

Newsletter

April - May 2008 Edition

“To continually enhance the professional and business practices in community pharmacy to deliver optimal health outcomes.”



Contents

1 QCPP Welcomes New Manager of Assessments and Program Manager

Accreditation Certificates and Legal and Professional Obligations Declaration (Form T1A)

2 “Mystery Shopper” Scenario Review from Quality Care Support Centre

3 Fast Track UPDATE
Recognised Training for the Supply of *Pharmacy Medicines* and *Pharmacist Only Medicines*

4

QCPP WELCOMES NEW MANAGER OF ASSESSMENTS AND PROGRAM MANAGER

By Jenny Bergin
Director QCPP Division

It seems the New Year has brought with it a new wave of energy and enthusiasm for the QCPP.

I have been very encouraged to see so many pharmacy staff being involved with the pilot of the Fast Track Program and also maximising the value of e-QCPP. I would also like to congratulate the QCPP State Managers, whose expert assistance is clearly supporting many pharmacy staff as they implement the revised standards. It is particularly gratifying to see that

commitment at all levels being rewarded by accreditation.

When I started as Director of QCPP in November 2007, one of my first tasks was to appoint some key senior program staff members. I am therefore delighted to introduce two new staff members, Catherine Blunt as National Program Manager and Peter Reeves as Manager of Assessments.

Over his 30 year career, Peter Reeves has accumulated skills in auditing, management and quality assurance systems.

Drawing on his wealth of experience, Peter has quickly identified the uniqueness of the QCPP among Quality Assurance systems and its importance to the ongoing sustainability and success of community pharmacy in Australia.

An important part of the role of Manager of Assessments is the arbitration and interpretation of the QCPP standard requirements. This involves helping both assessors and pharmacies reach an understanding on how best to meet the intention of the standard. Peter will also work with the QCPP Licensed Assessors to ensure a high level of service is delivered and that the assessment process provides real value to the pharmacy.

Peter is already a walking encyclopaedia on the QCPP standards. The staff in QCPP Division suspect that he is sleeping with the 2nd edition manual under his pillow and is absorbing the contents via osmosis! (cont. page 2)

ACCREDITATION CERTIFICATES AND LEGAL AND PROFESSIONAL OBLIGATIONS DECLARATION (FORM T1A)

Under the QCPP 2nd edition, pharmacies must undertake an external assessment every two years. Recently, the Administration Helpline has received many calls from pharmacies questioning why they have received an accreditation certificate that

is only valid for 12 months, instead of a two year period. It is a mandatory action of the 2nd edition that accredited pharmacies sign a Legal and Professional Obligations Declaration (Form T1A) every 12 months. By signing this form after an assessment, and in the anniversary year, a pharmacy confirms that they continue to maintain all standards of the QCPP.

The QCPP does not begin the process of seeking a Quality Maintenance Allowance from Medicare until a current and

completed T1A form has been received from the pharmacy.

For more information contact the Administration Helpline on 1300 363 340.



(Cont. from Page 1) I am also very excited to welcome Cath as our new QCPP Program Manager. Cath has extensive experience managing health programs, most recently with the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), and over a longer period of time with Lifeline Australia in their national office.

Cath has spent her first week reading extensively about the QCPP and already has a clear idea of where the program has been and its direction for the future. As Program Manager, Cath has oversight of all initiatives of the QCPP. Some current priorities for her will be to assist the QCPP State Managers to offer more

implementation assistance to our members, in particular the roll out of the Fast Track Program.

If you have any questions or issues relating to the standards, assessments or implementation assistance, Peter and Cath will be more than happy to help handle your query.

Both Cath and Peter are exceptionally qualified for these key positions and have brought with them a wealth of experience and enthusiasm, and I am very excited at the contribution they will be able to bring to the program.



Peter Reeves
QCPP Manager of Assessments

“Accreditation is more than a certificate and assessments are not just a process of imposing arbitrary rules. In addition to the implementation of the standards, my goal is to ensure that the QCPP assessment process provides tangible benefits to a pharmacy and good business practice.”



Catherine Blunt
QCPP Program Manager

“This program is supported by some excellent resources, including very experienced State Managers, Fast Track and e-QCPP. It’s my hope that many more pharmacies will explore the value of all these QCPP services and take advantage of the benefits.”

“MYSTERY SHOPPER” SCENARIO REVIEW FROM QUALITY CARE SUPPORT CENTRE

A recent scenario used by the Quality Care Program Support Centre (QCPCSC) in a Standard Maintenance Assessment (SMA) visit was a direct-product request for a *Pharmacist Only Medicine* for an itchy red rash.

Upon talking to the shopper, using the What Stop Go protocol as a guide, the pharmacist or pharmacy assistant could have gathered that:

W: The patient is an adult and has not used the product before - a neighbour recommended it.

H: The symptoms began this morning. He/she has not had these symptoms before.

A: The patient has an itchy red rash on the arms that appeared the day after spending a couple of hours gardening. The rash is not severe and not painful.

T: He/she has not tried using/taking anything for these symptoms yet. The patient has no other health conditions and is not taking any other medicines.

This information would have led the pharmacy staff member (in

consultation with the pharmacist) to STOP and determine that:

- the symptoms were most likely those of allergic contact dermatitis. The rash is mild and no weeping or swelling is present, so there is no immediate requirement for referral to a GP and,
- most appropriate treatment would be a mild corticosteroid and/or anti-histamine preparation.

In general, QCPCSC found that pharmacies performed better in assessing who the product was for, and if they had used the product before, than they did in assessing information about symptoms or medications and medical conditions. The most common

question asked was “Have you used it before?” The majority of pharmacies surveyed (77 percent) performed in the Satisfactory/Excellent range for this scenario.

Remember, it is important to gain enough information from the patient to establish an accurate picture of their symptoms. This will help you to determine whether the condition can be managed with an over-the-counter medicine or whether the patient should be referred to the pharmacist or a doctor for assessment and advice. This ensures that the safest and most effective treatment options are offered to every patient.

“To continually enhance the professional and business practices in community pharmacy to deliver optimal health outcomes.”

FAST TRACK UPDATE

The Fast Track assistance program, developed for the QCPP, has been a huge success so far and has already helped over 300 rural and metro pharmacies begin or continue the process of implementing the QCPP standards.

Nearly 450 staff have either attended the pilot workshops or gone through the Fast Track materials with a QCPP State Manager during a pharmacy visit.

Surveys taken during the pilot have shown some fantastic outcomes for those pharmacy staff who have attended the workshops. For example, over

80 percent of attendees reported improved understanding of how to implement and maintain the QCPP standards in their pharmacy.

A new Fast Track workbook and resources CD, designed to make the assistance program even easier to follow, are now available and being used by QCPP State Managers.

What is Fast Track?

FAST TRACK is designed to help pharmacy staff understand the standards, policies and protocols of the QCPP 2nd edition so that it can be implemented in the most efficient way possible.



The program is divided into four units that cover the basics of QCPP including how to read the standards and developing a pharmacy operations manual. At the end of each unit a participant will have 'home work' style tasks that should be completed to

progress through the program.

To register your interest and to find out the workshop dates in your area for 2008, contact your QCPP State Manager or visit the QCPP website www.qcpp.com

RECOGNISED TRAINING FOR THE SUPPLY OF PHARMACY AND PHARMACIST ONLY MEDICINES

DATE EFFECTIVE 1 MARCH 2008

In November 2005, the National Council of the Pharmacy Guild of Australia mandated that all staff in the pharmacy that handle the sale of *Pharmacy Medicines* and *Pharmacist Only Medicines* (S2 and S3) must undertake recognised training in the handling of these medicines. This has become a mandatory action under the QCPP 2nd edition as of 1 March 2008.

Recognised Training

For the purpose of QCPP accreditation any of the following training will be recognised as appropriate for the handling of *Pharmacy Medicines* and *Pharmacist Only Medicines*:

- Support the Sale of *Pharmacy* and *Pharmacist Only Medicines* (SIRPPKS001A)
- Certificate II in Community Pharmacy – WRP20102
- Certificate III in Community Pharmacy – WRP30102
- Certificate II in Community Pharmacy – SIR20107

• Certificate III in Community Pharmacy – SIR30107

• Certificate IV in Community Pharmacy – SIR40107

It should be noted that the “Support the Sale of *Pharmacy* and *Pharmacist Only Medicines*” training is now available online with the Pharmacy Guild of Australia. Contact Guild Training in your State Branch for details.

Recognised Training Service Provider

Training providers who deliver this course must be registered on the NTIS (National Training Information Service).

The Guild is a RTO provider of the above programs.

Applicable Staff

In reference to the above statement by National Council, all staff includes full-time, part-time and casual employees with position descriptions defined as:

- Pharmacy Assistants
- Dispensary Assistants
- Dispensary Technicians

who supply *Pharmacy Medicines* or assist the pharmacist with the supply of *Pharmacist Only Medicines*. (cont. page 4)

(Cont. from Page 3) If a staff member is involved in any phase of the customer sale of these *Pharmacy Medicines* or *Pharmacist Only Medicines* then these guidelines apply. This applies even if the involvement is incidental or seldom occurs. Pharmacy assistants who are involved only in the cash transaction of these medicines (in pharmacies with dedicated point-of-sale staff) do not have to meet this training requirement. Pharmacy staff who simply process the sale and refer

questions, queries and requests for information to trained pharmacy assistants do not need to complete this training.

Dispensary assistants, mini-lab operators, and so on who work in other parts of the pharmacy and are never involved in the sale of these medicines are not required to complete this training.

If, however, these staff are required to work in the pharmacy for limited periods of time and supply

these medicines to customers they must complete this training.

Applicable Staff Exclusion

Pharmacy students who work as pharmacy assistants during their undergraduate training may be exempt from these requirements. It has been suggested that most universities cover the content of the training by third year. However, the QCPP Division is seeking clarification on this matter and the issue of

pharmacy students who work under supervision during their undergraduate training.

Ongoing Refresher Training

Details of “Ongoing Refresher Training”, which needs to be completed within each assessment cycle, is still to be developed. Refresher training is expected to include training relating to changes in legislation and professional guidelines.

Situation	Requirement	Evidence Required
Pharmacies accredited prior to 1 March 2008	Must provide evidence that all staff that supply <i>Pharmacy Medicines</i> or assist the pharmacist with the supply of <i>Pharmacist Only Medicines</i> have completed recognised (accredited) training.	Evidence will need to be provided by the annual declaration – T1A form – Legal and Professional Obligations Declaration.
Pharmacies currently accredited under QCPP 1st edition and not due for re-accreditation until after 1 March 2008	Must provide evidence that all staff that supply <i>Pharmacy Medicines</i> or assist the pharmacist with the supply of <i>Pharmacist Only Medicines</i> have completed recognised (accredited) training.	Evidence will need to be provided at assessment.
Pharmacies whose accreditation has lapsed	Book re-accreditation date with QCPP and ensure all staff complete required training by assessment date.	Evidence will need to be provided at assessment.



Quality Care Pharmacy Program

An initiative of The Pharmacy Guild of Australia

Level 2, 15 National Circuit
Barton ACT 2600
PO Box 7036,
Canberra Business Centre
ACT 2610 Australia

Telephone 02 6270 1888
Facsimile 02 6270 1885

help@qcpp.com
www.qcpp.com



CREATIVE 10077363