



Quality Care  
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

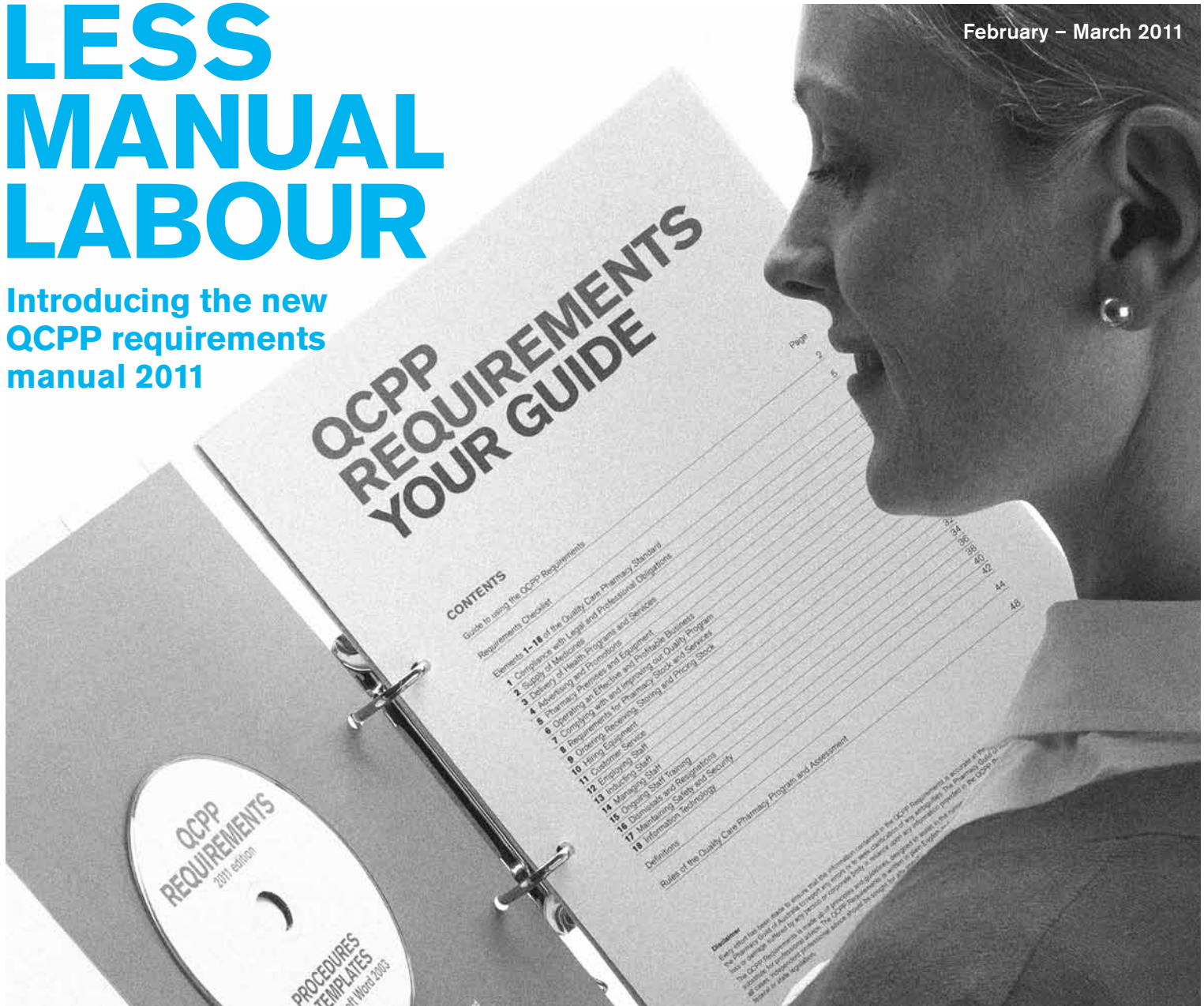
# EXCELLENCE

Supporting Excellence in Pharmacy

## LESS MANUAL LABOUR

Introducing the new  
QCPP requirements  
manual 2011

February – March 2011



**CFEP SURVEYS**

**MOUNTAIN SUMMIT REACHED FOR QCPP!**

**INTRODUCING THE NEW QCPP REQUIREMENTS MANUAL 2011**

**FLOODS IN PHARMACY**

# WELCOME



## The New Year got off to a good start for QCPP when 16 pharmacists from all around the country came together to give their views about the practical implementation of the Fifth Community Pharmacy Agreement (5CPA) Pharmacy Practice Incentives (PPI).

PPI are a new type of incentives that will ONLY be available to accredited pharmacies. To be eligible, pharmacies will need to meet all the requirements of the standards; including those which have PPI attached to them.

If you provide the professional services and activities which attract PPI, you need to remain accredited, register to receive the PPI payments and then QCPP will advise Medicare that you are accredited. A PPI registration process will be announced soon.

The 16 pharmacists gave their views on new models and templates which will be developed for the QCPP Manual. They also gave their views on how to explain PPI to the profession.

Pharmacists' views from the workshop included:

- "Being eligible for PPI is easy... it is just a standard QCPP template. We are used to that"
- A positive response to the requirement to display the Australian Charter of Health Care Rights in the pharmacy and support for a service statement
- There is a need for flexibility in way the Charter requirement was implemented in pharmacy – "We have limited space to display posters and other materials. We would like to order display materials at the size that's right for my pharmacy"
- "We prefer PPI materials in hard copy and downloadable from the Internet"
- "We support the use of online video messages which would discuss new QCPP requirements. There needs to be a single reference point which summarises PPI, including what we need to do to be eligible for payment"
- "We want to be able to modify documents and tailor them for use within a particular pharmacy business model"

With input received from the workshop we have been working on the PPI model (please see opposite page) to explain how the new PPI will work and how they will relate to the QCPP Requirements.

It was particularly pleasing to meet with a group of pharmacists from diverse backgrounds and businesses who were so enthusiastic and helpful. There was even a call for QCPP to raise the bar on the Standards.

This brings me to an assessment issue. It is important that pharmacy is seen by the public as a key health care destination. Element 5 Template T5A requires that the pharmacy shop front when viewed from the public domain appears as a health care related business. Clearly some pharmacies strive harder than others to meet this standard, as the photo on page 8 illustrates. Pharmacies that do not meet this requirement could jeopardise their eligibility for the new incentive payments without some serious remedial action. If your pharmacy could be confused with a general retail outlet it may be time to go through your QCPP review process so that you can remain accredited.

In other news, you would have heard of the client feedback survey initiative that opened for registrations in January. Congratulations to the 'first in' 600 accredited pharmacies that have taken up the challenge of participating in the patient feedback survey project. For more information about the project, which is being conducted in partnership with the highly regarded health care surveying specialists, Client Focused Evaluation's Program (CFEP), please go to page 3.

Another exciting development is the reprint of the QCPP Manual. As you know, the Manual was last reprinted in 2006 and since then we have issued changes to the Manual as mini updates – no more than twice a year. However, in line with QCPP Standards evolving into the Australian Standard called: "Quality Care Pharmacy Standard - quality management system for pharmacies in Australia", a new look Manual will be on its way to accredited pharmacies soon.



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**Supporting Excellence in Pharmacy**

Jenny Bergin

**Director, Quality Assurance and Standards**

## CFEP SURVEYS

The QCPP is pleased to report we have had an overwhelming response to the Client Focused Evaluations Program patient feedback survey. There were 600 available places which have now been filled. This speaks volumes about the level of commitment Quality Care pharmacies have to Continuous Quality Improvement.

Jenny Bergin, Director Quality Assurance and Standards, has reiterated that “this is a unique opportunity for QCPP pharmacies. It will provide valuable feedback about the of customer service level and how to improve it. It will also meet the requirements of Element 6, T6A”

The first wave of 200 participating pharmacies should have already started to receive the materials required for the survey, which will involve 60 customers from each pharmacy over the course of a week. Please note these surveys will need to be returned to CFEP early March 2011.

The de-identified aggregate results of the first wave of surveys will be presented at the APP Conference in March 2011 and will provide value to the whole industry.

Thank you to all pharmacies that registered. We look forward to supporting you in meeting the expectations of your customers and assisting in improving business performance.

If you have any questions in regards to the free CFEP patient feedback survey please contact the QCPP Help Desk on 1300 363 340 for more information. ■

## CONTENTS

- 4** Mountain Summit Reached for QCPP!
- 4** QCPP the Standard
- 5** Child Resistant Caps
- 6** Introducing the New QCPP Requirements Manual 2011
- 8** Focus on Standards
- 9** Mystery Shopping Scenario and Results
- 10** Floods in Pharmacy

## PHARMACY PRACTICE INCENTIVES QCPP REQUIREMENTS

### Quality Care Pharmacy Program Accreditation (Including display and compliance with a patient charter)

#### Pharmacy Practice Incentives (PPI) Six Priority Areas

Dose Administration Aids	Clinical Interventions	Staged Supply	Primary Health Care	Community Services Support	Working with Others
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#### QCPP Requirements

Dose Administration Aids Service Checklist <b>T3B</b> as amended	Clinical Interventions and Adverse Drug Reactions Policy <b>P2H</b> as amended	Staged Supply New & amended materials	<b>At least 2</b> Diabetes Respiratory Disease Mental Health Cardiovascular Disease New QCPP Materials Health Promotion <b>T3H</b> as amended	<b>At least 2</b> Needle & Syringe Opioid Substitution Return of Unwanted Medicines Staff Training E-health No Change to <b>T3D, P2J, T3A, T2C, P15A</b>	Evidence of working with at least two (2) registered health professional groups needed. New QCPP Materials plus amendments to existing <b>T3</b> templates
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# MOUNTAIN SUMMIT REACHED FOR QCPP!

**This month the Quality Care Pharmacy Program can announce that the official rate of accreditation, among member pharmacies, is now 81% nationally!**

This figure climbs further to 83% when those pharmacies who have booked assessments are also included. This is an impressive achievement and we would like to congratulate all accredited pharmacies for reaching such a high level of compliance nationally.

This accreditation rate represents your clear commitment to quality assurance, and ensures that the majority of pharmacies are well placed to take advantage of the 5CPA programs over the coming years. A range of incentives have been introduced called Pharmacy Practice Incentives (PPI) and will only be paid to accredited pharmacies. To ensure you are eligible for these incentives, your pharmacy must maintain its QCPP accreditation.

If you would like assistance to become accredited or maintain your accreditation please contact your QCPP State Manager for further assistance.

It is important to note if you are due for accreditation by 30 June 2011 or you are a newly registered or lapsed pharmacy you must be assessed by 30 June to be eligible to receive your final QMA payment and PPI start up payments.

Congratulations to all pharmacies and QCPP staff involved whose support, cooperation, tenacity and perseverance have brought about such a terrific result for community pharmacies and the QCPP. We look forward to improving and maintaining this accreditation rate throughout the 5CPA period. ■

## QCPP THE STANDARD

By Peter Reeves

The Guild has been accredited by JASANZ as a Conformity Assessment Body which recognised the high quality of the QCPP accreditation process. As part of achieving the JASANZ recognition, we had to demonstrate that our own internal processes complied with the internationally recognised standard published by the IAF (International Accreditation Forum).

The JASANZ auditors confirmed that we exceeded the expectations of the standard.

The JASANZ accreditation of QCPP is a requirement of the 5CPA as a



demonstration of the quality of our accreditation program. In the event that another association wished to also offer accreditation of pharmacies to meet the CPA requirements, they will also need to become either JASANZ or ISQua accredited. ISQua is the International Society for Quality in Health Care and offers a similar service to JASANZ.

The accreditation by JASANZ complements the Guild's accreditation last year as a standards development organisation. ■



# CHILD RESISTANT CAPS

by Genevieve Cavanagh

Often auditors and assessors within large corporate organisations deal with what can seem like an endless list of rules, regulations, requirements and measurements which sometimes don't appear to make any sense. This is definitely NOT the case when you are an assessor for the Quality Care Pharmacy Program. I am fortunate enough to see the benefits, and relevance of what we do every day.

It is particularly rewarding to see practical examples of these procedures. I was lucky enough to see this recently when a pharmacy I had audited phoned me with some feedback regarding the Opioid Substitution Guidelines. The Opioid Substitution Program Checklist states "Ensure take away dosing containers have child-proof caps". The evidence you need to provide is "take away dosing containers have child-proof caps".

In the case of this pharmacy, the procedure was followed and it was only later that it became apparent just how important this was.

This particular pharmacist wanted to tell me personally that they had realised the benefits of being Quality Care accredited and that maintaining the program and ensuring you are following your procedures is of the utmost

importance. I soon found out where this gratitude came from when they told me about a recent incident that was investigated. One of their client 'take aways' fell into the hands of a small child and the fact that it was in a bottle with a child proof lid prevented what could have resulted in a terrible tragedy.

The pharmacy was asked to provide their procedure for Opioid Substitution to the authorities and of course, all was in order.

This practical demonstration of the benefits of the Quality Care Pharmacy Program is only one of the many rewarding aspects of my role as a QCPP Assessor and what makes it such a satisfying career.

Well done to this particular pharmacy and well done to all of the other dedicated pharmacies that willingly comply with the Quality Care Pharmacy Program due to the benefits they know it brings. ■

# INTRODUCING THE NEW QCPP REQUIREMENTS MANUAL 2011

The QCPP have been working diligently on a new look version of the QCPP Manual that is easier to follow and includes requirements for 5CPA incentives. The QCPP manual has been enhanced to provide you with a more user-friendly experience. It represents our commitment to Continuous Quality Improvement and to providing pharmacies with relevant and contemporary standards.

In 2010 Quality Care Pharmacy Program became the Australian Standard in quality management systems for pharmacies. As part of this process the manual will now be known as the QCPP Requirements Manual and acknowledged as a single Standard comprising of 18 Elements.

It will be very familiar to accredited pharmacies and is designed to integrate seamlessly with your existing procedures.

### Easy reading

Non-mandatory actions are now more easily recognisable in grey. Dividers now direct the eye to quickly follow what evidence is required.

### No more confusion

Improved phrasing helps to ensure all requirements are clear and easily understood.

## 2 SUPPLY OF MEDICINES

There are systems to ensure medicines, medical devices and poisons are supplied accurately and appropriately.

ELEMENT

ACTION REQUIRED TO MEET THE STANDARD	EVIDENCE REQUIRED AT ASSESSMENT
<b>1</b> Maintain and follow a system for dispensing medicines.	The procedure for dispensing. Proof the procedure is followed.
<b>2</b> Maintain and adhere to a policy for brand substitution.	The policy for brand substitution. Proof the policy is adhered to.
<b>3</b> Maintain and follow a system for distance supply, including internet pharmacy.	Proof of compliance with the Distance Supply Checklist.
<b>4</b> Maintain and follow a system for simple compounding (extemporaneous dispensing).	The procedure for simple compounding. Proof the procedure is followed.
<b>5</b> Maintain and follow a system for re-packaging cytotoxic drug products.	The procedure for the re-packaging cytotoxic drug products. Proof the procedure is followed.
<b>6</b> Ensure dispensary assistants are supervised and operate within the limits of their role.	Proof dispensary assistants are supervised and operate within the limits of their role.
<b>7</b> Maintain and follow a system for supplying: a. <i>Pharmacy Medicines</i> and <i>Pharmacist Only Medicines</i> . b. Pseudoephedrine. c. Medical devices. d. Poisons.	The following policies, procedures or templates, including evidence they are followed: a. Procedure for the supply of <i>Pharmacy Medicines</i> and <i>Pharmacist Only Medicines</i> (which must include the steps contained in the protocols provided in the publication 'Standards for the Provision of <i>Pharmacy Medicines</i> and <i>Pharmacist Only Medicines</i> Community Pharmacy'). b. Policy and checklist for the supply of pseudoephedrine, access to the Project STOP database. c. The procedure for supply of medical devices. Proof the procedure is followed. d. The procedure for supply of poisons. Proof the procedure is followed.
<b>8</b> Maintain and follow systems for the identification and recording of clinical interventions and adverse drug reactions.	The policy for the identification and recording of clinical interventions and adverse drug reactions.
<b>9</b> Maintain and adhere to a policy for medical and other health professional service referrals.	The policy for medical and other health professional service referrals.
<b>10</b> Maintain and follow a system for the return of unwanted medicines.	The procedure for the return of unwanted medicines. Proof the procedure is followed.

Actions shown in BLACK are mandatory for accreditation. Those shown in GREY are only mandatory if these services are provided.

## What are the improvements?

### 5th Agreement prepared

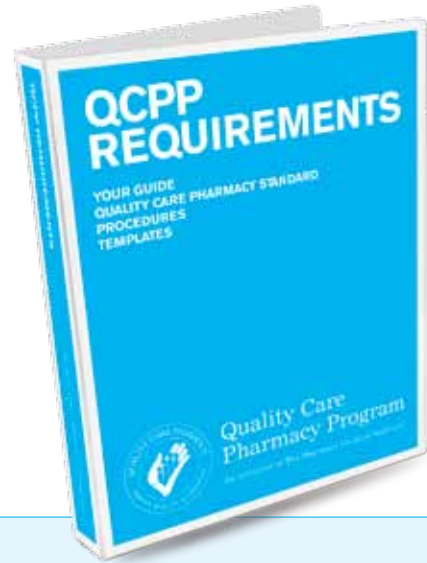
Requirements for new PPI have been included to assist pharmacies to access the new 5CPA incentives.

### Customise with ease

A new style for templates and procedures improves compatibility with Microsoft Word and makes editing your files faster and more simple. A new CD with all the relevant files will be included.

### Longer life

The only hard thing about the new manual is the stronger, more durable cover - designed to withstand the busy pharmacy environment.



## QCPP Requirements Manual FAQ's

### Who is going to receive a free copy of the new QCPP Requirements Manual?

All accredited pharmacies and pharmacies that have booked their assessment by 25 March 2011. This doesn't mean you have to have your assessment by March 25 only that the assessment is booked by that date.

### When will the new manual be in pharmacy?

April 2011.

### What do we do once we have received the new manual?

Start using the manual as part of your annual accreditation cycle. Remember that if you're planning to register for the new PPI payments you may need to meet new requirements at your next assessment (after 1 July 2011).

For more assistance call the QCPP Help Desk on **1300 363 340**

# 2 ELEMENT

WHAT IMPLEMENTATION IS REQUIRED	PROCEDURES/TEMPLATES	NOTES
Develop a dispensing procedure and display it in the dispensary.	P2A Dispensing	Marketing groups or insurers may provide sample procedures.
Develop a policy for brand substitution. Confirm staff are aware of the policy.	P2B Brand Substitution Policy	
Confirm what is applicable by reference to the checklist. Implement any actions.	T2A Distance Supply Checklist	An assessor will complete the Distance Supply Checklist (T2A) on the day of the assessment.
Develop a simple compounding procedure and display it where compounding is undertaken.	P2C Simple Compounding T2B Compounding Worksheet	Complex compounding processes have been developed by specialist groups such as PCCA. If you undertake complex compounding, ensure you develop and follow processes of an equivalent standard to those developed by these organisations.
Develop a procedure for re-packaging cytotoxic drug products. Ensure staff involved in re-packaging these products are trained in the procedure.	P2D Re-packaging Cytotoxic Drug Products	
Confirm the level of supervision for dispensary assistants is adequate. Confirm Dispensary Assistant position descriptions exist which refer to authorities and responsibilities.	T14A Staff Roster T12A Position Description	Consider how the roster will cater for issues such as supervision of staff during lunch breaks. If you do not have any Dispensary Assistants you will not be assessed or scored against this Action.
Develop policies or procedures for the supply of Pharmacy Medicines and Pharmacist Only Medicines, pseudoephedrine, medical devices and poisons. Confirm staff are trained in these procedures.	P2E Supplying Pseudoephedrine Policy P2F Supplying Medical Devices Supplying Poisons T2C Supplying Pseudoephedrine Checklist	An assessor will check the supply of Pharmacy Medicines and Pharmacist Only Medicines by observation. Protocols are contained in the Standards for the Provision of Pharmacy Medicines and Pharmacist Only Medicines in Community Pharmacy, located in the PSA Professional Practice Standards and the APF. Consider whether you should develop procedures or checklists for other substances with abuse potential, based on your knowledge of your customer base.
Develop a policy for identifying and recording clinical interventions and adverse drug reactions.	P2H Clinical Interventions and Adverse Drug Reactions Policy	
Develop a policy for medical and other health professional service referrals.	P2I Medical and Other Health Professional Service Referrals Policy	
Develop a procedure for the return of unwanted medicines.	P2J Return of Unwanted Medicines	

#### RESOURCES

The marketing groups and PDL may offer variations on procedures required to be developed under this Element.  
**PDL** [www.pdl.org.au](http://www.pdl.org.au)  
**Gold Cross** [www.goldx.com.au](http://www.goldx.com.au)  
 The New Drug Brief service.

### Research faster

A new resources box, located at the bottom of every page of the 18 elements, provides a quick list of helpful references.

# FOCUS ON STANDARDS

By Jann Dunn

Aspects of Human Resources (HR) is in 5 required Elements of the QCPP Standard. As we are moving into the 5CPA, to access the PPI your pharmacy needs to maintain your accreditation status. These incentives are recognising what professional services pharmacy is delivering. HR Management Systems are an important resource for all successful businesses and ensuring QCPP is part of good practice in your pharmacy.

**Element 12:** Staff are employed using a formal process.

**Element 13:** There is a system used for inducting staff.

**Element 14:** There are systems to manage staff.

**Element 15:** Ongoing staff training is planned and delivered in a structured manner.

**Element 16:** There is a system used for staff leaving employment.

During your QCPP assessment, a major part of assessing these Elements is viewing documentation. There are mandatory actions to be met, some of these require evidence to be collected over the 2 year assessment period. Not something that can be put in place in the days leading up to your assessment.

The mandatory evidence required for assessment of for these 5 Elements include:

**Element 12,** the signed, Offer of Employment (T12E) for all staff employed in the previous two years, or a maximum of three staff, whichever is less.

**Element 13,** the signed, completed induction checklist (T13A) for the last five staff to be employed or all staff inducted in the previous two years, whichever is less.

**Element 14,** a staff roster (T14A), if applicable, and 5 staff files that will be selected randomly. The files should ideally include as a minimum the Offer of Employment, Position Description, Induction Checklist and Training records.

**Element 15,** the training plan (T15A) for each staff member and an individual record of training (T15B) for 5 staff that will be randomly selected.

**Element 16,** proof the Statement of Service and the training record was offered to for the last three staff to leave, or all staff who have left in the previous two years, whichever is less.

Your QCPP 2nd Edition Manual contains templates and includes all mandatory actions and tools to use as resources, therefore it is easy to start a staff file when employing a new team person. The Fast Track USB also contains useful tools. You may design your own document, which could be in electronic format but ensure the mandatory actions from the templates are included.

If you need help with organising your records, contact your QCPP State Managers for assistance. ■

It is important that pharmacy is seen by the public as a key health care destination. Element 5 Template T5A requires that the pharmacy shop front when viewed from the public domain appears as a health care related business.



# MYSTERY SHOPPING SCENARIO AND RESULTS

By John Chapman

## “It’s only a box of aspirin...”

So, what’s the problem? The customer may have presented with a simple request “Could I have a small pack of aspirin?”. Your pharmacy assistant may have been polite, attentive and caring (everything you could ask for) and then, just to spoil the day, someone comes back into the pharmacy and says “Hello, I’m a Pharmacy Liaison Officer from the QCPP and we’ve just completed a mystery shop. I’d like to discuss what happened and give you some information that may be of help in your routine staff training.”

*What’s your immediate reaction?*

‘We would have done well’

‘I hope we passed’

‘Oh dear, did that new assistant handle that sale?’

Any of these responses are possible and the last two are likely for some pharmacies.

What does your Standards Maintenance Assessment or mystery shopper score really mean? Firstly, it’s important to understand that the score represents a score about the process followed. In other words the score accounts for the process of:

**Information gathering** (e.g. who is it for?; have they had it before?; do they have any other medical conditions?; are they taking any other medications?; etc);

**Medicine selection or referral to a doctor;** and

**Other advice given.**

Aggregate data tells us that the scores across all scenario types vary. The scenario types used are either Symptom-Based Requests (no product specifically requested) or Direct Product Requests (either a Pharmacy Medicine or a Pharmacist Only Medicine specifically requested by brand name). We also know that pharmacies score more positively for requests that are Symptom-Based than for those that are Direct Product Requests.

The National Coordinating Committee on Therapeutic Goods (NCCTG) has recently endorsed the Guild’s position regarding the retention of the Pharmacy Medicine and Pharmacist Only Medicine schedules with a further review of the position due before 2015. In its findings, the Committee commented:

“With regard to the mystery shopper data, across the 2002-2010 period the NCCTG noted that 55% of supplies of S2 medicines by direct product request involved only the pharmacy assistant and the average performance in these scenarios was reported as being ‘unsatisfactory.’”

For example, a Direct Product Request for Disprin Forte, (a Pharmacy Medicine before the codeine restrictions of May 2010 came into effect), scored an overall average of 4.2 where only the pharmacy assistant was involved. This score is in the ‘satisfactory’ range and implies that some information has been gathered and, probably, some advice given.

What if the patient for whom the aspirin is intended is taking an anticoagulant or an antiplatelet medicine or is already taking another NSAID and this information is not uncovered? The process score might be ‘satisfactory’ but the outcome for a real patient may well be less than ideal.

What are the chances of such an enquiry from such a patient? Probably low, but the impact of error is high.

Remember, it’s not just about the score. Outcomes matter.

In their submission to the NCCTG the Guild demonstrated that aggregate scores across all scenario types consistently improve over time. However, the NCCTG, as part of the Committee’s deliberations about the future of the in-pharmacy non-prescription medicine schedules, will be examining pharmacy performance by:

- individual mystery shopper scenario types; and
- state and territory level results

For community pharmacy, the outcome that matters is both patient outcome and the retention of the medicines schedules in their present form. This will only be achieved if we pay attention and if we ensure:

- all our pharmacy staff are trained to meet QCPP requirements;
- professional protocols are consistently applied; and
- medicines are selected and supplied to achieve the optimal patient health outcomes ■

# FLOODS IN PHARMACY

By Timothy McLaren

**We have all heard how the recent flooding events in Queensland and Victoria have devastated a number of regional communities, and overwhelmed areas of metro Brisbane.**

The difficulties that people, families and businesses now face in the wake of this disaster are truly daunting. The plight of dozens of pharmacies and their road to recovery is now a major priority for both The Pharmacy Guild and the Quality Care Pharmacy Program.

## **Judges swamped for Pharmacy of the Year**

Judges for the QCPP Pharmacy of the Year Award 2011 have been significantly hampered trying to visit the short list of pharmacies that are in the running. As a result of being cut off from several areas the process has been significantly delayed and the winners of the three categories will not be known until mid February. The overall Pharmacy of the Year will still be announced at the APP Conference 2011.

## **Accreditation set backs**

Floods have interfered with the accreditation of several pharmacies, including some that were in the process of closing off remedial actions and others that were due for assessment.

The individual circumstances of these pharmacies are being assessed closely to ensure that accreditation can be reached in time for the Pharmacy Practice Incentive (PPI) registration period, wherever possible.

These floods clearly reinforce the need for business continuity planning and robust quality assurance systems. Many pharmacies would have taken advantage of the free business continuity planning software provided as part of the Pandemic Preparedness program last year. For further information on this valuable tool visit [www.continuitycoach.com/pharmacyplan/](http://www.continuitycoach.com/pharmacyplan/)

If your pharmacy has been affected by floods, you will need to contact us at QCPP. Please address your correspondence to the National Manager Assessments, Peter Reeves, [peter.reeves@guild.org.au](mailto:peter.reeves@guild.org.au) or 02 6270 1888.



2011  
PHARMACY  
OF THE YEAR



The Pharmacy  
Guild of Australia



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## PHARMACY OF THE YEAR UPDATE

The task of judging the Pharmacy of the Year competition is not an easy one. For two reasons, 1) the calibre of the contestants was very high. These pharmacies set the benchmark for the entire industry and encompass what it means to be a Quality Care Pharmacy. 2) The unforeseeable weather conditions made it very difficult for the judges to visit the pharmacy locations. In saying that, the competition is back on track and heating up. The list of finalists has been narrowed down to the following pharmacies:

Terry White Rockingham, Rockingham WA.

Chemmart Pharmacy Superstore Eaton, Eaton WA.

Hildebrand's Pharmacy, Frankston VIC.

Pharmacy 777 Whitford City, Hillarys WA.

Moama Village Pharmacy, Moama NSW.

Orana Mall Pharmacy, Dubbo NSW.

Priceline Pharmacy Kiama, Kiama NSW.

ChemistWorks Wetherill Park, Wetherill Park NSW.

Priceline Pharmacy Warragul, Warragul VIC.

Terry White Chemist Runaway Bay, Runaway Bay QLD.

We wish the entrants every success and look forward to the announcement of the category winners and overall Pharmacy of the Year winner on 20 March 2011 at APP.

*Quality Care Pharmacy Program is the proud sponsors of the Pharmacy Of The Year Award.*



1



2



3



4



5

1. Jindalee Pharmacy gutted and ready for cleaning
2. Cradled in a wide sweeping bend in the Brisbane river the southwest suburb of Jindalee was one of the hardest hit during the January floods.
3. We think this machine has printed its last CMI
4. A bit of quick thinking saved the Kung Flu Fighter surgical masks. These will come in handy in the days to come.
5. Return of Unwanted 'Flood' bins



## Quality Care Pharmacy Program

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### CONTACTING QCPP

Phone 1300 363 340 Website [www.qcpp.com](http://www.qcpp.com)

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