



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

EXCELLENCE

Supporting Excellence in Pharmacy

May – June 2010



PHARMACY OF THE YEAR WINNER 2010

REVIEW OF QCPP STANDARDS

FRIDGE CALIBRATION AND MONITORING

TRAIN AND MAINTAIN FOR QCPP

South City Chemmart, Bunbury WA, Pharmacy of the Year for 2010.

BREAKING NEWS

FIFTH AGREEMENT AND THE QCPP

Kos Sclavos, National President – Pharmacy Guild of Australia

The recently announced Fifth Community Pharmacy Agreement is good news for Quality Care pharmacies, particularly those that are using the standards to improve the services they provide to the Australian public. The Agreement includes a broad outline of a new approach called Pharmacy Practice Incentives and Accreditation. This program will provide incentives to accredited pharmacies that achieve defined patient care outcomes.

This Agreement was negotiated in the context of extraordinary economic and budgetary circumstances requiring unprecedented savings to be made, so QCPP is delighted that the Government continues to recognise that accreditation is the vehicle to ensure the delivery of patient-focussed care and good patient outcomes.

Importantly, the Agreement provides record funding for new and existing Professional Programs, including the Practice Incentives and Accreditation Program and new measures have been included that organisations including the Guild will need to meet before they can assess or audit pharmacies against the standards.

The current Quality Maintenance Allowance incentive will continue unchanged for the first twelve months of the new Agreement so pharmacies undergoing assessment from 1 July 2010 should have no concerns about the transition from the Fourth Agreement incentives to the new arrangements.

QCPP will continue to support you to maintain your pharmacy's accreditation so that you are well prepared to take on the new Fifth Agreement Practice Incentives program.



Kos Sclavos and Nicola Roxon, Minister for Health and Ageing, signing the Agreement

“This program will provide incentives to accredited pharmacies that achieve defined patient care outcomes.”

**Kos Sclavos, National President
Pharmacy Guild of Australia**

IMPORTANT INFORMATION CHANGES TO THE FAIR WORK ACT (2009) AND USING THE QCPP FAST TRACK USB

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), some example files on the QCPP Fast Track USB are now out of date and should be reviewed. For a list of files affected by the recent changes please visit www.qcpp.com. For further assistance Guild members can contact their workplace relations representative in the Guild Branch in their State or Territory or more information can be found on the Fair Work Australia website www.fairwork.gov.au.

Updates of the QCPP manual occur every 6 months and are due in April and October 2010. Revised QCPP procedures

and templates relating to the Industrial Relations changes will be made available as part of the April 2010 update. Changes to the standards will not be assessed until 6 months after the release of the updates, however 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.



FAREWELL FOR CAROLINE

In May this year the QCPP will say farewell to its longest serving staff member, Caroline Sibley, so she can care for her third child.

Over her six and half years (minus two maternity leave breaks) she has served QCPP members in many different roles including; EA to the Director of QCPP, producing the newsletter, supporting the administration team, assisting pharmacy staff on the help line and for the last eight months as Communications and Marketing Co-ordinator. Caroline's personal and professional contribution to the program has been invaluable and her cheery assistance will be greatly missed.

TRAIN AND MAINTAIN FOR QCPP

Tim McLaren, Communications Manager – Quality Care Pharmacy Program

The training requirements of the QCPP are an important part of accreditation. Through training they support the schedules of *Pharmacy Medicines* and *Pharmacist Only Medicines* and help to ensure that advice on medicines is available for pharmacy customers.

The requirements for training, both initial and Refresher, are fairly straightforward but there can be challenges in trying to apply them to a flexible community pharmacy workforce, which may have staff turnover. The requirements are mandatory and are now being assessed. By understanding what the Quality Care Assessor may look for, you can be better prepared.

An up-to-date training plan is key

Assessors understand that each staff member is on their own training cycle and that managing the training needs of each staff member individually is challenging.

You can demonstrate that all your pharmacy staff are implementing their individual requirements for initial or Refresher Training by having an up-to-date training plan. This is particularly important

for staff members who have recently joined the pharmacy and may not have been able to meet all their training requirements prior to your QCPP assessment.

Remember, that the training plan has to be achievable. A QCPP Assessor will question if you have enough time and resources to complete the training.

Here are some helpful principles you can review when preparing to meet the training requirements of the QCPP standards.

- Any staff members who has been with the pharmacy more than three months, and are involved in the supply of *Pharmacy Medicines* and *Pharmacist Only Medicines*, must have completed the unit (SIRPPKS001A) Support the sale of *Pharmacy* and *Pharmacist Only Medicines*.
- Any new staff members to your pharmacy should have a training plan developed within the first three months of their start date to demonstrate that they will meet the Refresher Training requirements. You are not responsible for previous

training that may or may not have been completed by pharmacy assistants who have come from another pharmacy.

On the date of your QCPP assessment;

- All pharmacy assistants need to have completed their initial training (SIRPPKS001A) Support the sale of *Pharmacy* and *Pharmacist Only Medicines*.
- Any pharmacy assistants who completed their initial training (SIRPPKS001A) more than twelve months ago are **required** to have done some Refresher Training.
- Depending on how long ago they completed their initial training they may need to have only completed one hour of Refresher Training, or less. So long as at least three hours of Refresher Training is scheduled into their training plan, over a twelve month period, a remedial action will not be raised.

For more information about what content is counted as Refresher Training, how it can be completed and the requirements of pre-registration pharmacy students visit www.qcpp.com.



David Dixon of Goldfields Fullife Pharmacy, Gympie QLD, with pharmacy assistants during in-pharmacy training

THE FAIR WORK ACT (2009) AND QCPP

Donna Stephenson, Manager QCPP Support

Changes to QCPP Sample Procedures and Templates related to workplace relations have been made so that these materials are now compliant with the Fair Work Act (2009). The Act came into force from 1 January 2010 and provides a safety net of minimum terms and conditions of employment through the National Employment Standards (NES) and the new industry modern award, the Pharmacy Industry Award 2010 (PIA).

The QCPP team has updated materials that are impacted by the introduction of the Act and these are being circulated to all QCPP registered pharmacies.

The changes apply to:

- Standard 12 – Employing Staff (P12A, T12E Offer of Employment)
- Standard 14 – Managing Staff (T14A Staff Roster)
- Standard 16 – Dismissals and Resignation (T16A Staff Counselling Interview – Dismissal Interview).

In addition to the templates and policies in the QCPP Manual, there are also a number of Fast Track examples that are no longer compliant. These include the Leave Policy examples (P14B) for NSW, SA, VIC and WA, the Staff Disciplinary Policy (P14A), and the example Contract of Employment for pharmacy assistants and pharmacists. These examples should not be used and all operations manuals should be reviewed to remove any documents that have been created from the files listed above.

It is important to note that the changes above are to be implemented immediately so that QCPP accredited pharmacies are compliant with the Act. QCPP will not assess against the changes until 6 months after the distribution of the manual updates.

The workplace relations team at the Guild are available for support to all Guild members and if any member has a concern they should contact the workplace relations advisor in their State/Territory. Additional information is also available from www.fairwork.gov.au or by calling 131394.

National Employment Standards (NES)

There are 10 minimum workplace entitlements in the NES and they are:

1. A maximum standard working week of 38 hours for full-time employees, plus 'reasonable' additional hours.
2. A right to request flexible working arrangements to care for a child under school age, or a child (under 18) with a disability.
3. Parental and adoption leave of 12 months (unpaid), with a right to request an additional 12 months.
4. Four weeks paid annual leave each year (pro rata)
5. Ten days paid personal/carer's leave each year (pro rata), two days paid compassionate leave for each permissible occasion, and two days unpaid carer's leave for each permissible occasion.
6. Community service leave for jury service or activities dealing with certain emergencies or natural disasters. This leave is unpaid except for jury service.
7. Long service leave.
8. Public holidays and the entitlement to be paid for ordinary hours on those days.
9. Notice of termination and redundancy pay.
10. The right for new employees to receive the Fair Work Information Statement.

Fair Work Information Statement

From 1 January 2010, all employers covered by the national workplace relations system have an obligation to give each new employee a Fair Work Information Statement before, or as soon as possible after, the employee starts employment. The Fair Work Statement is available from www.fairwork.gov.au.

Pharmacy Industry Award (PIA)

The PIA commenced on 1 January 2010 and applies to all employees under the national workplace relations system. Some changes (including ordinary time penalties and minimum wages) will transition from 1 July 2010. The PIA covers both pharmacist and pharmacy assistant classifications. There are other modern awards that may also be relevant to a

community pharmacy employer where classifications fall outside of the PIA.

A copy of the PIA must be available to all employees. This may include posting a copy to a staff notice board or the pharmacy intranet. A printed copy does not need to be provided to each individual employee.

Part-time employment under the Pharmacy Industry Award

Under the PIA a part-time employee works less than full-time ordinary hours (i.e. less than 38 hours per week) and has reasonably predictable hours of work. They receive the same employment entitlements (on a pro rata basis) associated with permanent full time employment, such as personal and annual leave.

At the time of engagement, the employer and the part-time employee will agree, in writing, on a regular pattern of work, specifying at least:

- the hours worked each day
- which days of the week the employee will work
- the actual starting and finishing times of each day
- that any variation will be in writing
- that the minimum daily engagement is three hours
- all time worked in excess of agreed hours is paid at the overtime rate
- the times of taking and the duration of meal breaks.

Flexibility by agreement

The PIA does provide for a high degree of flexibility for part-time employment where there is agreement between the employer and employee to make changes to the standard or predictable pattern of work.

Any agreement to vary the regular pattern of work must be made in writing before the variation occurs. One way to document the agreed variation is to have the part-time employee initial the change on the relevant roster. The roster then becomes part of the employment records for that employee.

Any agreement to vary the agreed hours may also be either a permanent agreed variation to the pattern of work or may be a temporary agreed variation, e.g. a single shift or roster period. Such a variation shall be agreed hours, that is overtime rates will not apply.



TIPS FOR MANAGING PART-TIME EMPLOYEES

The following tips for managing part-time employees may assist in your pharmacy:

- Ensure that all employees are aware of any particular process for changing part-time working arrangements in your pharmacy.
- Have a good roster system that indicates the days and times of work for all employees. This way everyone knows who is available when and can plan accordingly.
- Have a policy in place that seeks the cooperation of your employees to provide you with as much notice as

they can if they need to vary the pattern of their part-time work.

- Establish trust with your employees and give them authority to agree shift changes amongst themselves on the understanding that a certain level of skills, knowledge and experience is required in your pharmacy at all times.
- QCPP accredited pharmacies or those pharmacies preparing for assessment need to:

- Update the QCPP manual with the latest update of Standards 12, 14, 16 (coming late May).

- Update the pharmacy's Operations Manual using the updated templates and procedures. This includes P12A, T12E, T14A and T16A.
- Remove all Fast Track examples related to leave policy, staff disciplinary policy and Contract of Employment for pharmacy assistants and pharmacists from the pharmacy's Operations Manual.
- Only use the updated policies and templates listed above.
- Issue all new employees with a Fair Work Statement.



FOCUS ON STANDARDS FRIDGE CALIBRATION AND MONITORING

Peter Reeves, National Manager of Assessments

One area commonly questioned by pharmacies is the need for the calibration and continuous monitoring of vaccine refrigerators.

The QCPP standards refer to these requirements in the Standard 5 Pharmacy Premises and Equipment, Action 5. The wording is:

"Monitor the QCPP compliant vaccine refrigerator daily to ensure it maintains a temperature range of 2°C to 8°C. Ensure the QCPP compliant vaccine refrigerator is certified by the Cold Chain Testing Centre not more than six months prior to an assessment."

At a recent assessment, a Pharmacy Manager related how this requirement had brought her attention to a real problem. Daily monitoring had shown that the fridge was in control and reporting temperatures in the range 3°C to 6°C – well within specification; however two cold chain testing calibrations had reported failure, with temperatures regularly dropping below 0°C.

Maintenance reports from the supplier originally stated that fridge was fully

functional and controlling correctly. After a second failure against Cold Chain calibration, a more thorough maintenance check revealed that the thermostat and control system in the fridge was at fault and was not only reporting a high temperature but controlling at a much lower temperature. With the installation of a new thermostat, the fridge began to control correctly and passed Cold Chain calibration.

This discussion with the Pharmacy Manager demonstrates the importance of the calibration program. It is critical for pharmacies to have the fridges calibrated when first purchased to ensure they are controlling within the correct range. Follow up calibrations need to be conducted every two years, to ensure that the fridges continue to control in the required temperature range.

The second part of the fridge requirements in the QCPP is the ongoing daily monitoring of the maximum and minimum temperatures and recording of these temperatures. A number of pharmacies have asked if it would be suitable to have any ongoing monitoring system that can

be downloaded once a month to produce the graph of the temperatures over the period. The problem with this process is that if the fridge has a problem it will take a considerable amount of time before anyone is aware of it. The daily personal monitoring and recording ensures that timely correction is taken rather than finding out at the end of the monthly monitoring period that a problem had occurred.

The daily log will be checked at the assessment to ensure that the maximum and minimum temperatures are recorded on a daily basis. For this reason it is necessary for the pharmacy to retain the records for a full accreditation period. That is two years from the previous assessment.

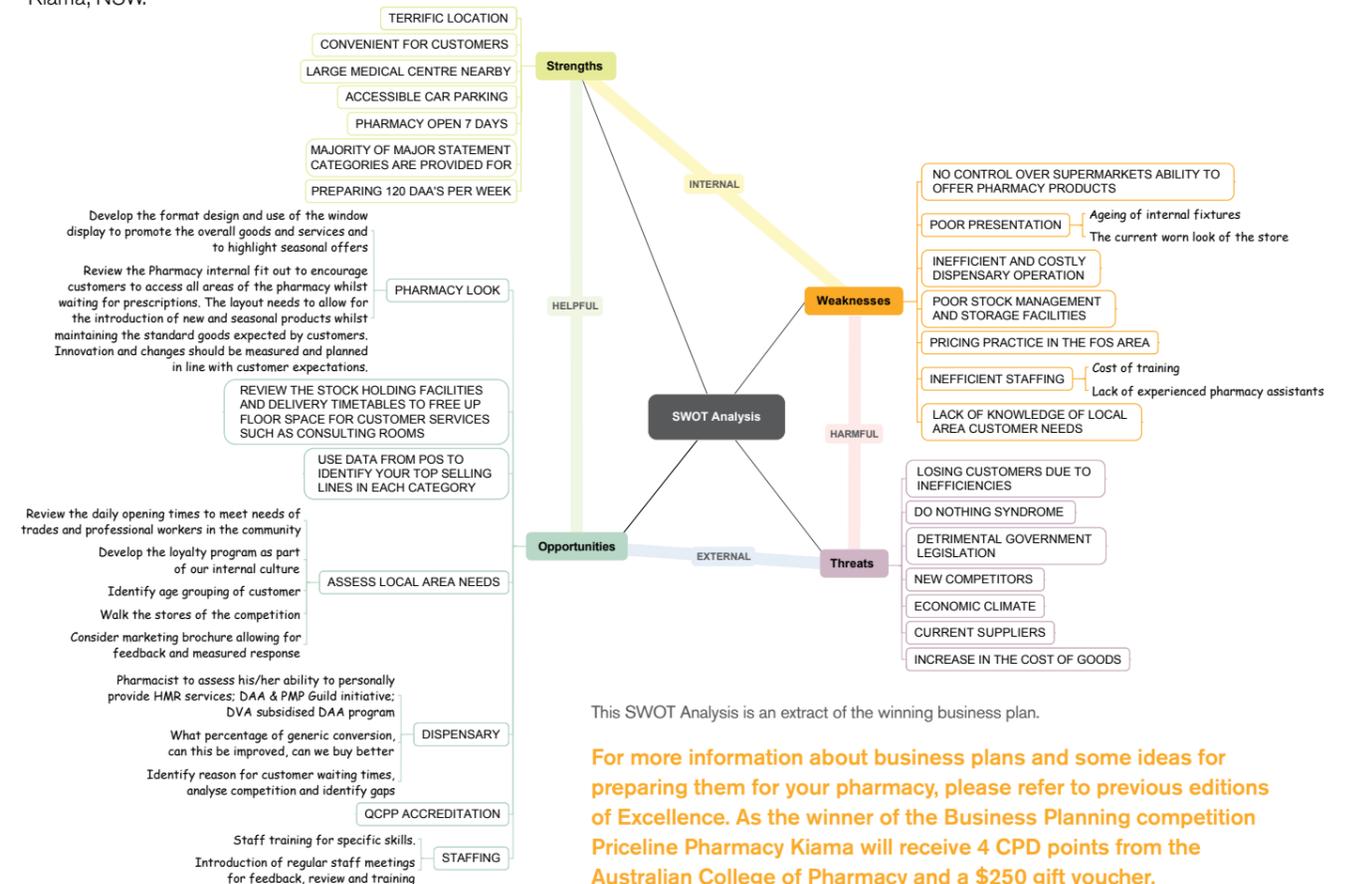
Since the requirement for the vaccine fridge was introduced to the QCPP standards in 2006, there has been a considerable improvement in the safety and storage of vaccines in community pharmacy. This is seen as one of the benefits of having a nationwide community pharmacy accreditation system. The safety of storing vaccines is a real community health benefit.

QCPP BUSINESS PLANNING COMPETITION WINNER PRICELINE PHARMACY KIAMA

In the January/February 2010 edition of Excellence it was announced that there would be a prize for the pharmacy that produced the best business plan based on a case study of a hypothetical pharmacy. The QCPP would like to congratulate the competition winner – Priceline Pharmacy Kiama, NSW.

The winning business plan included an action plan and SWOT analysis. Although not in the format that was originally envisaged, the winner of the competition has used an imaginative and detailed way of presenting the necessary analysis and actions. This demonstrates that the

preparation of a successful business plan does not require strict adherence to one particular template or format, but rather requires a sound understanding of the principles of good business planning and applying them in a way that makes sense to the business.



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 Quality Care 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.

PHARMACY OF THE YEAR WINNER 2010

Tim McLaren, Communications Manager – Quality Care Pharmacy Program

The beautiful coastal town of Bunbury appears out of the bush, roughly two hours south of Perth, at the end of what has to be one of the straightest and totally uneventful freeways in all of Western Australia. It's home to a low-rise skyscraper built in the 1980s known locally as the Milk Carton, an abundance of marine life and stunning sunsets over the Indian Ocean. It is now also the home of the Pharmacy of the Year (POTY) for 2010.

Craig Clark, owner pharmacist of Bunbury South City Chemmart explains this achievement is the culmination of almost five years of planning, self-analysis, evolution, perseverance and a desire to better serve their customers.

"The key point came in 2005 when we decided to try and become the best

pharmacy in Australia. The whole team, including my then new partners Natalie Quarill and Mala Shah, began the process of improving the pharmacy; every system, every procedure and protocol."

As part of their improvement strategy South City Chemmart participated in several high profile awards and used the experience to learn from other businesses and to recognise any problem areas in the pharmacy.

"In 2006 we were WA finalists in the Telstra Business Awards. The overall winner that year was from WA and hearing their achievements first hand was very inspirational. From there, we took the opportunity to look at ourselves more closely and we also went back to our customers for feedback. Along the way we won some Chemmart awards, but that was more about

sticking to the charter. I said to the team, 'We want to win POTY because it's **the** overall award'. In 2007 we were POTY finalists and again we learned from it and identified some services that we still weren't providing."

In an exclusive to QCPP members, Excellence is now able to share one of South City Chemmart's most cutting edge business management processes, and the secret to their continuous quality improvement.

"We called it ... the Protocol Drawer. It's literally a drawer in the front of shop where staff share their written suggestions. Once a week we had someone go through the drawer, review all the ideas and identify what can be incorporated. Anything that comes up as useful, or potentially a better system, is tested, shared with staff in a team

meeting and then written into the relevant QCPP process. Because a lot of the initial changes have been made now we've upgraded to an 'improvement form' that we review in team meetings every fortnight.

"It was QCPP that really got us going. Through the process of implementing the standards we started looking at the way we did things in the pharmacy. I think that before QCPP pharmacies were generally run very erratically, business-wise. Now QCPP has formalised everything."

Before being named the overall winner and Pharmacy of the Year for 2010 Bunbury South City Chemmart won the 2010 category for 'Excellence in Innovation'. It is clear from any point of view that innovation is a core philosophy of South City Chemmart and it affects every element of the business, both inside and outside of the pharmacy.

"We are taking the initiative to engage with other health providers in Bunbury, such as nursing homes, and developing new services that support them. I make regular visits to a nearby private hospital and give short presentations to chronic patients about their pain management. We also have bi-monthly events, which are open to everyone and held in a public location in the city centre. Each year we cover topics from weight management, diabetes, asthma and even sleep apnoea."

All this time out of the pharmacy preparing, presenting and making visits places huge demands on the team and, of course, comes at a cost.

"We realised the importance of pharmacy services to our business, and so we put on another pharmacist. It's a long-term commitment and having the extra team member made all the difference; without them what we do would be impossible."

Another example of how the pharmacy has tailored its services is the new methadone dispensing area, which can only be accessed by a separate door located at the rear of the pharmacy.

"We were sometimes finding it a struggle to keep up our professionalism and a lot of our methadone clients wanted privacy. Luckily, we already had one staff member located near the back of the pharmacy responsible for

liaising with nursing homes and taking calls from doctors. As far as I could see this rear access solution was the best way to ensure privacy, accuracy and one-on-one counselling."

Rather than view these additions in professional services and pharmacy facilities as an expense, Craig looks at them as an investment in his customers and the long-term viability of the business.

"Through this whole process of looking at ourselves the business has continued to go really well. It has actually been a very successful business exercise. Importantly, the driving force behind each innovation is to fill the missing gaps and ensure better healthcare for our customers. We always looked at our customers' needs first."

So what does a pharmacy do after it's achieved the majority of its five year plan?

"Morale is very high in the pharmacy at the moment. We have had hundreds of customers come in and say congratulations. Through the support of some suppliers we have made some very successful television commercials that advertise our win and some of our professional services. We've also booked out the local cinema and are inviting the first eight hundred or so customers to celebrate with us. Apart from watching a latest release movie, the plan is to replay my APP presentation and to show off all the things we do in the pharmacy for our customers and in the community."

"Of course, we'll keep up our focus and keep working on areas of services and counselling. This is where the future of pharmacy is. When you're pushing for excellence you always have a long way to go."

"It was QCPP that really got us going. Through the process of implementing the standards we started looking at the way we did things in the pharmacy."

**Craig Clark,
South City Chemmart,
Bunbury**



Craig Clark presenting on pain management at St. John of God hospital, Bunbury



From left to right: Partners Natalie Quarill, Mala Shah and Craig Clark

QCPP ASSESSMENTS

ASSESSOR ALLOCATION MODEL FAQs

The new Assessor Allocation Model is now being implemented in all states and territories. QCPP is impressed at how well the pharmacies are responding to the new arrangements and are pleased to observe that the level of pharmacies maintaining their QCPP accreditation is increasing.

As we progress with the implementation of the Assessor Allocation Model, we thought we would share some Frequently Asked Questions (and Answers!) in case you have been thinking of the same queries but have not had a chance to ask:

Q: Ok, the Assessor has contacted me and we have agreed on an assessment date and time, what now?

A: Just check your booking form details, fill in the assessment date and time and fax the form to QCPP Assessments (02 8088 7194). Alternatively you may call the Assessments Team on 1300 363 340 (when asked, choose Option 1) and complete your booking over the phone.

Q: What if I need to make a change to my assessment date and time?

A: You should contact your Assessor to arrange an alternative date and time and they will advise QCPP of this change. Please be aware that your assessment date does not change the effective dates of your accreditation (unless you are lapsed or have never been assessed) so the closer your assessment is to your accreditation date, the better placed you are to enjoy the full 2 year accreditation. Please note that changing an assessment with less than 7 days notice may incur a cancellation fee equivalent to the assessment and any travel costs already incurred by the Assessor.

Q: What do I need to do if there is a perceived conflict of interest or have concerns with the Assessor assigned to me?

A: Although it is not possible to choose a particular Assessor to conduct your assessment, you may send a request for an alternative Assessor to Peter Reeves, National Manager of Assessments (via email assessments@qcpp.com or fax a letter to 02 8088 7194) and he will take your case under consideration. This request must be done BEFORE you agree to a date with your allocated Assessor. Please be aware that by requesting an alternative Assessor you may make it difficult to maximise any travel and accommodation cost savings that may be made by using an Assessor that is closest to you or will be in your area.



Q: What do I do if I own two or more pharmacies and would like to have a single Assessor to assess them all?

A: Although it is not possible to choose a particular Assessor to conduct your assessment, you may send a request in writing for a single Assessor for your group to Peter Reeves, National Manager of Assessments (via email assessments@qcpp.com or fax a letter to 02 8088 7194) and he will take your case under consideration. You must be aware that as above this arrangement may not enable you to maximise the travel cost savings (as above).

Q: How do I request an Assessor if I have never been accredited or my accreditation has lapsed?

A: All you need to do is call Assessments Team on 1300 363 340 (when asked, choose Option 1) to request an appointment. An Assessor will be allocated to you who will contact you to arrange your assessment.

CONSUMER PERCEPTIONS

ON THE SUPPLY OF AND ACCESS TO PHARMACY MEDICINES

Jenny Bergin, Director – Quality Care Pharmacy Program

The Standards Maintenance Assessment (SMA) program has now completed over 21,000 visits since the program began in 2002. We are fast approaching the 2010 deadline for presentation to the National Coordinating Committee on Therapeutic Goods (NCCTG) of the data requested following a review of scheduling arrangements that occurred after the Galbally Review.

In June 2006, the Guild was advised by the NCCTG that in November 2005, the Australian Health Ministers agreed to retain both *Pharmacy Medicines* and *Pharmacist Only Medicines* schedules for a 5 year interim period during which evidence is to be collected to demonstrate the need and benefit of keeping the two schedules.

In May 2010, the NCCTG will consider data from the SMA program and a Research and Development project funded under the Fourth Agreement entitled *Consumer Perceptions on the Supply of and Access to Pharmacy Medicines*. The research project aims were outlined in the Request For Tender 2007/08-02 namely:

- identify the number of customers seeking to use *Pharmacy Medicines* and compare this with the numbers currently using *Pharmacy Medicines*;
- determine and quantify the impediments to access of *Pharmacy Medicines*;
- identify, analyse and quantify the perceived and actual customer benefit and need for pharmacy advice with *Pharmacy Medicines*; and report pilot, interim and annual data sets.

The SMA program was modified in order to address three (NCCTG) criteria, namely:

- demonstrate the extent of pharmacist or pharmacy assistant intervention following a direct product request for *Pharmacy Medicine* and the quality of advice given;
- highlight any differences in the level and the quality of the intervention for those States/ Territories with storage controls that allow direct consumer access to *Pharmacy Medicines*, as opposed to those States/ Territories that do not allow direct consumer access; and
- demonstrate compliance by pharmacists and pharmacy assistants with the



relevant standards regarding the supply of *Pharmacy Medicines* and *Pharmacist Only Medicines*.

Some key findings from the two projects include:

Research and Development project

People who want a *Pharmacy Medicine* are able to purchase it. Of the 1.3% of the population who may have wanted a *Pharmacy Medicine* but did not make a purchase, the main reason given for non-purchase was that they already had the product at home. A key finding is that the pharmacy distribution model allows excellent access.

The most commonly given reasons for non-purchase of a *Pharmacy Medicine* did not relate to access but to the consumer not wanting to use medicines or treatments, or not believing medicines were required. In over 8% of the cases, the pharmacy advised that medicines or treatment was not required.

Purchasers of *Pharmacy Medicines* were generally very satisfied with the level of pharmacy advice provided and approximately 80% want advice to always be available for these products in the future, even if it is not sought at every purchase. Pharmacy is the most accessible of all health professions and this finding supports the need for patients to have access to trained staff.

SMA – Mystery Shopper program

In the supply of *Pharmacy Medicines*, the majority of consumers received some advice in the pharmacy, 65.4% for direct-product-request (DPR) and 89% for symptom-based-request (SBR), with most having some case history taken, 77.9% for DPR and 97.5% for SBR.

Although *Pharmacy Medicine* SBR received much higher rates of questioning and advice than did the *Pharmacy Medicine* DPR, importantly, a significant majority of consumers received advice on product use (80.9%).

More restrictive (legislative) storage controls were not associated with increased rates of questioning and provision of advice.

All mystery shopper categories (DPR and SBR for both *Pharmacy Medicines* and *Pharmacist Only Medicines*) show steady improvement since the program commenced in 2002. This means pharmacies' adherence to professional protocols has improved.

QCPP pharmacies' involvement in the SMA (Mystery Shopper) program has assisted the profession to provide the evidence to the NCCTG to decide the future of *Pharmacy Medicines* and *Pharmacist Only Medicines*. There appears to be good evidence to retain the existing scheduling system and we look forward to a positive result.

REVIEW OF QCPP STANDARDS: READY FOR PUBLIC COMMENT

As part of the continuous improvement of the Quality Care Pharmacy Program, The Pharmacy Guild of Australia became an accredited Standards Development Organisation in November 2009. This means that future editions of the QCPP standards will also be recognised as the Australian Standard.

Part of the process for becoming an Australian Standard is that the draft QCPP standards is made available for public comment.

The standard has been reviewed by the Standards Committee and will now be available for public review and comment on the QCPP website. To view the QCPP standards, visit www.qcpp.com under the standards section. Acceptance of comments will close on Friday, 1 October 2010.

A form for providing public comment will also be made available.



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Supporting Excellence in Pharmacy