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

EXCELLENCE

Supporting Excellence in Pharmacy

January – February 2013

PPI INCREASED REQUIREMENTS FOR ELIGIBILITY - ARE YOU READY?

QCPP REQUIREMENTS MANUAL UPDATE #3

NOT EVERYTHING IS A CLINICAL INTERVENTION

PLANNING YOUR HEALTH PROMOTIONS

WELCOME

THAT WAS THEN, THIS IS NOW.
15 YEARS ON, QCPP IS JUST AS IMPORTANT FOR PHARMACY

"That the Guild examine further the setting and implementation of mandatory standards of practice. That in the first instance… the Guild look at producing for its members a template retail standards procedure manual which includes a process of ongoing audit and quality evaluation."[1]

This extract from Guild National Council minutes in 1997 was the resolution by Guild Council that initiated the development of the Quality Care Pharmacy Program. One year later, at the March 1998 Australian Pharmacy Professional conference (APP), QCPP was launched. And what a journey for QCPP ever since! In celebrating the Quality Care Pharmacy Program's birthday in 2013, it has been fascinating for myself and the QCPP team to look back over the past 15 years, and see the development over time of the program. Whilst many things have changed, the basic principles of providing support and guidance on professional health services and pharmacy business operations have remained.

The genesis of QCPP arose from a decline in retail business within community pharmacy and consumer data showing an inconsistency of service standards and retail offering across community pharmacy. Pharmacy needed to 'lift its game' and the Guild realised the importance of ensuring the future viability of pharmacy in an environment of ever-increasing competition. During the early stages of the development project, the National Competition Policy reviews of pharmacy were announced, and therefore the Guild decided to expand the business model to also include professional practice standards. QCPP became a whole of business operation model, which at the time was a world first. The aim was to develop a quality assurance program dedicated to raising the standards of service to the public, improving health outcomes, as well as improving profitability of the sector.

The initial QCPP documentation included Pharmacy Standards, Team Standards (as a flip chart) and a Reference Manual. An Accreditation Toolkit provided further guidance to the pharmacy. The first review of the standards took place in 1999 when the new Professional Practice Standards developed by the Pharmaceutical Society of Australia (PSA) and the Standards for the Sale of *Pharmacy Medicines* and *Pharmacist Only Medicines*[2] were incorporated into the Pharmacy Standards. The PSA has been integral to QCPP ever since the Executive Committees of the PSA and Guild met at APP 1997 to discuss the development of pharmacy standards, and this meeting laid the foundation for future cooperation in the development of the quality program. Still today, there is consistency with PSA's Professional Practice Standards within QCPP. For example the T1A requirement to ensure pharmacist staff have completed a self assessment against the Professional Practice Standards. Now that the Quality Care Pharmacy Standard is recognised as an Australian Standard, PSA continues as a member of the Standards Committee, along with other pharmacy stakeholders. Even 15 years ago, like today, QCPP was monitoring the international agenda, and was aware that the International Pharmacy Federation (FIP) had endorsed the first version of the 'Good Pharmacy Practice' guidelines in 1993.

The key individuals involved in the development of QCPP would be familiar to many of you. Kos Sclavos, the Guild's current National President was Chair of the Quality Care Pharmacy Committee; and others such as Jay Hooper (former PSA President), John Bronger (former Guild President) and Graham Bridge were instrumental to the early success of the Program. There were many others including the pharmacy brand/banner group leaders who ensured QCPP had critical mass from day one.

Interestingly, in the first edition manual review, comment is made "a major new initiative introduced during the latter half of 1999 was the launch of the Quality Care Pharmacy of the Year award. It is expected that this award will grow into the most prestigious award available to community pharmacies".[3,4] As you all know, this prediction has been fulfilled, and we will announce the 14th winner of Pharmacy of the Year, the most prestigious award for community pharmacy, this March at APP.

Although the environment of ever-increasing competition is still with us, community pharmacy is still viable, continues to improve health outcomes and continues to improve standards. Pharmacist ownership of pharmacies remains, as does the pharmacy S2/S3 schedules despite the threats of the late 1990s. All these factors demonstrate the importance of the Guild and QCPP since its early development. There have been some difficult times for QCPP, but overall many successes. When reviewing the early years of QCPP, it is evident that much of this success was due to the clear vision for the program from its outset, and the hard work of many at that time.

Paul Sinclair
Chair, Quality Assurance and Standards Committee
National Councillor
The Pharmacy Guild of Australia

FROM THE DIRECTOR

Happy new year! 2013 is a big year for the Quality Care Pharmacy Program as we are 15 years old!

QCPP was launched at the Australian Pharmacy Professional (APP) conference in March 1998, so the QCPP team has been digging out old notes, previous versions of the QCPP requirements, old reports and reminiscing about times past. It's been great to look through who was on the early committees, and who was responsible for all the hard work that set the foundations for today's quality management system that is now recognised as an Australian Standard. We'll be celebrating all through 2013, so you'll see a lot of reflection on the past in *Excellence* this year as we celebrate 15 years of QCPP.

But just because we're looking back, doesn't mean we're not looking forward too! We've learnt lots over the past 15 years, so we're putting those learnings to good use and continually trying to make QCPP better.

In this edition, one of our very first QCPP Assessors, Brett Muller, reflects on 15 years of assessing community pharmacies, and passes on his tips for a successful audit. We've included some advice on what the new November 2012 updated PPI Guidelines mean for your future QCPP assessment requirements. We've also provided some more guidance on identifying clinical interventions. It's important to read the Standard and Guidelines for pharmacists claiming clinical interventions, and know just what is, and what is not, a clinical intervention so you don't claim inappropriately. See our article on health promotion too.

The Quality Care Pharmacy Program - 15 years of *Excellence.*

Andrew Matthews
National Director
Quality Assurance and Standards

CONTENTS

15 YEARS OF EXCELLENCE

Look out for this logo throughout Excellence this year as we celebrate 15 years of QCPP.

Quality Care Pharmacy Program
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Supporting Excellence in Pharmacy

References from previous page:
1. Extract from Minutes of Guild National Council April 1997.
2. Developed by a project team headed by Professor Charlie Benrimoj and Professor Andrew Gilbert.
3. The first winner of Pharmacy of the Year was Berwick Amcal Pharmacy in Berwick, Victoria.
4. The Pharmacy Guild of Australia. Quality Care Pharmacy Program – Pharmacy Standards. March 2000.

Cover: Martin's Chemist, St Mary's, NSW.

THINGS TO KNOW

2013 PPI PERIODIC CLAIMING PERIODS AND DUE DATES

The Pharmacy Practice Incentives periodic payment claiming periods and claim due dates for 2013 will remain the same as in 2012. Your Clinical Interventions and Dose Administration Aids claims for periodic payments are due on the following dates:

2013 ELIGIBLE CLAIMING PERIOD	CLAIM DUE DATE
1 January to 31 March *(approximately 13 weeks)*	14 April
1 April to 31 May *(approximately 9 weeks)*	14 June
1 June to 30 September *(approximately 17 weeks)*	14 October
1 October to 31 December *(approximately 13 weeks)*	14 January

Remember, to ensure you receive the payments you are eligible for, periodic claims for Dose Administration Aids and Clinical Interventions MUST be submitted to Medicare on time.

MEMBERSHIP AND ASSESSMENT FEES

The last edition of *Excellence* explained the recent increase to QCPP membership and assessment fees. Please note that although membership is an annual fee, the assessment fee only has to be paid in your accreditation assessment year (once every two years). If you have any questions regarding fees, please contact the QCPP Support Team on 1300 363 340 and select option 2.

AMEX SURCHARGE

From 1 January 2013, pharmacies that pay any QCPP fees via AMEX will be charged a 2.5% (plus GST) surcharge. Please note: there are various options for QCPP payments including credit card, BPAY, cheque and EFT. Payments via MasterCard and Visa credit cards do not incur a surcharge fee. Please call the QCPP helpline on 1300 363 340 (option 2) if you wish to discuss your QCPP fees or payment options.

RECENTLY APPROVED REFRESHER TRAINING

The following courses have been approved for Refresher Training since the November/December edition of *Excellence*. To see the complete list of currently approved courses go to Resources > Training > Approved Refresher Training at **www.qcpp.com**

Training	Approved Duration	Approval Period	Format	Training Provider Contact Details and Notes
Sudafed®	30 mins	31/01/12 – 03/12/14	Online	**Johnson & Johnson** www.llet.com.au
Codral®	30 mins	08/12/11 – 07/12/14	Online	**Johnson & Johnson** www.jjet.com.au

PPI INCREASED REQUIREMENTS FOR ELIGIBILITY: ARE YOU READY?

Peter Guthrey – Pharmacist Consultant

Over the course of the Fifth Community Pharmacy Agreement (5CPA) $344 million has been allocated to the Pharmacy Practice Incentive (PPI) Program to provide incentive payments to eligible pharmacies for the delivery of services to the quality Standard [AS 85000:2011]. Following the commencement of the program on 1 July 2011, community pharmacies have demonstrated commitment to the delivery of quality services verified at QCPP assessment. As outlined in the updated PPI Program Guidelines, released in November 2012, pharmacies will be required to demonstrate increased service delivery to remain eligible for some incentive payments. This article explores what you need to do to maximise your PPI payments.

Incentive payments are intended to encourage pharmacies to provide services, which fit within their business model, to the quality Standard. Since the introduction of the practice incentives, aspects of community pharmacy such as the recording of clinical interventions and documenting collaborations with other health professionals, have become a part of standard practice. The breadth and depth of pharmacy services such as dose administration aids, health promotion, screening, risk assessment and disease state management services have substantially grown. To encourage the continuing expansion of pharmacy services, the requirements of some PPI priority areas have been increased.

The increased requirements are contained in the November 2012 update to the *PPI Program Specific Guidelines*, and pharmacies will need to show evidence they meet these requirements ready for assessment from 1 July 2013.

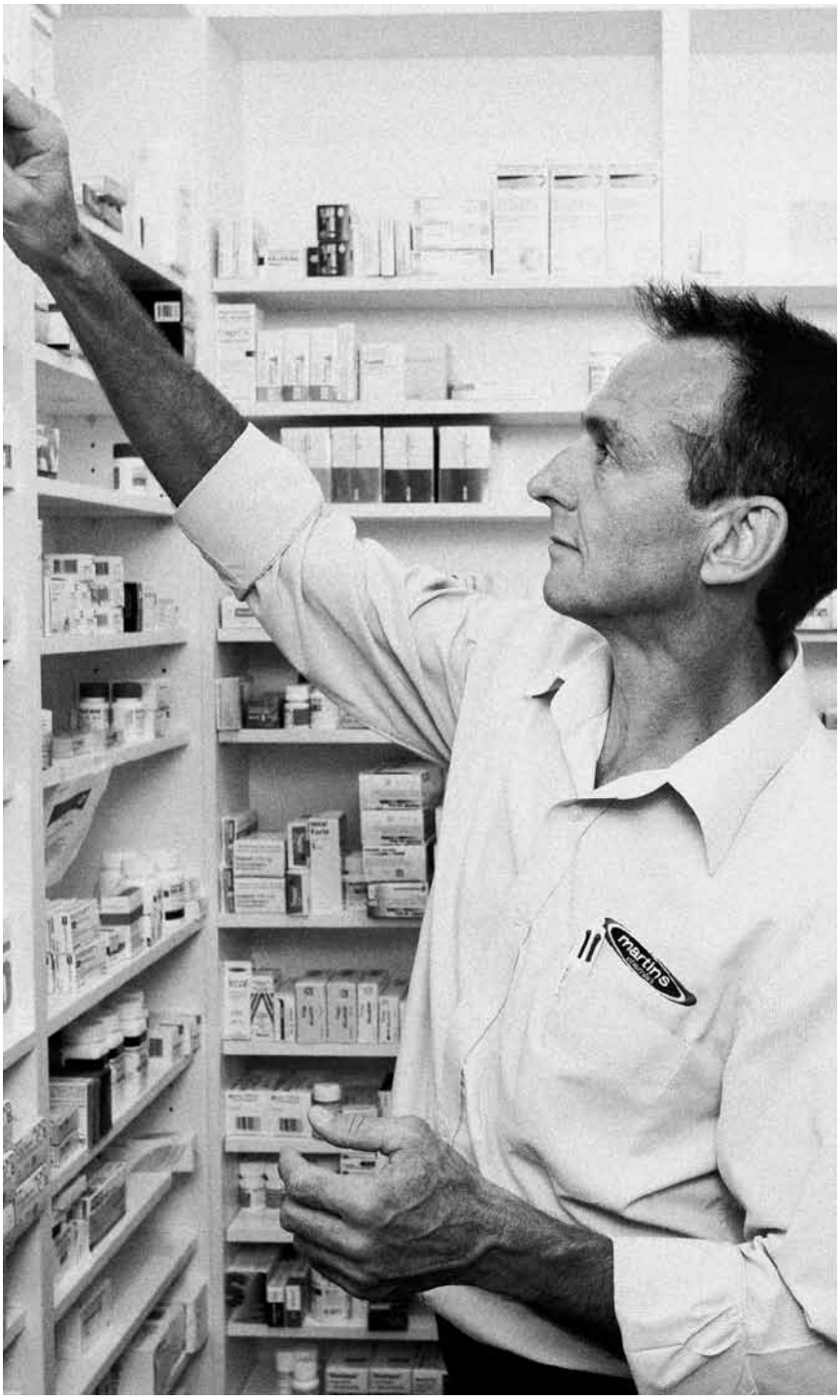
For three of the PPI priority areas, Dose Administration Aids, Clinical Interventions and Staged Supply, there are no changes. Pharmacies registered for these priority areas should continue to meet the quality Standard when delivering these services.

$344 MILLION

ALLOCATED TO THE PHARMACY PRACTICE INCENTIVE PROGRAM

PPI INCREASED REQUIREMENTS FOR ELIGIBILITY: ARE YOU READY?

(CONTINUED)



PPI EXPANSION: SUMMARY OF CHANGES

Dose Administration Aids
No changes.
Don't forget to submit your periodic claims.

Clinical Interventions
No changes.
Don't forget to submit your periodic claims.

Staged Supply
No changes.

Primary Health Care
Eligible pharmacies must now offer THREE services to be eligible for this payment.

Increased flexibility in eligibility requirements.

Community Services Support
Pharmacies must now offer THREE elements to be eligible for this payment.

Staff training requirements have increased.

New elements have been introduced:

- NDSS Access Point
- Pharmacy Delivery Service
- Mental Health First Aid training

Working with Others
Interprofessional collaboration requirements have increased.

Each pharmacist employed in the pharmacy must have records of collaboration with practitioners from at least THREE health professions. This requirement does not apply to pharmacists employed less than 2 FTE days (15.2 hours) per week.

Changes to eligibility for PPI priority areas are incremental and designed to support continued practice evolution and broader service delivery. These changes are described on the next four pages.

COMMUNITY SERVICES SUPPORT

PPI elements	Meet QCPP Requirement
Meet the requirements for THREE of the following Community Services Support PPI elements:	
Needle and Syringe Programs	**T3D** Needle and Syringe Program Checklist
Opioid Substitution Programs	**T3A** Opioid Substitution Program Checklist
National Diabetes Services Scheme (NDSS) Access Point	Provide evidence of signed agreement by current owner at assessment
Pharmacy Delivery Service **[NEW]**	**P11F** Deliveries by Pharmacy Staff Procedure
Mental Health First Aid training (for pharmacists and staff) **[NEW]**	**Element 17** Action 4
Return of Unwanted Medicines (RUM)	**P2J** Return of Unwanted Medicines
Staff Training (including completion or active participation in Certificate III/IV in Community Pharmacy) **[AMENDED]**	**T2C** Supplying *Pharmacy Medicines* and *Pharmacist Only Medicines* Checklist (Requirement 2)
eHealth	**Element 18** Information Technology – mandatory actions

T2C relates to Element 2 Action 2 of the Standard [AS 85000:2011] (mandatory requirements). P2J relates to Element 2 Action 11 of the Standard [AS85000:2011]. Element 3 Checklists (including T3A and T3D) relate to Element 3 Actions 1-5 of the Standard [AS85000:2011]. P11F relates to Element 11 Action 5 of the Standard [AS 85000:2011].

WHAT'S NEW OR UPDATED

- The eligibility requirements have increased to comply with a minimum of THREE elements.
- Some new elements have been added, increasing flexibility for this incentive.
- Increased requirements mean some pharmacies may need to consider additional services or training to remain eligible for this incentive payment.
- **P11F** has been updated to enhance quality use of medicines.
- Staff training requirements have been increased to encourage relevant staff to have or actively participate in Certificate III or IV in Community Pharmacy training.

PRIMARY HEALTH CARE

PPI elements	Meet QCPP Requirement
Meet the requirements for at least THREE services across the following Primary Health Care PPI elements:	
Health Promotion	**T3H** Health Promotion Checklist
Diabetes Screening and/or Risk Assessment	**T3C** Screening and Risk Assessment Checklist
Cardiovascular Screening and/or Risk Assessment	
Respiratory Screening and/or Risk Assessment	
Mental Health Screening and/or Risk Assessment	
Diabetes Disease State Management	**T3I** Disease State Management Checklist
Cardiovascular Disease State Management	
Respiratory Disease State Management	
Mental Health Disease State Management	

Element 3 Checklists (including T3H, T3C and T3I) relate to Element 3 Actions 1-5 of the Standard [AS85000:2011].

WHAT'S NEW OR UPDATED

- The eligibility requirements have increased to a minimum of THREE services being provided.
- Increased flexibility in eligibility requirements.
- A screening and/or risk assessment service and a disease state management service for the same element (disease) can both contribute towards eligibility from 1 July.
- Existing services will continue to contribute towards eligibility as **T3H**, **T3C** and **T3I** are unchanged.
- To count towards eligibility the new services must be fully implemented and have serviced customers.

WORKING WITH OTHERS

PPI elements	Meet QCPP Requirement
Show evidence each pharmacist working in the pharmacy has records of collaboration with practitioners from at least THREE health professions.	Evidence of interprofessional collaboration must comply with the requirements of the following QCPP materials: **T2E** Interprofessional Collaboration Checklist **P2I** Interprofessional Collaboration Policy A number of **Element 3 Checklists** contain interprofessional collaboration requirements

T2E and P2I relate to Element 2 Action 10 of the Standard [AS 85000:2011] (mandatory requirement). All Element 3 Checklists relate to Element 3 Actions 1– 5 of the Standard [AS 85000:2011].

WHAT'S NEW OR UPDATED

- The eligibility requirements have increased to a minimum of THREE health care professions.
- This requirement now applies to each pharmacist working in the pharmacy, except those working less than two days a week (<2 FTE days).
- Additional health professionals, including dietitians.

HOW CAN YOU MAKE PRIMARY HEALTH CARE WORK?

HERE ARE SOME SUGGESTIONS FOR COMBINING ACTIVITIES TO MEET THE PRIMARY HEALTH CARE PPI PRIORITY AREA.

PPI EXPANSION CHECKLIST: WHAT YOU NEED TO DO BEFORE 1 JULY 2013

Last updated December 2012.

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PPI PRIORITY AREA	QCPP REQUIREMENT	WHAT YOU NEED TO DO
Community Pharmacy Service Charter and Customer Service Statement	**Element 11** Including **Action 3** **T11C** Customer Service Statement	☐ Continue to publicly display and adhere to the Community Pharmacy Service Charter, and comply with and publicly display your Customer Service Statement
Dose Administration Aids	**T3B** Dose Administration Aids Checklist	☐ Continue to meet the requirements of **T3B** Dose Administration Aids Checklist ☐ Continue to report data to Medicare Australia four times a year
Clinical Interventions	**P2H** Clinical Interventions Policy **T2G** Clinical Interventions Checklist	☐ Continue to adhere to your Clinical Interventions Policy ☐ Perform and record clinical interventions, adhering to your policy and the **T2G** Clinical Interventions Checklist ☐ Continue to report data to Medicare Australia four times a year
Staged Supply	**P2K** Staged Supply Procedure **T2F** Staged Supply Checklist	☐ Continue to follow the **P2K** Staged Supply Procedure and comply with the **T2F** Staged Supply Checklist
Primary Health Care		Note: For Primary Health Care you must show evidence of providing at least 3 services
Diabetes Respiratory Disease Cardiovascular Disease Mental Health Conditions	**T3C** Screening and Risk Assessment Checklist **T3I** Disease State Management Service Checklist	☐ Offer Screening and Risk Assessment Services and/or Disease State Management Services for your chosen health condition(s), complying with the **T3C** Screening and Risk Assessment Checklist and **T3I** Disease State Management Checklist
Health Promotion	**T3H** Health Promotion Checklist	☐ Plan and run (a) health promotion activity(ies) which meets the requirements of **T3H** Health Promotion Checklist
Community Services Support		Note: For Community Services Support you must show evidence of providing at least 3 services
Needle and Syringe Program	**T3D** Needle and Syringe Program Checklist	☐ Offer service which meets the requirements of **T3D** Needle and Syringe Program Checklist
Pharmacy Delivery Service	**P11F** Deliveries by Pharmacy Staff Procedure	☐ Offer service which meets the requirements of **P11F** Deliveries by Pharmacy Staff Procedure
National Diabetes Support Service	N/A	☐ Maintain a copy of signed NDSS agreement with current owner(s)
Mental Health First Aid Training	**Element 17** **Action 4**	☐ Ensure at least one staff member has completed a recognised Mental Health First Aid Training qualification
Opioid Substitution Program	**T3A** Opioid Substitution Program Checklist	☐ Offer service which meets the requirements of **T3A** Opioid Substitution Program Checklist
Return of Unwanted Medicines (RUM)	**P2J** Return of Unwanted Medicines	☐ Offer service which complies with the **P2J** Return of Unwanted Medicines Procedure (mandatory for accreditation)
Staff Training	**T2C** Supplying *Pharmacy Medicines* and *Pharmacist Only Medicines* Checklist	☐ Meet Requirement 2 of the **T2C** Supplying *Pharmacy Medicines* and *Pharmacist Only Medicines* Checklist (including Action 2.2 Certificate III/IV in Community Pharmacy training)
eHealth	**Element 18** Information Technology	☐ Meet the requirements of **Element 18** Information Technology (mandatory for accreditation)
Working with Others	**P2I** Interprofessional Collaboration Policy **T2E** Interprofessional Collaboration Checklist	☐ Maintain and adhere to your **P2I** Interprofessional Collaboration Policy and **T2E** Interprofessional Collaboration Checklist ☐ Continue to record all interprofessional collaborations in your recording system ☐ Ensure each pharmacist[1] working in the pharmacy has records of collaboration with practitioners from at least 3 different health professions

More information about PPI Program requirements and support material can be found at **www.5cpa.com.au.** Professional Practice Standards and Guidelines (including templates) for DAAs, Clinical Interventions and Staged Supply are publically available by going to **www.psa.org.au** and follow the links to Supporting Practice or visit **www.5cpa.com.au**. [1] This PPI eligibility requirement pertains to pharmacists working more than two FTE days per week in the pharmacy.

FOCUS ON THE STANDARD: ELEMENT 3 – PLANNING YOUR HEALTH PROMOTIONS

Chloe Hennessy – National Manager, QCPP Support
Peter Guthrey – Pharmacist Consultant

Community pharmacy is an ideal place to promote health messages to the community. To help you plan your health promotion activities for 2013, we provide some useful tips and tricks on how to get the best results from your health promotion initiatives.

Why do health promotion?

Health promotion is where the pharmacy actively engages consumers and the community to promote health and well-being at a population or group level. There is a clear benefit to the community in health messages which help consumers better manage their health and wellbeing.

Health promotion is an important strategy in the pharmacy industry, and promotions designed to get the community actively engaged in a health topic should generate increased business for your pharmacy. In particular, health promotion in the pharmacy can create opportunities to develop service provision and when planning your health promotion, it is important to consider how the health messages support the health offering of your business.

How do I do health promotion?

With good planning, health promotion should deliver strong business benefits. It should be planned and structured and there should be clear objectives on what the activity is trying to achieve.

When planning health promotion, you should consider:

- What are the objectives?
- Who is the target audience?
- What resources will be needed?
- How will outcome/impact be measured?

The **T3H** Health Promotion Plan and Record Fast Track example is an ideal document to support this planning process.

There are two distinct approaches to health promotion activities pharmacies can take:

1 Pharmacies can participate in an 'off-the-shelf' health promotion activity

Many health related organisations already have prepared resources, training and materials on a specific topic. QCPP staff at both national and state levels have worked with other health related organisations to help develop resources that are tailored for pharmacies and are consistent with QCPP requirements. These 'off-the-shelf' promotions are ideal for pharmacies that don't have the time to develop a health promotion from scratch. Some examples of 'off-the-shelf' campaigns or promotions include:

- The Australian Lung Foundation's 'World Show Us Your Lungs Day' (National)
- Healthy Hearts campaign, The Heart Foundation of Australia (ACT)
- Know your Numbers, National Stroke Foundation (NSW, QLD, VIC, TAS)
- Warning signs of heart attack, Heart Foundation (SA)
- Kidney Health Australia's 'Red Undies Week' (VIC)
- Asthma awareness and promoting correct spacer use, Asthma Foundation (WA, NT, SA)

QCPP has compiled a list of organisations with health promotion resources and tools available to download and order to assist in planning your health promotion event. Download the list from **www.qcpp.com** under the Incentives tab. For state/territory based organisations, please contact your QCPP State Manager.

2 'Pharmacy developed' Health Promotion

Pharmacies can develop their own health promotion activity on any health related condition. This activity should relate to a health topic that is relevant to your pharmacy and your customers. Examples of topics include: Movember, head lice, fungal nail infections, sun safety awareness or diabetes. While developing health promotion activities from scratch can be more time consuming, it allows greater ability to tailor messages which benefit the local community, and the pharmacy business. It may also facilitate greater commitment and 'buy-in' to the activity by pharmacy staff, which can increase its effectiveness.

Previous editions of *Excellence* have described a primary health care continuum, where health promotion can be used to prompt consumers to utilise a screening and/or risk assessment service, which, following a diagnosis, may then result in them being part of a disease state management service offered by the pharmacy. To help demonstrate this continuum, the table on the next page explains different health promotions which relate to the four health elements subject to the Pharmacy Practice Incentive, Primary Health Care priority area.

FOCUS ON THE STANDARD: ELEMENT 3 – PLANNING YOUR HEALTH PROMOTIONS

(CONTINUED)

Examples of health promotions which link to other Primary Health Care elements

DISEASE STATE	HEALTH PROMOTION AND ORGANISATION	APPROACH	KEY INITIATIVES	BENEFIT TO PHARMACY
Diabetes	Diabetes Awareness Week (Diabetes Australia and Australian Diabetes Council)	Off-the-shelf	Prevention of diabetes and cardiovascular disease Mass distribution of booklets	Goodwill to business Increased adherence to Type 2 diabetes medicines Increased enrolment in weight management program
Respiratory Disease	World Test Your Lungs Day (Lung Foundation)	Off-the-shelf	Promote importance of lung health Mass distribution of lung health checklist	Promotes COPD in-pharmacy screening Promotes sales of smoking cessation products May result in increased COPD prescription medicine sales through new diagnosis Goodwill to business
Cardiovascular Disease	Healthy Hearts (Heart Foundation ACT)	Off-the-shelf	Promote warning signs of heart attack Promote medicine adherence for cardiovascular medicines	Increased adherence to cardiovascular medicines Goodwill to business
Mental Health Conditions	Movember (BeyondBlue and Prostate Cancer Foundation of Australia)	Pharmacy developed/ Fundraising event	Raise awareness of men's mental health issues Raise awareness of prostate cancer Fundraising event for support programs Encourage health checks	Goodwill to business Increased engagement with male customers

Your pharmacy's health promotions must comply with **T3H** Health Promotion Checklist to contribute toward becoming eligible to access the incentive payment for the Primary Health Care element under the Pharmacy Practice Incentive Program. For more information about running health promotion activities, contact your QCPP State Manager or go to **www.qcpp.com**.

EXCELLENCE IN PHARMACY PRACTICE

T3H Health Promotion Checklist Action 8.1 requires your pharmacy to maintain and follow a recording system for health promotions. The **'Example Health Promotion Plan and Record'** template available on the latest version of Fast Track USB is a great resource to help your pharmacy plan and review your health promotion activities.

NATIONAL HEALTH PROMOTION EVENTS

QCPP has adapted a list of nationally recognised health promotion events to assist your pharmacy in planning future health promotion activities.

January

Australia's Healthy Weight
www.healthyweightweek.com.au

February

FOBruary
www.bowelcanceraustralia.org

March

Arthritis Awareness Week
www.arthritisaustralia.com.au

This list is adapted from the Department of Health and Ageing events calendar. To view the complete calendar, visit **www.health.gov.au/internet/main/publishing.nsf/content/health-pubs-calendar-index.htm**

May

Heart Week
www.heartfoundation.org.au

World Asthma Day
www.asthmafoundation.org.au

Kidney Health Awareness Week
www.kidney.org.au

Macular Degeneration Awareness Week
www.mdfoundation.com.au

65 Roses Day
www.65rosesday.org.au

World No Tobacco Day
www.who.int/tobacco/wntd/en

June

Bowel Cancer Awareness Month
www.bowelcanceraustralia.org/bca

August

Blue September
www.blueseptember.org.au

September

National Asthma Week
www.asthmaaustralia.org.au
www.nationalasthma.org.au

National Stroke Week
www.strokefoundation.com.au

World Suicide Prevention Day
wspd.org.au

R U OK? Day
www.ruokday.com

October

World Osteoporosis Day
www.osteoporosis.org.au

November

Movember
au.movember.com

World Diabetes Day
www.diabetesaustralia.com.au

World COPD Day
www.lungfoundation.com.au

Visit the QCPP Knowledge Centre at APP2013 from 22-24 March, to get valuable assistance to help you meet QCPP requirements to become eligible to access PPIs.

QCPP State Managers and experts will be available to provide hands on advice for all things QCPP and PPI.

Visit the QCPP Knowledge Centre at stand 42 on Friday 22 March to secure your one-on-one session.

QCPP REQUIREMENTS MANUAL UPDATE #3

Natalie Smith – National Manager, Accreditation and Standards

Manual updates are released twice a year to ensure QCPP remains in line with contemporary pharmacy practice. The table on page 15 summarises the third round of updates to the QCPP Requirements Manual including the actions required from each update. Manual Update #3 includes minor amendments to documents from when the requirements were first distributed in June 2011, and updates to support additional services as part of the expanded *Pharmacy Practice Incentives Program Specific Guidelines* (November 2012).

The updated documents will be distributed to pharmacies at the end of January. Pharmacies due for assessment after 1 July 2013 will be assessed to these latest updates. On receipt, please ensure old versions of the documents are removed from the pharmacy's QCPP Requirements Manual and replaced with the new versions as provided in the update pack. If the pack has not arrived by the beginning of February, your pharmacy can access the same documents electronically by visiting **www.qcpp.com** and clicking on the QCPP Standard tab.

The impact or action required column on the next page outlines the key revisions to the manual that a pharmacy will need to consider when reviewing their operations to align with QCPP requirements. Please remember to revise your customised pharmacy policy and procedures to incorporate the required changes.

NEW CHECKLIST

T3M Hosting Vaccination Services in the Pharmacy (v2.0)

T3M Hosting Vaccination Clinics is a new checklist to support in-pharmacy vaccination services in preparation for the next influenza vaccination season.

Diagram 1.

STEP 1
When released, the Manual Update will arrive in the mail at the pharmacy or can be downloaded from **www.qcpp.com**

STEP 2
Read through the Cover Letter and Outline of Updates document to understand the changes and impact to your pharmacy

STEP 3
Replace previous versions of documents in your Requirements Manual (blue folder) with the current documents provided in your pack

STEP 4
Decide how the changes can be implemented in your pharmacy including any amendments to your pharmacy's Operations Manual and communicate these changes to staff

Table 1. Outline of Manual Updates #3

ACTION, PROCEDURE OR TEMPLATE	CHANGE	IMPACT OR ACTION REQUIRED
Table of Contents - PROCEDURES	Updated to reflect new versions of procedures listed in this table.	Replace previous table of contents behind green Procedures tab in Requirements Manual with version 2.3.
Table of Contents - TEMPLATES	Updated to reflect new versions of templates listed in this table.	Replace previous table of contents behind red Templates tab in Requirements Manual with version 2.3.
Element 2 – Supply of medicines, medical devices and poisons		
P2A Dispensing	Revised Procedure	Minor amendment to Action 26 Item C to ensure product labelling information is consistent with the Pharmacy Board of Australia guidelines for dispensing medicines. Replace procedure in the Requirements Manual, review your customised pharmacy procedure and amend as relevant.
T2C Supplying *Pharmacy Medicines* and *Pharmacist Only Medicines* Checklist	Revised Checklist	This checklist has been revised to support the expansion to the PPI Guidelines regarding Certificate III and IV in Community Pharmacy training for pharmacy staff. Replace the previous T2C template with the new T2C template version 2.1, and ensure systems are in place for the new PPI guidelines.
T2E Interprofessional Collaboration Checklist	Revised Checklist	Minor amendment now requiring the name of the pharmacist performing the collaboration is recorded. Replace the previous T2E template with the new T2E template version 2.1, and ensure systems are in place for the new PPI guidelines.
Element 3 - Delivery of health programs and services		
T3I Disease State Management Service Checklist	Revised Checklist	Minor amendment to template. Replace the previous T3I template with the new T3I template version 2.1, and ensure systems are in place.
T3M Hosting Vaccination Services in the Pharmacy Checklist	NEW Checklist	This NEW checklist outlines the requirements for hosting in-pharmacy vaccination services. Review the new checklist and identify what actions need to be implemented to comply with QCPP Requirements. Add checklist to Requirements Manual.
Element 11 – Customer service		
P11F Deliveries by Pharmacy Staff (excluding contractors)	Revised Procedure	Minor amendment to incorporate a reference to QUM within the procedure. Replace procedure in your QCPP Requirements Manual, review your customised pharmacy procedure and amend as relevant.
Element 13 – Inducting staff		
Element 13 Action 3 (page 33)	Updated to include omitted procedure – **P13B** Workplace Surveillance	Replace page 33 of the Elements (blue section) in Requirements Manual with version 2.1.
Element 17 – Maintaining safety and security		
Element 17 Action 4 (page 40 and 41)	Mental Health First Aid training – *'evidence required at assessment'* and *'what you need to do'*	Replace page 40 and 41 of the Elements (blue section) in Requirements Manual with version 2.1.

NEW FAST TRACK RESOURCES

ACTION, PROCEDURE OR TEMPLATE	CHANGE	IMPACT OR ACTION REQUIRED
Fast Track		
Element 3 – Example Infection Control Guidelines	New Fast Track Document	Obtain a copy of the Fast Track Infection Control Guidelines from **www.qcpp.com**, customise to your individual pharmacy requirements, place in your Operations Manual and ensure all employees are informed of the new guidelines.
Element 3 – Example Hand Hygiene Procedure	New Fast Track Document	Obtain a copy of the Fast Track Hand Hygiene Procedure from **www.qcpp.com**, customise to your individual pharmacy requirements, place in your Operations Manual and ensure all employees are informed of the new procedure.

NOT EVERYTHING IS A CLINICAL INTERVENTION

Peter Guthrey – Pharmacist Consultant
Meryl Kane – NSW State Manager

The recording of clinical interventions has become a routine part of pharmacy practice following the introduction of the Pharmacy Practice Incentive (PPI) payment in July 2011. Recent reports suggest some pharmacists are still confused about what professional activity can be claimed as a clinical intervention. This article discusses some frequently asked questions about the recording of clinical interventions.

The intent of recording clinical interventions as per the Clinical Interventions Checklist (T2G) is to document the professional activity of the pharmacist in the care of the patient/consumer. This documentation supports:

- **Ongoing care** of the patient in the future, as a more complete patient record being available to the pharmacist;
- **Clear communication** between different pharmacists working in the same pharmacy;
- **An objective record** will assist pharmacists and pharmacies should they be called to account for their actions by a court or registration body.

There appears to be some confusion in pharmacy as to what is, and what is not, a clinical intervention. Anecdotal reports suggest some pharmacists are looking at the categorisation of the D.O.C.U.M.E.N.T. system to determine whether something is a clinical intervention, rather than considering the definition of what is a clinical intervention. Before looking at the D.O.C.U.M.E.N.T. classification system, a pharmacist has to be confident a clinical intervention has occurred.

1. Standard and guidelines for pharmacists performing clinical interventions, 2011, The Pharmaceutical Society of Australia, Deakin (ACT), www.psa.org.au supporting-practice/professional-practice-standards/clinical-interventions

The PSA Professional Guidelines and Standard[1] define clinical interventions as: 'any professional activity by the pharmacist directed towards improving the quality use of medicines and resulting in a recommendation for a change in the patient's medication therapy, means of administration or medication-taking behaviour.'

Essentially the definition could be simplified to 'the pharmacist identifies a drug related problem and intervenes to try and resolve it'. This requires a **drug related problem** to exist, and for the pharmacist to **identify** and **actively respond** to try and do something to resolve it.

An unsuccessful attempt to resolve a drug related problem may still constitute a clinical intervention. An example would be identifying a drug-problem with a prescription, contacting the prescriber, and the prescriber did not agree to make the recommended change. The clinical intervention has still occurred and should be recorded. In such situations it is possible that record may be needed later for medico-legal purposes, in addition to supporting the ongoing management of the patient's health.

A clinical intervention must relate to a medicine, this can be prescription medicines or non-prescription medicines, such as complementary or scheduled/unscheduled medicines that are on the Australian Register of Therapeutic Goods.

Requests for non-prescription medicines are a regular part of pharmacy practice and in most cases do not involve an active intervention from a pharmacist. Clinical interventions are more likely to occur in relation to direct-product requests where a pharmacist intervenes and suggests a change to the intended self-medication therapy. For the purpose of clarity, routine evaluation of minor ailment symptoms are specifically excluded from the definition of clinical interventions in the Guidelines.

It is ultimately up to the pharmacist recording the intervention to determine whether, in their professional judgement, that they have performed a clinical intervention in accordance with this definition and the Standard and Guidelines. It is important pharmacists are familiar with these guidelines when recording clinical interventions.

For more information about clinical interventions, the best place to look is the Guidelines, which also describe the definition, scope and categorisation for clinical interventions, and provides examples. There is also online training available on the PSA website to help pharmacists become more confident in accurately recording interventions.

For the purpose of clarity, routine evaluation of minor ailment symptoms are specifically excluded from the definition of clinical interventions in the Guidelines.

Is this a clinical intervention?

- *When picking up dispensed medicines, a carer expresses concern with the patient's poor medicine compliance. The pharmacist discusses commencing a DAA, and the carer indicates they would consider it before their next visit to the pharmacy.*

  A drug related problem exists (compliance), and the pharmacist has made a recommendation to try and resolve the problem (i.e. commence a DAA). In this situation however, the carer (not the pharmacist) has identified the drug related problem. As such, the interaction does not appear to meet the definition of a clinical intervention.

- *A customer presents at the pharmacy with symptoms of shingles which prompts the pharmacist to refer them to the doctor. After visiting the doctor, they return to the pharmacy with a script for appropriate treatment.*

  In this situation, a drug related problem being the absence of indicated medical therapy appears to exist. However the pharmacist hasn't identified the problem or actively intervened and attempted to resolve it. Rather, the pharmacist has responded to a health issue which the patient has identified and recommended that they consult their doctor about it. As such, the interaction does not appear to meet the definition of a clinical intervention. This is a common occurrence in the assessment of minor ailments or responding to symptom-based requests for medicines.

The Guidelines provide examples of when the 'Untreated' category should be used, such as a pharmacist identifying that a patient has osteoporosis but isn't taking calcium or vitamin D supplementation. This could, for example, occur at the point of dispensing or during counselling/discussion with the patient.

Adding a product onto a prescription sale is **NOT** a clinical intervention unless it fulfils the criteria above and you can categorise it under the D.O.C.U.M.E.N.T. classification system. A clinical intervention does **NOT** include the following activities:

- Routine prescription-related counselling;
- Generic medicine substitution;
- Consumer medicines information provision; or
- Clinical interventions which occur as part of a Home Medicines Review, Residential Medication Management Review, or MedsCheck service cannot contribute to the PPI clinical intervention claim.

If you want more information on this topic, see the *PSA Standards and guidelines for pharmacists performing clinical interventions,* and the 5CPA Clinical Interventions eLearning module available at **www.psa.org.au/5cpaonlinelearning** as these do provide some great examples of what does and does not qualify as a clinical intervention.

RESOURCES

www.psa.org.au
www.5cpa.com.au/ppi
www.qcpp.com

RELEVANT QCPP REQUIREMENTS

P2H Clinical Interventions Policy
T2G Clinical Interventions Checklist

NOW AND THEN: 15 YEARS OF ASSESSMENTS

Tess Jones - QCPP Marketing Manager

Brett Muller has been a QCPP Assessor for the past 15 years. He was one of the original assessors when the program was first established, and assessed the second pharmacy in Australia under the QCPP Requirements. Brett signed up as a QCPP Assessor while practising as a pharmacist and serving on the committee for the Pharmacy Guild of Australia Queensland Branch. Here Brett provides some insight into what it is like to live your life on the road, assessing to the QCPP Standard.

"The better organised and better laid out the material – the smoother the assessment goes and the quicker the assessor is on his/her way."

What do you enjoy most about being an assessor?

I like interacting with pharmacies and I love the variety of my role. No two pharmacies are the same, which sometimes is a challenge, but it would certainly be a boring job having them all the same. The role also has some mentoring qualities – I'm there to assess what each pharmacy is doing, but I try to add value as well. If I can think of any improvements or enhancements that could be made to advance the pharmacy, then I may offer that advice. I am often asked what other pharmacies are doing to set themselves apart, so in a way I am also a sounding board for new ideas.

I am based in Brisbane, but the role requires me to travel across Australia. Although now I concentrate on south-east Queensland and northern NSW, in previous years I have assessed pharmacies as far away as Western Australia.

During the quieter months (later half of the year) I would assess one pharmacy a day or maybe just a few per week. Other months, say from late January until end of June, I am very busy, sometimes conducting two assessments a day. Thankfully there is less travel now that we use an allocation model for assessments, but it could still take up to four different modes of transport to get to one pharmacy – train, car, ferry, plane, taxi, bus – whatever you have to do to get to some pretty remote areas.

It can be quite difficult as an assessor to have some down time. You really have to have passion for community pharmacy to do my job. When I am not assessing, I am a practising pharmacist and I also do some consulting and training work throughout Queensland and northern NSW.

In an ideal world, how would you like to see assessments happen?

Accessing the manual and procedures before the assessment takes place makes the process a lot easier, leaving plenty of time to assess the evidence on the day. An average assessment can take anywhere from four to seven hours plus travel time, so pharmacies should make sure that on the day of assessment there is a staff member dedicated to help the assessor out and have all the evidence ready and waiting. Not only does it make the whole process go quicker, it also reduces the amount of interruptions on the pharmacy and customers.

The better organised and better laid out the material – the smoother the assessment goes and the quicker the assessor is on his/her way.

What changes to QCPP have you seen in your time as an as Assessor?

There have been some huge changes to QCPP – particularly since version one.

When QCPP was first established, pharmacies had difficulty coming to grips with the quality management system. They didn't understand what it was all about and it was particularly the Baby Boomer Generation that didn't like having to document everything. The business was still operating and customers were coming through the door, so they didn't see the point in going through a lengthy and rigorous process. This mentality has improved greatly and pharmacies now recognise that reporting and documenting affects the bottom line. When you put things in terms of 'money in versus money out', mentalities can change overnight.

Standard Operating Procedures and staff are the building blocks for any successful business and if a pharmacy didn't have them in place, I bet it wouldn't be doing too well. The better staff are trained, the better results will be, and QCPP has tried very hard to get that message out there. It's the training and reporting mechanisms that raise the bar for pharmacies and set us apart from the supermarkets. Our staff undergo training to provide the advice and support with medicines, and this is what keeps community pharmacy ahead.

"You really have to have passion for community pharmacy to do my job."

15 YEARS OF EXCELLENCE

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Quality Care Pharmacy Program

An initiative of The Pharmacy Guild of Australia

Supporting Excellence in Pharmacy

Thank you to Chemmart® Pharmacy Superstore Eaton, WA; Cape York Guardian Pharmacy, QLD; Martin's Chemist, NSW; and Orana Mall Pharmacy, NSW for their participation in the photography. QCPP is committed to adopting environmentally friendly practices and chooses to print *Excellence* on 100% recycled paper.