduled to complete a re-drafting of the standards by April so that it can be made available for public comment. After a six month public comment period, the committee will consider all comments and finalise the draft for publishing. It is expected that the QCPP standards will be published as the Australian Standard in the last quarter of 2010. This review is an opportunity to make minor corrections, but essentially the accreditation requirements of the standards will remain the same. Once the Australian Standard is published it will be available both in Australia and internationally from the normal Standards

Australia stores and website.

In 2011 the Standards Committee will undertake the next step in a continuous review process which will be similar to other Australian Standards review processes.

The Pharmacy Guild of Australia was accredited as a Standards Development Organisation (SDO) in November 2009 and is one of only six in Australia to gain such accreditation. Other SDOs located in Australia are: Australian Forestry Standard Limited, Communications Alliance, The Railway Industry Safety and Standards Board, Seafood Services Australia and Standards Australia.



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Quality Care
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