



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

EXCELLENCE

Supporting Excellence in Pharmacy

June – July 2009

REFRESHER TRAINING FOR PHARMACY ASSISTANTS

IS YOUR BUSINESS OPERATING TO PLAN? PART II

FOCUS ON THE STANDARDS – BENCHMARKING

QCPP FAST TRACK ON DVD

WELCOME

The QCPP newsletter is one of the key tools we use to keep you informed about issues that are relevant to the maintenance and ongoing compliance with the QCPP requirements. Recent feedback is that more and more pharmacies have discovered just what a difference QCPP can make. Market research has shown that you really like the QCPP newsletter and find it very valuable. Please keep the great feedback coming so we can continue to all strive for ongoing excellence.

In this issue, I want to keep you abreast of some of the recent materials that have come across my desk and are relevant to the implementation and maintenance of QCPP. I also want to draw your attention to an important quality and safety development.

There's no doubt that the current economic conditions means that 2009/2010 will be a challenging period. The economic downturn may provoke a rethink of your business model. In this edition of the newsletter we have the second of a series of articles about business planning.

The Retail Health Solutions November/December 2008 edition contained a supplement entitled PBS Reforms Blue Book "Meeting the WADP challenge?" This publication contains information to help pharmacists analyse their businesses,

including the impact of weighted average disclosed price on dispensary profitability and the need to change/adapt a pharmacy's business model for sustainability. If you're a Guild member you probably will have already accessed the Business Issues and Benchmarking and ScriptMAP sections of the Guild members website but if you're not a member, the Blue Book publication will assist you to plan and meet the challenges of the changes.

We know that one of the most important variables in a pharmacy business is "staff". Excellent staff are critical to consumer trust and confidence in the quality of advice and service provided. In re-evaluating your business model the advice of the ACT and Region Chamber of Commerce and Industry is something you should consider. In their recent newsletter, the Chamber's recommendation was:

*"As business tackles the problems that come with economic downturn, skilling our current and future workforce becomes even more critical. One of the business strategy models must be to retain re-skill and redeploy ... to maintain competitive advantage when the economy picks up."*¹

This edition contains news about the assessment requirements of refresher training which will commence from 1 April 2010.

Other important information included is the revision to some QCPP procedures and templates involving dispensing (P2A) and the sale and storage of pseudoephedrine products. These changes will be assessed from 1 December 2009.

Just as a final note. The Australian Commission on Safety and Quality in Health Care (ACOSQH) has developed a discussion paper on achieving the directions established in the proposed National Safety and Quality Framework. The discussion paper outlines a list of possible strategies and actions which have been designed to be used to guide action and improve the safety and quality of care provided in all health care settings, over the next decade. The QCPP Committee will provide feedback to the Commission on the discussion paper and the application to the community pharmacy sector within QCPP.

Jenny Bergin

Director, Quality Care Pharmacy Program

1. Buckley R. "Up skilling and re-skilling during economic challenging times." The Chamber News, ACT & Region Chamber of Commerce and Industry, 2009.

NEW QCPP REQUIREMENT INTRODUCTION FOR 'REFRESHER TRAINING'



Assessment commences 1 April 2010

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 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 **three** hours of *Pharmacy Medicines* and *Pharmacist Only Medicines* supply 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 forwarded to all QCPP pharmacies in August.

QCPP FAST TRACK ON DVD

FAST TRACK is the most comprehensive pharmacy support resource ever developed to help pharmacies implement the Quality Care Pharmacy Program (QCPP).

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. However, 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.

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 operation manual.

Visit www.qcpp.com to request a DVD or call the QCPP administration helpline on 1300 363 340



TRAVEL SUBSIDY SCHEME

Worried about the cost of QCPP assessment?

Under the 4th Community Pharmacy Agreement you could be eligible to receive the Assessment Travel Subsidy Scheme (ATSS). The scheme subsidises some of the travel and accommodation costs incurred while gaining accreditation. To take advantage of the travel subsidy scheme make sure your pharmacy is assessed before this opportunity expires in June 2010!

Are you eligible for the QCPP ATSS?

If your pharmacy has successfully passed an accreditation and meets the following criteria you are able to make a claim:

- Your pharmacy is more than 75 kms travelling distance away from your State's General Post Office (GPO); and
- More than 75 kms from the residence of the closest QCPP Assessor.

(Note: Some exemptions from the distance criteria are in place including the Northern Territory and the ACT)

How do you take advantage of the QCPP ATSS?

Making a claim is easy. Just let your assessor know that your pharmacy may be eligible for the ATSS when you are

booking your assessment. The assessor can confirm your eligibility and provide the paperwork for your application. Don't forget to submit the completed form together with a copy of your assessor invoice/receipt within three months of your assessment to ensure that your subsidy is processed promptly (i.e. as soon as we receive your QCPP final report from your assessor and you send in a complete ATSS application).

If you have been assessed in the last three months and believe you may be eligible for a subsidy please contact the QCPP administration helpline on 1300 363 340.

Further eligibility guidelines and criteria can be found at www.qcpp.com



THE QUALITY CARE PHARMACY PROGRAM

IS YOUR BUSINESS OPERA

In the last edition of the QCPP newsletter we talked about Business Plans and examined Step 1 of completing a Business Plan "Understand your Current Performance", as set out in the QCPP Template (T6B). In this edition we will examine the next step in the template, "Identifying Issues".

Step 2: Identify Issues

When preparing your pharmacy's business plan, it is important to identify all important issues that affect the success of the pharmacy. The planning template lists the main categories for consideration and provides space to describe the issues and assign some classification. You may want to add to them if appropriate. The categories identified in the template are:

- Customer Analysis – issues important to your customers; knowing who your customers are, who lives in the area and who you wish to target, what businesses or associations are in the area that you may wish to target; look at your dispensary data – this can give you the greatest insights into who your customers are; review your POS sales data and identify what does really sell in your area.
- Competitor Analysis – your competition and things that affect your business; by examining your competition this may highlight gaps in the market place in your area that you can move into, e.g. no strong retailers so consider a strong retail franchise; no effective solution providers so move into providing solutions for categories such as weight loss or quit smoking.
- Staffing Analysis – your staff and issues that affect their roles within the pharmacy; are there areas of specialisation that you wish to move into that you need to up-skill your staff in or find new staff to fill?
- Market Analysis – your specific market and anything that may affect how you run your business; identify population changes through Census data; understand what is happening development-wise with your local shopping centre; are there any new doctors in the area that you should meet?
- Cost Analysis – your costs and pricing structure within the pharmacy; is your premises lease due soon (within 2 years)



and what is the right strategic move to make – get a lease specialist to help you with that; and;

- Other Issues – any issues which may influence your business operation that have not already been considered.

When completing the analysis in each area it is important to draw from both internal and external sources. For example, identified issues under "Customer Analysis" may come from customer surveys; information from local council or the Guild's Pharmacy Digest; or complaints and compliments received; as well as from your own observations. Staff should be consulted as they often have more opportunity to identify issues because of their role within the pharmacy or ideas that friends and relatives may confide to them. Remember it's not important for this stage of the plan, whether the issue is a positive or negative within your business; you need to list all matters that have any impact on the operation of your pharmacy and ensure they are noted and placed in a context of the overall Business Plan.

Also remember, just because you are using the template, doesn't mean you have to limit the list to what will fit on the form. Use the MS Word copy on the QCPP CD provided, to make the analysis as complete as you need to fully explain the issues that affect the pharmacy business.

Once you have the issues listed, go back and describe them with a few words that will make the issue clear to other readers of your plan.

The Business Plan will make the most sense to you and anyone reading it, if you scan your business environment fully and identify as many of the key issues as practical, before you proceed to the actual planning stage. Also keep in mind you can come back to the analysis at any time to add other issues as they come to mind.

Work through each of the six major categories, but feel free to add more if you think they make sense in your business. When you have listed all the issues you can come up with, go back through the list and decide if the issues are either positive or negative for the business and if they are external or internal to the business.

IDENTIFYING ISSUES TO PLAN? PART II



You can then classify each issue as one of a strength, weakness, opportunity or threat. This is the start of your SWOT analysis:

- **Strengths** are internal to the business and are positive,
- **Weaknesses** are internal to the business and are negative,
- **Opportunities** are external to the business and are positive, and
- **Threats** are external to the business and are negative.

Note that some of the issues may be able to be included in more than one classification. For example a new professional service may be a weakness in the pharmacy because there is a lack of resources such as trained staff and equipment (internal and negative), but may be an opportunity because demographic information from the local council suggests that more people are moving into the area that may need the service (external and positive).

The lists of issues will be different for every business and will change over time. To help get you started we have listed a few of

the issues that may affect your pharmacy under each of the main categories.

Customers: Relative pricing, opening hours, product range, access to pharmacy, professional services wanted, passing traffic, cleanliness, number of customers in catchment area, if customers are local or passing, generally professional or working class.

Competitors: Branding, closeness to your pharmacy, relative pricing, appearance of shops, advertising, discount policies, relative size, how long they've been in the area, willing to cooperate, non-health competitors.

Staff: Training and qualifications, salaries, dress code, working hours, part-time vs full-time, how long they've worked for the pharmacy, availability of locums, availability of pharmacy assistants, attitudes e.g. friendly, ambitious or self motivated, position descriptions, performance management, industry awards.

Market: Relationship with other health professionals, positioning relative to other health professionals, advertising done/required, regional vs metropolitan, supermarkets, non-health products.

Cost: Buying groups, quantity discounts, generic brands, store brands, profit margin.

Other: QCPP accreditation, improvement processes, memberships of local community groups, personal long-term plans, leasing arrangements, finance, professional services offered.

The "Identifying Issues" step is often referred to as a "Business Environmental Scan".

Read through the work you have done so far on your Business Plan and put it away for a few days. Then bring it out again and check that it makes sense and if anything else needs to be added. Make corrections as necessary – it's your plan and you have to be happy using it.

Next Edition

Next edition we will further develop the SWOT analysis so that you can use your strengths, improve your weaknesses, realise your opportunities and negate your threats.

FOCUS ON STANDARDS – BENCHMARKING

By Peter Reeves,
QCPP National Manager of Assessments

Although the term “benchmarking” isn’t mentioned explicitly in the QCPP standards, it is one of the tools of quality management that gets used practically every day.

Benchmarking is the process of comparing one of your own measures with a measure considered to be an objective, an industry standard or best practice. Essentially, benchmarking provides a snapshot of the performance of your pharmacy and helps you understand where you are in relation to the particular measure.

For example a pharmacy may decide to use information from the Guild Digest as a benchmark to test if sales, profitability and efficiency are in line with national averages. Using this information may suggest areas for improvement.

One of the best tables in the Digest for comparison is Table 4 which details an income statement for the average pharmacy. It includes the breakdown of figures for the low, normal and high quartiles of pharmacy results. The table is quite detailed and would allow a pharmacy to make reasonable assumptions about its relative achievements.

For example if the pharmacy is about the national average size of a pharmacy of 156m² then if all things were equal the number of prescriptions dispensed would

be about 890 per week; the gross sales would be approximately \$2.4m; and net profit would be approximately \$72k.

If the pharmacy was generating about the right amount of sales, but the net profit was significantly lower then we would need to look for reasons. The Digest does provide a breakdown of expenses that would assist with this search. This is benchmarking.

Other forms of benchmarking include comparison within the pharmacy, such as results from week to week or year to year; or even comparisons against comparative industries, e.g. comparison of percentage net profit achieved by newsagents, mixed businesses, health shops and pharmacies.

One interesting use of benchmarking I saw recently was the weekly comparisons of packing errors in Dose Administration Aids (DAA) identified by the pharmacist and nursing homes. Errors were recorded and the total number of errors each week noted and compared. The bar graph was used to compare the errors from week to week and was then discussed with staff. A similar graph showed reported errors from the nursing homes. It was pleasing to note that the packing errors were very low and picked up before the pack left the pharmacy. The reported errors from the nursing homes were two orders of magnitude (100 times) lower. It should also be noted that the errors escaping to the nursing homes were invariably a result



of changes to prescriptions that had not been passed through to the pharmacy.

Benchmarking allows us to compare our measured results with some standard. The standard may be internally generated, such as last week’s results or externally such as the Guild Digest.

For more information about benchmarking refer to:

www.asq.org/learn-about-quality/benchmarking/overview/overview.html

2008 Guild Digest – A survey of independent pharmacy operations in Australia financial year 2006-07 available from Pharmacy Guild of Australia

FASTER AND EASIER E-QCPP ON THE WAY

Since 2007 the powerful online resource e-QCPP has assisted many community pharmacies to manage their QCPP standards. As part of QCPP’s ongoing improvement process the developers have made some useful enhancements to the resource that incorporates feedback provided by e-QCPP users.

Some of the improvements include:

- An enhanced search engine to help you find your policies and procedures faster
- Streamlined functionality for reviewing your documents to help you keep them up-to-date

- Automated email reminders for standard reviews.

Further details about these and other new features will be sent to registered users through the e-QCPP newsletter. In addition to this the ‘What’s New’ new section of the e-QCPP help file also contains detailed instructions on how to get the best from the new enhancements.

For more information or to register, contact the e-QCPP helpline on 1300 137 608.

WIN A \$200 GIFT VOUCHER

Fill out our online survey between July 13th and 31st and you will go into the running for a \$200 Gift Shopping Voucher of Your Choice!

The QCPP is conducting a survey of members to determine how best to provide information (including reminder letters and invoices etc.) in the future. We would like to hear from all our members so please take the time to fill out the survey at the QCPP website. It will only take you 2 minutes to complete and will help us make important decisions about how to manage our correspondence with you.

Visit www.qcpp.com to complete the survey and go into the draw to win!

AUSTRALIAN OTCs IN SAFE HANDS

Non-prescription medicines are a very important group of medicines both to consumers and health professionals. In Australia, consumers who wish to self-manage minor conditions with access to professional assistance appreciate the ease of access in a pharmacy to a large range of Over-the-Counter (OTC) medicines.

The United States Government Accountability Office (GAO), in the February 2009 Report to Congressional Requesters, entitled "Non-prescription Drugs Considerations Regarding a Behind-the-Counter Drug Class" noted that "professional associations have played a role in monitoring the quality of pharmacist counselling in Australia. A study examining the Quality Care Pharmacy Support Centre's "Mystery Shopper" visits – used to monitor and provide feedback on Australian pharmacies performance since 2002 – found that repeated mystery shopper visits led to a notable improvement in pharmacies handling of non-prescription drugs."

The report compared the status of 86 drugs in Australia, Italy, the Netherlands, the United Kingdom and the United States (US). All five study countries have increased non-prescription drug availability since 1995. In the United States a prescription is required for more of the selected drugs than in Australia and the United Kingdom, where there is a Behind-the-Counter (BTC)

drug class. The US has more medicines classified as OTC than all of the four study countries, but in this context OTC means exempt-from-scheduling or "unscheduled". If availability is defined by the number of drugs for non-prescription sale regardless of other restriction on their sale, the United States is more restrictive than Australia and the United Kingdom. When the availability of non-prescription medicines is compared, Australians have access to 64 of the 86 medicines compared to 44 in the United States.

The GAO report lists issues related to pharmacists' roles and responsibilities that would be important to consider if a BTC drug class were established. The responsibilities included initial screening for contraindications and drug interactions; advising consumers on safe drug use; and monitoring for continued safe and effective use. For the US, an important issue to be resolved would be ensuring that pharmacists met their responsibilities including providing necessary counselling.

The National Association of Boards of Pharmacy position is quoted as recognising that a BTC classification of medicines would require national standards to be established. Many experts believe verbal counselling for a BTC drug class should be mandatory in the US.

Other issues include:

- Determining whether BTC-related training would be required for all pharmacists and pharmacy staff;
- Pharmacists' liability risk;
- Communication of changed roles to the public; and
- Pharmacists' compensation and participation rates.

As Quality Care Pharmacy Program members know the QCPP has OTC standards and training requirements and we continue to monitor and show improvement in the provision of OTC medicine.

In coming months a Fourth Agreement funded program of more targeted training, based on information from the Mystery Shopper visit results will be offered. It appears the Australian pharmacy profession has reason to be proud as, through self-regulation and QCPP, we have addressed many of the issues which will need to be addressed prior to a less restrictive medicine schedule being introduced into the United States.

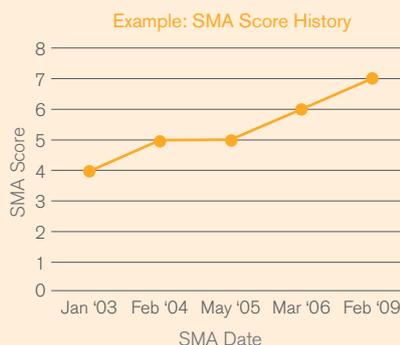
The full GAO report can be found at www.gao.gov/products/GAO-09-245

IMPROVED MYSTERY SHOPPER FEEDBACK

The Mystery Shopper feedback letter has been improved to include two new pieces of valuable information. From now on your feedback letter will include scores from previous visits to your pharmacy, as well as the results from your most recent one. Importantly, a second table will show how your pharmacy has scored compared to other accredited pharmacies, over the last 12 months. From this information you can easily benchmark how your pharmacy is tracking over

If you would like further information please email: QIIP@pharmacyquality.info or phone on 1800 723 605.

time and how your pharmacy team ranks amongst your peers in the delivery of *Pharmacy Medicines* and *Pharmacist Only medicine*.



ASSESSABLE FROM 1 DECEMBER 2009

IMPORTANT CHANGES TO THE QCPP STANDARDS' MATERIALS

How often should QCPP standards change? Naturally, the program employs the standards' materials. However, we are mindful of the pitfalls of bombarding members with constant changes to the program. The QCPP Committee has considered the issue and has resolved that:

- Updates to standards' materials should be made no more than twice a year, the exception being where materials are affected by a regulation change;
- The revised materials will NOT be assessed until at least three months after the changes have been communicated to QCPP members.

In light of this there are two areas that have been recently reviewed – Dispensing and Supplying Pseudoephedrine.

P2A Dispensing

In recent years, the increasing use of scanning product barcodes as part of the dispensing process has reduced dispensing errors which result from incorrect product selection. In some jurisdictions the use of barcode scanners, as part of the dispensing process, is now compulsory.

As a result of investigations into recent dispensing errors, Pharmaceutical Defence Ltd (PDL) now recommends that dispensed products be scanned after the dispensing label has been attached to the dispensed product. Barcode scanning should therefore occur after the current Action 28 in the P2A sample procedure and is no longer part of Action 20.

The P2A Dispensing Procedure has now been updated to reflect this advice. The procedure now has a mandatory requirement to scan the product barcode at Action 29. QCPP Assessors may audit this requirement from 1 December 2009.

P2E & T2D Supplying Pseudoephedrine

Two elements of the QCPP which relate to the supply of pseudoephedrine have also been updated, these are Supplying Pseudoephedrine Policy (P2E) and the Supplying Pseudoephedrine Checklist (T2D).

The changes have aligned QCPP requirements with current medicines scheduling framework for pseudoephedrine and also remove some requirements which are now outdated. Key changes include:

- **All accredited pharmacies must now maintain and follow a system for recording the supply of pseudoephedrine-containing products.** This is now a mandatory requirement of T2D. In most states, this is an existing legal requirement. Examples of recording systems include ProjectSTOP, or dispensing software. Alternatively, you may wish to develop your own system. QCPP Assessors will be asking to see your recording system from 1 December 2009. This will allow sufficient time for pharmacies in jurisdictions where there is no legal requirement for the recording of pseudoephedrine supply, to implement a recording system.

- **All pseudoephedrine-containing products must be stored out of reach and the current arrangement for out of sight are maintained.** Other changes include the removal of the requirement for staff to have access or to sign on to the Project Pseudo Guidelines (green documents sent to pharmacy in 2005), as these guidelines are out-of-date.

ASSESSMENT DATE CLARIFICATION

What is the difference between accreditation and assessment dates under 2nd edition?

Pharmacies accredited under 2nd edition for the first time, your accreditation date is the date you are assessed under QCPP 2nd edition. This becomes your accreditation date and will stay with you over the years you remain accredited with QCPP 2nd edition.

For pharmacies accredited under 2nd edition for the second time, your accreditation date is the date you were first assessed under QCPP 2nd edition.

If you want to get assessed earlier or later than this date, your accreditation date will not change. If you have lapsed, your accreditation date becomes the date you are assessed.

Please call the administration helpline on 1300 363 340 if you would like any further information.

Thank you to Terry White Chemists Myer Centre, Brisbane QLD, Whittlesea Amcal Pharmacy, Whittlesea VIC, Maryland Pharmacy, Newcastle NSW, Gove Pharmacy, Nhulunbuy NT and Capital Chemist, Woden ACT for their participation in the photography. The Fast Track Webcast and the images in this newsletter have been developed for the Quality Care Pharmacy Program with funding provided by the Australian Government Department of Health and Ageing as part of the Fourth Community Pharmacy Agreement.

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