



Quality Care
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

EXCELLENCE

Supporting Excellence in Pharmacy

December – January 2011



FOCUS ON THE STANDARDS – COLD CHAIN TESTING

PHARMACY OF THE YEAR

REFRESHER TRAINING

ISQUA IN PARIS

Richard and Phillip Walsh, Walsh's Pharmacist, Maroubra. Pharmacy of the Year 2010.

WELCOME



The Government and the Guild have been working hard to implement the programs outlined in the Fifth Agreement in a timely and effective way.

A key driver for the development of professional programs within community pharmacy is the new Pharmacy Practice Incentives (PPI) Program.

In recognition of the important professional services pharmacists are already delivering, the new incentives program will reward pharmacies that deliver key services to a defined quality standard. These standards are assessed within the normal community pharmacy accreditation program. Once a pharmacy has demonstrated they meet accreditation requirements under a community pharmacy accreditation program (QCPP or equivalent) and they register to provide any one or all of the following key professional services they will be eligible to receive incentive payments under the PPI Program:

- Dose Administration Aids for community-based patients
- Staged Supply or incremental dispensing of selected prescribed medicines for example benzodiazepines
- Clinical Interventions – documenting pharmacists' actions to improve the quality use of medicines which is over and above "normal counselling".

These incentive payments are not fee for service payments but are rather the recognition of the delivery of quality service in community pharmacy.

There will be additional incentive payments paid to accredited pharmacies who can demonstrate they provide particular services and activities designed to improve patient health and wellbeing. These additional elements will be announced when more information is available.

It is expected that registrations to the PPI Program will open in early 2011, and those pharmacies that register and agree to meet certain conditions will become eligible to receive start-up payments for the following three components:

- Dose Administration Aids
- Staged Supply
- Clinical Interventions.

The start-up payments are one-off and only available in the first year of operation of the PPI Program for these three professional services only. That is, start-up payments will not be available for pharmacies that accredit for the first time after the PPI start-up payment registration has closed.

Further advice on the registration process will be available in early 2011.

The Quality Maintenance Allowance (QMA) will continue to be paid to 30 June 2011.

If you are due for accreditation before or on 30 June 2011, you need to act now so that your accreditation remains current by the registration cut-off date. Please plan your assessment date and think about your cold chain certificate, staff training and currency of the evidence you are required to make available to the assessor.

QCPP has been allocating your assessors earlier than usual to allow you to start the process and become accredited by your due date. In particular, if your accreditation date is in June 2011 you should think seriously about booking your assessment by March 2011. That way you will be fully prepared and won't miss the cut off date for the start up payments. Your Quality Care State Manager will be pleased to assist if you have any queries.

In summary:

- Make sure your pharmacy is QCPP accredited
- Watch out for the registration details for the PPI Program to be advertised in early 2011.

Jenny Bergin

Director, Quality Assurance and Training

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FOCUS ON STANDARDS COLD CHAIN TESTING

Peter Reeves

The dedicated vaccine fridge in the Australian community pharmacy has almost become the quintessence of the pharmacist's commitment to professional storage and supply of medicines. Few of us remember that it was only six years ago that elaborate steps were being recommended so the domestic bar fridge could be used for vaccine storage in many pharmacies.

The adherence to maintain the cold chain has now become the norm rather than exception. However there are still occasional hiccups to good practice adherence by most pharmacies.

Under QCPP, pharmacies are required to use a vaccine fridge that has demonstrated its capability to maintain a temperature of 5°C with a maximum variation of 3° C; that is between 2° C and 8° C. The demonstration of this capability is achieved through three steps that are mandatory under QCPP.

The first step is the Cold Chain Test Centre (CCTC) approval of the fridge. Manufacturers and distributors provide a sample model of a fridge for up to a month so that the CCTC can confirm adherence to the standard over an extended period. In some instances the fridges can be tested in-situ however this is usually reserved for large custom made fridges built into the pharmacy. Many hospital pharmacies fall under this contingency.

The second step is the cold chain monitoring of each fridge every two years to confirm that it is operating inside the pharmacy as designed. This is documented by the CCTC certificate that is >



Focus on Standards (Continued)

issued after one week's monitoring using a thermocron. It is surprising how many fridges apparently control within range based on the built-in thermostat but fail on a regular basis when compared to an external standard. There is always some uncertainty with any calibration, but a second failure is almost certainly a failure of the fridge itself. Problems of this type can usually be addressed by adjustment of the thermostat or replacement of the built-in thermocouple.

The third step is the daily monitoring of the maximum and minimum temperature of the fridge by the pharmacy. This is recorded by a pharmacy staff member who uses the max/min indicators that must be included on any vaccine fridge. The daily temperature monitoring demonstrates that checks are made and that corrective action can be undertaken in a timely manner.

Each of the above steps is vital to the assurance of the capability of a fridge and thus the pharmacy's commitment to maintain the cold chain.

If the CCTC's approval of the fridge isn't completed, the one point checks cannot give confidence to the uniform temperature control within the fridge. The biannual CCTC monitoring ensures the local daily monitoring and measurement of the temperatures can be traced back to the national standard, and that the fridge continues to meet the manufacturing specification for control. The maximum and minimum monitoring ensures rapid response within the pharmacy to incidents that include failure of the fridge controls, procedural failures and special events.

It is vital to the maintenance of the QCPP standards that all pharmacies comply with all aspects of the cold chain requirements.

We have been advised that there are independent contractors presenting themselves as offering QCPP acceptable cold chain checking. Please note the only authorised body for issuing Cold Chain certificates is the Cold Chain Testing Centre.

Members should note that the cost of the bi-annual cold chain testing is included in their membership fees. ■

It is vital to the maintenance of the QCPP standards that all pharmacies comply with all aspects of the cold chain requirements.

HOW DO I USE THE MANUALS?

Peter Reeves

Most pharmacies are now familiar with the requirements of QCPP and how to document and record their processes to form part of a competent quality management system. It needs to be remembered that there is a considerable amount of flexibility built into the way the QCPP standards can be implemented. Unfortunately this flexibility has sometimes led to confusion.

There is one manual that must be prepared for the QCPP standards. This is the Operations Manual for the pharmacy. The Operations Manual is made up of all the Policies, Procedures and Template Forms that are to be used.

Policies are general descriptive documents that inform the reader about the aims and general rules that will be followed in the pharmacy. Policies include documents like the Confidentiality Policy, Brand Substitution Policy and others. In most cases the QCPP standard does not prescribe the content of a policy, nor does the QCPP Assessor check the content of the policy for specific requirements. To make the preparation of a suitable policy easier, the QCPP requirements document does suggest the kind of issues that should be included in the policy, and the Fast Track materials in some cases include example policies. QCPP Assessors may check various policies to ensure that they have been approved by pharmacy management and implemented within the pharmacy.

Procedures are much more structured documents that provide a series of steps and requirements that need to be followed by the pharmacy staff. A number of key procedures are included in the QCPP requirements document and there are mandatory steps that are included in these procedures. Even with these mandatory steps, there is considerable flexibility for the pharmacy within the procedures and in the format of the procedures. The requirements

document does include templates that may be used by the pharmacy in the preparation of its procedures, and the electronic copies of the documents makes customising procedures comparatively simple.

Template Forms are the documents that get used on a continuing basis. The templates are a set of documents that need to be filled out in some way. They usually include a blank table where staff can put in data or make some kind of record. Every pharmacy should have several copies of each form to use as and when required. These forms may be included in pre-printed books, like a Hire Form, or they may be maintained on a computer to be filled in and used on a regular basis like the Weekly Roster or Training Schedule.

The above documents are kept in the Operations Manual and are kept up-to-date by regular review and revision. It is expected that a Table of Contents is kept in the front of this manual that lists all the documents and their version number. This makes it possible for the pharmacy staff to have a single source for all the master documents that are used in the implementation of the QCPP Standards.

In addition to the Operations Manual, each pharmacy needs to maintain an up-to-date copy of the QCPP materials. This is provided by the program in a folder which includes the QCPP standards (blue), sample procedures (green) and templates (red). Many pharmacies use the supplied QCPP materials for their Operations Manual. This is permitted and the materials have been developed to be used this way if desired. The QCPP Assessors will confirm that the QCPP materials manual is kept

up-to-date. That is, it contains the latest versions of all the documents provided by the QCPP. As part of the updating of the QCPP materials, updated Table of Content pages are also provided. The manual maintained by the pharmacy should include all the updated documents and the Table of Contents. Older versions of the documents may be archived or destroyed.

The other type of folder most pharmacies keep on hand for QCPP is called the Evidence Folder. This folder is an easy way for the pharmacy to keep together all the evidence necessary to demonstrate that the QCPP standards have been implemented. It provides a location for various records to be kept for ease of access. The Evidence Folder is not a requirement of the QCPP standards, but is one way that pharmacies can keep important information together for the management system. If a pharmacy is keeping an evidence folder, good practice would be to have a list at the front of the folder with all the types of records that will be kept in the folder and the order in which they appear. As evidence may be recorded on a number of different versions, the list at the front of this folder will not have numbers on it. It should be remembered that all QCPP records need to be kept for a minimum of one accreditation cycle, but many of the records may need to be kept for considerably longer periods.

The QCPP documents are designed to make it practical for pharmacies to maintain their quality management systems as part of 'good practice'; many pharmacies have used this basic structure to build their systems toward 'best practice'. ■



PHARMACY OF THE YEAR

Michael Pittman

Richard and Philip Walsh, of Walsh's Village Pharmacy in South Maroubra, NSW, have taken the concept of community engagement and super-charged it.

Describing their business as "a classic community pharmacy", the Walsh brothers' humility belies the extraordinary efforts they and their staff members make – every day of every year – to not just play an active role within their local community, but to be leaders of it.

Fittingly, Walsh's Village Pharmacy was named the "Excellence in Community Engagement" category winner in the 2010 Pharmacy of the Year Awards. Contributing to this accolade was the pharmacy's coordination of a number of community events in the Maroubra area, as well as sponsorship of many others.

About now you're probably imagining some in-store events ... probably a mothers' group ... maybe a walking group ... possibly a sausage sizzle or two. Think bigger. In fact, name any community engagement activity you can think of that might be undertaken by a local pharmacy and there's a good chance that Walsh's Village Pharmacy has already done it – probably even bigger and better than you imagined!

Firstly, there's the local art show. The South Maroubra Village Green Art Show is a three-day event aimed at giving local artists a chance to publicly display their work. Over 450 artists display over 700 works of art. Over 500 people attend the opening, which features live music and a range of refreshments. Over the years the event has been opened by the Governor of NSW, Professor Marie Bashir AM – in what is believed to have been the only official

visit to the Maroubra area by a governor – as well as the likes of radio personality Alan Jones, Federal Member for Kingsford Smith (and apparently a musician of some repute) Peter Garrett and science whiz Dr Karl Kruszelnicki, just to name a few. The whole event is free of charge and raises money for Alzheimer's research at the Prince of Wales Hospital.

Secondly, there's the Maroubra Fun Run and Oktoberfest. These are coordinated by the Maroubra Chamber of Commerce, with Richard and Philip being the principal organisers (as well as the event's biggest sponsors). The fun run attracts over 1000 participants. If you ever doubted that eating and drinking is more popular than working up a sweat – a whopping 5000 people attend the associated Oktoberfest celebration. Held at the South Maroubra Surf Life Saving Club, the events raise money for the surf club, as well as for the local Lions and Rotary clubs.

Then there's the South Maroubra Christmas Carols. Again, whatever you're imagining – think bigger. Attended by over 3000 people, the carols have attracted a long list of very impressive headline acts, including Little Pattie, Col Joye, Monica Trapaga and Mental As Anything. Humphrey B Bear and Bananas In Pyjamas have featured too.



"It's our policy to support the community which supports us"

Richard Walsh

Talented local performers and choirs complete the cast, for an event that has become a genuine local tradition. The carols also raise money for Alzheimer's research and the Prince of Wales Hospital, as well as for Spinal Injuries Australia and other charity work.

A lot of local businesses sponsor local sporting teams. For Walsh's, that means the South Sydney Rabbitohs rugby league team. This has led to the establishment of Rabbitoh's Day @ Walsh's, a fan day attended by three or four of the team's first grade players and their iconic mascot – Reggie the Rabbit. The players meet and sign autographs for 1000 excited fans, including about 400 junior football players. If that wasn't enough, the morning also features live rock and roll music, a charity barbecue (benefiting Prince of Wales Children's Hospital) and a footy coaching clinic. Their other local sport sponsorships are too many to list.

And then there's the South Maroubra Easter Bonnet Parade, which has been held for over 23 years on the forecourt of the shopping centre, right in front of the pharmacy. Attended by up to 400 people, including at least 100 children, the parade is supported by a visit from the Easter Bunny and an Easter egg hunt. Richard describes this event as "a chaotic hour of concentrated Easter fun".

Last but not least, you can just imagine what the Walsh's Village Pharmacy crew do for an event like Australia's Biggest Morning Tea. They create their own café in the centre forecourt, with staff members serving tea, coffee and fresh scones (complete with the highest quality jam and fresh cream). A classical guitarist plays right through the morning and afternoon sessions. Attended by 300 customers, the day raises over \$1000 for the Cancer Council.

Richard and Philip don't just rely on a few big events to engage with their customers and local community, however – it's an overall approach that permeates every part of their day-to-day business. They run a number of free education and screening events in the pharmacy, including a Diabetes and Sleep Apnoea Day. There are also free mothers and babies information sessions every month and regular weight loss seminars.



Walsh's Village Pharmacy is open 365 days and nights a year – from 8am until 9pm (and often later). They provide free delivery for customers up to 10km from their pharmacy during their business hours and sometimes, when necessary, after 9pm. The pharmacy employs six full-time and four part-time pharmacists, supported by one graduate, one final year student and three technicians, as well as 25 pharmacy assistants, 10 of which are full-time.

They have won numerous local business awards, including twice winning Best Overall Business. In 2009, Walsh's won the Outstanding Pharmacy Award in the Randwick City Council Biannual Business Excellence Awards.

"It's our policy to support the community which supports us," Richard said. >

“While our community engagement efforts are aimed at bringing the community to us, we’re equally focused on keeping the new customers we attract. Our goal is to make people’s every visit to Walsh’s a great experience.

“We aim to establish relationships with our customers. Some of our staff have been at Walsh’s for over 15 years and have built up very strong relationships – even friendships – with customers.”



“Our staff are our business, so we’re very careful when it comes to staff selection,” Richard said. “New staff are all given orientation sessions and employed according to QCPP standards. They are asked to read *The Customer* and *The Walsh’s Way Manual*.”

Richard says the owners encourage their staff members to use initiative and they aim to canvas staff opinions on business issues as often as possible. “We aim to build a solid work ethic in a busy but enjoyable environment. All staff birthdays are celebrated and there are some quite lavish Christmas celebrations and outings on special occasions, which we fund for staff.”

The owners are also keen to help develop the careers of their staff members, with senior pharmacy assistants being sent to national and state pharmacy assistant conferences. They also hold regular staff meetings and in-store training sessions.

“We are a ‘can do’ pharmacy. Our aim is for customers to feel that, when they walk into Walsh’s, everything will be okay. All of their needs will be accommodated,” Richard said.

Richard and Philip boast an impressive record of achievement as leaders in their community. They were both awarded the Order of Australia Medal in 2006 for “Service to the community of Maroubra and to pharmacy”. ■

To help further grow customer relations, they profile staff members and promote their activities through the Walsh’s Newsletter. Naturally, this newsletter also provides a range of general health advice.

Richard says their approach has led to the pharmacy having a number of 25-year customers.

It’s not all just fun, fundraising and celebrations, though. First and foremost, Walsh’s Village Pharmacy is an excellent community pharmacy, and underpinning that are the policies and procedures of the Quality Care Pharmacy Program.

“It’s our aim to provide easy access to high quality pharmaceutical services and health information, as well as care, support and all-round assistance to our customers,” Richard said.

Walsh’s provides patients printed information on relevant disease states and ensures that a CMI is given for every new medication and upon request. They also use Mirixa and utilise MedsIndex scores to help patients improve their medication compliance.

Richard says that while the pharmacy markets products, their primary focus is on marketing their brand – Walsh’s. “The Walsh’s brand represents service, including a wide range of professional pharmacy services, as well as care, advice, assistance and convenience.”

Underpinning their brand are their excellent staff and a philosophy they call the “Walsh’s Way”.

REFRESHER TRAINING

(Training Record). These templates provide an easy-to-see method of planning and recording the appropriate training for each staff member.

Most pharmacies will now understand the basics of the QCPP requirement for staff who are involved in the supply of *Pharmacy Medicines* and *Pharmacist Only Medicines* to complete initial training and then ongoing Refresher Training, throughout the year. Because staff come and go it can be hard to ensure all staff have the appropriate amount of initial and/or Refresher Training. To assist with this, the QCPP provides templates T15A (Training Plan) and T15B

During each assessment the QCPP Assessor will review the Training Plan and Training Record to ensure the mandatory initial and/or Refresher Training has taken place for each staff member. Assessors understand that staff can have unique training cycles and that managing the training needs of each staff member individually is challenging. You can demonstrate that all your pharmacy staff are meeting 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. The following scenarios help to explain how the training requirements look in practice and define what a QCPP Assessor will be looking for at an assessment.

-  **Have met Refresher Training Requirements**
-  **Have not met Refresher Training Requirements**

Timeline 1:



A pharmacy staff member has completed the course ‘Support the sale of *Pharmacy* and *Pharmacist Only Medicines*’ for their initial S2/S3 training within the previous 12 months. In this case the Refresher Training requirements will not be assessed as the initial training is sufficient for the first 12 months. The pharmacy staff member has therefore completed at least three hours of refresher training in the previous 12 months, as this course also counts towards Refresher Training requirements.



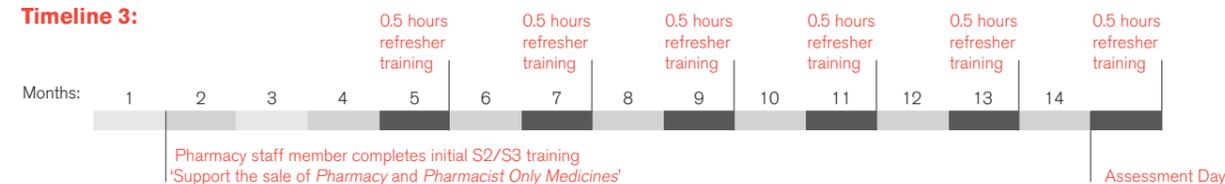
Timeline 2:



A pharmacy staff member has completed the course ‘Support the sale of *Pharmacy* and *Pharmacist Only Medicines*’ for their initial S2/S3 training more than 12 months ago. This pharmacy staff member has not completed any further S2/S3 training. Therefore they have not met the Refresher Training requirements.



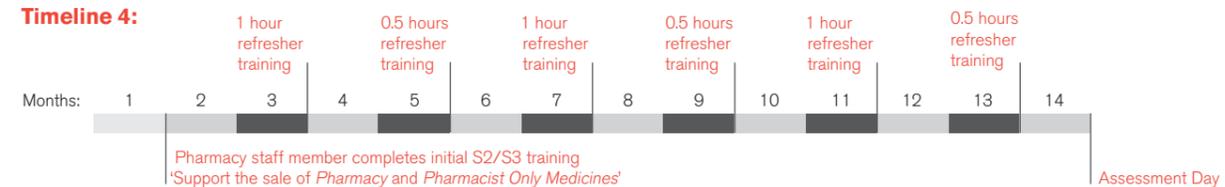
Timeline 3:



A pharmacy staff member has completed the course ‘Support the sale of *Pharmacy* and *Pharmacist Only Medicines*’ for their initial S2/S3 training more than 12 months ago. This pharmacy staff member has also completed 2.5 hours of further S2/S3 training in the previous 12 months (denoted by the black cells) and has 0.5 hours of S2/S3 training schedule for completion in the month after the assessment. The assessor will raise a remedial action for the pharmacy to address, but upon completion the pharmacy staff member will have met the Refresher Training requirements.



Timeline 4:



A pharmacy staff member has completed the course ‘Support the sale of *Pharmacy* and *Pharmacist Only Medicines*’ for their initial S2/S3 training more than 12 months ago. This pharmacy staff member has also completed 4.5 hours of further S2/S3 training in the previous 12 months (denoted by the black cells). Therefore they have met the Refresher Training requirements.



ISQUA CONFERENCE IN PARIS

Jenny Bergin

The International Society for Quality in Health Care (ISQua) conference was held in Paris in October 2010. Over eleven hundred delegates from sixty seven countries attended the conference.

The theme was Quality Outcomes: Achieving Patient Improvement. The conference was opened by the Roselyne Bachelot, the French Minister for Health and Sport.

I was fortunate to attend the conference, along with many other Australians involved in efforts to improve the quality and safety of our health system.

Australia appears uniquely placed at the forefront of safety and quality initiatives. We have the National Medicines Policy with its strong focus on Quality Use of Medicines and there is a high commitment to standards accreditation by healthcare facilities. Both Australian and international initiatives have resulted in significant progress. The conference highlighted innovation and research which is being used to improve systems and quality outcomes for patients.

Some observations relating to reoccurring themes which emerged during the four days of the conference were:

- There appears to be a global shift in the way quality is framed, that is, safety is not a subset of quality but safety is the top priority that defines quality in healthcare
- There is a recognition that checklists produce better quality and safety outcomes than guidelines.



Nicola Roxon

Brian Johnston, the Chief Executive of the Australian Council on Healthcare Standards was awarded Life Membership to ISQua. The award recognises the significant role he played in the development and progression of ISQua's International Accreditation Program. Through his leadership, ISQua has become the principal global program for third party healthcare accreditation, including external evaluation of organisations, standards, and surveyor training programs. The President of ISQua, Mr Philip Hassen described Brian's achievement as a strong reflection of his influence and noted that the ISQua programs increased by 58% in the past two years under his leadership. In addition, a very high benchmark for accreditation was set in Australia.

Lord Ara Darzi spoke about UK national healthcare reform and its impact on quality. The reform agenda resulted in significant improvement – there are now more doctors and nurses and both patient waiting times and mortality rates have decreased. However, Lord Darzi acknowledged that although there has been a very positive effect on national targets, targets are not the right approach for every circumstance. Lord Darzi quoted Avedis Donabedian (1919 – 2000), who said; "If we are truly committed to quality, almost any mechanism will work. If we are not, the most elegantly constructed of mechanisms will fail." Therefore, new approaches need to be continually developed and the conference program was rich with evidence of progress, the development of new mechanisms and a true commitment to quality and safety.

Quality was also at the core of the health economics statement from the Organisation for Economic Cooperation and Development (OECD) Quality Forum and Ministerial Conference.

Mark Pearson gave an overview of a meeting of OECD Health Ministers, together with counterparts from Estonia and the Russian Federation, which was held in Paris just prior to the ISQua conference. The meeting was chaired by Anne-Grete Strøm-Erichsen, Minister of Health and Care Services of Norway. Australia's Nicola Roxon, Minister for Health and Ageing, was a Vice Chair.

Mr Pearson reported that the Ministers discussed how to enhance quality, reduce waste and promote healthy lifestyles. Evidence shows that better service leads to shorter treatments and healthier outcomes. Therefore policy should shift emphasis from volume to quality and hospital incentive models need to support this shift.

Ministers agreed that greater emphasis must be placed on prevention. Obesity provides a good example. In 1980, one person in ten was obese across the OECD. Today, in half of the OECD countries, every second person is obese or overweight. Some developing countries also have to grapple with this challenge, adding to their already considerable health woes. The result has been a sharp rise in chronic conditions from cardiac disease and stroke to diabetes and some cancers that are costly to treat. In fact, obesity reduces life expectancy as much as smoking does.

Since 2001, the OECD Health Care Quality Indicators (HCQI) team has been developing internationally comparative information on the health of populations and the costs of health care. These quality indicators cover areas such as:

- Primary care (by measuring avoidable hospital admissions)
- Acute care (by measuring in-hospital case fatality rates for AMI and stroke)
- Mental health care (by recording re-admission rates to hospitals)
- Cancer care (gathering data on five-year survival, mortality and screening)
- Indicators on patient safety and the measuring of patient experiences are under development.

Ministers agree that in order to improve health care, quality indicators need to be of high quality. Many countries acknowledge that their health information systems need improving and greater use of unique patient identifiers to match information from different data sources would help enormously. However, too many countries have yet to introduce unique patient identifiers. Ministers noted that OECD countries need to reconcile the legitimate concerns of their citizens to protect their privacy with the need to monitor health care episodes involving multiple care providers.

It has been agreed that although care has improved in some areas, there is a need to address remaining barriers which stop the realisation of gains in the quality of care. Priorities for future development include (but not limited to):

“If we are truly committed to quality, almost any mechanism will work. If we are not, the most elegantly constructed of mechanisms will fail!”

Avedis Donabedian (1919 – 2000)

- New skills for new jobs in health. The performance of health systems depends crucially on the size, skill mix, quality and productivity of the health workforce. We need to ensure that our training systems deliver the skills we need, and to improve health workforce planning and to respond adequately to current and future demands. As one of the leading sources of growth in employment, the health sector jobs market must work well.
- Links between health, growth and well-being. The health sector accounts for such a high proportion of economic activity that its performance is vital for the vitality of member's economies and the well-being of our societies. OECD has been asked to analyse the link between health and economic performance of OECD countries, and to explore health policy options to improve well-being. ■

Complaints Procedures

It doesn't matter how careful people are when working in an organisation, problems do occur which can lead to complaints.

Being a quality accredited organisation itself, QCPP has a complaints procedure to assist in reaching a satisfactory solution when a problem does occur. It does need to be recognised that sometimes a complaint cannot be resolved by QCPP and it may need to be referred to another body or association. These are usually complaints about pharmacies or pharmacists that cover issues that are outside the scope of the accreditation body. When this happens, QCPP will attempt to assist the person with the complaint to have the matter considered in the appropriate forum.

For serious concerns and complaints, QCPP members, or even members of the public may address complaints about the QCPP or QCPP accredited pharmacies and should be made in writing to:

QCPP Complaints Officer
The Pharmacy Guild of Australia
PO Box 7036
Canberra Mail Centre, ACT 2610.

All written complaints will be acknowledged and the writer will be advised of the progress of the complaint. For minor frustrations or enquiries, QCPP members and others should contact the help desk on **1300 363 340** or by email at **help@qcpp.com**.



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