



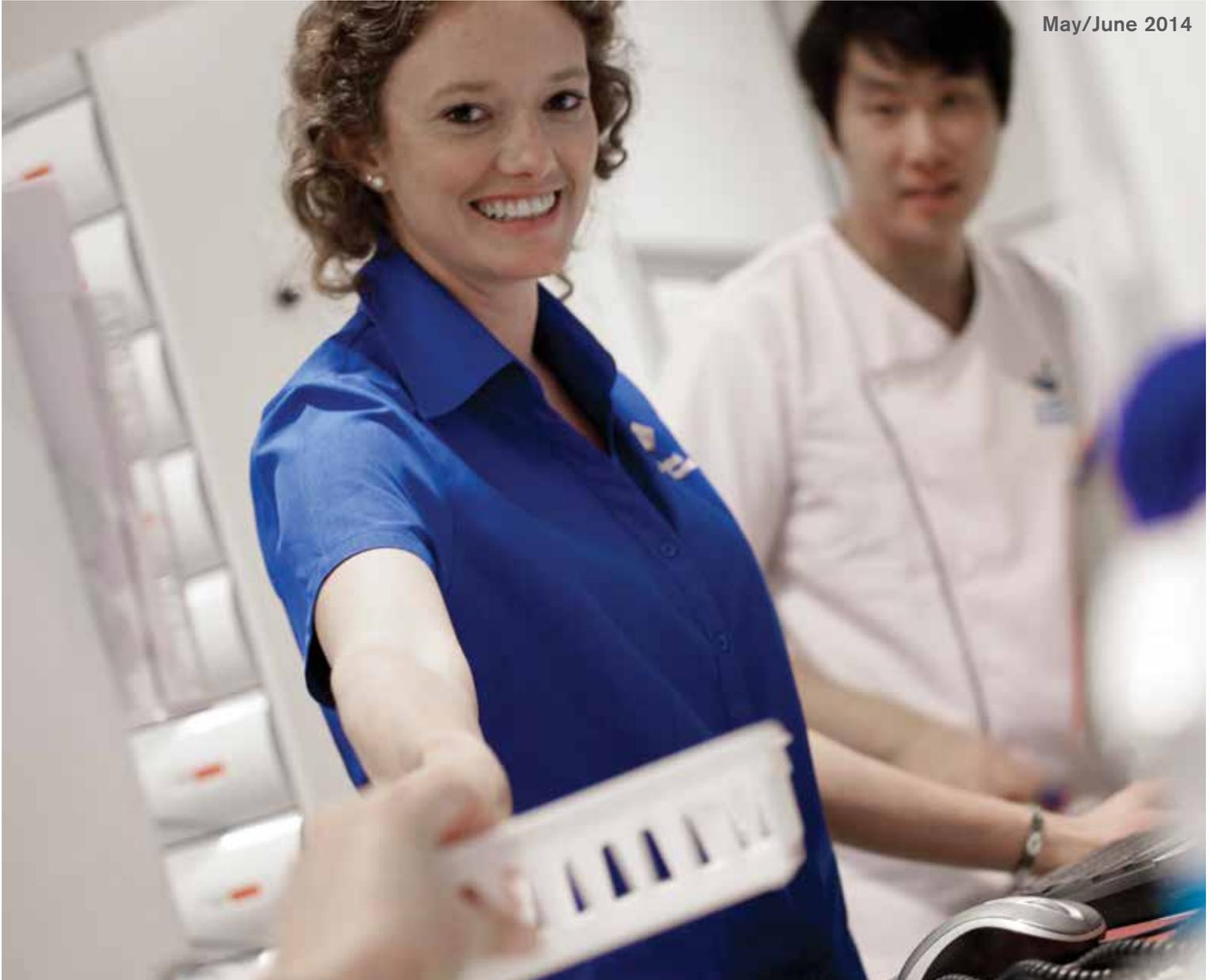
Quality Care  
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

# EXCELLENCE

Supporting Excellence in Pharmacy

May/June 2014



INNOVATIVE SERVICES AND A DOSE OF PASSION: THE CHARNWOOD STORY

**HOW PROFESSIONAL IS YOUR PROFESSIONAL SERVICES AREA?**

DOCUMENTATION ON THE RECORD



## TRANSFORMING PHARMACY

**Nick Panayiaris**

Chair, Pharmacy Transformation Committee  
(formerly Quality Assurance and Standards Committee)  
National Councillor, The Pharmacy Guild of Australia

**There's a new buzz word in pharmacy and it's infiltrated QCPP and the Guild...transformation. But it's with good reason, and QCPP can help!**

Pharmacy transformation recognises the importance of the impacts of price disclosure and the loss of dispensary remuneration. It acknowledges that pharmacy must transform its model of service delivery in order to sustain viability and further enhance growth.

Some of us may not yet recognise the need for change. Nokia and Kodak didn't recognise the need to adapt to the market and business environment either. Whilst the Community Pharmacy Agreements negotiated by the Guild have supported stable script margins, it is clear that trends within overseas models show dispensing fees under similar pressure to ours. The traditional community pharmacy business model sees approximately 70% of revenues derived from dispensing. With price disclosure resulting in falling dispensary remuneration, we need to capitalise on our strengths and identify additional new funding sources and revenue streams to offset diminishing returns from the traditional dispensing of medicines.

Our strengths are that pharmacists and their staff in community pharmacy are already a trusted source of primary health care, delivering expert medicines management, and a broad range of professional health services and advice. Public opinion research in Australia consistently shows that people rate their community pharmacist among the most trusted professionals.

This was confirmed in the recent Roy Morgan Image of Professions Survey 2014 with pharmacists equal second in ranking with doctors, trailing nurses. But we must further strengthen our position as a trusted health service destination, and build on the reasons why consumers access their community pharmacy. Peter Switzer, a leading business and financial commentator and recent speaker at the Guild's APP 2014 Conference, talks of the importance of processes and systems when preparing your business for change. This is exactly what QCPP is all about. A quality management system for pharmacy that, when implemented correctly, can act as a business enhancement tool, and ensure your customer service and the systems that deliver that customer service are delivered by all staff in a consistent fashion.

At QCPP, we've recognised that we need to do more to help pharmacies transform their business. That's why we're working to improve the ease of implementing QCPP, while still continuing to push pharmacy to deliver higher standards of service and guide pharmacies on expectations when delivering new services. The range of services pharmacy now offers is significant, as demonstrated through the number of checklists in Element 3 'Delivery of Health Programs and Services.' This many checklists does make QCPP more complex, so we're working on ways to streamline QCPP. We're also reviewing the whole of the Quality Care Pharmacy Standard, as required under our obligations as an Australian Standard development organisation. This review will ensure that QCPP keeps pace with the requirements of a 21st century community pharmacy—a transformed pharmacy. ■



## FROM THE DIRECTOR

**Andrew Matthews**

Group Executive, Pharmacy Transformation Group

The Quality Care Pharmacy Program and the national office of The Pharmacy Guild of Australia has undergone some structural changes recently to better deliver for community pharmacy and its future. Nick above has already discussed 'pharmacy transformation' and we believe this is such a priority for the Guild and QCPP that we've created a new pharmacy transformation group that is focused on supporting change management for community pharmacy and helping it adapt its model of service delivery for the future. You'll see changes to *Excellence* magazine in the future that reflect this focus.

But we're already giving you great examples of pharmacies that have transformed their business—and who better to focus on than Pharmacy of the Year 2014 winner Capital Chemist Charnwood and managing partner Samantha Kourtis. In this edition, Samantha gives a great insight into the professional services they provide at the Charnwood pharmacy. Samantha is bursting with passion for community pharmacy and emphasises why passion is important if you are to propel your business to success.

QCPP—passionate about delivering excellence in pharmacy.

# THINGS TO KNOW

## 5CPA REGISTRATION PROCESS

There are many advantages to the new online 5CPA portal that streamline both the registration and claiming processes. It is vital you register via the 5CPA Registration and Claiming Portal in order to claim your PPI incentives.

If your pharmacy is NOT currently registered, before you begin you will need to complete a 5CPA Programme Registration PDF Form available from [www.5cpa.com.au/resources](http://www.5cpa.com.au/resources).

If you require assistance with your 5CPA registration, visit the frequently asked questions page on the 5CPA website: [www.5cpaportal.5cpa.com.au/Home/FAQ](http://www.5cpaportal.5cpa.com.au/Home/FAQ), email [support@5cpa.com.au](mailto:support@5cpa.com.au) or call the 5CPA helpline, 1300 555 262.

## UPDATED TRAINING REQUIREMENTS FOR S2/S3

The *Training requirements for Pharmacy Medicines and Pharmacist Only Medicines* were updated in February 2014 and are included as an insert in this edition of *Excellence* for your reference.

These changes relate to in-pharmacy refresher training and give enhanced clarity as to who the requirements apply to.

Visit [www.qcpp.com/resources/training-requirements](http://www.qcpp.com/resources/training-requirements) to access these requirements electronically.

## CHANGES TO T1A AND PPI DECLARATION PROCESS

Please be reminded that the T1A Legal and Professional Obligations Declaration form is no longer required to be submitted to QCPP. However, the T1A declaration is still required as evidence and will be sighted by your QCPP assessor at your assessment. Please ensure you keep all copies of the T1A Legal and Professional Obligations Declaration for your assessment.

As part of the update to the PPI Programme Specific Guidelines (1 March 2014) pharmacies are no longer required to submit the PPI Annual Payment Eligibility Declaration as part of the PPI guideline requirements for annual payments for Primary Health Care, Community Services Support, Staged Supply and Working With Others. All other requirements remain the same.

If you have any questions regarding the T1A form or PPI Declaration please do not hesitate to call the QCPP helpline on 1300 363 340 or email [help@qcpp.com](mailto:help@qcpp.com). ■

## CONTENTS

- |           |  |           |  |
|-----------|--|-----------|--|
| <b>4</b>  | Viable pharmacies through professional services      | <b>13</b> | The new privacy laws                         |
| <b>6</b>  | Innovative services and a dose of passion            | <b>16</b> | Documentation on the record                  |
| <b>10</b> | How professional is your professional services area? | <b>18</b> | Cardiovascular disease screening in pharmacy |

### Front Cover

Pharmacy staff from Capital Chemist Charnwood ACT 2014 Pharmacy of the Year overall winner



Quality Care  
Pharmacy Program

An initiative of The Pharmacy Guild of Australia

Supporting Excellence in Pharmacy



# VIABLE PHARMACIES THROUGH PROFESSIONAL SERVICES

Andrew Matthews, Group Executive, Pharmacy Transformation

**It is clear that the impact of price disclosure will significantly impact on dispensary margins especially in the 2014-15 financial year. The Guild has already publicised that the accelerated changes announced last year will add an extra \$30,000 hit to the bottom line of pharmacies in addition to the \$60,000 impact already anticipated as a result of price disclosure.**

Based on diminishing margins on dispensary returns internationally, many commentators have predicted that pharmacy has needed to change its model for some time. The economic imperative is now forcing many pharmacies to realise that it is indeed time to change and to broaden the source of revenue for pharmacy. Peter Saccasan, Director of Pharmacy Services at RSM Bird Cameron, discusses that the 'whole pharmacy must perform' to cover a shortfall in gross profit per script of about \$2.50.

Peter makes it clear in his regular presentations to the pharmacy sector, most recently at APP 2014 Conference, that it is not enough to attempt to increase script volume alone; script volume growth in the order of 20% would need to be achieved to cover the shortfall.

Bruce Annabel, from JR Pharmacy Services, a regular contributor to pharmacy journals and also a consultant to the Guild, refers to a professional services model as a 'health solution oriented service (HSOS)'. Like Peter, he emphasises that it is more complex than just adding some remunerated professional services to the current supply model. Nevertheless, there is a place for professional services in enhancing the whole of pharmacy performance, and Bruce encourages pharmacies to focus on the top-line to drive profit through productivity improvements of staff, space, and stock, and push 'revenue before cost'.

In driving income, Bruce Annabel encourages pharmacies to embrace 'three levels of service'.

## 1 Government funded services

While there have been caps put on some professional services under the 5CPA, many pharmacies still aren't properly claiming for valid MedsChecks, HMRs, or dose administration aids and clinical interventions under the Pharmacy Practice Incentives Program.

## 2 Consumer funded fee-for-service

A philosophical barrier for pharmacists, but some pharmacies are successfully charging for condition management such as type II diabetes and cardiovascular disease, and more commonly in offering sleep apnoea, wound care and weight management services. Some condition management where the focus is on compliance and adherence can lead to subsequent increased script volumes as patients more regularly, and appropriately, fill their prescriptions.



### 3 Free, quality service

Utilising pharmacists and other expert staff to personalise solutions to consumer ailments leading to increased basket size (higher number of items sold per customer). Former Pharmacy of the Year winner, Nick Logan from Artarmon Pharmacist Advice has ethically increased sales in his S2/S3 area through better customer service that is focused on offering solutions for his customers for minor ailments and pain management.

Another important aspect of Bruce's 'health solution oriented service' is that the dispensary itself must become a health service destination, in addition to prescription processing and supply. By this, he means better efficiency in the dispensary to better utilise the customer engagement time. This leads to improved service quality and access to other health services such as professional services and better health solutions for customers. Good systems such as those encouraged through QCPP will lead to better efficiency.

To deliver such services, the most critical aspect is to employ the right people to leverage a much higher skills mix, which in turn leads to increased customer service quality and sales, plus service growth. Bruce encourages more skilled experts including more pharmacists to better deliver quality service, especially if the pharmacy is to deliver more professional services. Many pharmacies are adopting a 'forward pharmacy model' where every script out is handed to the customer by a pharmacist, and pharmacists are not allowed in the dispensary. Instead pharmacists are to be the first line of customer contact at the dispensary, particularly in the script out and medicines area. The assistant role reverts to assist and support instead of being the front line customer engagement people. Pharmacy of the Year 2014 Excellence in Business Management category winner Priceline Pharmacy Springwood, even uses a *maître d'* pharmacist to greet customers and identify their health needs.

It is clear that good planning with consideration of multiple factors is required to successfully implement professional services. Importantly, professional services are just one area to drive growth across your pharmacy to overcome any decrease in dispensary margins, and ensure ongoing viability.

The Guild is also working hard in supporting pharmacies to drive professional services uptake, and looks forward to providing more opportunities in future in four key areas:

- Medication management services including adherence services and support for the aged to remain living at home
- Wellness, screening, and prevention services
- Chronic disease management services
- Pain management, vaccination services and minor ailments. ■

# INNOVATIVE

# SERVICES

# AND A DOSE

# OF PASSION

## THE CHARNWOOD STORY

Claire Bekema – Pharmacist Consultant

***‘Having, compelled by, or ruled by intense emotion or strong feeling; fervid.’***

The [www.dictionary.com](http://www.dictionary.com) definition of the word *passionate*—a word that is all too commonly used in today’s society to describe someone with a bit of drive.

But this doesn’t apply to the 2014 Pharmacy of the Year winner Capital Chemist Charnwood, who have demonstrated they are worthy winners by being passionate about their community, passionate about providing quality professional services, passionate about innovation, passionate about their team and most of all passionate about improving the health outcomes for their patients.

In a field of inspiring and talented pharmacies, Capital Chemist Charnwood from the ACT has proven they truly are champions of community pharmacy.

As our industry leaders are encouraging the move to a professional service model, I took the opportunity to talk with Samantha Kourtis, Managing Partner at Capital Chemist Charnwood, to gain insight as to how she went about establishing an innovative service that had them crowned with this most prestigious award.

**Can you tell me about the professional services you provide?**

We have a number of professional services that we provide to the local and surrounding communities.



Our free baby clinic is run by a qualified maternal and child health nurse who has been with the pharmacy for over twenty years. We have a diverse population in a fairly low socio-economic area with low health literacy. The fact that mums can bring their babies down to the local pharmacy and have access to free, high quality advice is a great relief and support for them.

Recently we extended our trading hours from 7.30 am until 9 pm and identified that there is an after hours need assisting with mental health and other crises. Our senior staff members have all undergone mental health first aid training, and we have a private area for customers to access a crisis support helpline. We have collaborated with the ACT Medicare Local and BeyondBlue to establish the NewAccess program in our pharmacy.

The professional service that I believe won us the category title of Innovation in Professional Services, is our wound care and medical compression garment fitting service. Three pharmacists are trained and qualified to measure and fit compression garments for patients with venous insufficiency or lymphoedema. We have referral rights into the ACT public health system, specifically the lymphoedema and wound care clinics. Conversely, lower risk patients who can be managed effectively in the community are referred to us for fitting and supply of garments, therefore reducing the burden and waiting times at the clinics for higher risk patients.

**What led you to introducing these services? Was it demographic need or identified service gaps?**

As with every service I've implemented, whether it be the baby clinic, mental health support or my wound care and lymphoedema service, it has to be something I have an interest and passion for. Then I look at population demographics to see if there is a need.

**Did you complete a needs assessment, market research or business impact review before you implemented these services?**

To put it simply, no. Our country is in crisis in every area of health. It needs anything and everything to be done.

Pharmacy is a place where we can and do make a difference in addressing the health needs of our community.



## INNOVATIVE SERVICES AND A DOSE OF PASSION

### THE CHARNWOOD STORY (CONTINUED)

**‘Our country is in crisis in every area of health. It needs anything and everything to be done.’**



We see a patient in crisis and we ask ourselves, ‘What can I do to stop this from happening for this person, and the next?’

That’s where we can all come up with great ideas to support the health and wellbeing of our community locally, and at large.

#### **What do you think is the most important consideration in implementing a new service?**

Making good business decisions is of course important. Know your competitors, do your market research, find your niche and crunch the numbers. However, I don’t think these are the most important things for success.

As I have said before, you have to have a passion for what you do. This will give you the motivation and energy to put everything into making your service successful.

Just as important is having appropriate skills, training and qualifications in the area. To be trusted and accepted as a centre of excellence for the service you provide, you have to know what you’re talking about.

It is easy to go out and purchase a whole range of compression garment stock to sell, but without the expertise to fit them correctly, there is a danger that you will make the problem worse. You don’t want to cause harm to your patient or risk your professional reputation.

Supportive staff is essential. Involve them in the planning and ideas. Invest in their training and professional development and in return you will have positive, motivated and loyal staff. The flow on effect to the bottom line of your business will be monumental.

#### **How did you get your foot in the door for the networking opportunities with other health providers? How did you gain their trust?**

I worked as a pharmacy assistant from the age of 15 before studying a Bachelor of Science and then pharmacy. I realised early on that I had an interest in wound care. It sounds disgusting, but I loved looking at wounds, smelling them, providing the right dressing and watching them heal!

While I was studying, I joined the Australian Wound Management Association and later gained my Diploma in Wound Management. This introduced me to a huge allied health network and clinical education opportunities.

They got to know me because I turned up regularly. First they just recognised my face, then we would get talking. It took years, but I was able to demonstrate my commitment to this area of practice by being involved, asking questions, referring patients and eventually working on real cases together.

### **What was the impact to the pharmacy on implementing these services?**

I became managing partner in March 2013 and was lucky that the pharmacy had gone through an extensive refit and looked spectacular with a very professional feel. We had a dedicated consultation room and sufficient space to stock a full range of compression garments.

The initial outlay for stock was in the order of \$25,000. I had to provide training to staff so that the service could run independently on any trading day.

### **What documentation have you produced—procedures, special apps?**

We have developed a web-based software program to capture patient details including measurements, garments, clinical data and progress notes. We also have a referral pad for use by the hospital clinics.

We have documented policies and procedures around the delivery of all services which is helpful for training new staff, and for referring to as needed on a daily basis.

### **How has QCPP been connected in this process?**

I find that QCPP makes me mindful of the background systems a business needs in place to enable it to run smoothly and be able to deliver quality products and services for our customers. I customise the templates to my business and services, and it helps me not to leave anything out.

### **How do you promote the services?**

I don't have time to formally promote the services I provide because I'm too busy providing them.

Most of the promotion is from word of mouth. Not many other pharmacies offer the range and expertise in compression garments and their fitting, so word gets around. I also have referral rights to clinics with ACT Health and they refer patients to me.

My team has been trained to identify patients within the pharmacy. For example, someone might ask where the dressings are, but my staff first ask to look at the wound. They have an excellent awareness of what looks simple versus something that needs to be referred to the pharmacist for more intensive treatment or onwards referral to a doctor or specialist.

### **What were the staff reactions to introducing these new services when you had just taken over as managing partner?**

They were excited to be doing something new. They were worried about their jobs because of the talk about job cuts due to accelerated price disclosure. They saw it as an opportunity for their own career development and increasing their skills to maintain their employability.

### **What are the positives for your pharmacy business, your staff and the local community in introducing these services?**

There have been huge positives. Financially, it has grown my business substantially. Even with the initial layout to purchase stock and train staff, my gross profit dollars have increased exponentially.

My staff have satisfaction and fulfilment from their jobs, and it has brought them together as a team with an ignited passion. We love getting the positive feedback from our customers and this simple appreciation of our efforts has the result of more engaged and committed staff. They feel valued and excited to be making a difference.

It has also strengthened bonds in the Charnwood community. We are seen as a one-stop health destination and recognised as a centre of excellence with customers and other health professionals alike.

**'People have come to expect that we will address their health needs or refer them to the right person who can. We capture them in our "sticky spider web" and bounce them off in the direction they need.'**

Often customers say they come to my pharmacy because they know we'll fix it. That tells me and my staff that they expect solutions from us and that drives us to continually improve and have a quality focus in everything we do.

The most important benefit is that the local community have improved health outcomes and reassurance that they can access a quality health service.

### **So in summary Samantha, what are the three top pieces of advice that you would give to other pharmacies who are thinking of establishing innovative professional services.**

Firstly, find your passion. What do you love doing? What inspires you? Intrigues you? What do you excel at? OR, what skills and interest do your team have? Use that passion to propel your ideas and your business.

Secondly, upskill. What extra training do you and your staff need to undertake to be knowledgeable and skilled in the area of practice?

Finally, take a team approach. Discover the interests and specific skills or work styles of your team and use it to your advantage. Create a vision for your pharmacy together and enrol everyone on the journey. ■

# HOW PROFESSIONAL IS YOUR PROFESSIONAL SERVICES AREA?

Peter Guthrey – Pharmacist Consultant

**QCPP has contained a requirement to maintain a professional services area for many years, and you may have signs up in your pharmacy signifying where this area is to your customers. But do you know what the professional services area actually is? And what does it mean for your pharmacy? This article looks at what it is, what is in it, and what is better kept out of it.**

Pharmacies come in many shapes and sizes, from small medical centre pharmacies to large shopping centre pharmacies.

Regardless of size or shape, consumers expect to be provided with quality pharmacy services and advice when they walk into a pharmacy. But because of the wide variety of products and services pharmacies offer, it isn't always easy for the customer to identify where these products and services are amongst the other products/services on offer. By defining a professional services area, your customers can be confident your pharmacy complies to a consistent standard for professional practice of pharmacy that emphasises the health focus of community pharmacy

The professional services area is defined by Section 3.5 of AS 85000 Quality Care Pharmacy Standard as:

*An area established within a pharmacy where only health related products and services are provided. The professional services area is a continuous section within the pharmacy and includes the dispensary, a counselling area, and a place for the receipt of prescriptions and supply of prescription medicines as well as the storage of non prescription therapeutic goods. The professional services area should enable general supervision by the duty pharmacist and the opportunity for pharmacy assistants to efficiently interact with customers. The professional services area should not contain any non-health related products or services.*

The QCPP Knowledge Hub summarises the requirements of the Professional Services area as:

- Distinguishable from the general trading area (Element 5 Action 2) e.g. by a system of signage (Template T2C Action 4)
- Supervised by a pharmacist (Element 5 Action 2 and Template T2C Action 6)
- Includes the dispensary area (Element 5 Action 2)
- Excludes non-health related products and services (Element 5 Action 2)
- Includes all *Pharmacy Medicines* (Element 8 Action 7 and Template T2C Action 6)
- No direct access for consumers to *Pharmacist Only Medicines* (Template T2C Action 6)
- Trained pharmacy staff members are visible in the Professional Services Area (Template T2C Action 1)
- Includes an area for confidential conversations (Element 5 Action 2)
- Includes a professional trading area (Element 5 Action 2)

These QCPP requirements are consistent with the requirements outlined in legislation, regulations and guidelines in many state/territory jurisdictions. These requirements are summarised in Table 1. The common theme among all these requirements is that pharmacy goods and services are in an area which looks and feels like a health care setting. This includes the ability for consumers to have private conversations with pharmacists about their health needs. It also means pharmacists can adequately supervise staff who are supplying health products and services.

Table 1.

STATE/ TERRITORY:	PROFESSIONAL SERVICES AREA REQUIREMENTS			PHARMACY MEDICINES
	DISTINCT AREA	PROFESSIONAL SERVICES AREA SIGNPOSTED	CONTAINS ONLY THERAPEUTIC PRODUCTS	STORAGE
<b>QCPP Requirements</b>	✓	Recommended ^	✓	Within Professional Services Area. Out of reach (non-mandatory)
<b>ACT</b>	—	—	—	Within four metres of dispensary
<b>VIC</b>	✓	✓	✓	Within professional services area
<b>NSW</b>	—	—	—	—
<b>QLD</b>	—	—	—	Out of customer access
<b>NT</b>	✓	—	✓	Within four metres of dispensary
<b>WA</b>	✓	✓	✓	Out of customer access
<b>SA</b>	✓	✓	✓	Within professional services area
<b>TAS</b>	—	—	—	Within four metres of dispensary

^ Signage can help distinguish the professional services area from the general trading area. Example signage is available in FAST TRACK, which is available from your state QCPP branch.  
This table demonstrates consistency between QCPP professional services area requirements and state/territory legislation/guidelines. This is not an exhaustive list of requirements. Pharmacies should seek complete information regarding their legal and professional obligations.

## WHAT'S IN AND WHAT'S OUT?

One area in which it is common for pharmacies to have remedial actions from QCPP Assessment is the presence of non-health related products in the professional services area.

Table 2.

SHOULD IT BE IN THE PROFESSIONAL SERVICE AREA?		
ESSENTIAL	PERMITTED	NOT PERMITTED
<ul style="list-style-type: none"> <li>▪ Dispensary</li> <li>▪ All <i>Pharmacy Medicines</i></li> <li>▪ All <i>Pharmacist Only Medicines</i> (which must be out of consumer reach)</li> <li>▪ An area for confidential conversations</li> <li>▪ Trained pharmacy staff members</li> </ul>	<ul style="list-style-type: none"> <li>▪ Complementary Medicines</li> <li>▪ Medical devices</li> <li>▪ Health related items which are not therapeutic goods (e.g. glucose monitoring record book)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Confectionary*</li> <li>▪ Giftware</li> <li>▪ Perfumes</li> <li>▪ Cosmetics</li> <li>▪ Leather goods</li> <li>▪ Foods and drinks*</li> <li>▪ Veterinary products, such as medicines for dogs/cats</li> <li>▪ Beauty services</li> <li>▪ All other non-health related products and services</li> </ul>

\*Sometimes there is a fine line between products that purport to provide a therapeutic effect and food/drinks/confectionery. Ruling of how this is interpreted at QCPP assessment available at [www.qcpp.com/knowledgehub](http://www.qcpp.com/knowledgehub).

## SIZE AND SHAPE

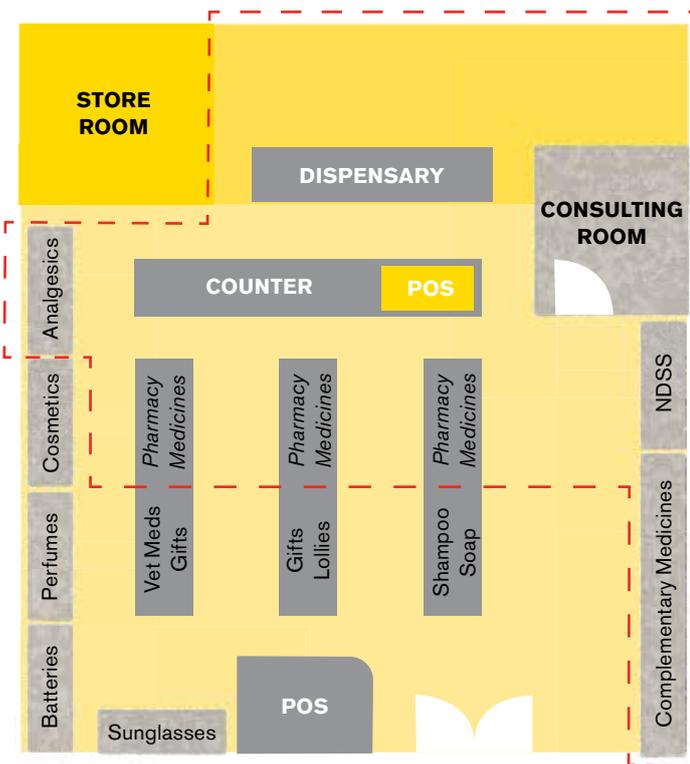
Depending on the physical size, location and business model of your pharmacy, the size of the professional services area could vary widely. In a pharmacy where all scheduled medicines are out of customer reach, the professional services area may be relatively small. In larger shopping centre pharmacies where *Pharmacy Medicines* are interspersed with other therapeutic goods for management of minor ailments, the professional services area may be much larger.

QCPP does not mandate a minimum or maximum size for the professional services area; however pharmacies should be aware of specific regulatory requirements which may relate to their state/territory.

It should also be noted that there is no requirement for the professional services area to be a regular shape. It is permissible for the shape of the professional services area to be curved or U-shaped. The requirement is designed to be flexible.

However, it must be a continuous area and not have 'holes' in it. The floor plan depicted below is an example of a professional services area which meets QCPP requirements.

**Professional services area**



## WHAT IF I CAN'T COMPLY?

QCPP sometimes receives feedback from pharmacies that they are unable to comply with the requirements of the professional services area as it is in conflict with directives to use planograms supplied by their banner/buying group. In their December 2013 Communique, the Pharmacy Board of Australia reminded pharmacists that there are potentially serious consequences under National Law for directing or inciting a pharmacist to engage in unprofessional conduct or professional misconduct. It is the responsibility of the pharmacy to comply with the requirements.

Other reasons cited by pharmacies for not complying with QCPP requirements include the shoplifting risk and temperature control issues for some products when stored outside of this area. In most cases there are simple changes pharmacies can make to their layout to comply with these requirements. In all cases, pharmacies must be aware of their legal, professional and ethical obligations, including QCPP requirements. This ultimately supports improved customer perceptions of the pharmacy environment, and enhances the ability of the pharmacy to support the safe and effective use of scheduled medicines. ■

### RELATED QCPP REQUIREMENTS

Elements 5 Action 2  
Elements 8 Action 7  
Template T2C Action 1,  
Action 4, Action 6

### RELATED FAST TRACK RESOURCES

**T2C** Action 4.1 Example  
*Pharmacy Medicine and Pharmacist Only Medicines* signage



# THE NEW PRIVACY LAWS

## WHAT THEY MEAN FOR YOUR PHARMACY

Natalie Smith – Joint Head, Quality Pharmacy Practice

### A requirement of QCPP assessment is for the pharmacy proprietor or manager to complete and sign the T1A Legal and Professional Obligations Declaration.

The new Australian Privacy Principles came into effect in March, so it is timely to review your local practices to ensure your pharmacy is operating in accordance with the new Australian Privacy Principles, reconfirm your pharmacy privacy policy with your employees at the next team meeting, and update your confidentiality policy for new employees.

Pharmacists and pharmacy staff have privileged access to personal and confidential information and with this privilege comes considerable responsibility and obligations under the new Australian Privacy Principles. With a few simple strategies and constant consideration your patient's privacy can be protected.

#### PROTECTING YOUR PATIENT'S PRIVACY

First, be aware that the patient owns their personal and health information and that you and your pharmacy team are custodians of that information. Keep these six things in mind:

- 1 Only collect information you need and only collect it for a particular purpose.
- 2 Think before disclosing personal information. If in doubt always seek the patient's consent before using or disclosing their personal or health information.

- 3 Only conduct conversations involving sensitive patient information in an area of the pharmacy that allows for normal speaking volumes without being overheard by any other person, including pharmacy staff.
- 4 If a patient asks, give them access to the personal information you hold about them. It is essential to maintain utmost professionalism in your documentation.
- 5 Don't keep information you no longer need or that you no longer have to retain.
- 6 Keep personal information secure, accurate and up to date. This includes ensuring dispensed medicines are not in an open area and ideally are stored in a non-translucent bag.





## EXAMPLE SCENARIO

*The pharmacist has completed a MedsCheck report and is viewing it on the computer screen. He is called away from the computer to speak with a patient and the report remains visible on the screen. Is this poor practice?*

Yes. All personal health information must be treated as private and confidential. It is the responsibility of the pharmacist to ensure all patient information is stored appropriately, upholding a patient's privacy. Ensure that the pharmacy has a privacy procedure which details the management of consumer information and that all staff understand and comply. Simple ideas such as locking computers when you leave can greatly assist in maintaining privacy and security of personal information. ■

## What should a pharmacy's consultation area/room look like?

The consultation area should be separated from the retail trading floor so that the privacy and confidentiality of patients are protected. The area should allow for conversations at normal speaking volumes without being overheard by any other person (including employees). Some pharmacies have used technology to assist in maintaining privacy through motion sensed music, or physical barriers to assist in this area.

## Can I provide information to a carer?

Ideally the pharmacist should ascertain the relationship of the carer to the patient, confirm they are a responsible person and confirm their entitlement to the information. The definition of 'responsible person' under the Act (section 6AA) includes a parent, a spouse, a child who is at least 18 years old, a guardian, a person who has an intimate personal relationship with the individual, a person nominated by the individual to be contacted in case of emergency, or an employed carer.

Therefore your pharmacy must carefully consider whether disclosure of health information for a secondary purpose can be made to a carer where no formal/legal arrangement exists and this decision (including the reasons) should be clearly documented for future reference if needed.

## How should we dispose of material with sensitive or potentially sensitive information?

### EXAMPLE SCENARIO

*The pharmacy has recently completed recruitment for two pharmacy assistants and is unsure what to do with copies of the unsuccessful job applications.*

If the pharmacy does not want to keep the information, then it must destroy it in a secure manner such as shredding.

This type of information should not be placed in a recycling bin or in general waste.

If the pharmacy wants to keep the information (i.e. for future reference) it should seek consent from the owner of the information by informing them that the pharmacy would like to keep the information for future reference.



## EXAMPLE SCENARIO

*A woman comes into the pharmacy with a prescription for her husband. Upon dispensing, the pharmacist notices that the records show a recent dispensing of another medication that if used concurrently, has the potential to result in a severe adverse reaction. It is not known whether the wife is aware of her husband's therapy. Due to the potential for serious medication misadventure, it is not appropriate for the pharmacist to dispense this medicine and wants to contact the doctor to alert them to the interaction in order for them to consider alternative therapy.*

Under the privacy legislation, such a disclosure to the doctor without consent of the husband can be justified as it would lessen a serious threat to the life, health or safety of the husband.

However, it would not be appropriate to discuss this sensitive personal information with the wife at any stage without the husband's consent. ■

If the owner provides consent the information must be kept in a secure manner. For example, if the information is held electronically, including scanned documents or hard copy applications, these need to be kept securely with designated restricted password access. If the information is kept in hard copy, it must be kept in a secure manner (e.g. lockable filing cabinet) with designated restricted access ensuring only relevant people have access to it.

If the owner of the information does not provide consent, the information must be destroyed in a secure manner.

The pharmacy's database should be 'cleaned' of unrequired data every 12 months and this activity should be documented in the pharmacy's relevant privacy policies.

### What is sensitive information?

Sensitive information is information or an opinion about an individual. Sensitive information can also be personal information, or health information about an individual, or other general information about an individual that is not otherwise health information.

### Can a pharmacist provide the patient's personal information when referring the patient to another health professional and what details can be provided?

Yes. A pharmacist can provide personal information to another health professional once they have explained the purpose of the referral and gained consent from the patient.

A pharmacist will not require consent in the next type of scenario. ■

# DOCUMENTATION ON THE RECORD

Claire Bekema – Pharmacist Consultant

**An essential function of all health professionals is to record clinical activities with the overall aim of improving the quality of care for our patients. Unlike our medical, nursing and allied health colleagues, writing clinical notes has not always been consistently taught in pharmacy university courses.**

Clinical documentation allows us to record patient specific information, clinical interventions, incidents, referrals and other professional actions. It supports our accountability as a health professional, improves communication between pharmacists and other health professionals across the continuum of care and assists in maintaining adequate records of high risk interactions or potentially litigious situations.

As we move to more professional services and receive remuneration through the Pharmacy Practice Incentives (PPI) Programme, clinical records are essential as evidence that a service has been provided, what occurred during that activity and what key outcomes were achieved.

There is a requirement under QCPP for pharmacies to have and maintain a recording system for documenting clinical activities. Checklist templates are provided to assist pharmacies in making sure they record key information for professional services in Element 3, and for Clinical Interventions in Element 2.

In the past, a patient's dispensing history and notes section within the dispensing software was the main tool for recording and communicating important information to our colleagues. In recent years there has been development of software systems for documenting and recording clinical information which integrate with dispensing systems.

At QCPP, we are often asked **'where recording systems are required for health programs and services, what form can these systems take?'**

Recording systems can be in electronic format where records are kept in a computer system or file; or they can be in hard copy paper files, journals, diaries or logbooks. These records must contain the mandatory components needed for each specific health program or service.



Mandatory sections can be found in the relevant templates in the QCPP Requirements Manual, or on the QCPP Knowledge Hub at [www.qcpp.com/knowledgehub](http://www.qcpp.com/knowledgehub).

The Pharmaceutical Society of Australia (PSA) *Standard and Guidelines for Pharmacists Performing Clinical Interventions*, and the Society of Hospital Pharmacists Australia (SHPA) *Standards of Practice for Clinical Pharmacy Services* give professional guidance for documenting clinical activities.

Clinical notes should be concise yet comprehensive, objective, respectful and not critical of the patient or other health professionals. They should be easily and accurately interpreted by other health professionals so use of accepted terminology and abbreviations is recommended.

QCPP checklists for professional services and clinical interventions have a mandatory field for recording patient outcomes and it is suggested in the PSA guidelines that undertaking and recording follow up on clinical interventions is good practice. It is therefore important to have a mechanism for follow up or review, whether it be an alert in your integrated dispensing and recording software, or a simple diary note to follow up the outcomes for your patients.

## Documenting clinical activities in an appropriate recording system not only assists in meeting professional and reporting requirements, but is a valuable tool in communicating important professional activities to our colleagues.

A simple, concise and standardised method of recording the clinical details is the SOAP method. Following up on the outcomes of interventions and recommendations for the professional services we provide ensures quality of care for our patients across the continuum of care.

### Standardised method for recording

The professional standards above suggest the use of the "SOAP" method for recording the detail of clinical activities.

- S:** Subjective relevant patient details and observations
- O:** Objective clinical findings and observations
- A:** Assessment of the situation or clinical problem
- P:** Proposed management plan

The use of a clinical intervention example below will demonstrate the use of the SOAP method for recording the specific clinical details.

Subjective relevant patient details or observations are those provided by the patient or carer. They could include the history of the presenting complaint, description of the symptoms, or their perception of the problem.

*'Patient presents with headache present for 3-4 days, possibly due to new medication.'*

Objective clinical findings and observations are those investigated, witnessed or measured by the pharmacist and can include pathology results, medication history, blood pressure/pulse/blood glucose readings, and relevant patient details such as age and weight. For example:

*78 y.o female; 54kg*

*Past medical history: hypertension, osteoarthritis, GORD*

*Medications (from disp hx): Ramipril 10mg m, Aspirin 100mg m,*

*Panadol Osteo 665mg 2 tid; Pantoprazole 40mg m,*

*Digoxin 250mcg m (started 10 days ago);*

*OTC – fish oil 1000mg 2 bd*

*Observations: BP 170/90mmHg; PR 52*

*Presents with headache for 2 days, nausea, loss of appetite, blurred vision.*

The pharmacist's assessment of the situation should be based on the subjective and objective observations and include a description of the clinical problem, potential diagnosis, or any drug related problem (DRP) that has been identified. Classifying and recording DRPs using the D.O.C.U.M.E.N.T system could be included here.

*'Patient experiencing symptoms consistent with digoxin toxicity. Patient initiated on digoxin 10 days ago.'*

*DRP category:*

*O—over or underdose—prescribed dose too high;*

*M—Monitoring—laboratory monitoring;*

*T—Toxicity, allergic reaction or adverse effect present'*

The proposed management plan is the course of action taken, or to be taken, to address the situation of each identified clinical problem. This is the basis of your recommendation(s) and using the standard recording system in the Standard and Guidelines for Pharmacists Performing Clinical Interventions for recommendations could be used here.

*'Phoned GP to alert to possible digoxin toxicity and recommend digoxin level. Suggested that patient should be referred to hospital immediately for care and monitoring due to symptoms, age, concurrent decline in GFR (from GP records of recent pathology results) and urgency of monitoring. GP agreed.'*

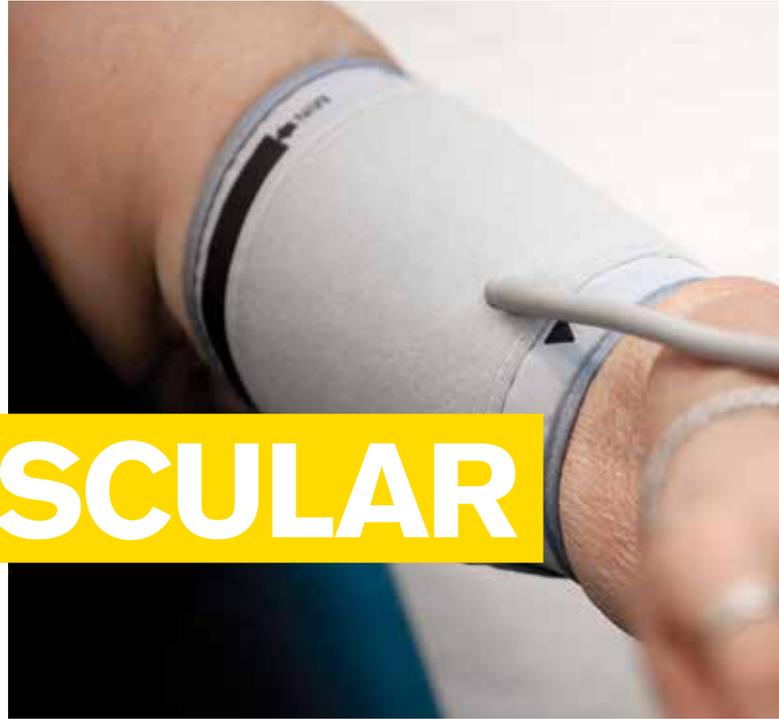
*Discussed with patient and husband, who will drive to hospital now. Advised that GP will phone ahead to the emergency department.'*

*Recommendations:*

*R9—refer to prescriber;*

*R10—refer to hospital;*

*R17—suggest laboratory monitoring' ■*



# CARDIOVASCULAR

# DISEASE

# SCREENING IN PHARMACY

Dr Kevin McNamara – Post Doctoral Research Fellow, and Peter Guthrey – Pharmacist Consultant

## Cardiovascular disease (CVD) risk screening is a professional service of growing prominence in community pharmacy—and with good reason.

Australian research identifies that properly conducted pharmacy screening programs can effectively identify patients with elevated CVD risk, improve awareness, encourage appropriate patients to seek medical advice, and motivate them to improve health behaviours.<sup>1-3</sup> International research indicates that hospital admission rates for cardiac events might also be significantly reduced, and that access to screening is improved for several sections of the community.<sup>4-5</sup>

With this evidence, you would be forgiven for thinking that the validity of our role is beyond question. Unfortunately, resistance from other professions exists, including from general practice. Criticisms we experience relate to perceptions that pharmacist training is insufficient to conduct screening, measurements are unreliable, appropriate advice is not always provided regarding follow up requirements, and patients develop a false sense of security if only one or two risk factors are tested and there is no problem. There is also a concern that screening occurs in a silo, resulting in failure to treat despite positive screenings because patients do not access GPs for further assessment following pharmacist care.

The extent of criticism might be unwarranted or based on individual experiences. However, shifting the national conversation about pharmacy screening to a more constructive footing requires a collective willingness to embrace quality screening at a local level. This will allow pharmacy to refute unfair criticisms, and to take initiative on any aspects of screening that need improvement. The alternative to ensuring rigorous and systematic approaches to screening is to accept suboptimal practices. This affects the profession's collective reputation, removes opportunities to overcome barriers to better care, and prevents mature discussions with policymakers, NGOs and other health professions. Better patient outcomes from screening is the issue that most clearly unites pharmacy with these stakeholders, hence we should actively pursue this goal.



*Dr Kevin McNamara is a Postdoctoral Research Fellow at Greater Green Triangle University Department of Rural Health (Flinders University and Deakin University), and Adjunct Lecturer in Pharmacy Practice at Monash University. Kevin and his research team Prof Ines Krass (University of Sydney), Prof Gregory Peterson (University of Tasmania) and Prof James Dunbar (GGT UDRH) are working to determine how community pharmacy can contribute to CVD screening on a national basis via a Focus Grant (ID:100364) from the National Heart Foundation of Australia.*

**QCPP supports pharmacy delivery of a quality cardiovascular screening service through the framework of T3C Screening/Risk Assessment Checklist. This checklist describes the structures and requirements needed to deliver a consistent quality service. Its requirements relate to some of the key issues identified in this article, such as ensuring:**

- staff are appropriately trained to provide the service (Action 2.2)
- the pharmacy has access to current information resources (Action 3.1)
- a consistent procedure for the service is followed (Action 7.1)
- the pharmacy maintains and follows a system for communicating with prescribers and other relevant health professionals (Action 7.2)
- a recording system is followed and maintained, including explanations, and recommended follow up actions. (Action 8.1).

This framework allows the pharmacy to manage the quality of the service. Consideration of what is appropriate training, what resources you maintain, what procedure you follow and what records you create/maintain will determine the quality and robustness of your service. By asking yourself the key questions in this article and utilising validated tools, you can offer your consumers a high quality service which allows them to reduce their absolute cardiovascular risk and manage their cardiovascular health conditions.

***For more information and implementation support for risk assessment and screening services, contact the QCPP team in your state/territory. ■***

To establish how your pharmacy rates for CVD screening, consider the following questions as a starting point:

- Do staff fully understand the concept of overall (absolute) CVD risk?
- Are staff trained to measure and interpret individual CVD risk factors?
- Is there a protocol, based on national guidelines, to guide risk factor measurement and referral?
- Have GPs been approached to attempt coordinated screening?
- Do all patients receive a written record and clear explanation of results, appropriate follow up care, and offers to communicate results to GPs?
- Are appropriate patients without CVD encouraged to complete an overall CVD risk assessment with their GP?
- Is there a system in place for following up with patients?

If you confidently answered yes to all of these questions, yours is probably a leading pharmacy doing a good job. If not, it is worth reflecting on how your screening service can improve. The importance of collaboration with general practice should particularly be considered. Initially implementing screening on a small scale is a good way to develop efficient processes and establish what is manageable. The leading pharmacies that our research team has worked with demonstrate that high-quality screening, better patient outcomes, health service integration and adequately remunerated services are entirely feasible. ■

#### References:

1. Hourihan F, Krass I, Chen T. Rural community pharmacy: a feasible site for a health promotion and screening service for cardiovascular risk factors. *Australian Journal of Rural Health*. 2003 Jan;11(1):28-35.
2. McNamara KP, O'Reilly SL, Dunbar JA, et al. A Pilot Study Evaluating Multiple Risk Factor Interventions by Community Pharmacists to Prevent Cardiovascular Disease: The PAART CVD Pilot Project. *The Annals of Pharmacotherapy*. 2012 February 1, 2012;46(2):183-91.
3. Peterson G, Fitzmaurice K, Kruup H, Jackson S, Rasiah R. Cardiovascular risk screening program in Australian community pharmacies. *Pharmacy World & Science*. 2010;32(3):373-80-80.
4. Kaczorowski J, Chambers LW, Dolovich L, et al. Improving cardiovascular health at population level: 39 community cluster randomised trial of *Cardiovascular Health Awareness Program (CHAP)*. *BMJ*. 2011;342.
5. Horgan JMP, Blenkinsopp A, McManus RJ. Evaluation of a cardiovascular disease opportunistic risk assessment pilot ('Heart MOT' service) in community pharmacies. *Journal of Public Health*. 2010 October 28, 2009;32(1):110-6.



# APPROVED REFRESHER TRAINING

Supporting Excellence in Pharmacy

## REFRESHER TRAINING

The following courses have been approved for Refresher Training since the March/April edition of *Excellence*. This approved list is correct at Friday 9 May 2014.

To see the complete list of currently approved activities go to [www.qcpp.com/resources/training-requirements](http://www.qcpp.com/resources/training-requirements).

Counter Connection	Approved Duration	Approval Period	Format	Training Provider Contact Details and Notes
Asthma	1 hr	01/04/2014– 31/05/2014	Distance/Online	PSA Self Care inPHARMation (April 2014)
Childhood Cough	1 hr	01/05/2014– 30/06/2014	Distance/Online	PSA Self Care inPHARMation (May 2014)

### CONTACTING QCPP

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

### QCPP STATE MANAGERS

#### ACT

Lisa Gibbons  
02 6270 8900

#### NT

Kylie Clark  
08 8944 6900

#### VIC

Natalie Law  
03 9810 9999

#### SA

Gillian Starr  
08 8304 8300

#### NSW

Belinda Nankivell  
02 9467 7100

#### QLD

Nicole Floyd  
07 3831 3788

#### WA

Cathie Marshall  
08 9429 4154

#### TAS

Sally Davis  
03 6220 2955



## Quality Care Pharmacy Program

An initiative of The Pharmacy Guild of Australia

Supporting Excellence in Pharmacy

Thank you to Charnwood Capital Chemist, Charnwood, ACT; Priceline Pharmacy, Springwood, NSW; C.P. Peoples Outback Pharmacy, Broken Hill, NSW, for their participation in the photography. QCPP is committed to adopting environmentally friendly practices and chooses to print Excellence on 100% recycled paper.