



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

EXCELLENCE

Supporting Excellence in Pharmacy

August – September 2009

2010
Pharmacy
of the year

ENTRIES NOW OPEN

Nick Logan
Pharmacist Advice

THE SMA ADVANTAGE

IS YOUR BUSINESS OPERATING TO PLAN? PART III

FOCUS ON THE STANDARDS

QCPP CHAMPION WINS TELSTRA BUSINESS AWARD (NT)

Nick Logan, Pharmacist Advice, Artarmon. Pharmacy of the year 2009.



WELCOME

The QCPP has continued to be busy as plans for important strategies are implemented.

External Accreditation

A recommendation of the 2005 evaluation of QCPP was that the program should seek external accreditation. Following exploration of options, QCPP has commenced the process of becoming accredited under the Joint Accreditation System for Australia and New Zealand (JAS-ANZ). JAS-ANZ is formally acknowledged through a memorandum of understanding with the Commonwealth Government as the peak accreditation organisation and was established in 1991 under treaty with the government of New Zealand.

A key part of the accreditation process is demonstrating that the "program has been developed with the participation of technically competent representatives of interested parties, or has been subjected to formal review by such parties and subsequently revised as appropriate".

Although QCPP can demonstrate compliance with this criterion, an even more broadly based interested parties Standards Committee has been established and the first meeting of the committee was held in August. The committee membership includes representatives from the Pharmaceutical Society of Australia, the Department of Health and Ageing, Consumers Health Forum, Therapeutic Goods Administration, the Society of Hospital Pharmacists of Australia and the pharmaceutical industry. The committee's first task is to review the standards. QCPP members are assured any revisions that the committee recommends will be presented in the format of the QCPP Standards 2nd edition.

Review of Professional Standards

The Pharmaceutical Society of Australia's (PSA) Professional Practice Standards for pharmacists are being reviewed under a

4th Agreement project administered by QCPP. As QCPP members are aware, there is a requirement for pharmacists to sign the T1A form indicating compliance with the PSA standards. A stated objective of this project is to make it easier for the profession to understand the linkages and synergies between QCPP and the Professional Practice Standards. Further updates on this project will be provided in coming months.

Witnessed Assessments

The Manager of Assessments, Peter Reeves, has completed his second round of accompanied assessments. As the QCPP's Senior Assessor, Peter accompanies all QCPP Assessors at least once a year when they undertake an assessment of a pharmacy. The process is termed a "witnessed assessment" and is an important quality assurance mechanism to ensure that there is a consistent process and interpretation for pharmacy assessment. (Program Rule 8)

Assessor Training

In July, Assessors undertook the SAI Global Lead Auditor in Quality Management Systems training. Assessors received comprehensive training in the theory and practice of auditing including the responsibilities of a quality auditor and the techniques and methodologies required to effectively audit a quality management system. A pre-requisite of the course was a working knowledge of ISO9001. On successful completion of the course, Assessors now have four units that contribute to the Diploma of Quality Auditing BSB51607 and a Certificate of Attainment for three internationally recognised RABQSA competency units in the area of quality management system auditing.

The Assessors also participated in a complementary process to ensure consistent interpretation of the standards. A workshop was held in August in which Assessors examined issues and

interpretations they had come across when conducting assessments. As a result, revised assessor checklists to support consistent rulings will be developed. This doesn't mean new QCPP requirements will be introduced. The result will be a minimisation of the potential for ambiguity in interpretation of the evidence required at assessment.

Mystery Shopper Standardisation

Another form of assessment is the random assessment associated with compliance with Pharmacist Only Medicine and Pharmacy Medicine protocols (Program Rule 24). In July, Mystery Shoppers, QCPP State Managers and Pharmacy Liaison Officers participated in a standardisation program; a quality assurance activity designed to ensure consistency in the presentation of the mystery shopper scenario delivery such that the shopper neither leads nor withholds information from the pharmacy staff when acting as the "patient or patient's agent".

Women's Congress

Helen Scott from the Whittlesea Pharmacy advised the recent Women's Congress of the importance of her QCPP systems in handling the issues and assisting victims of the tragedy of the 2009 Victorian bushfires. The pharmacy coped brilliantly under pressure and Helen shared many tips and insights as to why the pharmacy systems worked so well. Helen will also be presenting at the Pharmacy Assistant's Conference in October.

In this issue

This issue contains information about QCPP Pharmacy of the Year (POTY) competition. As last year's winner Nick Logan and POTY finalist and Northern Territory Telstra Business of the Year award winner Darryl Stewart, fully endorse, "We encourage you to tell your QCPP story and get into the running."

Jennifer Bergin
Director, Quality Assurance and Training

NEWSLETTER IN BRIEF

- Entries for Pharmacy of the Year 2010 now open
- New Fast Track resources available to help get accredited
- Refresher training update coming soon
- Email feedback@qcpp.com to send us your pharmacy improvement stories
- Email support@eguild.org.au to be a tester of the new e-QCPP beta version
- Check that all staff have signed their consent to be audio recorded during SMAs

NEED SOME HELP FAST?

With the introduction of two brand new Fast Track resources, the 2nd edition QCPP has never been easier to implement. If your pharmacy is finding it difficult to know where to start or just needs some assistance to get over the line, our Fast Track resources are there to help you.



TALKING QCPP

Congratulations to our Online Survey Winner

Pharmacy Assistant and QCPP coordinator Julie Jowett from Kent's Amcal pharmacy in Swan Hill VIC has won a \$200 gift voucher for participating in our recent online survey. This survey asked members about how they use email in their pharmacy, how they would like to make payments to and receive information from the QCPP.

Julie's response to the survey had some great suggestions. "It may be beneficial to email when things change (in the QCPP) and say what is new on the (QCPP) site.

The good news is that all QCPP implementation support is completely free of charge and available by online request or from your QCPP State Manager.

Fast Track USB

The Fast Track USB is a removable hard drive that has many examples of policies, procedures and templates that are designed to help you comply with the requirements of the QCPP. You need to review these examples to see if they are suitable for your pharmacy and then adapt them as needed.

There are no new QCPP requirements in Fast Track and it is not a new version of QCPP. It is just a very valuable tool designed to help you efficiently implement the current 2nd edition standards.

Don't forget you can further cut the paper clutter and go digital with e-QCPP!

Fast Track DVD

A brand new DVD of the entire Fast Track program, as it was delivered via webcast in April 2009, will be available for pharmacies at no cost from August this year. This DVD is designed to be viewed on your computer and consists of two separate presentations (part 1 & 2) that are each one and half hours long. Initially Fast Track was developed to help pharmacies make the transition from the 1st edition QCPP to the 2nd edition.

This DVD presentation explains in detail many aspects of the QCPP, including: how to read and comply with a QCPP standard, the important differences between checklists and templates, and tips on how to start QCPP and developing a pharmacy operations manual. It is also very helpful for pharmacy staff who have not implemented the QCPP before, or need a refresher on the best way to maintain your standards.

BPAY IS COMING

In the coming months QCPP members will be able to pay their annual membership invoice using the very convenient BPAY payment system. This will mean you can pay much more quickly and easily, either over the phone or online. Stay tuned for information on this important development.



NICK LOGAN, PHARMACIST ADVICE, ARTARMON

PHARMACY OF THE YEAR WINNER 2009

You have to be careful not to linger too long in Nick Logan Pharmacist Advice Artarmon. If you do it's likely you'll end up becoming best friends with all the staff, meet half the local community and be on your way to singing karaoke in the local RSL on Friday night before you finally remember what you were visiting the pharmacy for. Nick believes this connection to customers is key to the pharmacy's success and a big part of what helped make them Pharmacy of the Year for 2009.

It was after his QCPP assessment that Nick considered applying for the award. "My assessor was impressed with the systems and protocols we had in place here and the support that staff were given to achieve their long term goals. I guess every pharmacy thinks they are pretty good at what they do, but I really appreciated his judgement because assessors obviously get to see a lot of pharmacies," Nick said.

"Updating QCPP is a standard agenda item of our regular team meeting and this helps us find ways to improve. We recently identified a need to place warning stickers for cytotoxic drugs on our Webster packs. The changes are often that simple, but all the staff participate in the evolutions and can take ownership of how the pharmacy works. This makes them enthusiastic about making improvements," Nick said. "QCPP means I can get my hands on the policies and procedures of the pharmacy very quickly. It's also valuable when new staff come onboard because they can go through the operations manual that shows them how to do things."

We asked Nick how being named Pharmacy of the Year has affected the pharmacy. "Honestly, it's just been euphoric! There has been a spring in the step of every staff member ever since winning," he said.

Nick's fan mail has been coming in since the win from both past staff and customers alike, and from as far afield as Helsinki and London. "I've heard from a lot of staff who used to work here. They have all taken some ownership of this award, because they know they were part of developing and improving the pharmacy. The reaction from the customers has been outstanding,



but something I didn't expect was to hear how proud it makes them feel. They truly believe it's an accomplishment for all of Artarmon, and that's very special," Nick said.

Nick was also the guest of honour at his primary school recently to be thanked for his donation of 78 brand new netball uniforms. "After we upgraded the pharmacy's PCs and took the staff to dinner we still had some prize money from the award left over. I'm so glad we are able to help the school in this way; it's a great feeling to be close to the community. However being in front of the whole school and standing to wide applause was also very humbling."

Nick Logan Pharmacist Advice in Artarmon is a small pharmacy based on professional services.

"I think the thing that makes us special is professional interaction and forward dispensing. With multiple pharmacists on the pharmacy floor, professional service is built in; importantly each sale begins with advice, rather than ending with it. I know that other small pharmacies take this award as a bit of a victory for them as well, as it recognises Australia's need for the small service-based pharmacy model," Nick said.

Moving forward, Nick Logan Pharmacist Advice will continue to expand their HMR program and try to develop procedures to create efficiencies in the HMR process. "I recognise the great value of HMRs and so do the doctors I speak to. I plan to do regular mail outs to my local GPs and back that up by scheduling interviews, and also produce a review framework. My goal is to make it easier for the doctors to participate," Nick said.

Entries for the Pharmacy of the Year Award for 2010 are now being accepted. As a condition of entry, pharmacies must be QCPP accredited. "I would highly recommend other pharmacies enter the Pharmacy of the Year Award. We even found the submission process valuable; especially the analysis of our strengths and weaknesses. We held a team meeting and identified what we were capable of and what our limitations were. We are absolutely committed to evolving and doing things better. I hope that we are even better in 12 months time than we are now," Nick said.

Winners will share in a \$17,500 cash prize pool and receive a stylish trophy to display in their pharmacy, a professional in-pharmacy photo shoot to be used in subsequent promotions, and local press and trade media coverage. All travel

and registration costs will be paid for category winners to attend the Award Ceremony at the Australian Professional Pharmacy (APP) conference on the Gold Coast in March 2010.

Pharmacies can download the entry form at www.guild.org.au/pharmacyoftheyear

Submissions close on Friday 18 December 2009 at 5.00pm

2010
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of the year



The Pharmacy
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Another man who doesn't quit looking for ways to improve is the former US Treasury Secretary Paul O'Neill. When O'Neill became chairman and CEO of an American aluminium manufacturer in 1987 the average rate of days lost due to workplace injury was 1.87 cases per 100 employees, per year. At the time this was less than half the national average, which stood at 5 cases per 100 employees.

This very low rate did not satisfy O'Neill who, undaunted, began a campaign to reduce this rate of cases even further and achieve his goal; that none of his employees would be injured while at work.

One of O'Neill's most ambitious undertakings was a company-wide system of real-time safety information sharing. Through this network all employees could see accident reports and understand how they happened and how it could be fixed. When O'Neill left the organisation in 2000 the rate of injury had fallen to 0.15 and as of April 2009 it was 0.1141!

O'Neill believes that many businesses don't push themselves and are just happy to reach the average mark. "The convention, for example, in health and medical care

is to have measures across the country and measures for individual institutions to find out how they compare to the national averages. It's very routine to find institutions that say, 'We're better than the national average, and it's not possible to be better than we are.' So the establishment of the idea of national norms is the enemy of continuous improvement," he said.

Continuous Quality Improvement (CQI) is also part of the 2nd edition QCPP. Standard 7 Complying with and Improving our Quality Program requires pharmacies to maintain and follow a system for improving processes within the pharmacy. The sample procedure P7E has mandatory actions to be assessed and is a guide to help you get the most out of your CQI activities. We would really like to hear examples of how pharmacies are identifying areas they can improve, what changes and procedures they put in place, and what the results are. Send your CQI stories to feedback@qcpp.com so that we can share them with other QCPP pharmacies.

1. Alcoa, "Health and Safety Overview," www.alcoa.com/global/en/about_alcoa/sustainability/health_overview.asp

Information in this piece came from The American Society for Quality; 'In a Perfect World' by Brett Krzykowski, June 2009.

E-QCPP EVOLVES BETTER. EASIER. FASTER.

The next generation e-QCPP is now ready for testing and we are looking for volunteers who can use the beta version and then provide feedback on their experience. If you would like to assist in this important phase of development please email your interest to support@eguild.org.au. This invitation is open to all pharmacy staff, whether they are familiar with e-QCPP or not.

New technology has enabled many enhanced features in this updated tool including:

- Faster refresh times that speed up navigation and downloading
- Easily assign tasks and management of standards to staff
- Automatic back-up of all your QCPP documentation

- A new document management system that enables:
 - Automation of processes like version control
 - Printing of custom operation manuals that include only the documents you need
 - Storage of your own documentation like signed T1A forms etc.
 - Powerful search functionality
 - Creation of custom procedures and policies

QCPP procedures and policies should be easily accessible for staff. They should be actively evolving so that you improve the way you do things and prepare for change. This is the power of e-QCPP. By having all of your documentation online everything is kept in one place; you can access them quickly and make changes immediately. Automated reminders help ensure you review things regularly and allocation of tasks means you can share the workload amongst other staff.

Online training webinars on how to use the new features of e-QCPP will be held at 2pm on the following dates: 19th & 24th of September and the 1st, 6th, 8th, 13th & 15th of October. Check the QCPP website for details closer to the training date.



REFRESHER TRAINING

The Quality Care Pharmacy Program supports training of pharmacy staff to help ensure the key schedules of *Pharmacy Medicines* and *Pharmacist Only Medicines* remain in place. It is a requirement of the QCPP standards that all pharmacy staff involved in the supply of these medicines complete the recognised training course, SIRPPKS001A – Support the Sale of *Pharmacy Medicines* and *Pharmacist Only Medicines*.

However, to maintain this high level of excellent customer care, it is essential that all staff refresh their product knowledge and medicine supply techniques on a regular basis, to ensure they have the confidence and experience when assisting your customers. QCPP Standard 2 – Supply of Medicines, Medical Devices and Poisons includes the requirements for refresher training and state that pharmacy assistants must undertake

ongoing refresher training in *Pharmacy Medicines* and *Pharmacist Only Medicines*.

From 1 April 2010 pharmacy staff must be able to demonstrate that they have completed a minimum of three hours of *Pharmacy Medicines* and *Pharmacist Only Medicines* refresher training per year. Staff can undertake refresher training in many ways, including in-store product training, training you provide at staff meetings as well as more formal training such as accredited training.

Further information on how to ensure your pharmacy meets this key requirement and the evidence needed for successful assessment will be mailed to QCPP members shortly and will be available on the QCPP website.

Don't leave training till the last moment

The process of training pharmacy assistants in the protocols of *Pharmacy Medicines* and *Pharmacist Only Medicines* takes time. There are several parts to the training including: the completion of a workbook or online unit by the pharmacy assistant, the assessment of the workbook/online unit and the oral assessment of the pharmacy assistant by a Guild Trainer. Each of these requires time, forward planning and careful coordination between staff and Guild Training. Trying to rush through training in the lead up to a QCPP assessment puts stress on your staff and your pharmacy and does not ensure the best learning results.

A good tip is to take note of your pharmacy's QCPP assessment due date when you develop your annual training plan. This will help ensure you get the most out of this valuable training and minimise the impact of any unforeseen disruptions.



THE SMA ADVANTAGE

Have you received a Standard Maintenance Assessment (SMA) visit letter recently? All QCPP accredited pharmacies will be visited at least once every year* as a random assessment, for the purposes of monitoring compliance with the Standards. Because the SMA interaction is audio recorded it is important that all your staff members have signed their agreement to comply with the QCPP rules. If you use the T12E template in your 2nd edition QCPP manual, the offer of employment contains the requirements. If you have any staff members that have not signed their consent, the brochure with the SMA letter has a section that they can sign. This signed form is for the pharmacy to use and retain in their records. Importantly, individual's privacy will be protected as no identifying details are recorded or reported in the visit.

The SMA visit entails a Mystery Shopper visiting your pharmacy and audio-recording the interaction. When the visit has finished a Pharmacy Liaison Officer from the Guild state branch will then discuss it with you in person, to let you know how the interaction went. The audio recording of the visit is then sent to an independent pharmacist who ensures the on-site scoring of the interaction is correct. After this review a feedback letter is sent to your pharmacy with the score and some information about

how your pharmacy compares with others. SMAs provide a great opportunity for staff to obtain feedback on how they interact with customers and to identify strong and weak points in your customer service. Both of these can help in the planning of staff training. It is recommended that you use the self assessment sheet, sent with the SMA visit letter, which has been designed to help prepare your pharmacy for the visit.

The SMA program is managed by the Australian College of Pharmacy. If anyone in your pharmacy has serious concerns about being recorded please notify the College in writing through the email address college@pharmacyquality.info or fax (02 6273 8988). The Mystery Shoppers are looking forward to experiencing your excellent customer service. All the best!

***Program and Assessment Rules (Document F2 in your QCPP Manual; Rule 24: Participation in Other Assessments and Rule 25: Assessments With or Without Notice).**

Reminder to use FORM T1A version 1.3

In July 2008 an updated version of the Form T1A was distributed to all pharmacies. This version 1.3 has important changes that make it easier for you to complete and improves the way the QCPP team can process the form. The T1A is a key part of your accreditation and using the correct version is a requirement of the program. The Form T1A makes complying with some QCPP requirements much faster and is a big advantage of the 2nd edition QCPP over the 1st edition. However, it is important that you review the T1A carefully and ensure your pharmacy complies with all its requirements before you sign it. If you have questions about the T1A you can call the Administration Helpline on 1300 363 340. If you need a copy of the updated form it can be downloaded in PDF format from the QCPP website www.qcpp.com.

IS YOUR BUSINESS OPERATING TO PLAN? PART III

In the previous editions of the QCPP newsletter we have covered the first two steps of preparing your business strategic plan. Step 1¹ was "Understanding your current performance" and Step 2 "Identifying issues". In this edition we will cover Step 3 "SWOT Analysis".

Step 3: SWOT Analysis

The SWOT analysis takes its name from the first letter of each component in the analysis; Strength, Weakness, Opportunity and Threat.

In order to begin the SWOT analysis, you need to identify all the key issues that will have an impact on your business in the medium to long-term. Most of these issues will have been documented while you were working through the "Identifying issues" section of the plan, however as you work through the SWOT process you will probably identify new issues. Because of the nature of a SWOT analysis it is a good idea to work on it with a number of people in a brainstorming environment.

There are some helpful processes you can use in a brainstorming session to encourage contributions: everyone could take turns in adding an issue to a common list; or everyone could note their ideas on paper and then share with the rest of the team; or everyone could be asked to contribute anonymously. The important part of brainstorming is that a number of people are contributing and there is no criticism of an idea during the "idea generation" stage.

You may need a facilitator to keep the process moving and to record the outcomes. The facilitator will list each issue as it arises and identify which of the SWOT components it is best classified under. Don't be surprised if some issues fit under more than one component.

Defining the SWOT Components

- Strengths are the issues that are essentially internal to the pharmacy and have a positive influence on its capability. For example, if the staff is well trained and experienced, then this would be identified as a strength. In further analysis, you may want to more tightly define the competency



and experience into particular skills or services, but for the first pass through the issues list "Trained and experienced staff" would fit as a description.

- Weaknesses are issues that are also **internal** to the pharmacy but have a negative influence. Typical weaknesses that may be identified include; inexperienced staff; pharmacy is often untidy; customers have to wait for long periods of time; layout of pharmacy impedes workflow etc. It is important during the brainstorming session that identification of a weakness is not interpreted as a criticism of someone within the team.
- Opportunities are issues that are **external** to the pharmacy but could have a positive influence. These types of issues include: new housing developments nearby with potentially new customers; new retirement homes opening nearby; expected increases in young families; nursing homes looking for Dose Administration Aids; a new

doctor in the area that is interested in HMR etc. Opportunities may be issues that currently exist or forecasts of changes that may happen in the future.

- Threats are issues that are **external** to the pharmacy and have a negative influence. These may be issues such as an expected increase in rent, or another pharmacy or competitor in a facet of your business moving into the area, or local businesses may be moving away.

Every issue that is identified will fit into one or more of the SWOT components.

After everyone has exhausted their ideas about the issues affecting the pharmacy, it is necessary to start the "analysis" stage. In this stage, each issue is further described, including the details of why the issue falls into the category. List each issue onto a form similar to page 5 of the QCPP template T6B. By transferring the identification rules used in the "Identifying issues" section to the SWOT, it is possible to backtrack and remind

yourself of why a particular decision on the classification was made.

In many business planning processes the SWOT analysis is simply left as a list of the strengths, weakness, opportunities and threats; however this fails to use the tool to help with the preparation of the strategic and operations plans.

The next step of the SWOT analysis is management making decisions about how each of the issues is to be handled. The specific decisions must be made based on the strategic direction management wants to take the business.

In general, you will want to decide how you are going to use your strengths to help the pharmacy succeed and how the strength is going to be "maintained". For example, suppose one of the strengths identified was that over half the non-pharmacist staff members have a minimum of a Certificate IV in Community Pharmacy and four years experience in the pharmacy. The decision may be to roster the staff so that highly skilled people are available at all times. In order to "maintain" the strength, management may also decide that all new non-pharmacist staff must be willing to work on obtaining the same level

of qualification and each current experienced staff member will mentor one of the newer members.

Decisions also need to be made about weaknesses. These include, does the pharmacy need to take action to "overcome" a weakness or "work around" it? An example would be the identification that HMRs are routinely required by local doctors, but no-one in the pharmacy is accredited to offer this service. The "work around" would be to sub-contract the HMRs to an accredited pharmacist. The decision to "overcome" the weakness would be for one of the staff pharmacist to become accredited. Management needs to do the analysis and decide which action will be taken.

Opportunities will often require further analysis to determine if it is imagined or real. Some assessment will need to be made about the benefits the pharmacy might experience if the opportunity is taken. Continuing with the HMR example, a cost/benefit analysis may suggest that benefits of doing the HMRs in-house will increase the bottom line by \$4,000 per year from the service alone and the increase in satisfaction from the customers affected by the HMR may increase patient

adherence and therefore increase sales of both prescriptions and OTC medicines. The cost may be the absence of the staff pharmacist to get the accreditation and the time to do the HMR. Each pharmacy needs to do its own analysis based on its own opportunities.

Threats also need to be analysed and decisions made about how they will be handled. One of the major benefits of the SWOT analysis when dealing with threats is it allows the managers to prepare for the threat before they are realised and thus having contingency plans in place Threat analysis may lead to a complete Risk Analysis, but that is beyond the scope of this article. Careful planning can sometimes turn threats into opportunities, so don't shy away from tackling your threats.

Once the SWOT analysis has been completed, management should have a thorough list of issues and some idea of how each issue will be handled.

Next Edition

Next edition we will further develop the Business Strategic Operations Plan by preparing an Action Plan.

¹ QCPP Template T6B Business Plan



FOCUS ON STANDARDS

Failure to meet the requirements concerning the Professional Services Area is one of the most frequent reasons for remedial action during the QCPP assessments.

The Professional Services Area (PSA) has evolved to be one of the key indicators of a professionally managed community pharmacy. The requirements in the QCPP standards, which also reflect the requirements in the Professional Practice Standards published by the Pharmaceutical Society of Australia, are relatively straight forward and are recognised as the distinctive difference between pharmacy and other health care outlets.

The requirements of the Professional Services Area are:

- Distinguishable from the general trading area (Standard 5 Action 2) e.g. by a system of signage (Template T2C Action 4)
- Supervised by a pharmacist (Standard 5 Action 2 and Template T2C Action 6)
- Includes the dispensary area (Standard 5 Action 2)
- Includes an area for confidential conversations (Standard 5 Action 2)
- Includes a professional trading area (Standard 5 Action 2)

- Excludes non-health related products and services (Standard 5 Action 2)
- Includes all Pharmacy Medicines (Standard 8 Action 7 and Template T2C Action)
- Trained pharmacy staff members are visible in the PSA (Template T2C Action 1)
- No direct access for consumers to Pharmacist Only Medicines (Template T2C Action 6)

It should be noted that there is no requirement for the PSA to be a regular shape. It is permissible for the shape of the PSA to be curved or U-shaped; however it must be a continuous area and not have "holes" in it.

It should be noted that some professional services require something extra in the PSA such as seating and screening to ensure privacy for DMAS or access to water for Opioid Substitution.

It is permissible for double sided shelves or gondolas to be split, so that the side that faces the dispensary is part of the PSA and the other side is not. Shelves may also be split, so that a portion of the shelf, the side of which is closest to the dispensary, is considered inside the PSA and the other side is outside.

The most common reason for a remedial action is to have non-health related products inside the PSA or to have *Pharmacy Medicines* outside the PSA. If a pharmacist wishes to group products together for category management sometimes the majority of which are non-health related, but one or two are *Pharmacy Medicines*. In these cases it is permissible to have an empty box or sign on the shelf with instructions to speak to a staff member so that they can locate the scheduled product.

Examples of non-health related products that need to be outside the PSA include gift shop items, sweets except for sugar free or cough lozenges, jewellery, makeup, shampoos (unless scheduled), perfumes and aftershaves. Please note this list is not all encompassing and other non-health related products or services may exist in some pharmacies. They must all be excluded from the PSA.

The evolution of the Professional Services Area is not to make it harder for pharmacist to operate their business, but rather to ensure that there is an area within the pharmacy that is dedicated to the delivery of professional pharmacy services and products.

QCPP CHAMPION PHARMACY NAMED NT BUSINESS OF THE YEAR

Off the back of their impressive '2009 Pharmacy of the Year' campaign, pharmacist Darryl Stewart and the team at Gove Pharmacy have been awarded the 2009 Northern Territory Telstra Business Award. As a QCPP Champion Pharmacy, Gove Pharmacy has featured heavily in trade publications over the last 6 months and the QCPP is very proud of all their achievements.

Located in a remote part of the Northern Territory, Gove is 650km (around 1000 km by road) from Darwin. It is surrounded by a large indigenous population and has a significant number of miners residing there. "Our philosophy for delivering

patients. We provide her with a lot of support and training to undertake her role," Mr Stewart said. Gove Pharmacy uses innovative ways to deliver medicine information and 'quality use of medicines messages.' This can include sessions out of the pharmacy under the shade of a palm or use of the local indigenous radio station.

"We supply PBS medicines via the Section 100 scheme to a number of Aboriginal Health Centres. Our pharmacy is in a unique situation and we have had to develop new procedures for working with these health centres, which I've based on QCPP," Mr Stewart said.

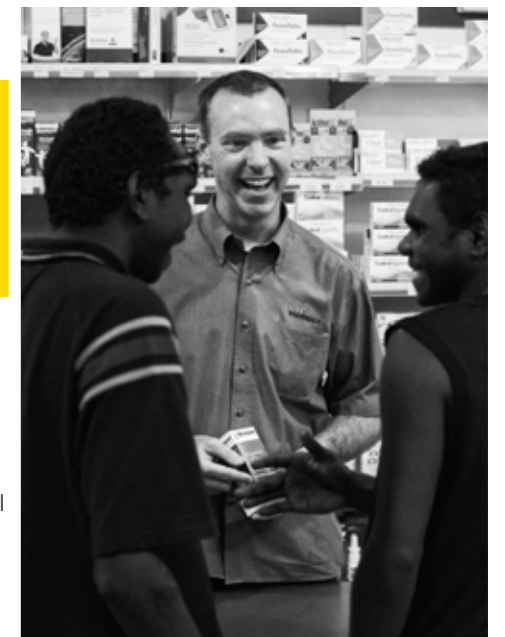
The overall winner for the Telstra award was a Victorian business that developed an innovative coaching program to improve the lives of people with chronic illnesses. The COACH Program, devised by Dr Margarite Vale, is a telephone delivered program designed to help people with illnesses like coronary heart disease and diabetes better manage their health and lifestyles.

customer satisfaction is about knowing our customers. Our staff need to understand our customers' needs intimately and acknowledging their diversity is an important part of this," Darryl Stewart said.

"With our indigenous patients, we know there are issues with equity of access to the PBS and with the traditional delivery of medicine information. We have employed an indigenous pharmacy assistant who innately understands the culture of our

"Here in Gove we are able to have a relaxed approach to customer service but our procedures, particularly in stock management, need to be rigorous. With only one supply barge coming in to Gove each week, it is important that we have all of the medicines our patients may want," he said.

QCPP congratulates Gove Pharmacy for their recent successes and especially for their innovative endeavours to deliver professional health services to their entire remote community.



Darryl Stewart, Gove Pharmacy of the Year 2009 Finalist and the MYOB NT Small Business of the Year – Telstra Northern Territory Business of the Year 2009.

ISQua

International Society for Quality in Health Care Ltd

ISQua's 26th International Conference will be held in Dublin, Ireland from 11th – 14th October 2009. To register or for further information visit the conference website www.isqua.org

ISQua's International Conferences provide a stimulating 'must attend' annual forum

with exchange of information and updates on practice and policy development. Delegates include national health policy leaders and decision-makers, researchers, healthcare professionals in all disciplines, administrators, clinical organisations, standards and accreditation organisations, healthcare networks, providers and consumer organisations.

CONDOLENCES FOR QCPP ASSESSOR

It is with sadness that the QCPP team informs you that long time QCPP Assessor Lach Lumsden passed away on Friday 21 August 2009. Lach assessed pharmacies for over 10 years, since the very beginning of the QCPP. He will be sadly missed by the QCPP, the assessor team and all the pharmacy staff who knew him.

Thank you to Terry White Chemists Myer Centre, Brisbane QLD, Nick Logan Pharmacist Advice, Artarmon NSW, Chemmart Pharmacy, Sorell TAS and Gove Pharmacy, Nhulunbuy NT for their participation in the photography.

CONTACTING QCPP

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