

# Australasian

## — PHARMACY —

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Top 20  
APP 2026  
experiences

P20

Introduction  
to QSP  
accreditation

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Healthy Hormones:  
A pharmacist's  
guide

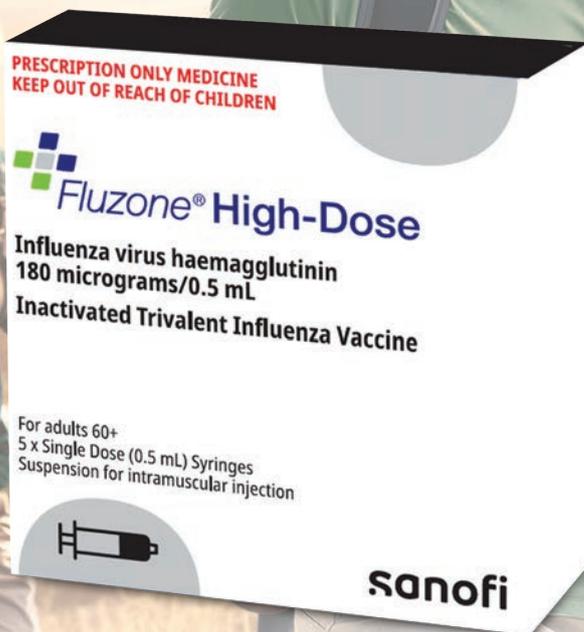


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<sup>a</sup> A Phase IIIb-IV, multicentre, randomised, double-blind, active-controlled trial to compare high-dose trivalent influenza vaccine (TIV-HD) (60 µg of haemagglutinin per strain) with SD uTIVs (15 µg of haemagglutinin per strain) in adults 65 years of age or older (n=31,989). Primary endpoint was reduction of laboratory-confirmed influenza. The efficacy and effectiveness of TIV-HD in patients aged 60 and over can be inferred from that for TIV-HD in ≥65 years given the demonstration of statistically comparable immunogenicity between both vaccines and in both age groups.

**PBS Information:** Fluzone High-Dose is not on the PBS or NIP.

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**REFERENCES:** 1. Fluzone High-Dose Approved Product Information. 2. DiazGranados CA, Dunning AJ, Kimmel M, et al. Efficacy of high-dose versus standard-dose influenza vaccine in older adults. N Engl J Med. 2014;371(7):635-645. doi:10.1056/NEJMoa1315727

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A PUBLICATION OF



The Pharmacy  
Guild of Australia

GOLD CROSS



PHARMACY GUILD  
OF NEW ZEALAND



**In this issue:** In honour of International Women's Day on March 8, this edition's cover spotlights our feature on menopause, hormones and the role community pharmacy can play in supporting women's health. The original illustration on the cover — and within the feature — is by Russian-based artist Denis Novikov.

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- Undiagnosed vaginal bleeding
- Known or suspected pregnancy
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**Abbreviation:** CI, confidence interval. **References:** 1. Pharmaceutical Benefits Scheme. Available at <https://www.pbs.gov.au>; Accessed January 2026. 2. Slinda (drospirenone) Product Information. 3. Therapeutic Guidelines: Sexual and Reproductive Health, Contraception [www.tg.org.au](http://www.tg.org.au). Accessed January 2026. 4. RANZCOG. Clinical Guideline: C-Gyn 3 Contraception. Available at: <https://ranzocog.edu.au/wp-content/uploads/Contraception-Clinical-Guideline.pdf> Accessed January 2026. 5. Faculty of Sexual and Reproductive Health (FSRH). Contraception for women aged over 40 years. Available at <https://www.fsrh.org/Common/Uploaded%20files/documents/fsrh-guideline-contraception-for-women-aged-over-40-years-august-2017-amended-july-2023-.pdf> Accessed January 2026.

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## From the editor

Welcome to the March–April edition of Australasian Pharmacy.

As we move further into 2026, the momentum across community pharmacy continues to build — and nowhere is that more evident than in the lead-up to the Australasian Pharmacy Professional Conference & Trade Exhibition on the Gold Coast this March.

APP has always been a barometer for where the profession is heading, but this year's theme — *Beyond the Script* — feels especially future-focused. In this edition of *Australasian Pharmacy* magazine, we spotlight several of the keynote speakers and thought leaders who will take the stage at APP. Of particular note are my interviews with pharmacist and gun control advocate Walter Macik, who will deliver the Alan Russell Oration, and with Tom Murray, who heads up the Ireland Pharmacy Union.

This issue also turns its attention to an area of women's health which is finally receiving the depth of focus it deserves. Two GPs and founders of the Healthy Hormones platform share practical, evidence-based guidance on how pharmacists can better support women navigating menopause and perimenopause — a space where accessible, informed care can make a profound difference. With International Women's Day on March 8, it feels timely to elevate this work and the women driving it.

We also celebrate excellence within the pharmacy landscape, profiling the most recent national pharmacy award winners from the Northern Territory and Western Australia. Ahead of the overall winners being announced at APP, their stories reflect the ingenuity, resilience and community commitment which continue to define pharmacy across Australia's most diverse regions.

In the midst of preparing this issue, I spent time in Indonesia and Singapore and found myself surrounded by countless interpretations of the Fire Horse — bold, bright and impossible to ignore with all the Lunar New Year festivities. It struck me again as an incredibly apt metaphor for the year ahead in pharmacy: energetic, forward-driving and unafraid of change. That same sense of momentum is reflected throughout this edition, and in the conversations we'll be having together on the Gold Coast in March.

As we head into APP and the conversations it will spark, I hope this edition offers both inspiration and practical insight. If you're coming to the Gold Coast, please come and visit our stand and let us know what you think of our magazine.

And, finally, we hope you and your teams have a safe and happy Easter period this April.

Best,

A stylized, handwritten signature in blue ink that reads "sp".

Sarah C Porter  
Editor

## Westpac and PGA's community pharmacy industry report

PGA and Westpac will launch their new 2026 *Community Pharmacy Industry Insights Report* at APP on the Gold Coast. Drawing on fresh national data, the report explores trends in patient behaviour, in-pharmacy spending and the rapid growth of pharmacist-led care, highlighting how community pharmacy continues to evolve as Australia's most accessible health destination. It also examines the impact of recent affordability reforms and how pharmacies are adapting their services and operations to meet rising demand and shifting expectations. The report will be formally unveiled at APP, offering a data-rich view of the opportunities shaping community pharmacy in 2026 and beyond.

## News in brief

For more on these stories, please visit:  
[australasianpharmacy.com.au](http://australasianpharmacy.com.au)



The new 2026 *Community Pharmacy Industry Insights Report* by PGA and Westpac will draw on fresh national data from Australia

## Two pharmacists recognised in 2026 Australia Day Honours

The PGA congratulated two pharmacists recognised in the 2026 Australia Day Honours, acknowledging their contributions to patient care, community service and the advancement of the profession. PGA National President Professor Trent Twomey said, "pharmacists consistently go above and beyond for the people they serve," and welcomed their inclusion among this year's recipients. Honours recipients are Emeritus Professor Colin Chapman AM (VIC), recognised for significant service to pharmacy and pharmaceutical science research, education and practice; and Dipak Sanghvi AM (VIC), honoured for significant service to community health through governance and board roles. "These individuals represent the very best of our profession," Prof Twomey said.



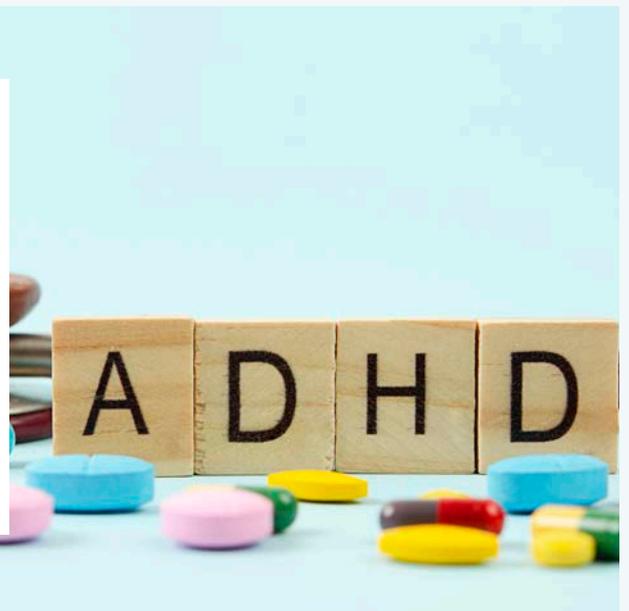
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more

## New Zealand's changes to ADHD stimulant prescribing

From February this year, the rules for prescribing stimulant medicines for ADHD in New Zealand are changing to allow a wider range of health professionals to initiate stimulant treatment, with the aim of improving access and reducing wait times for people living with ADHD. While this is a positive step, it is important to recognise implementation will be gradual, and GPs and nurse practitioners with a specific interest in ADHD will need time to build competence and confidence in ADHD assessment and management, and new models of care are expected to develop progressively.



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more



## Pharmacy restores postal services after closure

Shoalhaven Heads Pharmacy on the NSW coast in Australia is now home to a new Community Postal Agency, restoring local access to postal services after the village post office closed late last year. Local paper The Bugle reported the postal agency, which opened earlier this year, now allows residents to send and collect parcels, purchase stamps and access basic postal services. The Labor MP for the region Federal Member for Gilmore Fiona Phillips said she began advocating for a replacement service after residents raised concerns, supporting a community petition and making representations to Australia's Minister for Communications Anika Wells. The postal agency will operate Monday to Friday, with an Australia Post box to be installed outside the Shoalhaven Heads shopping centre.



Read more



## New Zealand's Andrew Gaudin to retire

PGNZ has announced its Chief Executive Officer, Andrew Gaudin, will leave the organisation in April. Andrew has led PGNZ through a period of steady progress. Members describe him as calm, collaborative and focused on practical wins for community pharmacy. During his time in the role, PGNZ strengthened its relationships across the health sector and delivered several pieces of work which set pharmacies up for the next chapter.



Read more

## Queensland expands free flu vaccination program

Queensland's community pharmacists will help deliver the state's largest flu vaccination program when universal free influenza vaccines become available from March 2026. All residents aged six months and over will be eligible, with vaccines offered through pharmacies, primary care and outreach clinics. A needle-free nasal spray vaccine for children aged two to five will be introduced for the first time. Legislative changes will also expand the scope of trained immunisers, including pharmacists. PGA's Queensland Branch welcomed the program, saying it will boost access and reduce pressure on hospitals during peak flu season. free nasal spray vaccine for children aged two to five will be introduced for the first time. Legislative changes will also expand the scope of trained immunisers, including pharmacists.



Read more

## New Zealand's national antibiotic prescribing guidelines

Te Whatu Kura, New Zealand's antibiotic prescribing guidelines, are now live, marking a significant milestone in supporting effective, equitable, sustainable, and safe antibiotic use nationwide. Te Whatu Kura will progressively replace existing hospital antibiotic guidelines. The guidelines will also be incorporated into HealthPathways and the New Zealand Formulary, supporting greater national consistency in antibiotic prescribing recommendations across key clinical platforms. Pharmacies can find further information about the team behind Te Whatu Kura, Antibiotic Conservation Aotearoa, and learn more about their other antimicrobial stewardship initiatives at [www.antibioticconservation.auckland.ac.nz](http://www.antibioticconservation.auckland.ac.nz).



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## President's message

Professor Trent Twomey

National President, Pharmacy Guild of Australia

As we move through 2026, there is a renewed sense of momentum and purpose across community pharmacy — and nowhere will this be more evident than at APP2026, taking place on the Gold Coast in Queensland from March 12 to 14.

This year's theme, *Beyond the Script*, captures the direction our profession is heading: Towards a future where pharmacists are recognised not only for dispensing medicines, but for delivering essential, community based healthcare meeting the needs of modern Australia.

APP has always been the place where we set our collective ambition. But APP2026 arrives at a time when the decisions we make together will shape the community pharmacy landscape for the decade ahead. The conversations we have, the commitments we forge, and the innovations we embrace will determine how confidently we step into expanded clinical roles and how effectively we advocate for the funding and policy settings required to support them.

APP Chairman Kos Sclavos AM has unveiled his session highlights for APP2026, showcasing a program bringing together international insights, future-focused clinical and technology sessions, major industry updates, leadership and business development content, human-centred learning, and inspiring keynote speakers.



### Co-payment changes

Australians are now benefiting from a reduction in the general PBS patient co-payment from AUD31.60 to AUD25, alongside the freezing of the concessional co-payment at AUD7.70. These changes, which commenced from January 1, are delivering meaningful cost-of-living relief, improving access to essential medicines, and helping more patients stay on the treatments they need. Improved medicines affordability supports better adherence, leading to stronger health outcomes for patients and long-term benefits for the broader health system.

This reform reflects sustained advocacy by the PGA working closely in alliance with patient organisations and other health groups to ensure affordability remained central to government decision-making. By bringing patient and health sector voices together, the case was made that reducing financial barriers to medicines is critical to access, equity, and prevention. Community pharmacies play a pivotal role in realising these benefits. As the most frequently visited and accessible primary healthcare destination in Australia, pharmacies are often the first and most regular point of contact for patients managing their health. As more Australians can afford their medicines, demand continues to grow for timely advice, support, and clinical care delivered through community pharmacy.

At the same time, PGA has been clear that affordability reforms must be supported by funding settings that keep community pharmacy viable. Lower patient co-payments do not reduce the cost of delivering care, and ensuring pharmacies can continue to meet rising demand requires sustainable reinvestment. Securing that reinvestment through the Eighth Community Pharmacy Agreement has been essential to supporting a strong, accessible, and future-focused community pharmacy network.

APP2026 will be our first opportunity to come together since these changes took effect, with a focus on strengthening business models, expanding scope of practice, and ensuring community pharmacies remain well placed to deliver high-quality, accessible care into the future.

## Guild Member Census

# Your voice matters



[guld.org.au/census2026](http://guld.org.au/census2026)

### Supporting communities

Already this year, natural disasters across several parts of Australia — including fires, storms, and localised flooding — have again highlighted the essential role community pharmacies play when emergencies strike. Across regions affected by these events, pharmacists have stepped up — maintaining access to medicines, providing urgent care, supporting displaced families, and offering stability in moments of uncertainty. These actions demonstrate, in the clearest terms, the frontline role pharmacies play in community resilience.

The PGA has been working closely with affected members to ensure they have the support they need, and we will continue advocating for frameworks which support pharmacies to remain operational during emergencies.

### Standing with Bondi

We also continue to stand with the pharmacists and staff affected by the violent attack in Bondi in late December. In January, PGA NSW Branch President Mario Barone and Branch Director Daniel Kicuroski visited local pharmacies to meet with teams supporting patients through the aftermath. Their conversations reinforced the strength and resilience of community pharmacy, and members are encouraged to access the PGA's Employee Assistance Program if they need support.

### Building capability

February into March marks the beginning of the academic year, with several universities offering programs enabling pharmacists to extend their scope of practice. These courses — from prescribing qualifications to advanced clinical training — are equipping pharmacists with the skills needed to deliver expanded services and meet rising community expectations.

This educational momentum aligns perfectly with the message of APP2026: the future of community pharmacy lies Beyond the Script, in a model where pharmacists are recognised as essential primary healthcare providers. The PGA continues to work with universities, regulators, and governments to ensure these programs are supported by the right policy and funding frameworks.

### Driving the Census

One of the most important initiatives underway this year is the PGA's 2026 Member Census. For the first time since 2012, we are undertaking a comprehensive national Census of every member and every community pharmacy — and it could not come at a more critical time.

The Census will help shape the runway into the Ninth Community Pharmacy Agreement, the next Federal Election, and several State and Territory elections. It will also guide our longterm strategy as we work towards our ambitious 2035 goals. Participation is essential. Every completed Census strengthens our negotiating position and ensures the decisions shaping our future are grounded in realworld evidence.

Members can complete the Census online or register for a phone interview through our PGA-owned call centre. All data will be fully deidentified and securely protected. Our goal is to deliver the largest Member Census in PGA history, and I encourage every member to participate fully.

### See you on the Gold Coast

As this March edition reaches you in the lead-up to APP2026 from March 12 to 14 on the Gold Coast in Queensland, I hope it sharpens your focus on the opportunities ahead. The theme Beyond the Script invites us to imagine what our profession can become — and to take the steps needed to make that vision real. APP2026 will be a defining moment in this work: a chance to set the agenda, strengthen our position, and build the next chapter of community pharmacy together.

I look forward to seeing you on the Gold Coast in Queensland — ready to connect, ready to collaborate, and ready to go *beyond the script*.

### Professor Trent Twomey

National President, Pharmacy Guild of Australia



## President's message

**Kesh Naidoo-Rauf**

President, Pharmacy Guild of New Zealand

New Zealand, like many countries, struggles with medicines shortages. This issue increased during the height of the Covid-19 pandemic and unfortunately appears to be here to stay.

New Zealand has a unique medicine funding model – Pharmac is the government agency which decides what medicines and related products are publicly funded. Its sole supply model means a single pharmaceutical company becomes the exclusive supplier nationwide, securing lower prices but increasing vulnerability to supply disruption.

When that supplier experiences issues, every pharmacy and patient is affected. Pharmac also maintains the Pharmaceutical Schedule, updated monthly with funding, access and dispensing rules.



*New Zealand has a unique medicine funding model*



*As more unapproved medicines are funded, community pharmacies in New Zealand are facing an increased workload*

### Unapproved medicines

Ongoing shortages have increased the need for unapproved medicines — products not approved by Medsafe but able to be supplied when prescribed for individual patients. These medicines are added to the Pharmaceutical Schedule temporarily and require additional work from both prescribers and pharmacists.

### Changes to who can prescribe

Recent changes in the Medicines Amendment Bill expanded who may prescribe unapproved medicines. Nurse prescribers and pharmacist prescribers may now prescribe any unapproved medicine, alongside medical practitioners.

Authorised prescribers may prescribe unapproved medicines only when Pharmac funds them as alternatives to approved medicines in short supply. Authorised prescribers include anyone with prescribing rights under the Health Practitioners Competence Assurance Act 2003.



As more unapproved medicines are funded, community pharmacies are facing an increased workload, uncertainty of their obligations and pressure from frustrated patients.

*Pharmacists in New Zealand must obtain prescriber authorisation before supplying an unapproved medicine*

### Practical issues

Pharmacists may only import an unapproved medicine for a known patient and cannot transfer stock to another pharmacy. Expired stock must be reported to the importer. Prescribers must obtain patient consent, explain supporting evidence and safety considerations, and advise that information will be provided to the Director-General of Health.

### Prescribers' systems

Prescriber management systems are not updated as frequently as pharmacy systems. This can result in prescribers unknowingly issuing prescriptions for medicines that have been replaced by unapproved versions, creating legal and ethical risks.

### Supply issues

Supply changes mid-prescription can cause confusion. A prescriber may expect an approved medicine to be supplied, unaware that a substitution to an unapproved brand may occur later. This creates uncertainty for pharmacists about how to manage these situations.

### Uncertainty

Pharmacists must obtain prescriber authorisation before supplying an unapproved medicine, yet practices vary and Medsafe has not provided clear guidance outlining pharmacists' obligations.

### Lack of information

Unapproved medicines do not have datasheets, making clinical decision-making more difficult. Prescribers and pharmacists may also have differing assumptions about Pharmac's due diligence, leading some to believe they do not need to independently verify appropriateness.

### Rules lead to delays

Pharmacies cannot procure unapproved medicines in anticipation of a prescription, causing delays in treatment. Repeat supplies require patient-initiated requests, often resulting in frustration from patients unaware of the legal and ethical requirements pharmacies must meet.

As more unapproved medicines are funded, community pharmacies are facing an increased workload, uncertainty of their obligations and pressure from frustrated patients.

The Medical Products Bill, currently in development, aims to address these issues. The Guild HQ team continues to engage with the Ministry of Health, and members will be kept updated as this work progresses.

### Kesh Naidoo-Rauf

President, the Pharmacy Guild of New Zealand



# Your essential APP2026 hit list: 20 things not to miss

Kos Sclavos AM,  
Conference Chairman, APP2026

With this issue about to go to print, APP2026 Conference Chairman Kos Sclavos revealed his annual top-20 must-see sessions — an impressive feat given the breadth of this year's program and the calibre of speakers bound for the Gold Coast. Presented chronologically, these are his personal highlights for delegates planning their schedules.

## 1. Pharmacy Owners Masterclass: Blueprint to success | Wednesday PM

For pharmacy owners, this session offers a fresh perspective on reviewing your pharmacy's business performance. For aspiring pharmacy owners, it's an opportunity to enhance your knowledge and skills. Join pharmacy sector experts for an immersive workshop that delivers a comprehensive 360-degree view of pharmacy ownership and management.

## 2. Opening plenary: Celebrating progress and shaping the future | Thursday AM

Start the conference with a powerful opening session reflecting on community pharmacy's achievements and challenges, and an anticipated keynote address from the Hon Mark Butler MP, Minister for Health, Disability and Ageing. Witness the new, expanded National Pharmacy Awards program, which now encompasses Pharmacist of the Year and Pharmacy Student of the Year, alongside the traditional Pharmacy of the Year recognition.

## 3. European community pharmacy: Innovations and lessons for Australia | Thursday AM

Discover how Europe is shaping the future of community pharmacy with international guest speaker Clare Fitzell, Past President of the Pharmaceutical Group of the European Union and Secretary General of the Irish Pharmacy Union. Clare will highlight the pharmacy services and innovations that are successfully futureproofing community pharmacy across Europe.

## 4. Panel session: Strengthening community pharmacy's role in primary care | Thursday AM

This dynamic panel discussion will explore how community pharmacy can play a stronger role in primary care through the delivery of clinical services and innovative programs such as screening and diagnostic testing. The session will feature insights from international guest speaker and President of the Irish Pharmacy Union, Tom Murray, alongside leading voices from the Australian pharmacy sector.

## 5. Alan Russell Oration: Resilience for life – turning tragedy into purpose | Thursday PM

Nearly 30 years ago, the Port Arthur Massacre changed Australia, and Walter Mikac's life, forever. Walter returns to APP in 2026 to share his powerful story of resilience, hope, and purpose, and how he transformed unimaginable loss into a legacy of national advocacy and healing. Given the recent Bondi shootings of December 2025, Walter's story of hope and healing is now more relevant than ever. Walter will explore how adversity can be a catalyst for change, and how compassion and courage can shape a better future.

## 6. Enhancing medicines safety and pharmacist scope through AI and comprehensive patient histories | Thursday PM

With prescribing rights expanding and scope of practice evolving, pharmacists are uniquely positioned to lead improvements in medication safety and deliver more accessible, patient-centred care. Realising this potential requires a leap forward in pharmacy technology. Integrated, cloud-based systems, real-time access to comprehensive patient medicine histories, and the power of AI are reshaping how pharmacists work. These innovations streamline workflows, reduce manual tasks, and empower pharmacists to focus on clinical decision-making and optimising patient outcomes. Presented by pharmacist and pharmacy IT pioneer, Paul Naismith, this session will explore the latest digital tools driving this change.



Jay's presentation is set to focus on how to better manage mental health and overall wellness

## 7. Five pillars of wellbeing: Maintaining balance in pharmacy | Thursday PM

Workplace wellbeing guru, Jay Pottenger will present this interactive session on how to use the Five Pillars of Wellbeing to manage mental health and overall wellness. Tailored specifically for pharmacists, Jay will share real-world examples and tangible solutions for getting the most out of your day and career, while maintaining balance across personal and professional objectives.

## 8. Leading growth, winning competitively, shaping the future of care | Thursday PM

Pharmacy's scope of practice is expanding, and with it comes the opportunity to drive business growth and stand apart competitively. This session will provide stories from pharmacists already embracing these opportunities by lifting script volumes, attracting new patients, expanding services, and energising their teams. Find out how being prepared early creates a powerful head start, and why readiness is key to seizing the opportunities of an evolving profession.

PGA President Prof Trent Twomey presenting to a packed audience at last years planery



### 9. Guild member (Proprietor) only breakfast: Industry update | Friday AM

Reserved for Guild member proprietors, this exclusive breakfast session offers a confidential setting to hear the latest updates on key industry developments. Guild National President, Professor Trent Twomey, will provide insights into current national and state-based pharmacy initiatives, regulatory changes, and strategic priorities shaping the future of community pharmacy. The breakfast will conclude with an interactive Q&A, giving members the chance to raise questions, share perspectives, and engage directly with Guild leadership.

### 10. The Panel: State of the Industry | Friday AM

One of my favourite sessions, always. Hear from leaders of The Pharmacy Guild of Australia, Westpac, Patients Australia, Consumer Healthcare Products Australia, Generic and Biosimilar Medicines Association, and National Pharmaceutical Services Association. How do they view the pharmacy sector? What are they seeking, in terms of government commitments? Where does pharmacy and pharmaceuticals sit in the political landscape?

### 11. How AI is changing work and business forever | Friday AM

Join AI expert, Adam Spencer, as he unpacks the AI revolution led by ChatGPT, breaking down how it works and what it means for business, education, and beyond. Starting with the absolute basics through to the most recent product and platform releases, Adam will bring you up to speed with these incredible disruptive technologies. Don't put AI in the too hard basket – let Adam show how to make AI work for you today and carry your business into tomorrow.

### 12. Community pharmacy in Ireland: Lessons for Australia | Friday AM

Join international guest speaker Tom Murray, President of the Irish Pharmacy Union and Treasurer of the World Pharmacy Council, as he shares a comprehensive update on the evolving landscape of community pharmacy in Ireland. In this session, Tom will explore key developments including dispensary remuneration models, government-funded professional services, and the expansion of pharmacists' scope of practice. Gain valuable insights into how Ireland is advancing pharmacy practice and what lessons can be applied to Australia.





The APP annual conference brings together some 7,500 people working across the pharmacy field

### 13. Strength in unity: Building safer futures together | Friday AM

Domestic and family violence remains one of Australia's most urgent and deeply human social challenges, and pharmacists are uniquely placed to make a real difference. In this session, RiseUp Founder and CEO, Nicolle Edwards will share the lived realities behind the statistics and the pivotal moments where a single act of community support can alter the course of someone's life. Drawing on more than a decade on the frontline, she will offer practical, safe and trauma informed ways pharmacy teams can recognise signs of abuse, respond with confidence and compassion, and support those seeking safety. This session is an invitation to understand the role we can all play, to approach every interaction with care, and to help families rebuild with dignity, stability and hope.

### 14. Rewriting the script: The evolved role of pharmacy | Friday PM

Pharmacy is evolving rapidly. This is not a change to fear but rather a unique opportunity to deliver greater patient impact which should be embraced. By adopting expanded scope of practice services, pharmacies are well positioned to strengthen their role at the centre of patient care. This session will share how services can be seamlessly integrated into your daily workflows. Also, get an exclusive look at some of the AI enabled functionality coming to your pharmacy soon.

### 15. From QCPP to Quality and Safety: The next chapter | Friday PM

It is hard to believe it was at APP1996 that I stood on stage imploring the pharmacy profession to develop and control their own pharmacy standards. 30 years later, big changes are coming to QCPP with the accreditation against AS 85000:2024 under the newly titled Quality & Safety Pharmacy Program, marking an evolution of QCPP. This session will explain what has changed, why the changes matter, and what your pharmacy needs to do between now and the 1 October 2026 transition. Hear directly from the Guild, EY and sector experts about the new four domain model, the shift to a three-year cycle with mid-cycle review, clinical governance expectations, and the resources available through the updated Knowledge Hub.

### 16. Panel session: Full scope | Saturday AM

Practising at full scope presents an exciting and continually evolving landscape for pharmacists. The Pharmacy Guild of Australia's advocacy has been instrumental in driving this progress. This panel will explore the latest developments and share practical insights on the key steps pharmacists should take to implement full scope of practice effectively.

### 17. Ann Dalton Address: Just another hurdle | Saturday AM

Join celebrated athlete, Jana Pittman as she shares her remarkable journey spanning the realms of sport, medicine and personal triumph. From overcoming adversity and embracing resilience to persistence, goal setting and the pursuit of excellence, Jana's engaging storytelling and insightful perspectives on personal development will inspire you to pursue your goals with determination.

### 18. Empowering pharmacists to drive vaccine uptake through conversation | Saturday AM

Conversations don't just drive vaccination – they can drive pharmacy success. In this session, Australia's National Vaccination Ambassador and a leading conversational psychologist will show you how to confidently engage patients with one-liners and prompts that normalize vaccination and co-administration.

### 19. Cultural engagement forum: Creating cultural connections | Saturday PM

Community pharmacy's commitment to practising in ways that listen to, include, and respect all cultures, identities, and lived experiences. Every pharmacist, patient, and community contributes to shaping a more equitable health system — one grounded in cultural safety, connection, and care for Country and community. This forum will share lived experience stories that have deepened the understanding of the importance of cultural safety in healthcare.

### 20. Cracking the code of customer conversation | Saturday PM

How well do we really know our customers? This session dives into the everyday interactions that shape customer relationships. Learn how to ask meaningful questions, read subtle body language cues, and transform routine chats into powerful rapport-building moments. Join renowned sales expert Chris Helder as he introduces the FORD technique—a practical framework to help you build trust quickly and make every conversation truly count.





# Introduction of 12-month prescriptions in New Zealand

Cathy Martin, Senior Advisory Pharmacist  
Pharmacy Guild of New Zealand

For community pharmacies in New Zealand, 12-month prescriptions present operational and administrative challenges. It's important pharmacy staff are aware of the changes, understand how they apply in practice, and can confidently explain what this means for both the pharmacy and patients.

The Medicines (Increasing the Period of Supply) Amendment Regulations 2025 enables authorised prescribers to write a prescription for up to 12 months of medicine. This applies to all prescriptions, whether generated electronically, handwritten, or communicated orally.

While the option is now available, longer periods of supply will not be clinically appropriate for all patients, conditions, or medicines. Prescribers remain responsible for determining the total quantity and period of supply, and there are no regulatory limits on age, medical conditions, or medicine classes that automatically qualify or exclude a patient.

## Who can prescribe

Only authorised prescribers under the Medicines Act 1981 can issue 12-month prescriptions. This includes medical practitioners, nurse practitioners, registered nurse prescribers, pharmacist prescribers, dentists, midwives, optometrists, dietician prescribers, and podiatrist prescribers.

Each must work within their professional scope and standards. For example, midwives may prescribe longer periods of supply only for pregnancy related medicines and only while the patient remains under their care.

Where a medicine is no longer clinically appropriate, prescribers are encouraged to notify the pharmacy to stop or cancel any remaining repeats.



*All prescription medicines are eligible to be prescribed for a maximum of 12 months, except controlled drugs*

## What medicines

All prescription medicines except controlled drugs are eligible for up to 12-months' supply. Prescribers may choose different periods of supply for different medicines for the same patient, applying clinical judgement and considering adherence.

Pharmacists can continue to synchronise medicines where appropriate, particularly for patients with adherence challenges or those enrolled in the Long-term Conditions service.

Consider the patient's medicine regimen, repeat timing, and any clinical monitoring requirements, to help reduce missed doses, simplify medicine management, and provide opportunities for regular adherence support. Existing controlled drug regulations remain unchanged.

## Financial impacts

The introduction of 12-month prescriptions will not negatively affect community pharmacy funding. Pharmacies will continue to be funded as if these prescriptions were dispensed under the three-month model, ensuring no financial disadvantage.

Additional dispensing activity arising from the change will not be funded from existing community pharmacy streams. A compulsory ICPSA variation covering technical changes has already been issued, with a second variation to follow once the final payment mechanism is confirmed.

## Promotion

Community pharmacies play a key role in helping the public understand the changes. Staff are encouraged to use a range of communication channels, including social media, posters, written information, email or text campaigns, and face-to-face conversations.

### Key patient messages include:

- Prescribers will determine whether a longer prescription is clinically safe and appropriate
- Pharmacists can supply a maximum of three months at a time
- Repeat supplies must be collected from the same pharmacy.

## For support

To support members and ensure consistent, safe application of the new regulations and funding rules, the PGNZ has developed practical guidance on 12-month prescriptions, available at [www.pgnz.org.nz/practice-guides-and-resources](http://www.pgnz.org.nz/practice-guides-and-resources).

*This resource will continue to be updated as implementation issues are clarified.*

*Pharmacists should consider the patient's individual medicine regimen, timing of repeats, and any clinical monitoring requirements*



Pharmacists retain the ability to synchronise a patient's medicines. Pharmacists should consider the patient's individual medicine regimen, timing of repeats, and any clinical monitoring requirements, to help reduce missed doses, simplify management for patients on multiple medicines, and provide opportunities for regular counselling and adherence support.

# PGA leaders visit Bondi pharmacies following December's attack



Pharmacy Guild of Australia leaders visited Bondi Beach pharmacies in January, meeting teams still supporting locals after the December 14 Bondi attack, as staff continue to provide care and manage community trauma.

Pharmacy Guild of Australia NSW Branch President Mario Barone and Branch Director Daniel Kicuroski visited community pharmacies across Bondi Beach in January in the wake of the violent attack which occurred in late December 2025.

They meet with several pharmacy staff including with those still supporting patients through the aftermath.

One of the stops included Arkles Pharmacy, where they spoke with pharmacist Lily Yam about how the horrific incident continues to affect local residents.

Mario said staff described the ongoing trauma, grief and anxiety felt within the community, and the vital role pharmacies are playing as accessible, trusted points of care.

He said the visit reinforced the strength and resilience of community pharmacy teams.

"Pharmacists are often the first people locals turn to in moments of distress, and they continue to show extraordinary commitment to their patients," he said.

PGA has acknowledged the emotional toll such events can have on pharmacy staff themselves and is encouraging members to access support if needed.

Australasian Pharmacy Issue 106 | March – April 2026



Pharmacist Lily Yam at Arkles Pharmacy in Bondi, Sydney, with PGA's NSW Branch Director Mario Barone

PGA's Employee Assistance Program offers confidential counselling and wellbeing services for members and their teams.

More information is available at <https://www.guild.org.au/programs/eap>

Pharmacists are often the first people locals turn to in moments of distress, and they continue to show extraordinary commitment to their patients.

— Mario Barone

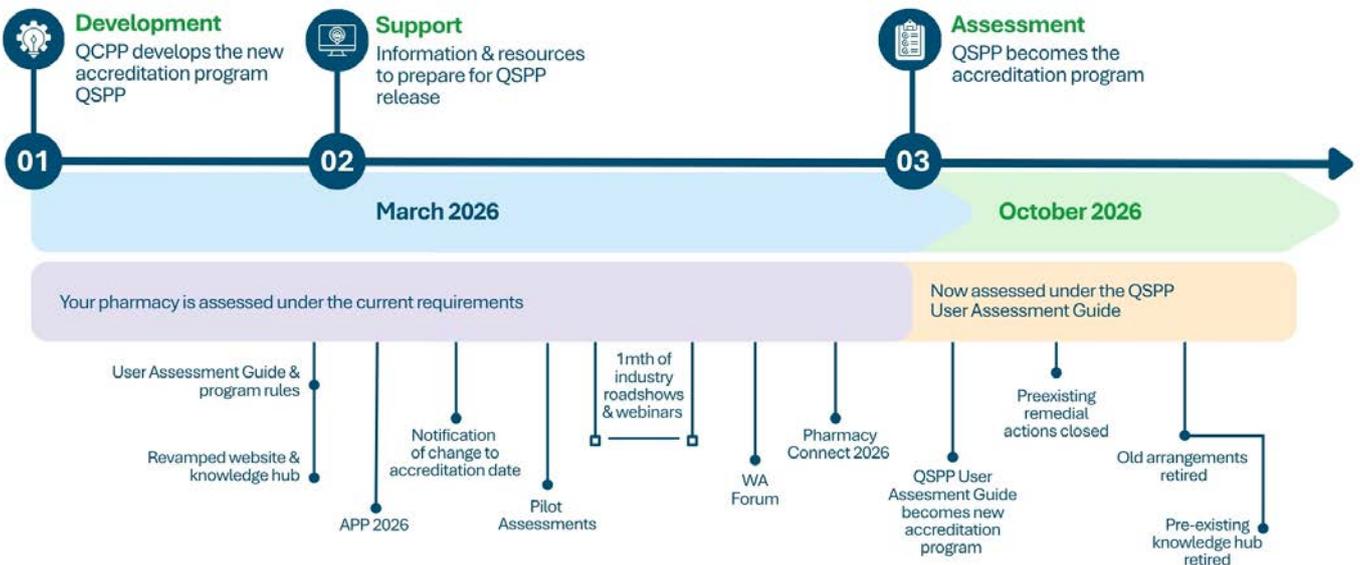




# The evolution of community pharmacy accreditation

Natalie Willis, Western Australia Branch Senior Vice President  
Pharmacy Guild of Australia

Community pharmacy accreditation is changing. Natalie Willis, who is also Chair of Clinical Governance and a Perth community pharmacy owner, explains the rationale for the program’s evolution and how community pharmacies can best prepare.



## From October this year, the Quality Care Pharmacy Program will become the Quality and Safety Pharmacy Program.

The transition from QCPP to QSPP will naturally prompt questions from community pharmacy owners, many of whom have operated under QCPP requirements since 1997. Owners will be asking, "Why the change?" and "What does this mean for my pharmacy."

The short answer is, like all high performers, we need to evolve to remain at the top of our field. This is an exciting time for Australia's community pharmacies, and the evolution to QSPP will ensure we are at the forefront of healthcare, now and into the future. This shift means industry accreditation will align with the updated standard AS85000:2024, enabling community pharmacies to reach their full potential.

## Why the change?

The move to the QSPP model highlights community pharmacy's focus on quality and safety, with an even greater emphasis on clinical governance. It reflects how the scope of pharmacy practice has evolved since QCPP was first introduced, such as prescribing and treatment of certain conditions. The transition to QSPP brings all these elements together, streamlining standards which reflect the roles and functions of modern community pharmacies.

As well as aligning with contemporary healthcare principles, including the National Safety and Quality Primary and Community Healthcare Standards, QSPP is designed to help you manage risk and reduce administrative burden.

## What does the change mean?

QSPP has been designed to better reflect the responsibilities and expectations of modern community pharmacy practice, with a stronger focus on clinical governance and patient safety. This evolution ensures community pharmacies are equipped with the high standards, rigour and support needed to deliver safe, high-quality care — now and into the future. The updated framework recognises the growing clinical role of pharmacists and provides clear, practical structures that help pharmacies adapt as new models of care emerge.

QSPP streamlines accreditation by reducing the framework from five domains to four, creating a holistic structure that aligns patient needs, professional responsibilities and operational challenges. This updated model is designed to drive improved outcomes for consumers and support the community pharmacy workforce. A tiered service assessment model will also be introduced, allowing accreditation to reflect the complexity and maturity of different service offerings. While the accreditation cycle will lengthen from two to three years, QSPP will provide community pharmacy owners with more regular touchpoints. This includes a virtual midcycle review to give pharmacies feedback, clarity and confidence as they work towards full assessment.

It's worth flagging that QCPP will not disappear overnight. There will be a phased transition, and some pharmacies will continue operating under elements of QCPP until September 2029.

## When is it happening?

Accreditation under QSPP will begin from October 1 2026. You'll receive an update with details specific to your pharmacy's transition to QSPP during May 2026.

# How do I find out more?

The QSPP team has developed a new website and knowledge hub to support you through this transition.

To those attending this year's APP on the Gold Coast in March, I encourage you to head along to our session From QCPP to Quality and Safety on Friday March 13 at 4pm, and visit the team at the QSPP stands (313 and 314).

The QSPP team will be delivering a series of roadshows from late April. Scan the adjacent QR code to sign up for the event closest to you.



**QUALITY  
& SAFETY  
PHARMACY  
PROGRAM**



# Your Pharmacy Your Future Your Guild



## PGA launches first census in 10 years

The Pharmacy Guild of Australia will launch its first Member Census in more than a decade this March, marking a significant moment for community pharmacy and PGA's long-term direction.

PGA's last census was conducted in 2012, and the sector has changed dramatically since then — from expanded scope of practice to evolving patient expectations, workforce pressures, and the lead-up to the Ninth Community Pharmacy Agreement.

The 2026 census arrives at a pivotal time for the profession, offering members a direct channel to influence the PGA's priorities and the future of community pharmacy.

The PGA describes the census as a milestone opportunity for every member to “be part of something bigger”, with insights gathered informing workforce planning, industrial relations, advocacy, and member services.

With only aggregated, de-identified data to be shared, the PGA has emphasised that privacy and data security are central to the process. The results will contribute to the PGA's Towards 2035 strategic plan, ensuring it continues to reflect the realities and aspirations of today's community pharmacy owners and their teams. More than a decade on from the previous census, the PGA notes the operating environment for community pharmacies has evolved significantly. Rising demand for accessible primary healthcare, increasing complexity in service delivery, and ongoing policy reform have created both challenges and opportunities.

By participating, members can ensure their experiences and needs are accurately represented — from business pressures and workforce shortages to innovation, training, and patient care.

The census will open in March and all PGA members are encouraged to take part. For a sector built on community connection, this is a rare chance to contribute to a national picture of where pharmacy stands today and where it needs to go next.



The Guild Census returns in 2026

# Your Voice Shapes our future

The first Guild Member Census since 2012 is on its way — arriving at a pivotal moment for community pharmacy.

While the Census is member-only, the insights will be important across the broader industry, informing advocacy, planning, and the future direction of the sector.

A decade of change — from BlackBerry to full-scope pharmacy.

New services, new expectations — and new data needs.

A stronger evidence base for the next phase of community pharmacy. Insights that shape strategy across the sector.

Launching March 2026.  
Prizes up for grabs.

## Get ready.



Learn more: [guild.org.au/census2026](https://guild.org.au/census2026)



## Bringing Australasian Pharmacy TV to life on the Gold Coast with Miranda Deakin



APP2026 will once again showcase the ideas, energy and people shaping the future of pharmacy, and APTV will be at the heart of it – capturing the conversations and moments which define the event.

This year, broadcaster and long-time APP contributor Miranda Deakin returns as host, bringing more than a decade of experience at the conference and a career spanning television, radio and live events.

Known for her warm, curious interviewing style, Miranda helps spotlight the stories behind the program. In this Q&A, she shares what she's expecting from APP2026, what excites her most, and her tips for making the most of the Gold Coast.

**Australasian**  
PHARMACYTV

### 1. How would you describe the APP conference to someone who's never been?

APP is where pharmacy comes together. Big ideas, practical learning, and conversations that shape the year ahead, all in an energetic few days on the gorgeous Gold Coast.

### 2. How many APP conferences have you been to and worked at?

2026 will be my 12th year at APP.

### 3. What will be your job at APP this year?

I'll be presenting Australasian Pharmacy TV again this year, interviewing delegates and industry experts, and together with the team, helping tell the stories of the conference by capturing the people, ideas and exciting moments.

### 4. You bring a lot of experience to the table for APPTV — tell us a bit about your background.

I started my career in television and news presenting and also have a couple decades experience in radio broadcasting and live events.

### 5. What are you expecting for this year's conference and what are you most excited about?

I'm expecting strong conversations around the future of pharmacy, and I'm most excited about the energy. APP offers a dynamic mix of learning, optimism and connection. I love catching up with familiar faces, too.

### 6. What's one thing delegates should try and do while they're at the conference and visiting the Gold Coast?

Step outside the program at least once. Whether it's a walk along the beautiful beach or a coffee with someone new (come and find me for coffee shop recommendations), those informal moments are often where some of the best ideas happen.

### 7. What advice have you got for someone who's coming along to the conference for the first time?

Plan your days, stay curious, and start conversations. Also wear comfy shoes and stay hydrated. And definitely watch Australasian Pharmacy TV.

***Don't miss Miranda as she plays master of ceremonies at APP's opening plenary on Thursday March 13, from 0830am to 1030am.***

## Australasian Pharmacy TV is back at APP!

Live interviews.  
Real conversations.  
On the floor.

Come past  
the Australasian  
Pharmacy stand



Foyer G, Level 1



**Australasian**  
PHARMACYTV

**APP**  
12-14 March 2026  
Gold Coast

**Australasian**  
— PHARMACY —

## Question Time with...

Tasmania's the Hon Bridget Archer has returned to state politics with renewed influence, taking up a ministerial role in the Rockliff Government after serving as the federal Member for Bass from 2019 to 2025. Now representing Bass in the Tasmanian Parliament, the Liberal MP brings a perspective shaped not only by her time in Canberra but by a childhood marked by instability and adversity — experiences she has spoken about openly in her advocacy for safer, more accountable communities.



### **Who is your local community pharmacist when you're at home in George Town, and what memories can you share about the role that pharmacy has played for you and your family over the past several years?**

We're very fortunate to have a fantastic local community pharmacy in George Town. It's often the first place we turn for advice about an illness or injury or grabbing some last-minute Panadol on a weekend. Having a trusted pharmacist makes a real difference for our family.

In my role as the elected Member for Bass I regularly visit community pharmacies right across Northern Tasmania, and I rely on pharmacists for my own healthcare needs. I recently had the opportunity to visit Jason and the team at the pharmacy in Youngtown, and it was great to see them expanding into a broader range of wellness services and products.

Community pharmacy is about much more than dispensing medication; it's about providing that trusted health advice voice in the community.

### **Which areas of Australia's healthcare landscape do you believe have seen the most significant advancements in recent years?**

In recent years there has been an increasing focus on the vital importance of preventive health. By shifting the focus from reactive care to prevention, we recognise that we can greatly reduce long-term pressures on our health system and build a healthier, more resilient Tasmania for generations to come.

Tasmania's new 20-year Preventive Health Strategy, currently in development, acknowledges that good health is shaped by far more than clinical care, but is also influenced by employment, education, housing, transport, food security, and community connection.

### **You're the Minister for Health, Mental Health and Wellbeing, the Minister for Ageing, and the Minister for Aboriginal Affairs. What are the top three things – personally or professionally – which have changed for you since taking on these portfolios?**

Taking on these portfolios has brought some significant changes, both professionally and personally.

Firstly, there's been a big shift in the amount of travel I do across Tasmania. I'm spending much more time outside my own electorate, listening to communities right across the State and hearing firsthand about the range of issues in primary, preventive and acute healthcare, as well as visiting health professionals working in our hospitals and services.

The role requires deep and focused engagement with specific portfolio areas. Previously, my work was broader and largely centred on issues within my own electorate. Having dedicated portfolio responsibilities means getting up to speed quickly and maintaining a strong, ongoing focus across these critical areas, alongside my continued commitment to Bass.

Finally, on a personal level, it's been an adjustment in terms of work-life balance. The responsibilities and travel are demanding, and I'm still finding the right balance, but I'm hopeful that as I settle into the role and establish a routine this will continue to improve over time.

### **What feedback have community pharmacists in your area, as well as members of the public, shared with you about the recent bipartisan reduction in the PBS copayment?**

The reduction in the PBS co-payment is making a real difference to people's weekly budgets. Making medicines more affordable supports people with cost-of-living pressures, which in turn will also reduce any instances of people delaying filling their prescriptions due to cost.

### **Postgraduate scholarships worth up to AUD7,000 have been awarded to 150 community pharmacists across Tasmania to help them expand their scope of practice. What feedback have you received about this initiative?**

After announcing the post-graduate training scholarships on September 25 2025, World Pharmacists Day, I am delighted that 150 community pharmacists have been awarded scholarships across 110 different pharmacies throughout the state, from Devonport to Cygnet, and from Smithton to St Helens. Once fully credentialled, these pharmacists will be able to treat more health conditions than ever before, including ear infections, reflux, rhinitis, and skin conditions such as shingles, eczema, and wound care. The excellent uptake of these scholarships indicates strong support for pharmacists delivering expanded scope services.

### **What further reforms are you hoping to introduce in Tasmania to support pharmacists in delivering more services to their communities?**

The Tasmanian Government has an ongoing commitment to expand the scope of practice of pharmacists. Pharmacists providing additional services is a safe way to provide much-needed additional options for timely health care for Tasmanians.

Our reforms have already enabled pharmacists to provide more services to Tasmanians, including more than 10,000 episodes of care for urinary tract infections, and hundreds of women supported through the oral contraceptive pill resupply initiative. Credentialled pharmacists can now assess, initiate and continue hormonal contraceptive services, further enhancing access to contraception for Tasmanian women. Our community pharmacy grants program is currently inviting pharmacies to apply for funding to open for longer, including on evenings and weekends, to further enhance access for local communities.



### **What keeps you up at night in relation to your role as Minister for Health, Mental Health and Wellbeing?**

Hold a portfolio which includes health, mental health and wellbeing, is a significant responsibility. These decisions affect the day-to-day lives of every Tasmanian, so of course it's something you think about deeply.

But rather than keeping me up at night with worry, I'd say the quiet moments at night are often when I have the space to reflect on what we're doing, the impact it's having, and where we can continue to improve.

What gives me confidence, and a great sense of pride, is knowing the difference we're making in people's everyday lives through significant reforms across the health system, including changes to scope of practice, strengthening mental health services, or improving access to care for Tasmanians. There is always more to do, and I'm very conscious of that responsibility, but it's also an enormous privilege to play a part in decisions that genuinely improve health and wellbeing across our state.

### **As a public figure – and given your health portfolio – do you feel responsible for modelling good health and wellbeing for all Australians, and what are your top three tips for good health?**

Absolutely, I do feel a responsibility to practice what we preach. But, like many Tasmanians, I also know that can be easier said than done when you're balancing a busy work life, family commitments, and an unpredictable schedule at times. What I've learned in recent years is the importance of being intentional about your own health and wellbeing.

My first tip would be to keep active, both physically and mentally. That might be as simple as going for a walk with a friend, staying connected with your community, or carving out time for regular movement.

Secondly, planning ahead where possible makes a real difference, especially when it comes to nutrition. When I'm travelling around the electorate or across the state, it's not always easy, but making the best choices you can and being prepared helps you eat well even on busy days.

And thirdly, prioritise your mental health. That includes getting enough sleep, staying connected with family and friends, and finding small moments of joy in the day, whether that's at home, out in the electorate, or during a busy sitting week in Hobart. Looking after your mental wellbeing is just as important as your physical health.

### **In addition to your political roles, you're a parent to five children and very active on your farm. What's the secret to fitting all of that in?**

I think the secret is accepting that you can't do everything all at once and being realistic about priorities. There are always competing demands, so it's about recognising what matters most at different times and making space for those things.

I'm very fortunate to have the support of my family, which makes an enormous difference. When I'm at home, I try to be really intentional about being present, whether that's doing the school drop-offs, spending time on the farm, or just being around for the everyday moments that matter.

In my professional life, if it's in the diary, it'll happen, and I've learned that you need to apply that same approach to the rest of your life as well. If you don't deliberately block out time for family, health and wellbeing, it can easily get pushed aside.

Of course, that does mean some things miss out, housework, dusting and vacuuming don't always make the cut! But that's okay. You have to prioritise what's truly important, which is your family, your own wellbeing, and meeting your professional responsibilities.

### **What are you most proud of in your political career so far?**

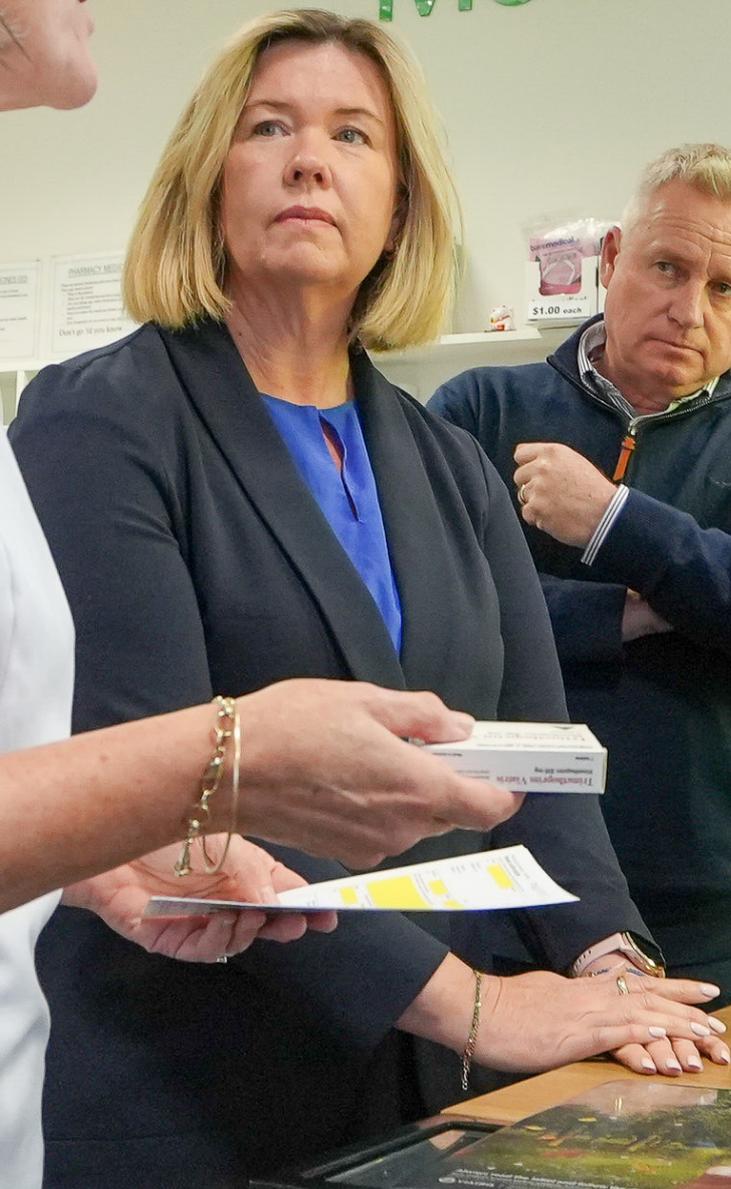
What I'm most proud of in my political career so far is being able to turn advocacy into delivery, and to see projects through over the long term.

I've had the opportunity to contribute to a number of important initiatives in Northern Tasmania, and some of the ones I'm particularly proud of are those where I've been involved at multiple stages, first advocating for them as a Federal Government MP, and now helping to deliver them as a Tasmanian State Government Minister, such as the new Clifford Craig Research and Innovation Centre.

The Launceston Hospice is another example of where I fought for funding at the Federal level and am now working in partnership with the Federal Government at the State level to bring it to life.

Beyond the tangible projects, what I'm most proud of is the trust people have placed in me over time. Being elected means people have trusted me with the issues that matter most to them, shared their stories with me, and allowed me the opportunity to represent their voices and help shape the community we live in. That trust is something I never take for granted, and it's what motivates me every day.

# Medicines





## Beyond the Script – APP2026 is set to deliver for community pharmacy

A call to action for pharmacy professionals to adapt, innovate, and lead with compassion, the Australasian Pharmacy Professional Conference and Trade Exhibition is being held from March 12 to 14 on the Gold Coast.

Centred around the theme of *Beyond the Script*, APP's program this year will deliver a diverse and engaging mix of content to encourage innovation, critical thinking, and a patient-centred approach.

### Conference streams include:

- business, innovation and leadership
- clinical pharmacy
- product updates
- rural pharmacy and Indigenous health
- harm minimisation
- early career pharmacists
- cultural engagement, and
- professional practice.

"This year's theme, *Beyond the Script*, is a call to action for pharmacy professionals to adapt, innovate, and lead with compassion," Conference Convenor Kos Sclavos AM said.

"The program was designed to drive the next chapter of community pharmacy, equipping delegates with the insights and inspiration to deliver even greater value to their patients and communities," he said.

"The program offers something for everyone — from students and early career pharmacists to experienced owners and industry leaders."

### Program highlights

The conference kicks off with an opening plenary, with Miranda Deakin as master of ceremonies. Participants will reflect on milestones from the past year, hear about PGA's strategic priorities, and celebrate excellence in community pharmacy through industry awards.

Business, innovation and leadership stream sessions will provide delegates with insights into the challenges and opportunities shaping the profession and help unlock their potential. This is supported with international perspectives from Ireland, with guest speakers Clare Fitzell and Tom Murray exploring how pharmacy innovation and reform overseas can inspire Australia's continued progress. Don't miss our in-depth interview with Tom in the following pages.

Celebrated athlete Jana Pittman will deliver the Ann Dalton Address, inspiring delegates with insights from her experiences across the realms of sport and medicine. While founder of the Alannah & Madeline Foundation, Walter Mikac AM, will share his remarkable story of turning unimaginable personal tragedy into a message of hope, resilience, and purpose in the Alan Russell Oration. You'll also find our interview with Walter in the following pages.

"APP is the heartbeat of community pharmacy — it's where we come together to share knowledge, celebrate achievements, and shape the future of our profession," Kos said.

For those wanting to expand their clinical knowledge, sessions on osteoarthritis care, iron therapy, acne management, type 2 diabetes care, wound care, airway wellness, and more will provide practical insights, evidence-based strategies, and valuable takeaways to enhance patient outcomes and support professional growth.

In addition to the main program, the pre-conference workshops on Wednesday March 12 will allow delegates to start their APP experience with immersive learning in full scope of practice, immunisation, and business transformation.

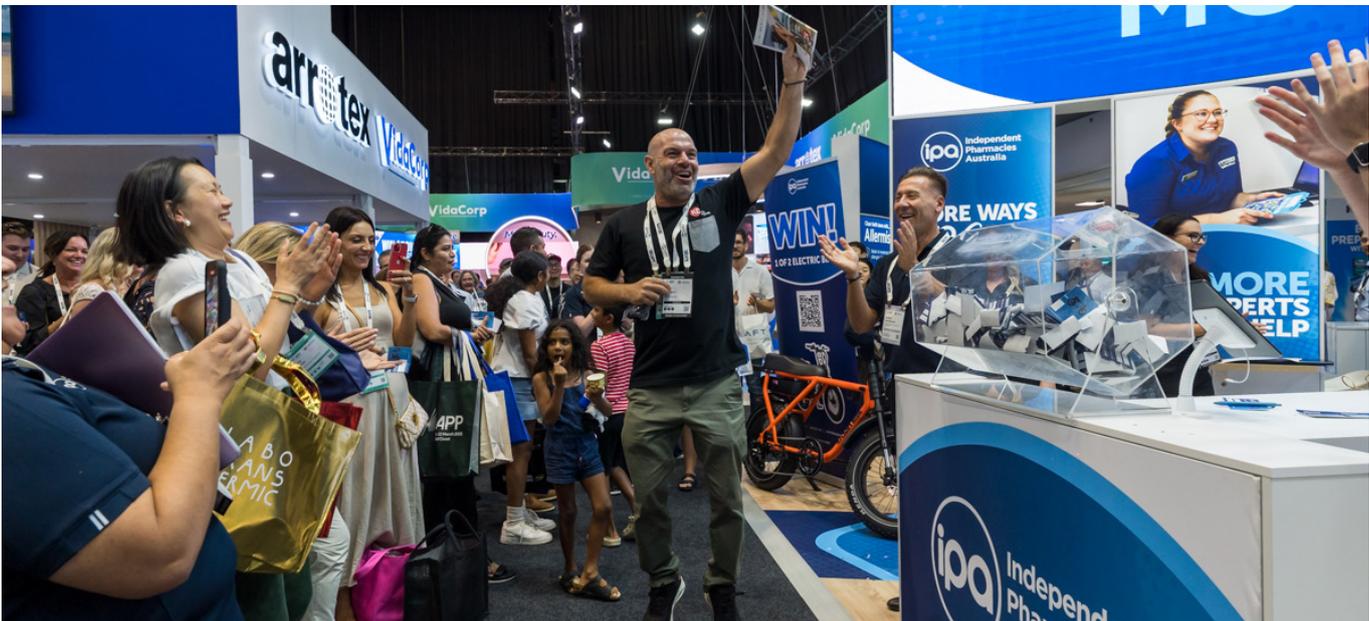
**Please continue reading the following pages for insightful interviews with some APP2026 guest speakers.**



APP2025 was an event not to be missed



APP is the annual networking event for pharmacy professionals



The atmosphere is always electric at an APP event

# Turning the unthinkable into purpose: Walter Mikac's message for pharmacy

Sarah C Porter  
Australasian Pharmacy

Nearly 30 years after Australia's Port Arthur tragedy reshaped his life, pharmacist and gun safety advocate Walter Mikac AM will deliver the Alan Russell Oration at APP2026. With candour and hard-won wisdom, he reflects on resilience, community and the unique role pharmacists play in helping people rebuild.

When Walter Mikac speaks about resilience, he does so without slogans, scripts or polish. What comes through instead is a quiet, unguarded honesty. He speaks openly and honestly, as someone who has lived through the unimaginable — and then had to decide, day after day, year after year, what to do next.

"I suppose I would say it's about what happens when the most unexpected thing in your life could possibly happen," he says. "How do you deal with it? How do you recover? What things will be a benefit, what things are not, and how to channel the energy of the anger or disbelief into something positive."

It's a very simple description of the Alan Russell Oration he will deliver at APP2026 in March, but it captures the essence of his message: resilience is not a trait, but a practice.

## Questions people ask

Walter has spoken to audiences across Australia for decades — schools, workplaces, community groups — and the questions he receives are often raw. One moment from a school visit has stayed with him.

"A boy [at one of my talks] in Melbourne couldn't wait to get his hand up," he says. "And his question was: 'Did you feel like killing yourself at any point?'"

There's less and less connection in the community. People need someone to ask how they're going.

Walter says it was confronting, but honest — and, entirely fair. "When something like that happens, you do think, 'This is everything I've worked for, for 33 years, and it's all just gone in one afternoon.' People want to know how anyone could cope."

His answer is never neat. Resilience, he says, is, "trial and error". It's grief, identity loss, and the slow work of rebuilding a life. Writing his first book was "painful but cathartic". Travelling overseas for four months allowed him to, "just be me — not the person this happened to".

Those experiences now shape the way he speaks about courage, recovery and purpose.



Anthony Albanese and Walter Mikac at the National Museum of Australia, viewing Walter's 1996 letters to Prime Minister John Howard



Walter Mikac speaks about resilience with a quiet, unguarded honesty shaped by the unimaginable

People want to know how anyone could cope. A lot of people say, 'If that happened to me, I don't think I could keep going'.

## A message for pharmacists

Although Walter is widely known for his gun safety advocacy, he is still very much a pharmacist — and his reflections on the profession are grounded in lived experience.

He speaks warmly about the human connection of community pharmacy, and of the community in which he now lives in Byron Bay.

He says it is a privilege knowing customers' families, recognising when someone is struggling, and of being a trusted presence in people's lives.

Just before Christmas, a woman walked into his Byron Bay pharmacy with two children, visibly distressed. One of his senior staff quietly asked if she was okay.

You can tell how people are travelling when they come into a small pharmacy — whether they're agitated, happy or struggling.

## The Alannah and Madeline Foundation

**Founded:** 1997, in memory of Alannah and Madeline Mikac

**Mission:** Protecting children from violence, trauma and bullying

**Status:** National charity based in Victoria

**Patronage:** The Hon Anthony Albanese, MP, Prime Minister of Australia

The foundation has provided more than 130,000 Buddy Bags to children and young people experiencing trauma or escaping violent situations, filled with essential items and a teddy bear

In 2023 the National Museum of Australia acquired a series of letters from Founding Patron, Walter Mikac AM and then Prime Minister, John Howard, penned in the wake of the Port Arthur tragedy in 1996. This correspondence impelled a national reform on gun control in Australia - a defining moment in our nation's history. Almost 27 years of continued advocacy by the foundation to ensure Australia's gun laws remain responsible, safe and strong, the National Cabinet finally, unanimously agreed on implementing a National Firearms Register.

In 2024 the foundation's eSmart program grew on a national scale. Building on 15 years of in-school experience, eSmart expanded to deliver innovative, student-centred programs that equip children and young people with essential digital skills, reaching more students across Australia.

The foundation has supported more than 3,500 early childhood educators to better support and educate children who have experienced violence to recover, heal and thrive.



*Although Walter is widely known for his advocacy, he is still very much a pharmacist — and his reflections on the profession are grounded in lived experience*

"She said, 'No, actually we're homeless and we can't go back to the house.' We were able to connect her with a local program that helps displaced women. That's the kind of thing pharmacy can do — but it's harder in big, busy settings."

He has also completed a PGA-supported loneliness course, which he describes as unexpectedly eye-opening. "You don't think loneliness is a huge issue, but when you delve into it, you see how many people are becoming disconnected. They need someone to ask how they're going."

For pharmacists navigating 60-day dispensing, workforce pressure and shifting scope of practice, Walter hopes his APP session will offer something grounding.

"I'm hoping to bring some inspiration," he says. "To help people look at opportunities rather than the downside. If they come to my presentation, I hope they leave with a renewed sense of vigour, a renewed appreciation of life and what they can achieve."

In 1996, Walter Mikac lost his wife, Nanette, and daughters, Alannah and Madeline, in the Port Arthur massacre. He has never centred on the perpetrator or the violence; instead, he speaks about the long, difficult process of rebuilding a life and the purpose he found in establishing the Alannah & Madeline Foundation. He will deliver the Alan Russell Oration at APP2026 in March.

## Building purpose

The Alannah & Madeline Foundation, established in honour of his daughters, remains one of Walter's most significant achievements. It gave him purpose in the early years after the tragedy and has since grown into a national force for child safety and wellbeing.

According to Walter, the foundation has supported more than 2.4 million children over its 28-year history. He says the organisation has also distributed around 140,000 Buddy Backpacks, which are given to children fleeing domestic violence or crisis situations and contain essential items such as pyjamas, toiletries, a book, underwear and a teddy bear.

He will speak at APP about the foundation's impact, including the story of two brothers who witnessed their mother's murder and were supported through its programs. One is now an ambassador.

"It's difficult to find examples because of privacy, but their story shows what the foundation can do," he says. "You'd hope that over time violence in the community would improve. Firearms violence has, but domestic violence is worse. It's perplexing — and it's something we all need to think about."

## A life rebuilt

Today, Walter lives and works in Byron Bay, in northern NSW, Australia, where he owns an independent pharmacy and embraces a less hectic, more grounded lifestyle.

He laughs about dispensing in bare feet — "the medical receptionist always asks if I've got shoes on today" — and talks fondly about the compounding work he still enjoys. He swims in the ocean daily. He knows his customers by name.

"It's fantastic," he says. "When you finish work, the time you've got is yours. There's a lot to be said for that."

It's a long way from suburban Melbourne, where he grew up, or from the years after Port Arthur when he stepped away from pharmacy entirely. But it's a life built with intention — and one which informs the message he'll bring to the Gold Coast in March.

"I hope people walk away with a renewed appreciation of life," he says. "And of what they can achieve in it."



*Walter Mikac with former Prime Minister Malcolm Turnbull, connected through their shared work on gun-law reform and the Alannah & Madeline Foundation*



Pharmacy can help people in ways we don't always recognise — especially when someone is struggling and just needs to be asked if they're okay.

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MITCH WALLIS

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# Why relationships are the heartbeat of life and work: Mitch Wallis

Sarah C Porter,  
Australasian Pharmacy

Mitch Wallis has a master's degree in clinical psychology from Columbia University, two decades of lived experience with mental illness, and is the founder of the Australian mental health charity Heart On My Sleeve. He is someone not to miss at APP2026.

He captivates audiences on some of the world's largest and most intimate speaking stages, inviting you to learn, cry, and laugh. After you spend time with him, you will leave a different person.

That's how Mitch Wallis, author, and founder of the Australian mental health charity Heart On My Sleeve, is described.

But ahead of APP2026, where he will speak on the main stage on March 12, Mitch told *Australasian Pharmacy* magazine he describes himself simply as a 'psychology thought leader'.

"And I now, for a job, go into companies and communities and transform psychological safety through my main piece of intellectual property, which is called *Real Conversations*," Mitch says.

## Honest communication

Mitch's book, *Real Conversations*, aims to distil the art of emotionally honest communication into a practical guide to help people move beyond surface level talk -- and build relationships grounded in genuine human connection.

At this year's conference, he is bringing something even more ambitious: a framework he says can fundamentally shift how pharmacists communicate with their teams, their patients and the people they love.

"So essentially, my talk at APP will be about learning connection as a core capability," he says.

"And we've seen results at companies like KPMG and American Express — that we can boost someone's relationship connection skills by 400 percent."

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Mitch's five-step *Real Conversations* method is built on a simple premise: Relationships are the heartbeat of life and the heartbeat of work. And in pharmacy, he says, that truth is amplified.

Pharmacists, he says, are often promoted into leadership roles without ever being taught how to lead people.

"They went through school focused on science and chemistry and how different drugs are compounded, but they didn't necessarily learn how to build a high performing, highly engaged and psychologically safe group of staff," he says.

"And most peoples' managers don't know how to do that, either. They don't know how to manage people."

## On the frontline

With the rise of artificial intelligence, Mitch believes emotional intelligence will become even more essential.

"EQ gaps are going to become grotesquely obvious," he says.

"What my work does is help leaders become part of the top one percent, by being extraordinary communicators.

"They will be able to handle a conversation with their staff member — all the way from, 'I'm having a bad day' through to, 'I don't want to be alive anymore'."

But leadership is only one part of the pharmacy communication landscape. Mitch says pharmacists also sit on the frontline of some of the most emotionally charged moments in healthcare.

"Think about 'John' coming in to get his depression medication, and 'Sally' coming in to get her bipolar mood stabiliser," he says.

"When pharmacists and their staff interact with each patient, words matter. Those tiny little touch points signal to the patient that they are cared about across the life cycle of their treatment plan."

## Three words

Small shifts in language can and do have an outsized impact, Mitch says.

"There are tiny little things you can do to help ensure someone is feeling heard.

"Ask someone, 'how are you feeling', not 'how was your day'," he says.

"That makes them feel seen as a person, and goes beyond small talk.

"And when a patient presents and says, 'oh, I'm really struggling at the moment' — instead of telling them to go to a doctor — by just spending 30 seconds to say something like, 'that sounds hard' — well, those three words can redirect someone's week in life."

## Industry partners

Mitch also points to a group who will benefit from his session at APP: Pharmacy's industry partners.

"There are a lot of people selling into pharmacy, they are important, and we can call their role 'accidental counsellors'," he says.

"One of their customers or clients might try and bond with them and share something that's pretty deep and they may not know how to respond."

"My framework, my talk, will give them exactly the tools they need to know what to say and do in these kinds of workplace situations."



My talk is about learning connection as a core capability.

A real conversation is emotionally first... one comes from the mouth, one comes from the heart.



If you want a talk that will leave you a different person when you leave the room, this is the talk.

## Transactions or connections?

Central to Mitch's message is the distinction between what he calls transactional conversations versus real ones.

"A real conversation is an emotional-first conversation," he says.

"A transactional conversation is a practical-first conversation — and each requires a completely different approach," he says.

"We want people to leave my talk saying they didn't even know there were two different types, or that one comes from the mouth, and one comes from the heart."

## More than work

For Mitch, the work is deeply personal. "I've almost lost my life to this," he says.

"My mum is the reason that I'm still here. And most of the book is an ode to my mother's ability to connect with me."

What he hopes pharmacists take away from his talk is simple.

"If you want a talk that will leave you a different person when you leave the room, this is the talk," he says.

"There will be multiple skills and golden nuggets that will make you far more helpful in moments where there's no room for error."

Mitch Wallis was supported to attend and speak at APP2026 by the Australian firm Wholelife Pharmacy and Healthfoods.



# Inside Ireland's pharmacy reset: Collaboration, core fees and a new model of practice

Sarah C Porter,  
Australasian Pharmacy

Ireland's Community Pharmacy Agreement 2025 has been hailed as one of the most significant reforms in the profession's recent history. Ahead of his APP2026 guest speaker appearance, Irish Pharmacy Union President Tom Murray tells *Australasian Pharmacy* how collaborative negotiation, political strategy and a renewed focus on core clinical roles reshaped his country's sector — and what Australia's pharmacists can take from the journey.

When long-time pharmacist Tom Murray stepped into the presidency of the Irish Pharmacy Union in May 2024, he expected a steep learning curve.

He knew he was inheriting an organisation without a CEO or secretary general — and a profession emerging from 17 years of political freeze-out.

"It's been an incredibly busy two years," he says.

"You spend the first six months trying to find your feet. When I took over, we didn't have a secretary general or a CEO, so I was effectively acting in an executive role as a non-executive director. This meant working very closely with our senior management team to oversee the organisation and although I didn't fully have the authority, but nobody else was in a position to do it."

That instability coincided with the most ambitious reform agenda in Irish community pharmacy history — culminating in the landmark Community Pharmacy Agreement 2025 (CPA 2025).

Tom is set to outline that journey at APP2026, where he will speak about how Ireland secured unprecedented recognition, remuneration and scope expansion for pharmacists.

But he is clear about the real story: Ireland's success wasn't luck. It was strategy.

**Our greatest achievement wasn't extended practice — it was securing recognition and funding for the core clinical role.**

## Breaking through

For nearly two decades, Irish community pharmacy had been locked out of meaningful negotiations with the country's Department of Health and the Health Service Executive.

A pay freeze imposed during the 2007 financial crisis remained untouched for 17 years.

"We were essentially locked out of the political landscape until two years ago," Tom says. "We had to start from scratch."

The IPU launched a coordinated, grassroots lobbying campaign. Every pharmacist received tailored briefing sheets.

Every local politician — in a country where elected representatives are highly accessible — heard directly from their community pharmacists.

"All politics is local in the Republic of Ireland," Tom says. "So we used the fact that everybody loves their local pharmacist."

"And we encouraged pharmacists to tell politicians: if you don't look after my pharmacy, I am at risk of closure or reduced hours."

The message landed. Within two years, all five of the IPU's demands appeared in every major party's election manifesto, and all five were adopted into an official program.

"For the first time ever, the government was determined to deliver with pharmacy," Tom says.

## Did you know?

Ireland's pharmacy-ownership deregulation, introduced through the Pharmacy Act 2007, ended limits on who could own a pharmacy by allowing non-pharmacists and corporate entities to enter the market while still requiring a pharmacist to manage each premises. The reform aimed to increase competition, lower costs and expand access to care, but it also accelerated the growth of large chains and raised concerns about the future of independent pharmacies, keeping debate active over how to balance market forces with public-health needs.

## COVID's impact

Tom is blunt about the catalyst.

"COVID changed the political disposition towards pharmacy," he says. "GP colleagues were less accessible, getting an appointment was difficult. Pharmacies stayed open. And pharmacists and their staff put themselves at risk. We became the single access point for patients and public"

Public trust soared. Annual independent surveys consistently ranked community pharmacy as Ireland's most trusted profession, with approval ratings of 96 to 97 percent.

"When the state realised they couldn't reach patients through general practice alone, they saw pharmacy as essential infrastructure and our accessibility could deliver," Tom says.

"And we said: We'll do the work — but only once you remunerate us properly for our core role."

## Core role

While many countries have expanded pharmacy services by diverting funding from dispensing, Tom said we refused to let Ireland follow that path.

"Our greatest achievement hasn't been the extended roles and extended practice. Although they're all brilliant," he says.

"Our greatest achievement has been getting recognition of the core clinical role of the safe and appropriate supply of medicine, or as everyone calls it, dispensing," he says.

"Dispensing is the most common intervention in healthcare. If it's not done professionally, the consequences are enormous."

Ireland became, Tom believes, the first country in the world to secure a dedicated budget allocation for new pharmacy services and a 12 percent increase in core dispensing fees — without funding one at the expense of the other.

"Everybody else is seeing diminishing dispensing fees," he says. "We refused to let extended practice be funded by cutting our core role."



**COVID changed everything. Pharmacies stayed open, pharmacists put themselves at risk, and the state finally saw us as essential infrastructure.**

This principle underpins CPA 2025 — and Tom will emphasise this strongly at APP.

## CPA 2025

Ireland's administrative burden is notorious. Pharmacists must navigate 23 separate state drug schemes, drug-specific and patient-specific eligibility rules, and complex tiered fees and co-payments.

"Too much of my job is asking: can I supply this, and will I get paid?" Tom says.

"Administrative burnout is the number one reason pharmacists were thinking of leaving the profession."

CPA 2025 tackles this head-on through paperless dispensing, electronic endorsement through patient medication record systems, real-time eligibility checks using individual health identifiers, and hardship scheme reforms to reduce underpayment risk.

"These changes will massively reduce the administrative load," Tom says. "It's one of the biggest wins for the profession."



Tom says his time as President of the Irish Pharmacy Union has been incredibly busy so far

## Extended practice

CPA 2025 also accelerates Ireland's move towards 'extended scope of practice' – which is Tom's preferred way of describing 'full scope'.

"If you say full scope, that's not allowing any further development," he says. "Let's display the potential there is beyond that."

Key developments include nine common clinical conditions now managed directly by pharmacists, pharmacist prescribing with supply integrated into the same consultation, state-funded services including vaccinations, contraception, bowel screening and sexual health promotion, and a pathway to full independent prescribing aligned with university training.

"We're moving towards independent prescribing with no limitations," Tom says. "It's ill-defined now, but the direction is clear."

Vaccination remains a standout success, particularly the school flu program, which Tom describes as "transformational".

## Negotiation mindset

Tom's approach is shaped by his training at Harvard Law School and his work as a mediator.

"I fully believe in collaborative negotiation and expanding the pie," he says. "For years we were banging our drums, threatening this and that. Waste of time."

His philosophy is simple — and it will likely be the line APP delegates remember:

"Don't be the neighbour who only rings when you have a problem. Be the neighbour who rings and says: how are you, can I help you, here are a few solutions."

Relationship-building with politicians, he says, was "massively important".

## Next steps

Tom is proud of the agreement, but realistic about implementation.

"It's a very good deal," he says. "Fee increases, burden reduction, IT advancements, role expansion."

"But some members may be hesitant about delivering new services. That's normal."

His message to pharmacists — in Ireland and Australia — is pragmatic: be evidence-based, be professional, be the solution.

"The state knows they need us," he says. "GPs and hospitals have massive capacity issues. We can relieve so many problems. But you have to identify where you can help the state deliver its goals — and use that as leverage."

## Lessons for Australia

As Australia navigates its own debates around scope, remuneration and sustainability, Tom's story offers a clear takeaway: pharmacy wins when it positions itself as essential — and negotiates from that position with discipline, unity and strategic generosity.

**Administrative burnout is the number one reason pharmacists were thinking of leaving the profession.**



Just over 40 percent of the adult population in the Republic of Ireland live within one kilometre of their nearest pharmacy



Tom with the Republic of Ireland's Minister for Health, Dr Jennifer Carroll MacNeill



Tom's message at APP2026 will be pragmatic — be evidence-based, be professional, be the solution



The IPU says there are 5,081 community pharmacists working in 1,906 community pharmacies across the Republic of Ireland



# Rewiring performance: How Jay Pottenger can help pharmacists build healthier, more sustainable work lives

Sarah C Porter,  
Australasian Pharmacy

A severe back injury, a family mental health crisis, and a career spent leading high-pressure teams have shaped Jay Pottenger's mission to help people perform at their best without burning out. At APP2026, he will bring a neuroscience-driven, deeply practical approach to wellbeing which speaks directly to the realities of community pharmacy.

When Jay Pottenger steps onto the APP2026 stage, he won't be offering lofty theories or abstract neuroscience. He'll be speaking directly to the reality of community pharmacy — the relentless pace, the emotional load, the digital overwhelm — and the pressure to be everything to everyone.

And he'll be doing it with a rare combination of scientific rigour, personal experience and some practical tools which fit into what can be the chaos of real life.

Jay, who has a postgraduate in mental health and neuroscience, and his wife, Chelsea, a psychology postgraduate, run a firm called EQ MINDS.

Together they have built a reputation for translating complex neuroscience and mental health research into simple, sustainable habits which can help people perform at their best without burning out.

Jay's message at APP2026 will be particularly timely for a profession which has weathered years of workforce shortages, COVID-19, rising patient expectations, and expanding scopes of practice.

But the story behind Jay's work — and the reason he resonates so deeply with audiences — begins long before EQ MINDS.

## Life-changing injury

More than a decade ago, Jay was living a very different life. After representing Australia in schoolboys basketball and playing semi-professionally, he transitioned into corporate finance, spending 15 years in leadership roles at major institutions.

He was driven, disciplined and thriving — until a severe back injury stopped everything.

"I blew out my back really badly," he says. "Two herniated discs. I didn't eat at a table for two years of my life. I had surgeries, saw every specialist you can imagine, and nothing worked."

The turning point came when he was accepted into a clinical trial at Neuroscience Australia.

Instead of more procedures, the trial focused on rewiring his pain pathways through mindfulness-based neuroplasticity techniques.

"They saved my life," he says. "It completely changed my trajectory."

The experience sparked a deep fascination with the brain — how it adapts, how it heals and how much control we have over our own mental and physical performance. It also planted the seed for what would eventually become his postgraduate study in mental health and neuroscience.

Habits compound just like interest — small changes, done consistently, can transform your life.

## A family story

In a second turning point for their family, Chelsea experienced severe postnatal depression following the birth of their daughter. Her recovery — and the tools she used to rebuild her wellbeing — became another defining chapter for the Pottengers.

“Chelsea’s experience drove my interest in mental health,” he says. “That’s why I combined mental health and neuroscience in my post-grad.”

Chelsea’s journey is now widely known through her book *The Mindful High Performer* and her work as a Mental Health Ambassador for The Gidget Foundation Australia. Together, the Pottengers have shaped EQ MINDS into a trusted wellbeing education platform used by organisations across Australia.

But Jay’s focus — and what he’ll bring to APP2026 — is distinctly his own.



Jay has a postgraduate in mental health and neuroscience, and is an accredited mindfulness and meditation coach

## Three pillars

Jay’s conference session is built around three pillars: psychological detachment, emotional contagion and sleep. Each is grounded in neuroscience, and each speaks directly to the pressures pharmacists face daily.

### Psychological detachment: the missing ingredient in recovery

In a world where phones have become extensions of our hands, switching off has become almost impossible. For pharmacists — who often field after-hours messages, juggle digital scripts and manage constant interruptions — the line between work and rest has blurred to the point of invisibility.

“Lack of psychological detachment is one of the leading indicators of burnout,” Jay says.

Pointing at his phone during our interview Jay says, “These little devices are incredible, but they make it very hard to switch off”.

His APP session will explore how constant connectivity affects the brain, why micro-breaks matter and how small, simple habits can help restore the mental separation needed for genuine recovery.

### Emotional contagion: how stress spreads through teams

The second part of his presentation focuses on emotional contagion — the phenomenon where stress, frustration or negativity spreads from one person to another.

“If you’re stressed, you tend to make sure everyone around you feels stressed as well,” he says. “But the reverse is also true. Positivity spreads.”

For pharmacists leading teams, supporting trainees or managing difficult patient interactions, this concept is particularly relevant. Jay will introduce mindfulness-based strategies which can help people regulate their emotions, interrupt reactive patterns and create calmer, more resilient workplaces.

### Sleep: the ultimate performance enhancer

The final pillar is sleep — a topic Jay describes as, “the greatest performance enhancer known to man”.

Drawing on the work of sleep scientist Dr Matthew Walker, he explains how poor sleep affects emotional regulation, decision-making and cognitive performance.

“When you don’t sleep, the connectivity in your brain basically turns off,” he says. “You become more reactive, more irritable, less focused. It affects how you treat people, how you parent, how you work.”

He’ll share practical strategies for improving sleep quality, including one of the simplest — and hardest — habits of all: getting off screens before bed.

Lack of psychological detachment is one of the leading indicators of burnout.

## The digital brain problem

One of the most compelling parts of Jay's message is his explanation of how digital behaviour is reshaping our brains.

Short-form content, he says, is weakening the anterior cingulate cortex — the part of the brain responsible for emotional regulation and resilience.

"We're training our brain to only focus on short-lived things," he explains. "People can't even watch movies anymore. They sit on the couch and pull out their phone."

The good news? The brain can be strengthened again — but only through doing hard things.

"We like to clear the path for ourselves and our kids, but that robs us of building self-efficacy," he says. "Struggle is how resilience forms."

For pharmacists navigating constant digital demands, this message lands with particular force.

## Practical tools

What sets Jay apart — and what will make his APP2026 session so valuable — is his commitment to practicality.

"We sat through thousands of presentations in corporate," he says. "You hear these amazing stories and theories, and you think, 'This is awesome — but what do I do with it?'"

His goal is to bridge the gap between theory and action.

"It doesn't mean it's easy, but it has to be simple. If it's not simple, people won't do it."

This philosophy underpins everything from his teaching style to the tools EQ MINDS creates, including *The Mindful Journal*, a prompted gratitude journal designed to help people shift their mindset in small, sustainable ways.

If it's not simple, people won't do it — and sustainable habits have to be simple.

## Practical hope

Community pharmacy has always been a highpressure environment, but the past few years have pushed the profession to its limits. Workforce shortages, expanded clinical roles and the emotional demands of frontline care have left many pharmacists exhausted.

Jay's message — grounded in science, shaped by personal experience and delivered with warmth and clarity — offers something rare: practical hope.

He won't be asking pharmacists and other audience members to overhaul their lives. He'll be showing them how small, consistent habits can compound over time, strengthening their resilience, sharpening their focus and protecting their wellbeing.

"Habits compound — just like interest," he says. "If we can help people make a few small changes, the outcomes can be really positive."

## What matters

Whether you're a pharmacy owner managing a team, a frontline pharmacist juggling competing demands or a student entering the profession, Jay's APP2026 session promises to be grounding, energising and deeply relevant.

It's not about doing more. It's about doing what matters — with clarity, presence and a brain set up to thrive.

Jay works with high profile clients like IAG, Estee Lauder, and Western Sydney University



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**Australasian**  
— PHARMACY —

# The danger of handshake deals in pharmacy: Sarah Stoddart

Miranda Cook

Sarah Stoddart is one of only a few lawyers specialising in pharmacy law in Australia, and knows the legal ins-and-outs of selling, buying and leasing pharmacies. At APP2026, she's sharing her tips on how pharmacists can best protect their assets when going into business.

For more than 15 years, healthcare lawyer Sarah Stoddart has been navigating the legal complexities of pharmacy ownership.

As the director of Vitality Law Australia, one of only a handful of pharmacy law specialists in Australia, her career is niche to say the least.

She assists more than 250 pharmacists a year with a range of legal services, including leasing, buying and selling, shareholder and regulatory approval arrangements.

Rewarding is how she describes her role.

"Pharmacy law is not an area you can study at university, where you do things like family law or environment law.

"It's just where I found myself, but I absolutely love it," she says.

**At APP2026, Sarah is presenting on Saturday March 14, when she will explain why having a partnership agreement in place when buying or leasing a pharmacy is so crucial.**

## Handshakes going wrong

The most common mistake she sees is a breakdown of partnerships, arising from informal "handshake deals" that were never written in a legal contract, also referred to as a partnership agreement.

"Pharmacists come to me and they're in a partnership structure in their business, but the relationship has soured — usually a dispute has arisen," she says.

"I ask if a partnership agreement is in place, but it often gets overlooked so you end up trying to work things out in a hostile environment."

## Low-cost options

At APP2026, Sarah is presenting on Saturday March 14, when she will explain why having a partnership agreement in place when buying or leasing a pharmacy is so crucial.

The document — which governs how the partnership will operate — is low cost when compared with the hefty legal fees often involved in resolving disputes down the line.

"I'm not joking, [disputes can cost] 10, 20, 30 times the cost of the actual investment had the agreement been done upfront," she says.

"Potentially your worst-case scenario is it ends up in court, and the partnership is dissolved.

“When a partnership is dissolved, the partners aren’t left holding much in terms of assets or money, which is unfortunate.”

A well-drafted pharmacy partnership agreement sets out how the business operates day to day, and what happens when circumstances change.

Leave entitlements, roles and responsibilities, exit and succession planning, and how profits and losses are shared are other details decided upon in the document.

As younger pharmacists look to move into ownership positions, acquisition of interest is also an important topic to cover, she says.

“Initially the young pharmacist might take a small stake in the business with a view to over time increasing that interest.

“They might verbally agree, that the senior partner will give them another 10 per cent in three years but what if the store does really well and suddenly the senior partner doesn’t want to sell down and then it becomes a dispute.”

**You wouldn’t go to an orthopaedic surgeon for heart surgery, so find the professional who truly understands pharmacy and use them.**

## Hire a specialist

While legal advice can feel like a burden when starting a new business, hiring a healthcare expert is also a crucial step, Sarah says.

“Unfortunately, I do see cases where someone says, I use the conveyancing firm down the road to buy my house, so I’ll also use them to buy the pharmacy.

“You wouldn’t go to an orthopaedic surgeon for heart surgery, so find the professional who truly understands pharmacy and use them.”

## An educator at heart

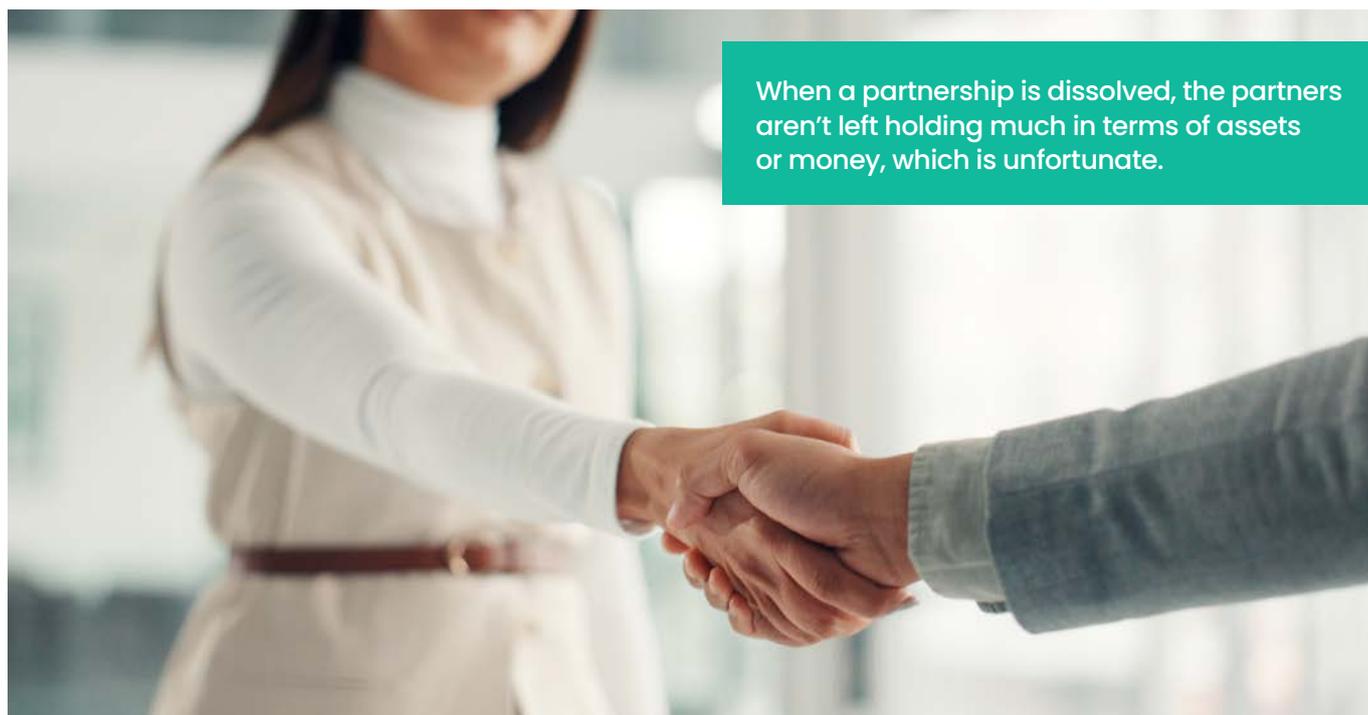
Sarah’s career in law was never planned. During her school years in Queensland, she dreamed of being a teacher.

But after doing well academically, she went on to study law at the Queensland University of Technology.

Now, she uses her passion for education by presenting at conferences, hosting *Calm the Pharm* podcast, sharing practical legal advice and business strategies for pharmacy owners.

“Each episode looks at key business or regulatory skills that pharmacists often overlook, so things like navigating the pharmacy location rules to understanding leases, exercising options or how to prepare to sell their business.”

**When a partnership is dissolved, the partners aren’t left holding much in terms of assets or money, which is unfortunate.**



Sarah says a breakdown in a partnership can often arise after an informal handshake deal is entered into



## Celebrating the final state and territory winners of the National Pharmacy Awards

The Pharmacy Guild of Australia's National Pharmacy Awards continue their nationwide celebration of excellence, with this edition highlighting the outstanding winners from the Northern Territory and Western Australia. The following pages introduce their stories in depth, showcasing the innovation, leadership and community impact shaping the future of Australia's community pharmacy landscape.

Every profession has its defining moments, and for community pharmacy in Australia, the National Pharmacy Awards remain one of the most significant. More than a recognition program, these awards honour the people and practices driving better health outcomes for communities across the country.

They celebrate pharmacists who elevate patient care, who champion innovation, who mentor emerging leaders, and who strengthen the essential connection between pharmacy and community. From remote regions to bustling metropolitan centres, pharmacists continue to be among the most accessible and trusted health professionals in Australia.

The National Pharmacy Awards shine a light on this vital role, reminding us that pharmacy is not simply about medicines and services, but about people — patients, families, and communities — whose lives are enriched every day by dedicated professionals.

These awards matter because they highlight excellence in a sector that is constantly evolving. With new clinical services, digital health advancements, and expanding scopes of practice, pharmacists are leading change across the health system. Recognising those at the forefront inspires others to innovate, adopt best practice, and continue pushing the profession forward.

Each winner represents not only personal achievement but also the collective progress of the profession. Whether delivering care in remote communities, advancing clinical practice in urban settings, or supporting the next generation of pharmacists, their stories reflect the breadth and depth of pharmacy's contribution to Australian healthcare. In this edition, we turn our focus to the final two state and territory winners: the Northern Territory and Western Australia. Their achievements complete this year's national picture, showcasing the diversity, resilience, and leadership which define pharmacy across Australia.

As you explore the pages ahead about our Northern Territory and West Australia winners, you will enjoy a deeper look into their journeys, challenges, and triumphs. Authored by our lead contributor Miranda Cook and our wider editorial team, these stories stand as both a record of excellence and a source of inspiration for the profession.

And soon, the celebration continues. At the time of writing, all state and territory winners are getting set to gather at APP2026 on the Gold Coast in March, where the overall National Pharmacy Award finalists — and ultimately the national winners — will be revealed.

Pharmacy is more than a profession; it is a calling. These stories remind us of the profound difference pharmacists make every day in the lives of people in Australia.



The National Pharmacy Awards shine a spotlight on this vital role, reminding us pharmacy is not just about products on shelves, but about people — patients, families, and communities — whose lives are improved every day by dedicated professionals.



## Northern Territory

The awards ceremony announcing the Northern Territory award winners was held at Wharf One on Darwin Waterfront, in early December 2025.

Miranda Cook

PGA's Northern Territory Branch President Peter Hatswell said their winners reflected the strength and diversity of pharmacy practice across the Territory.

"These winners truly represent the spirit of community pharmacy in the Northern Territory — innovative, caring and committed to improving the health of our communities," he said.



Northern Territory's Community Pharmacist of the Year with her award and flowers in Darwin



Northern Territory's Student Pharmacist of the Year Elijah Callis

### NT Pharmacist of the Year

Northern Territory Pharmacist of the Year Claire Ross said she is excited about the possibilities for pharmacists as they move into more frontline roles.

As part of the first Northern Territory cohort from James Cook University's prescribing course, Claire is a strong advocate for pharmacists practising at full scope.

"I want a future where pharmacists are valued not only for dispensing medicines, but for our expertise in safe diagnosis, prescribing, deprescribing, preventative care, and chronic disease management," she said.

Claire is committed to expanding programs which fully utilise pharmacists' clinical expertise. Through lobbying for government funding and creating professional development opportunities for staff across her two Blooms the Chemist stores in Darwin, she champions the profession locally and nationally.

She said increased government funding for expanded pharmacy services ensures patients receive better access to healthcare and pharmacists are paid appropriately for their clinical skillset. "Especially when our interventions will actively reduce hospitalisations, improve medicine safety, and shorten wait times across the healthcare system."

Claire promoted the uncomplicated UTI service and was an early adopter of initiatives such as expanded vaccination programs and long-acting injectable buprenorphine.

"With expanding scope, increased collaboration with GPs, and the shift toward pharmacist prescribing, we're shaping a future where we can make an even bigger impact."

Winning the Pharmacist of the Year award is an honour, she said.

"I love pharmacy because it allows me to make healthcare more accessible, more human, and more immediate for the people who rely on us."

"It was a moment that made all the hard work, late nights, and personal sacrifices feel incredibly meaningful."



Hibiscus Day & Night Pharmacy team members in Darwin after their win

## NT Pharmacy of the Year

Digital investment is key to driving dispensing efficiencies so pharmacists can fill the healthcare gap in regional areas, said the owners of the NT Pharmacy of the Year.

Marcus Leong and Sin Hui, who own Hibiscus Day & Night Pharmacy in Leanyer, said many patients face health inequities due to geographical isolation and lack of services.

Offering as many clinical services as possible is their goal, and investment in technology is essential. "In many instances, we have been referred to for those unable to get their health solution via conventional pharmacy services," Marcus said.

The store is the first compounding pharmacy in the territory and the first to operate a paperless medication management system in aged care.

A compounding lab, ROWA dispensing robots, and DAA packing and checking machinery are among their investments in innovation. "We understand every minute that we could save on manpower could then be reinvested into customer care," Marcus said.

"We made these investments because we know they could improve our services and help Hibiscus Pharmacy to care better for the community," he said.

Despite being process-driven, personal connection remains the priority. "We are a blend of diversified culture, which has raised our cultural awareness and provides respectful care that is crucial to many patients.

"Everyone goes above and beyond to assist every customer that walks into the pharmacy and needs assistance. From COVID to the 60 days dispensing saga, working in the pharmacy has been challenging but our team has stuck together and stayed on the same page."

## NT Student Pharmacist of the Year

Working as a pre-employment health assessor as a second job is part of Elijah Callis' plan to become a prescribing pharmacist.

Elijah said he believes conducting hernia examinations, cardiovascular health assessments, lung function tests, hearing assessments, spirometry and otoscopies will place him in a strong position for full scope practice.

"I believe it's very important to develop a comprehensive skillset to provide healthcare outcomes that are both optimal and convenient for patients."

Elijah is due to complete his Doctor of Pharmacy degree through Charles Darwin University early this year. He has already completed a Bachelor of Science, majoring in Pathology and Laboratory Medicine, followed by First Class Honours in Biomedical Science.

"I am looking to better myself into becoming a highly skilled pharmacist," he said.

Despite being early in his career, his achievements are impressive. These include partnering with Lifeblood Red Cross SA/NT to launch a community blood-drive initiative, and conducting a research project on cultural and diversity competence in pharmacy education.

As Top End Pharmacy Student Association President and National Australian Pharmacy Students' Association representative, Elijah advocates for remote learning opportunities.

Winning this award showcases the value Northern Territory and other regional pharmacy students bring to the profession, he said.

"This award reinforces my belief in the path I've chosen and motivates me even further to contribute to the future of pharmacy.

"My hope is that pharmacy continues its evolution toward full, meaningful scope of practice, where pharmacists are empowered to deliver advanced clinical services, especially in rural and remote communities."



## Western Australia

The Western Australia branch honoured the state's standout contributors to community pharmacy at a cocktail event on February 4 at Perth's ANZAC Club on St Georges Terrace.

Sarah C Porter and staff writers

*Award winners Nam and Kaityn (pictured centre) said they were both humbled by their wins*

PGA's Western Australia Branch celebrated the state's leading contributors to community pharmacy on February 4 at what guests described as a special and intimate cocktail event overlooking Perth's CBD.

The event recognised the sector's strong commitment to patient care and the expanding responsibilities community pharmacies carry in supporting the health of Australians.

PGA's Western Australia Branch President Andrew Ngeow said the awards highlighted the dedication and professionalism which underpin community pharmacy across the state.

"The pharmacy owners and staff demonstrate the dedication, commitment, and professionalism that are the essential qualities of community pharmacy in the state," Andrew said.

He also acknowledged Western Australia's long-standing leadership in community pharmacy practice.

"Western Australian community pharmacies have a long and proud tradition of leading excellence in community pharmacy practice. "I have no doubt that this year's Western Australian representatives will continue that legacy and make a strong impact on the national stage."

### Community Pharmacy of the Year

Pharmacy 777 East Perth was named Western Australia's Community Pharmacy of the Year. The pharmacy team was recognised for its strong commitment to patient-centred healthcare and its proactive response to local health needs.

The team works closely with nearby health professionals to address gaps in mental health support, addiction care and access to primary healthcare. Their collaborative approach and focus on tailored patient support have positioned the pharmacy as a trusted health hub for the East Perth community.

### Community Pharmacist of the Year

Nam Vuong, from TerryWhite Chemmart in the Perth suburb of Kingsley, was awarded Western Australia's Community Pharmacist of the Year. Nam was recognised for his demonstrated leadership, clinical excellence and strong commitment to advancing community pharmacy practice.

With some 10 years of experience under his belt, he has mentored students and interns, participated in national leadership programs and developed one of Perth's most trusted sleep apnoea services.

He also provides both in-pharmacy and outreach vaccination services supporting vulnerable groups, and continues to expand his clinical skills through ongoing professional development.

On winning the award, Nam said he was very, very surprised.

"It was such an honour to be recognised, for a start — but to take the award was — and is still unbelievable for me."

Nam's words of advice for others wanting to join the pharmacy profession are simple.

"It's advice I like to give my students: just be yourself," he said.

"It's easier for our patients to speak to a human — not a knowledgeable robot. So just be human.

"I think I do that well and that's why people who come into our chemist connect with me."

Regarding his future, Nam said he feels he is already on his way.

"But what I do want to ensure is that I continue maintaining a love for my community and the work we all do. And I want to spread that feeling of commitment to all my staff and my peers."

## Student Pharmacist of the Year

Kaitlyn Campbell, of Perth's Curtin University, was named Western Australia's Student Pharmacist of the Year. Kaitlyn was recognised for her demonstrated academic excellence, leadership and dedication to community health.

As the 2025 President of the Western Australian Pharmacy Students' Association, she led long-term strategic planning and advocated for improved student wellbeing.

Her collaboration with Curtin University and involvement in community health initiatives highlight her professionalism, communication skills and commitment to the future of community pharmacy.

Kaitlyn also said she felt genuinely humbled to receive the state award.

"The evening was really nice, and so intimate," she said.

"We all know each other in our pharmacy community in Perth — so seeing colleagues and mentors was lovely.

"Winning this award felt like a huge honour and something I wasn't expecting — it felt really nice to get that recognition.

"Fourth year is really hard — and being president of the students' association was a lot — so it was just really lovely to be recognised."

For anyone interested in joining the pharmacy profession, Kate's advice was also quite simple.

"I suggest just getting your foot in the door and meeting people," she said.

"One of the most important things when you're studying is having some help — so our community is really important."

"There are great people everywhere."



Pharmacy 777's team team was recognised for its strong commitment to patient-centred healthcare



With some 10 years of experience under his belt, Nam (pictured left) has mentored students and interns

# Celebrating excellence. Building momentum.



As we celebrate the outstanding winners of the **National Pharmacy Awards**, we're already looking ahead — with nominations for the 2027 Awards now open.

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The 2026 National Pharmacy Awards are proudly supported by:



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Select partnership opportunities for the 2027 Awards are also available.

# Meet the pharmacist rewriting the script for women in leadership

Miranda Cook

Iraqi-born pharmacist Sara Murdock has turned a childhood shaped by conflict into a career of service. Now the award-winning Melbourne clinician is driving a national push to help more women step into pharmacy leadership.

After witnessing the devastation of war as a child, Iraqi-born pharmacist Sara Murdock has dedicated her life to helping people and fighting injustice.

Even scanning the Melbourne pharmacist's long list of achievements and community roles is enough to exhaust anyone with less drive. In November, she was named joint winner of the 2025 International Pharmacist of the Year.

Her other national and international honours include Victorian Pharmacist of the Year, Global Woman of the Year in Healthcare and National Winner of Outstanding Community Pharmacist.

## Giving back

Sara's story is one of adversity and courage. At age 12, she and her family were held hostage for two months while trying to flee war-torn Iraq. Months after their release, they were granted refugee protection visas and arrived in Western Sydney, unable to speak English or stay in contact with loved ones.

Sara faced bullying and violence throughout her school years.

"I have struggled throughout my life because I often felt like I didn't belong," she says. "I was bullied and beaten pretty badly in high school."

Pharmacy, however, gave her purpose.

Her career began 26 years ago, cleaning shelves at a local pharmacy after school. In 2000, she started her undergraduate degree at Monash University while working weekends in a pharmacy.



Sara with her daughter Dalia



I have struggled throughout my life because I often felt like I didn't belong.

Her career since has spanned community pharmacy, opening and operating pharmacies across regional New South Wales, and serving as a senior manager at pharmaceutical company CPharm, now Pharmalex. She is currently the lead pharmacist at Pharmacy 777 in Pascoe Vale, Melbourne.

## Making a difference

Becoming a co-owner is among her future goals.

"I've always had a love for community pharmacy because that's where I feel the most impact happens."

"But even throughout my career, there have been times where I questioned my role in this profession – the repetition of dispensing scripts and handing them out wasn't fulfilling me."

Determined to make a difference, she has become an advocate for refugees and older patients, working to improve health literacy.

"Whether it be at charities, the Rotary club, a painting class or a gardening class, I go and educate people about their health.

"I hold seminars to talk to them about things like the free shingles vaccines, the importance of gut health and other things on offer that they probably don't know about."



When women are equipped with the right tools, mentorship and community, they don't just rise individually, they transform workplaces.

Sara pictured at the Patients Award Gala with Kim Brotherson, Founder and Director of Pharmacy 777, Stefan Vrankovic, Partner at Pharmacy 777 Albion Park, and David Speak, Founder and Chair of Pharmacy 777



## Giving women visibility

Sara is also on a mission to help women in pharmacy step into leadership.

This year, she and co-founder Carlene McMaugh are launching the National Organisation of Women in Pharmacy, FEMRx, a program supporting women pursuing ownership and leadership roles.

Giving women visibility and the tools to advance is central to the initiative, she says.

"We've got the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia, Universities, and some big pharmaceutical companies on board — it is really exciting."



I've always had a love for community pharmacy because that's where I feel the most impact happens.

Women make up close to 65 percent of Australia's pharmacist workforce, according to a 2023–24 report by the Australian Health Practitioner Regulation Agency.

Sara believes more must be done to break down barriers that prevent women from moving into management.

"When women are equipped with the right tools, mentorship and community, they don't just rise individually, they transform workplaces, change policies and inspire the next generation."

She wants flexible hours and childcare options at pharmacy conferences so working mothers don't disappear from the industry or miss out on opportunities that were once a male preserve.

Balancing work and home life can be challenging, she says.

"As a single mum, some days require more from you than others – sometimes I have to work 12-hour days, and my kids just have to come to work and do their homework out the back.

"Our goal is to support and connect women in pharmacy, so they have the confidence to take on leadership roles."

# APTEEKKI

## More than 100 Finnish pharmacies at risk under new reforms

Stephen Armstrong, Chief Economist,  
World Pharmacy Council

Finland's newly approved pharmacy reforms are set to reshape the country's tightly regulated medicines system, with the national regulator warning more than 100 pharmacies could face financial distress as the changes take effect.

When Finland's Minister of Social Security, Sanni Grahn-Laasonen, outlined the government's latest pharmacy reform package in early 2025, she described it as a careful step toward modernisation.

But for a country with one of the world's most tightly regulated pharmacy systems, even modest changes carry weight. Finland's model is built on pharmacies owned by individual pharmacists, each operating under a licence assigned to a defined local area.

Unlike Sweden and Norway, where deregulation opened the door to supermarket chains and the market domination by a small number of vertically integrated corporations, Finland has maintained a structure designed to guarantee nationwide access, especially in remote communities.

On December 30, however, Finland's Ministry of Social Affairs and Health confirmed the country's Parliament and President had ratified a package of laws and decrees aimed at modernising pharmacy economics, reducing government spending and expanding sales channels for some over-the-counter medicines.

The reforms, which begin rolling out from 2026, represent the most significant shift in Finland's pharmacy framework in more than a decade.

### System under strain

Finland's pharmacy network is built on privately owned, pharmacist-run businesses operating under licences tied to specific geographic areas. The Finnish Medicines Agency (Fimea) controls where pharmacies may open to ensure coverage across the country's 309 municipalities.

Medicine prices are regulated through a national tariff — the price charged for a medicine by a wholesaler must be the same for every pharmacy. The funding arrangements include a progressive pharmacy tax which redistributes the overall income base from larger urban pharmacies to smaller rural ones.

Finland's Minister of Social Security, Sanni Grahn-Laasonen



For the 2025 tax year, pharmacies paid a sliding scale percentage of their turnover to the government, with the rate set at rates starting at zero for the smallest pharmacies to 11.2 percent for those with turnovers exceeding six million euros.

The government's reform package centres on two major changes: cutting the medicine tariff for prescription medicines and changing the pharmacy tax system so that it is calculated based on gross profit margin from medicine sales, rather than turnover.

According to the ministry, the tariff cut will reduce government reimbursement costs by about 30 million euros annually and lower consumer medicine costs by roughly six million euros per year. Much of this burden will fall on pharmacy owners.

"The new pharmacy tax will be progressive, just like the current pharmacy tax. Pharmacies with a profit margin of less than 250,000 euros will be completely exempt," the ministry said in its release.

Gross profit margin exceeding 1.7 million euros – the top of the new scale — will attract a tax of 43 percent. This major restructuring will create winners and losers depending on size and sales mix.

## OTC sales widen

From 2027, pharmaceutical companies will be able to apply for permission to sell a limited range of low-risk over-the-counter medicines outside pharmacies. The ministry said the list includes products for heartburn, constipation and dry eyes.

These medicines will be exempt from pharmacy tax and may be sold at discounted prices, although maximum price regulation will still apply.

The reforms also give pharmacies new authority to correct obvious errors in prescriptions and to deviate from prescriptions in cases such as nationwide supply disruptions or the withdrawal of a medicine from the market.

## Financial risks rise

While the government argues the changes will improve efficiency and strengthen the long-term sustainability of the medicines system, Fimea's updated modelling suggests the reforms could strain the country's pharmacy network, particularly in rural areas.

In an assessment reported by public broadcaster Yle, Fimea said the reforms "pose a serious threat to the business at more than 100 pharmacies in Finland". The agency found 38 pharmacies are at risk of becoming unprofitable, while another 79 could see annual revenue fall below 100,000 euros — a level Fimea considers insufficient to cover a pharmacist's salary and basic operating costs.

Fimea also identified 27 pharmacies with turnover below 100,000 euros as "critical" for regional access because they are the only pharmacy in their municipality or area. The agency said it could not disclose their locations due to financial confidentiality rules.

**The Finnish Parliament requires the Government to monitor the effects of the pharmacy economy reform on the financial profitability of pharmacies, the availability of medicines (including in sparsely populated areas), security of supply, and medication safety. Parliament also requires the Government take future measures, if necessary, to secure the nationwide pharmacy network.**

"I can say that they are all over Finland, so they're not concentrated in any particular area," Juha Sinnemäki, a unit chief at Fimea, told STT, the Finnish News Agency. STT is Finland's national wire service supplying news to media outlets across the country.

## Access concerns grow

The warnings highlight the tension between the government's push for cost savings and Finland's long-standing commitment to territorial equality in healthcare access. For decades, pharmacy regulation has ensured even sparsely populated regions maintain at least one pharmacy, with Fimea using licensing powers to prevent gaps in coverage.

The ministry said the reforms were designed to be implemented "responsibly and gradually," ensuring the availability of safe and high-quality pharmacy services nationwide. A second legislative proposal on pharmacy operations is expected later in the parliamentary term.

Pharmacy owners, represented by the Association of Finnish Pharmacies (AFP, a member of the World Pharmacy Council), have previously cautioned that economic pressures are already mounting. Pharmacies' finances have been weakened by previous funding cuts, rising costs, and a long-term decline in the prices of prescription drugs. Prescription

**Finland's pharmacies are privately owned by individual pharmacists, with each licence tied to a specific area. The regulator, Fimea, controls where pharmacies open to ensure nationwide access. Medicine prices are set through a national tariff, and a progressive pharmacy tax supports smaller rural pharmacies. The national insurer, Kela, reimburses medicines at the counter and caps annual out-of-pocket costs. The system is designed to guarantee access across the country.**

volumes have risen sharply in recent years, while medicine prices have fallen and staffing shortages have intensified. Many small pharmacies, including those in rural areas, rely on revenue from over-the-counter products and private prescriptions to remain viable.

## Impact from 2026

As the changes roll out, the impact on Finland's pharmacy network will be closely watched. Fimea's modelling suggests that some municipalities could lose their only pharmacy, forcing residents — particularly older people and those without transport — to travel further for essential medicines and counselling.

The government maintains that the reforms will create a more cost-effective distribution system while safeguarding regional access and medication safety. The effects will become clearer as the new tax structure and OTC sales rules take effect from 2026 onwards.

## References:

*World Pharmacy Council background information, supplied.*

*The comprehensive reform of the pharmacy economy is progressing, Finland Ministry of Social Affairs and Health, December 30 2025 release, [https://stm.fi/-/apteekkitalouden-kokonaisuudistus-etenee-1?language=fi\\_FI](https://stm.fi/-/apteekkitalouden-kokonaisuudistus-etenee-1?language=fi_FI)*

*New reforms threaten business at more than 100 pharmacies, regulator warns Yle News, STT, January 5 2026 - <https://yle.fi/a/74-20202623>*

# Global roaming: When shortages become the norm

Sarah C Porter  
Australasian Pharmacy

*In Germany, more than 10 percent of pharmacy staff time in many chemist stores is now spent sourcing substitutes*

Medicine shortages are escalating across global supply chains, leaving community pharmacies to absorb the growing pressure. Australasian Pharmacy spoke with World Pharmacy Council Chief Economist Stephen Armstrong to understand the scale and impact of the issue.

Medicine shortages have become a defining challenge for community pharmacies across the globe, disrupting patient care, reshaping workflows, straining resources, and testing the resilience of health systems.

What was once an occasional disruption is now a daily reality from Europe to North America, Asia to Australia — a trend the World Pharmacy Council warns is worsening, not stabilising.

Stephen Armstrong, Chief Economist at the WPC, says the evidence is clear. “The data indicate medicine shortages are occurring more frequently across all regions, and the trend has been consistent for several years.”

For pharmacists, the consequences are immediate and deeply personal. Every unavailable product represents a patient whose treatment plan suddenly becomes uncertain. And every workaround — every phone call, substitution, or counselling session — represents time and emotional labour that pharmacy teams are rarely resourced or recognised for.

## A worldwide issue

The WPC identifies a long list of drivers behind the escalating crisis: shortages of raw materials, manufacturing failures, spikes



The data show medicine shortages are becoming more frequent across multiple regions

in demand, labour constraints, transport bottlenecks, regulatory delays, political instability, and pricing policies which make lowmargin generics particularly vulnerable. In recent years, supplies of several key drug classes — including ADHD medications, cancer therapies, statins, opioid analgesics, anaesthetics and antibiotics — have been repeatedly strained, leading to persistent or recurring shortages.

At the same time, demand for high-profile drugs such as Mounjaro, Wegovy and Ozempic has spiked dramatically, pushing prices upward and leaving many patients — especially those who rely on these medicines to control type 2 diabetes — struggling to obtain them.

Stephen stresses the issue cannot be reduced to a single point of failure. “There is no single driver. What we see is a convergence of supplychain pressures, manufacturing constraints, demand factors and market fragility,” he says.

The data is stark. According to the Pharmaceutical Group of the European Union (PGEU), each pharmacy across the EU spends on average about 11 staff hours per week dealing with medicine shortages, and this time has tripled over the last 10 years.

In Australia, a 2024 survey commissioned by the Therapeutic Goods Administration found most patients (88.1 percent) reported finding out about shortages from a pharmacist. Some 20 percent of the Australian patients surveyed said they rationed their own medicine to make it last longer, while 17 percent received a new prescription from their GP.

These are not isolated pockets of instability; they are symptoms of a system under sustained strain.

As the world grapples with increasingly fragile supply chains, the role of community pharmacy has never been more critical.

## The frontline burden

When medicines run short, community pharmacists become the navigators of uncertainty. They identify alternatives, liaise with prescribers, and counsel patients through changes they did not ask for and often do not understand.

According to Stephen, the workload impact is measurable. “Community pharmacies are absorbing a significant amount of the system’s adjustment costs, particularly in the time required to manage each shortage.”

In Germany, more than 10 percent of staff time in many pharmacies is now spent sourcing substitutes. In Canada, pharmacists report devoting up to one fifth of their working hours to managing shortages. These figures reflect a global pattern: pharmacists are absorbing the system’s fragility while trying to shield patients from its consequences.

Yet in many countries, pharmacists’ ability to respond is constrained by regulation. Even when a shortage is officially declared, substitution rules may be narrow, slow to activate, or misaligned with realworld practice.

The practical consequences are clear, says Stephen. “When substitution pathways are limited or slow to activate, the result is additional friction in the system and delays for patients.”



In Canada, pharmacists report devoting up to one fifth of their working hours to managing shortages

## What needs to change

The WPC argues community pharmacies are uniquely positioned to mitigate the impact of shortages — but only if they are empowered to act. The organisation outlines several reforms which could strengthen pharmacy’s role and reduce patient harm. These include:

- Enabling flexible substitution: allowing pharmacists to substitute brands, strengths, formulations, or even therapeutic alternatives within clear national protocols.
- Improving two-way digital communication between prescribers and pharmacists.
- Resourcing the pharmacy network to recognise the time and expertise required to manage shortages.
- Temporarily adjusting supply quantities during acute shortages to prevent stockpiling.
- Supporting pharmacy compounding when commercial products are unavailable.
- Investing in realtime monitoring systems, such as Spain’s CisMED, to anticipate demand and track shortages.

These measures, the WPC argues, would not eliminate shortages — no single country can solve a global supply problem — but they would reduce the burden on patients and the profession.

## Supply chain woes

Beyond pharmacy-specific measures, the WPC calls for broader reforms to stabilise the medicines supply chain. These include regularly reviewing pricing and reimbursement to ensure essential medicines remain viable for manufacturers to produce — and maintaining strong national distribution networks capable of equitable stock allocation during shortages.

“But stabilising supply will require coordinated action across regulators, manufacturers and distributors. No individual sector can resolve this independently,” Stephen says.

## A global challenge

The WPC’s position reflects a growing international consensus: medicine shortages are not temporary disruptions but a structural reality. They require coordinated action across borders, sectors, and professions.

For community pharmacists, the crisis has highlighted both their vulnerability and their value. They are the ones who absorb patient anxiety, troubleshoot supply gaps, and maintain continuity of care when the system falters. Their adaptability has kept countless treatment plans on track — but resilience alone is not a sustainable strategy.

As the world grapples with increasingly fragile supply chains, the role of community pharmacy has never been more critical. The shelves may not always be full, but pharmacists continue to fill the gaps with expertise, compassion, and unwavering commitment to patient care.

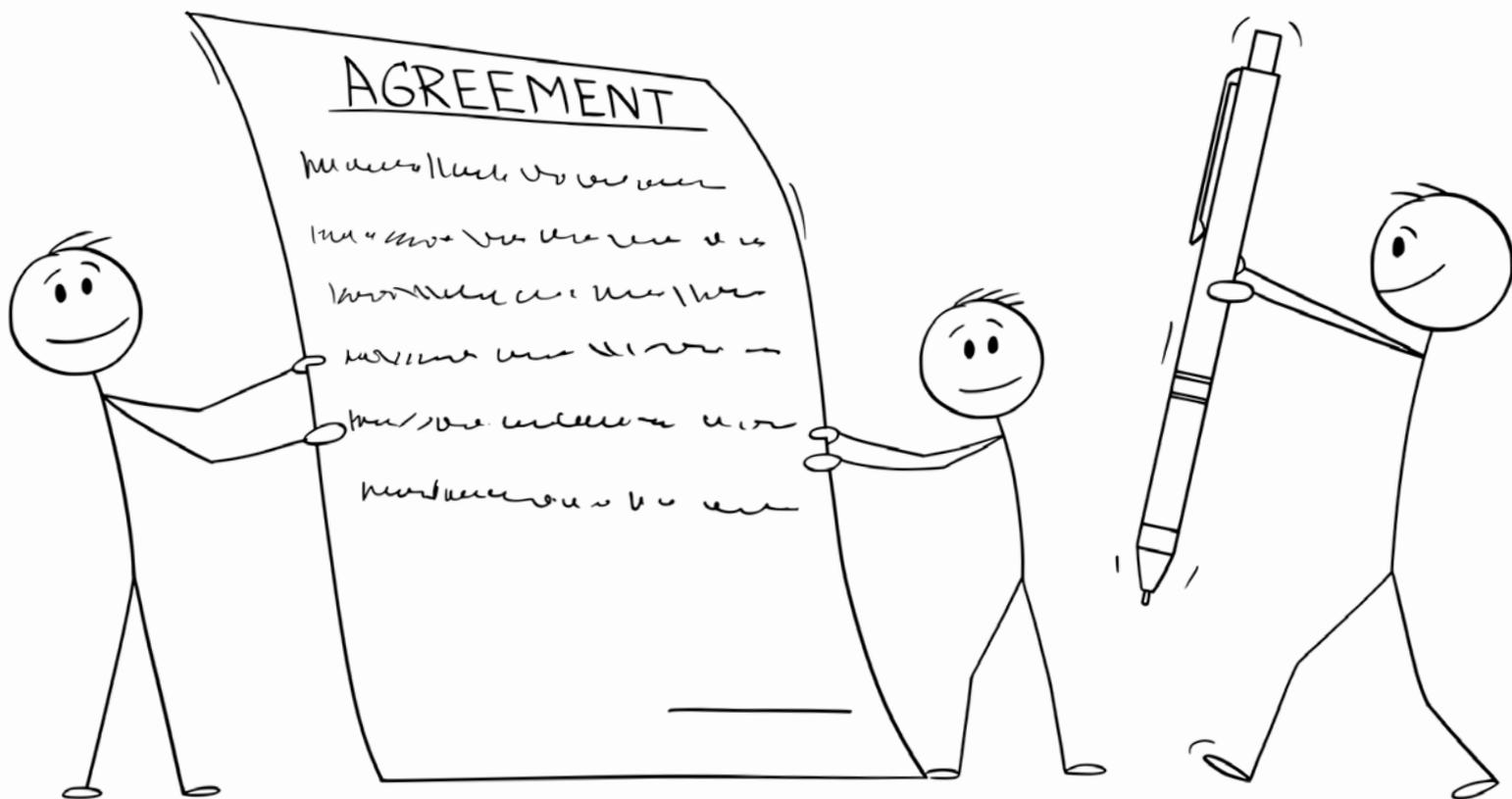


No single part of the supply chain can resolve this issue independently

# Structuring pharmacy partnerships for long-term success

Georgina Odell,  
Consultant, Meridian Lawyers

Meridian Lawyers' Georgina Odell gives Australasian Pharmacy magazine a snapshot of the key considerations pharmacists should consider before entering into any pharmacy partnership or shareholders' agreement.



*Disclaimer: This information is current as of January 2026. This article does not constitute legal advice and does not give rise to any solicitor/client relationship between Meridian Lawyers and the reader. Professional legal advice should be sought before acting or relying upon the content of this article.*

With a strong common vision for success, many pharmacists choose to enter a business partnership with trusted friends or colleagues. In many cases, the pharmacy operates smoothly, and the owners work collaboratively to make decisions about the day-to-day running of the business.

However, what happens when disagreements arise, circumstances change, or the partnership needs to end?

We strongly recommend that intended business partners take time to openly discuss, plan, and document agreed actions, processes, and contingencies for the life of the pharmacy business.

This may include scheduling regular planning meetings to prepare for the year ahead, clarifying each partner's contribution to the pharmacy, and outlining consequences if a partner defaults on obligations. Common scenarios worth addressing include what happens if a partner's registration is suspended or cancelled.

## Voting rights

A well drafted agreement should outline the voting rights of each partner and specify whether certain decisions require unanimous consent (such as hiring or terminating staff, or extending lines of credit), regardless of differing voting rights or ownership percentages.

## Finance and spending limits

The agreement should cover spending limits that require unanimous agreement and establish clear processes for payment authorisation. It should also address whether a partner can transfer their business interest to a third party and whether they must first offer it to the continuing partner.

A good agreement should include a dispute resolution process, ideally requiring mediation before legal proceedings.

## Agreement breaches

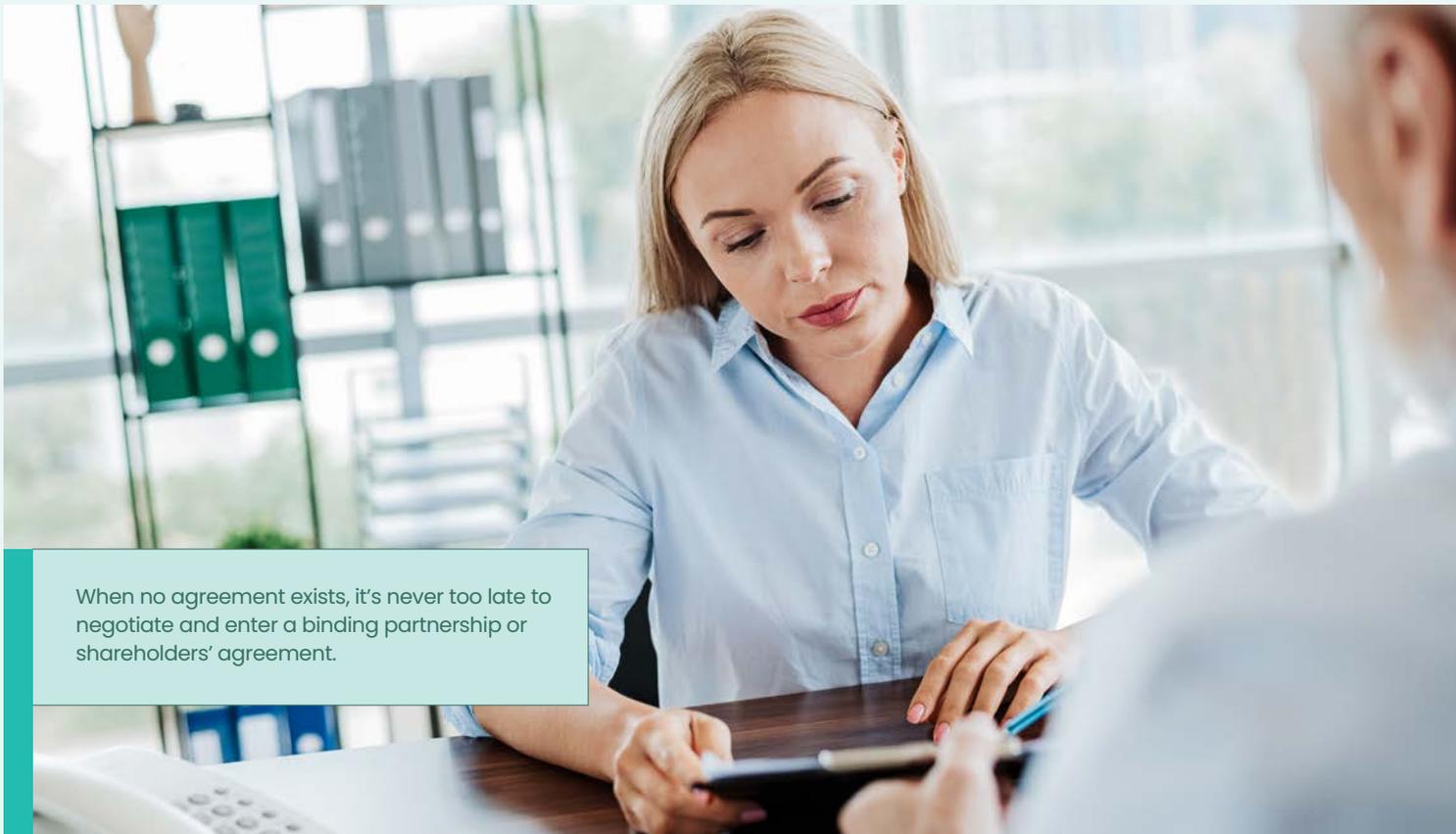
The agreement may define what constitutes a default by a partner (for example, breaching the agreement, acquiring an interest in a competitor, insolvency, certain criminal offences, or loss of pharmacist registration). It may also include provisions allowing a non-defaulting partner to buy out the defaulting partner's interest and remove them from the business.

## Managing changing circumstances

Over time, circumstances will inevitably change. The agreement should contain rules for events such as retirement, permanent disability, or death of a partner. Does the remaining partner have the right to buy out the exiting partner's interest?

## Valuation and buy/sell agreements

A well-crafted agreement should include an agreed valuation methodology for buying out an exiting partner's interest. Pharmacy businesses often require external valuation services due to their specialised nature.



When no agreement exists, it's never too late to negotiate and enter a binding partnership or shareholders' agreement.

To address funding for unexpected illness or death, partners often implement life or TPD insurance policies to cover each partner's equity value. This ensures sufficient funds are available for the exiting partner or their beneficiaries, without burdening the business or remaining partners.

Typically, a partnership or shareholders' agreement will reference a buy/sell agreement backed by insurance. It is important that these agreements align and are properly documented.

## Competitive clauses

Partners may include a clause preventing involvement in a competing business during the partnership and/or for a set period after exiting.

## Dispute resolution

A good agreement should include a dispute resolution process, ideally requiring mediation before legal proceedings. When a pharmacist consults Meridian Lawyers about a business dispute, our first question is whether a signed partnership or shareholders' agreement exists, as this often provides a framework for resolution.

A well-crafted agreement should include an agreed valuation methodology for buying out an exiting partner's interest.

## When no agreement exists

It's never too late to negotiate and enter a binding partnership or shareholders' agreement. However, we recommend doing so before acquiring a pharmacy interest to ensure clarity and shared expectations from the outset.

If you would like advice on pharmacy business matters, the team from Meridian can assist.

### About Meridian Lawyers

In addition to providing specialist advice about buying or selling a pharmacy, our team of pharmacy lawyers regularly advises clients on employment and staff management obligations, franchising and privacy compliance, obtaining finance, partnership and shareholder arrangements, dispute resolution, retail leases and Pharmacy Location Rules.

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# The era of pharmacist prescribing has arrived and it's redefining community care

As community pharmacy looks to the future, one thing is clear: pharmacist prescribing is no longer an emerging concept — it is already changing how care is delivered, how patients engage with pharmacies, and how businesses perform.

In March 2026 at both APP on the Gold Coast and the TerryWhite Chemmart Conference, pharmacists will have the opportunity to hear directly from Kate Gunthorpe and Brenton Hart as they unpack what full scope of practice looks like in action. Their message is clear: this shift is real, measurable, and already underway in everyday community pharmacy practice.

## From policy conversation to daily practice

For years, full scope of practice has been discussed as something on the horizon. Today, this language no longer applies. Prescribing training pathways are now available across every state and territory, and pharmacists are already delivering expanded care within their communities.

According to Kate, the defining factor is no longer access — it is action.

"Every pharmacy now has the opportunity," she says. "The difference lies in who chooses to embed full scope, and who decides to wait."

Rather than focusing on theory, Kate points to what is happening on the ground. In pharmacies where prescribing has been integrated into normal workflows, pharmacists are responding to clinical needs in real time — often during the same visit that prompted the conversation.

"This isn't about adding complexity," she says. "It is about using the skills pharmacists already have to deliver timely, appropriate care."

## When pharmacists prescribe

One of the most compelling aspects of full scope of practice is what it unlocks beyond the consultation itself. Prescribing does not sit in isolation from the rest of the pharmacy experience.

"When pharmacists prescribe, they are not just treating a condition," she says. "They are building a relationship."

Kate Gunthorpe, alongside Brenton Hart, will share insights, data and real-world examples when they take the stage at APP and the TWC Conference in March of 2026.



Hear directly from Kate Gunthorpe (right) as she unpacks what full scope of practice looks like in action

In practical terms, this often means a single consultation leads to multiple outcomes. Patients receive care without delay. They engage with digital tools. They return for follow up. They begin to see the pharmacy as an ongoing healthcare partner.

Kate points to real-world examples where prescribing consultations have led to new patient relationships, clinic income, increased retail engagement and long-term loyalty — all within in a single day.

“The clinical and commercial outcomes move together,” she says. “They’re not separate conversations.”

## The business case

For pharmacy owners, the question is no longer whether prescribing aligns with professional values. It is whether it makes sense operationally and financially.

Kate is clear the data is now answering this question.

“We’re seeing prescribing services drive repeat visits, strengthen loyalty and contribute incremental revenue — without disrupting existing models,” she says.

Importantly, performance is not limited to one type of pharmacy. Small, medium and large pharmacies are seeing benefits when services are implemented thoughtfully and supported by training, governance and workflow design.

“Prescribing works best when it is embedded, not bolted on,” Kate says. “It becomes part of how the pharmacy operates, not a separate offering.”

## Confidence changes practice

While systems and metrics matter, Kate believes confidence is the real differentiator. Pharmacists who feel supported to practise at full scope approach patient care differently.

They ask deeper questions. They recognise opportunities earlier. They make decisions with clarity.

That confidence, she says, comes from structured education, clear protocols, and knowing there is a framework in place to support safe practice.

“When those elements align, prescribing becomes a natural extension of the pharmacist’s role,” Kate says. “And patients can sense that confidence immediately.”



Pharmacy is operating in a landscape of increasing demand, limited access elsewhere in the system, and rising expectations from patients

## Why this matters

Pharmacy is operating in a landscape of increasing demand, limited access elsewhere in the system, and rising expectations from patients. In that environment, standing still is not neutral.

Kate is direct about what is at stake.

“Clinical opportunities are presenting every day,” she says. “If pharmacies are not ready to respond, those moments are lost.”

Full scope of practice allows pharmacies to meet those needs while strengthening their position within the healthcare system. It improves access to care and supports a more resilient, future-focused business model.

“This isn’t about replacing other parts of the system,” Kate emphasises. “It’s about complementing them and ensuring patients receive timely care when and where they need it.”

## Call to step forward

For Kate, pharmacist prescribing represents more than a new service. It signals a shift in leadership.

“This is about owning our role as healthcare professionals,” she says. “It’s about practising to the full extent of our training and doing so with purpose.”

Pharmacists who lean into expanded scope are shaping the next era of community care. They are defining what modern pharmacy looks like and how it delivers value to patients and communities alike.

Kate Gunthorpe, alongside Brenton Hart, will share insights, data and real-world examples when they take the stage at APP and the TWC Conference in March of 2026.

**The message is clear. Full scope is here.  
The question now is who is ready to lead.**



Kate will be pointing to real-world examples where prescribing consultations have led to new patient relationships

# Current scope of practice across Australia and New Zealand

Current as of 3/01/26

## COMMUNITY PHARMACISTS ACROSS AUSTRALIA AND NEW ZEALAND



While there are jurisdiction-specific requirements for the delivery of these services, patients can now access them in community pharmacies Australia and New Zealand-wide.

	#	Practice/Condition	
Programs/ services	1	National Immunisation Program Vaccination in Pharmacy (NIPVP)	
	2	Emergency Ingestible Antipsychotics (EAI)	
	3	Medication Management (therapeutic adaptation, substitution, continued dispensing)	
Acute conditions	4	Uncomplicated Urinary Tract Infection (UTI)	
	5	Acute exacerbations of mild plaque psoriasis	
	6	Acute otitis media management	
	7	Acute otitis and waxing	
	8	Acute diffuse otitis externa (inflammation of external ear canal)	
	9	Acute otitis media (middle ear infection)	
	10	Allergic and non-allergic rhinitis; Otitis externa of the nose	
	11	Gastroesophageal reflux and gastroesophageal reflux disease (GERD)	
	12	Pharyngitis (sore throat)	
	13	Emergency contraception - advice	
	14	Impetigo (school sores)	
	15	Mild acute or sub-acute pain	
	16	Mild to moderate acne	
	17	Mild to moderate eczema/dermatitis	
	18	Oral health risk assessment and fluoride application	
	19	Travel health	
	20	Smoking cessation	
	21	Management for overweight and obesity	
	Chronic conditions	22	Asthma
		23	Cardiovascular disease risk reduction (type 2 diabetes, hypertension, dyslipidaemia)
		24	Chronic obstructive pulmonary disease (COPD)

### NT

**PERMANENT SERVICES:**

1 2 4 13

**PLANNED AND/OR PILOT SERVICES:**

3 5 6 7 8 9 10 11 12  
14 15 16 17 18 19 20 21  
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### WA

**PERMANENT SERVICES:**

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**PLANNED AND/OR PILOT SERVICES:**

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### SA

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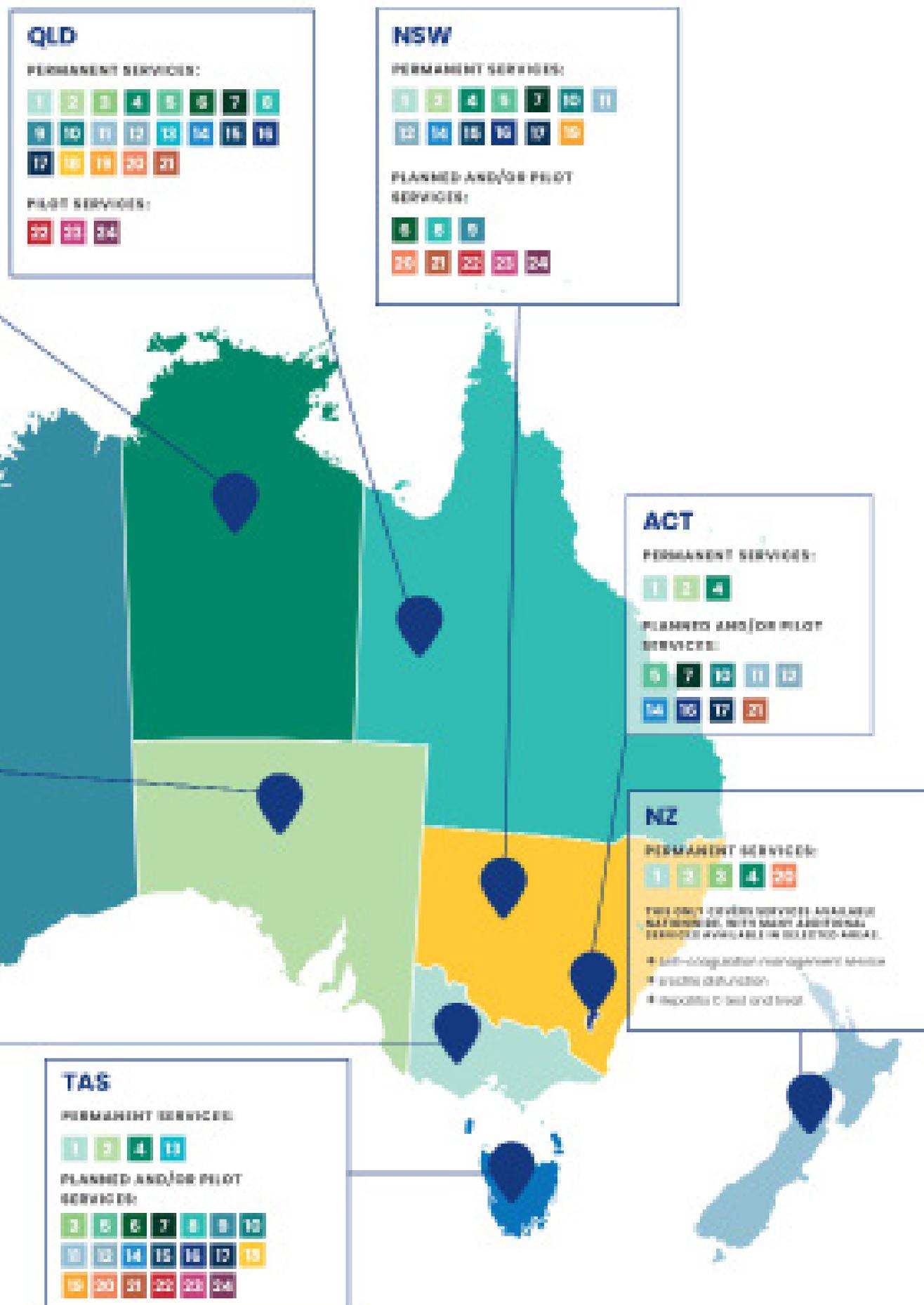
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# Menopause care: why pharmacists are perfectly placed to lead

Dr Ceri Cashell and Dr Emma Harvey,  
Cofounders, Healthy Hormones

Many menopause symptoms surface first at the pharmacy counter. As demand grows and gaps persist, pharmacists are increasingly central to helping women recognise symptoms earlier and access informed, evidence-based care.

Walk into any community pharmacy on any day of the week and you will see it. A busy professional collecting an antidepressant script and asking what magnesium might help her sleep.

A 50-something woman hesitating at the lubricant shelf. A mum with kids in tow asking about her third urinary tract infection this year. These may be like ordinary, everyday moments in pharmacy, but they are also missed opportunities in menopause care.

Because every single cell in the human body has estrogen receptors, perimenopause and menopause affect every system in the female body, including the brain, heart, bladder, vagina, skin, joints and bones.

As estradiol and progesterone levels fall and fluctuate, symptoms rarely arrive with a neat label. Instead, they often land at the pharmacy counter.

## Navigating menopause

Menopause has long been framed as a normal life stage to be traversed rather than what it biologically is, a permanent loss of estradiol and progesterone with real health consequences.

This drives a wide range of symptoms and an increased risk of chronic disease. Unfortunately, this inaccurate narrative has led to gaps in education, under-prescribing and widespread misunderstanding.

Menopause itself is a single day, defined as 12 months after the final menstrual period or the day the ovaries are surgically removed or medically retired due to treatments such as with chemotherapy. The average age of menopause is between 45 and 55 years.

However, around five in 100 women experience menopause before 40, and one in 1,000 before 30. From that point onwards, women are postmenopausal.

## How pharmacists can help

Perimenopause begins when ovarian function starts to decline. Estradiol levels fluctuate unpredictably, and increasing numbers of anovulatory cycles result in a loss of progesterone.

This phase can begin up to 10 years before menopause, meaning most women in their 40s and many in their late 30s are affected. Perimenopause can be clinically challenging because there is no single diagnostic test. Diagnosis relies on recognising symptoms and excluding other conditions.

Health professionals receive very little formal training in menopause care. Fear and misinformation around hormone therapy persist, fuelled by decades of misinterpreted data and alarmist headlines. The result is ongoing uncertainty about what is safe, what works and when treatment is appropriate.

But pharmacists already hold many of the pieces. You understand medicines. You know how formulations behave. You counsel patients every day about expectations, side effects and adherence. And you are often the most accessible health professional a woman sees.

## Simple conversations

One of the most powerful ways pharmacists can step into menopause care is also one of the simplest, asking more intentional questions. Many women present with perimenopause or menopause-related symptoms long before anyone has named hormones as a possible cause.

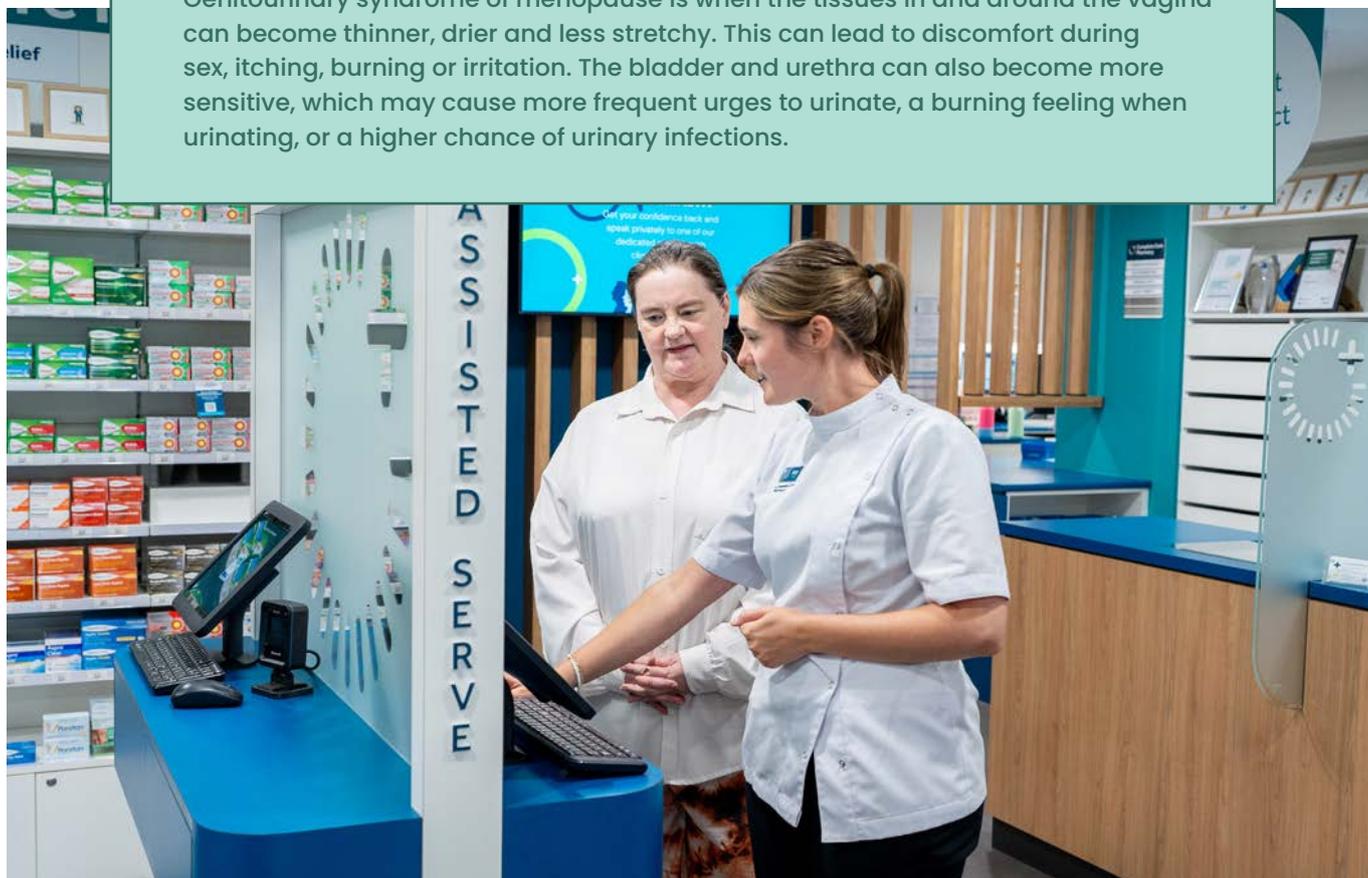
They may be seeking advice or being supplied non-hormonal treatments for common symptoms such as low mood, anxiety, poor sleep, fatigue, joint pain, heavy periods or weight changes.

Gentle prompts like, "Have you noticed a change in your periods?" or, "Do you think this could be hormone-related?" can help women connect the dots between their symptoms and a possible perimenopause or menopause diagnosis, opening the door to more appropriate care.

Pharmacists also play an essential role in signposting women to credible, evidence-based resources and appropriate care. Not all clinicians feel confident diagnosing and managing menopause, so helping women access reliable information and menopause-informed prescribers can make a profound difference.

### Did you know?

Genitourinary syndrome of menopause is when the tissues in and around the vagina can become thinner, drier and less stretchy. This can lead to discomfort during sex, itching, burning or irritation. The bladder and urethra can also become more sensitive, which may cause more frequent urges to urinate, a burning feeling when urinating, or a higher chance of urinary infections.



Pharmacy interactions provide a natural opportunity for gentle screening



### Did you know?

By recognising menopause and genitourinary syndrome of menopause early and helping women find trusted information and appropriate care, pharmacists can help women feel understood, access support sooner and, in some cases, quite literally save lives.



*Pharmacists also play an essential role in signposting women to credible, evidence-based resources and appropriate care*

### A critical opportunity

Genitourinary syndrome of menopause is common, progressive and frequently overlooked. Around 50 percent of women have symptoms by age 50, rising to up to 90 percent by age 70, yet fewer than 10 percent receive appropriate treatment.

Many women assume symptoms such as vaginal dryness, irritation, pain with sex, urinary frequency or recurrent urinary tract infections are simply part of ageing and are never told they are treatable.

Local hormone therapy directly treats the underlying hormone deficiency affecting the vulva, vagina and bladder, using low-dose vaginal estradiol, estriol or DHEA. They significantly improve vulvovaginal tissue health, support sexual and urinary function and restore healthy vaginal microbiota.

In postmenopausal women with recurrent urinary tract infections, vaginal estrogen has been shown to reduce further infections by around 50 percent, hospitalisations by up to 90 percent and mortality by up to 70 percent. Despite this, awareness remains low and many women are never offered this option.

Pharmacy interactions provide a natural opportunity for gentle screening. When supplying treatments for urinary tract infections, vaginal thrush, bladder symptoms or vaginal moisturisers and lubricants, a few respectful questions can shift the trajectory of care:

- **Have you noticed vaginal dryness, irritation or discomfort?**
- **Are you passing urine more frequently during the day or overnight?**
- **Have you had leaks or more frequent urinary tract infections?**

By recognising menopause and genitourinary syndrome of menopause early and helping women find trusted information and appropriate care, pharmacists can help women feel understood, access support sooner and, in some cases, quite literally save lives.

## Supporting pharmacists

Healthy Hormones is a GP-led digital platform created to change how perimenopause and menopause are understood and managed in Australia. We focus on evidence-based education, clinical confidence and multidisciplinary care.

The Healthy Hormones app is a free resource where pharmacists can join other health professionals to upskill in menopause care. Clinicians can ask questions, discuss cases and learn from peers navigating the same conversations in practice.

It is also a trusted place to send patients, offering clear, evidence-based information and community support that can reduce fear and confusion before a consultation even takes place.

Healthy Hormones also connects patients with a growing network of menopause-informed prescribers, helping women find clinicians who understand menopause and can support them with timely, appropriate care.

For pharmacists wanting deeper learning, we also offer the Essentials Menopause Course, designed specifically for health professionals and grounded in practical, real-world care. This is supported by regular education events and an annual medical conference focused on menopause and healthy ageing.

### What is Healthy Hormones?

Healthy Hormones is a free app and online platform helping health professionals and women better understand hormonal health and navigate menopause with confidence. GP-led and community-driven, it's built for anyone seeking to learn, ask questions, connect with others – and take practical steps towards feeling better or support people in their care.

## Expanding scope

The advocacy work we do at Healthy Hormones is centred on improving access to safe, affordable and evidence-based menopause care. This includes challenging outdated narratives, supporting better education across the health system and advocating for models of care that reflect both the evidence and how women actually access support.

Expanding pharmacists' scope of practice is an important part of this work. Pharmacists already manage chronic conditions, deliver vaccinations, conduct medication reviews and provide preventative care. Menopause care is a logical and well-aligned extension of this role.

Incorporating routine menopause screening questions into pharmacist education and urinary tract infection prescribing modules could significantly improve recognition of genitourinary syndrome of menopause and reduce missed opportunities for care.

In the longer term, we would like to see pharmacists able to supply vaginal hormone therapy directly. These low-dose, local treatments have a strong safety profile, minimal systemic absorption and are already available over the counter in several overseas countries, including the United Kingdom.

## Central to change

Medicines only work when people understand how and why to use them. Too often, women never start treatment because written information feels alarming, or they stop early simply because no one explained what to expect. Pharmacists are uniquely placed to change that experience.

Effective vaginal hormone therapy depends on setting expectations, explaining that benefits build gradually over weeks and treatment is long term, reassuring women about safety and addressing practical concerns around applicators, mess and intimacy.

Menopause care is changing. Women are more informed, the evidence is clearer and expectations are rising. Our health system needs to keep up.

Pharmacists are already there, in the moments that matter. With the right education, pathways and scope, pharmacy can play a central role in improving menopause care by listening, explaining and supporting women to feel confident in their health.

For many women, that quiet conversation at the counter is where menopause finally starts to make sense.

### Offer from Healthy Hormones

For Australasian Pharmacy readers interested in enrolling in a Healthy Hormone course you will receive a AUD300 discount at check-out by entering the code AP300





## A new era of pharmacy: Sam Turner's path to full scope practice

Hazel Gidley,  
Pharmacy Guild of Australia

As full scope practice gains momentum across Australia, pharmacist Sam Turner shares how the transition is reshaping his work, his pharmacy, and the care his patients receive.

When Queensland pharmacist Sam Turner graduated from Australia's James Cook University postgraduate program earlier this year, he knew he was stepping into a new era of pharmacy practice. Alongside four colleagues at TerryWhite Chemmart Stafford, in Brisbane, Sam completed the rigorous training required to deliver full scope services — a move he believes is vital for his profession's future.

"I graduated at the start of 2025 — along with three colleagues and we've since brought on another full scope pharmacist to the team," he said.

"We've got another two pharmacists who are also in training now, and the experience has been fantastic."

For Sam, the transition hasn't been just about adding new skills — it's been about reimagining what pharmacy can offer. The ability to consult on and treat conditions previously out of reach has transformed his day-to-day interactions with patients.

"It's really been eye-opening for me to see just how much I can improve my everyday interactions with patients both within and outside of the clinic room," he said.

He also said it has been incredibly positive to be part of a cohort now able to consult on and treat conditions they hadn't previously been able to manage, even though they were already potentially within scope.

"Now we take a different view to many presentations, where it's important to ask, can I do more for the best interests of this patient?" he said.

### Building for the future

Sam's enthusiasm for expanded scope is matched by his commitment to creating a physical environment which supports it. The Stafford pharmacy is undergoing a major remodel, designed to accommodate the growing demand for clinical services.

"We're doing a big shop fit," he said. "It'll actually include another three consult rooms as well as a bit of a training space both for public seminars and our team."

The redesign isn't just about aesthetics — it's about efficiency and patient experience. Plans include automation and forward dispense stations, enabling pharmacists to spend more time face-to-face with patients during their prescription journey.

"We're looking at automating and creating more efficiencies in our dispensary with forward dispense stations for pharmacists to be one-on-one with patients during their prescription journey as well as a big save on space and time," he said.

## Time and dedication

While Sam is passionate about the benefits of full scope practice, he's candid about the challenges. Completing the training requires significant time and dedication.

"I'll be completely honest, it's not for everyone," he said. "You need to choose the time when it's right for you to be able to do the training and commit to it. It's a big commitment — 12 months of training — and we want to ensure that we're providing quality returns for patients as well as ourselves."

Despite the demands, Sam said the rewards are worth it.

"The rewards and the satisfaction from being able to do it have been immense," he said. "We're really excited to be able to now provide that for our community — both for accessibility and convenience in our service."

## New opportunities

For Sam, the most gratifying aspect of the journey has been the reaction from patients. Expanded services have opened new opportunities for care, from travel health consultations to treatment of acute conditions.

"The best bit about the journey has been the patient's response to the services we can now provide," he said. "So coming to us for travel health consults where they're able to get more than just vaccinations. We can prescribe treatment, give them holistic travel health advice as well as treating long-term and acute conditions. We're able to provide immediate service."

## Looking ahead

While Sam celebrates the progress in Queensland, he's eager to see full scope practice rolled out nationally. He believes greater public awareness and consistent regulation are key to success.

"The things I wish were probably easier, clearer or better as a pharmacist is probably knowing the full range of conditions and allowing the public and promotion for public so that they know what they can come to see us for," he said. "And also harmonisation — we want to be able to see these services and these expert clinical skills rolled out nationally to all pharmacies in the country."

## A call to action

Sam's experience highlights what's possible when pharmacists embrace expanded scope: improved patient access, greater convenience and a more integrated role in primary care. While the journey requires commitment, the benefits — both for practitioners and the communities they serve — are undeniable.

"It's really rewarding and satisfying to come to the end of that and still be able to support other pharmacists now in our team who are going on that journey," he said.

As more pharmacists complete training and more pharmacies adapt their models, the profession stands at a pivotal moment. Harmonisation across Australia's states and territories together with clear public awareness and strong advocacy will be essential to ensure these services become standard nationwide.

For pharmacists considering the leap, Sam's advice is simple: the time is right to think bigger.



Sam's enthusiasm for expanded scope is matched by his commitment to creating a physical environment which supports it



## The new primary care force: Australia's pharmacy students

By Monash University authors:

Professor Arthur Christopoulos, Dean  
of the Faculty of Pharmacy and Pharmaceutical Sciences

Associate Professor Steven Walker, Director of Experiential  
Development and Graduate Education (EDGE)

Professor Kirstie Galbraith, Pharmacy Practice and Education

Today's Australian pharmacy students are training for a profession which looks very different from a decade ago.

Beyond compounding and dispensing, they are preparing to vaccinate, triage, prescribe for select conditions, lead quality-use-of-medicines programs, and embed themselves in critical clinical care facilities such as aged-care teams.

Across the community, particularly since the early days of the COVID pandemic, there has been growing recognition of pharmacists as essential frontline healthcare professionals valued for their accessibility, medicines expertise and expanding role in delivering timely, community-based care.

At our Monash University campus in Parkville, the increasing esteem and undeniable recognition of the value of pharmacists and pharmaceutical scientists is clearly reflected in the fact that, for the past four consecutive years, we have welcomed the largest commencing student cohorts in our faculty's 144-year history.

As our current and future pharmacists prepare to embark on a dynamic and rewarding career at the forefront of healthcare, including several big shifts on the horizon set to reshape pharmacy practice and education in Australia.

### Pharmacist prescribing: expanding access to frontline care

Pharmacists across Australia are stepping into a new era of healthcare delivery, with prescribing now becoming part of their day-to-day practice in some jurisdictions.

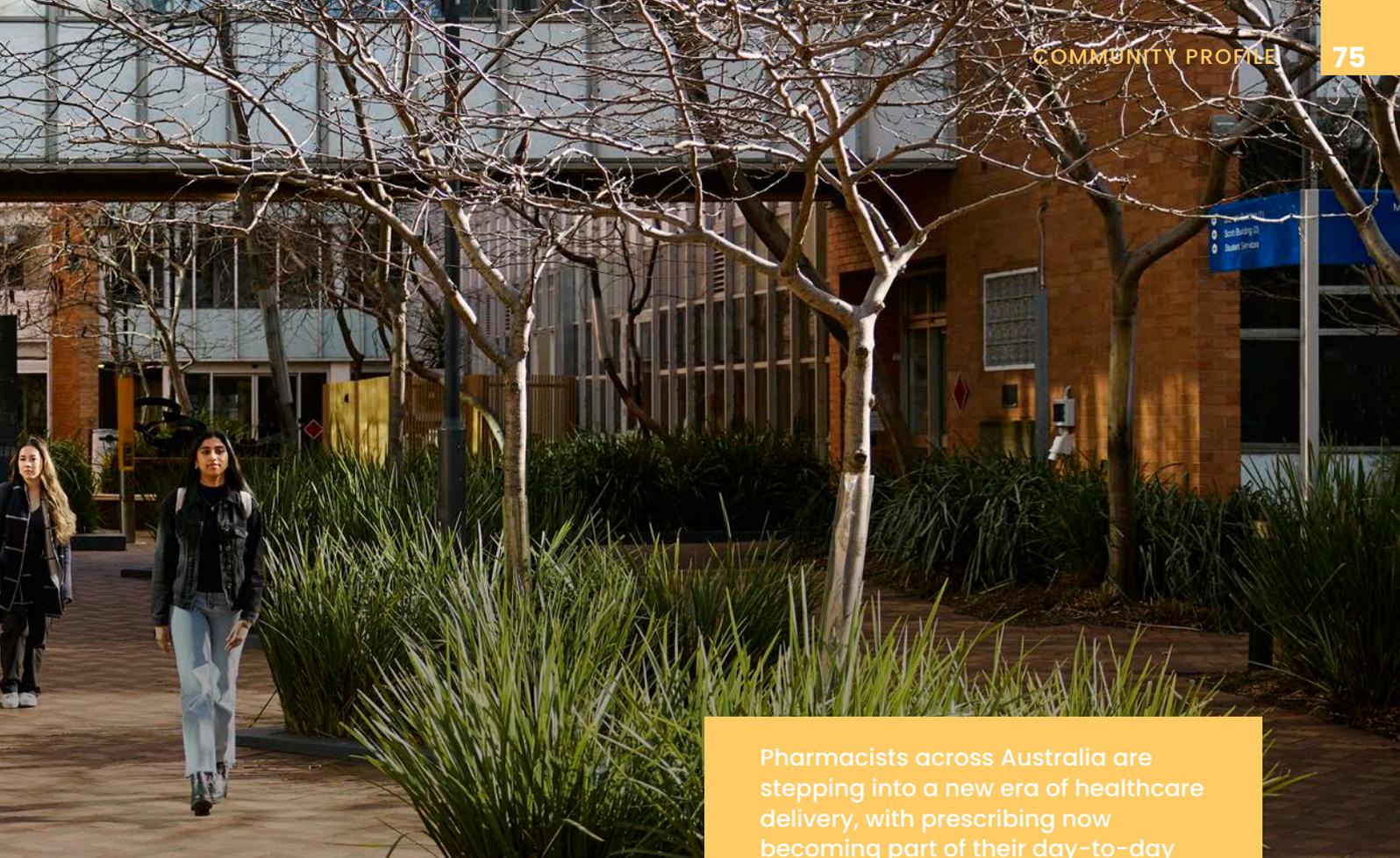
Under state-based reforms, highly trained community pharmacists are now able to assess and treat certain primary health conditions, with some states more progressed in this process than others.

Victoria has announced an AUD18 million investment enabling pharmacists who complete postgraduate training to prescribe treatment for 22 health conditions.

Under the new model, the government will also fund pharmacist consultation fees for the program so patients will be able to access the care they need without an out-of-pocket cost for consultations — an Australian first.

Education and training programs are rapidly adapting to meet this expanded scope. At Monash we've developed a Graduate Certificate of Pharmacist Prescribing, which has been built to align with the accreditation standards of the Australian Pharmacy Council (APC) and follows a nationally consistent approach to pharmacist prescriber education.

The course includes a robust program of teaching and assessment, so pharmacists are prepared to make safe, person-centred prescribing decisions and, ultimately, give patients greater frontline access to care.



Pharmacists across Australia are stepping into a new era of healthcare delivery, with prescribing now becoming part of their day-to-day practice in some jurisdictions.

## Pharmacists' impact grows through new on-site aged care roles

Pharmacists are stepping into an increasingly vital role within Australia's aged care sector, where we're now seeing experienced pharmacists being embedded within residential aged care facilities and collaborating closely with healthcare teams to improve medication management and safety.

These on-site pharmacists are a vital part of the clinical care environment, identifying potential risks, supporting staff training, and ensuring residents receive the most effective treatments for their individual needs.

Education is playing a pivotal role in bringing this new model to life. Following Australia's Royal Commission into Aged Care Quality and Safety, funding has been available for community pharmacies and aged care providers to employ on-site pharmacists in residential aged care homes; in response we developed the Aged Care On-site Pharmacist (ACOP) course, which is designed to credential pharmacists to perform the ACOP role.

Launched in May 2025, the Monash University ACOP Training Program (MUATP) equips pharmacists to improve medication use and safety in a residential aged care home, including the appropriate use of high risk medications.

## Pharmacist interns join the vaccination workforce

In 2024, Victoria aligned with other states and territories by authorising pharmacist interns to become active participants in the state's vaccination workforce.

Under the Victorian Department of Health's updated regulatory framework, intern pharmacists, provisionally registered and supervised, can now complete a recognised immuniser program of study and administer approved vaccines in community pharmacy settings.

In essence, by integrating intern pharmacists into the vaccine delivery ecosystem, Victoria is blending workforce development with service expansion.

Interns can now step beyond traditional dispensing roles and into frontline immunisation services, a shift that aligns with broader trends in pharmacy practice while offering immediate practical benefits to the community.

The approach is deepening pharmacy's contribution to public health, nurturing the next generation of pharmacists with meaningful clinical exposure and fortifying the state's capacity to respond to vaccination challenges now and into the future.

Pharmacy students represent a vital and much-needed addition to the future of Australia's vaccination workforce equipping them with immunisation skills today that will ensure a stronger, more resilient healthcare system tomorrow.

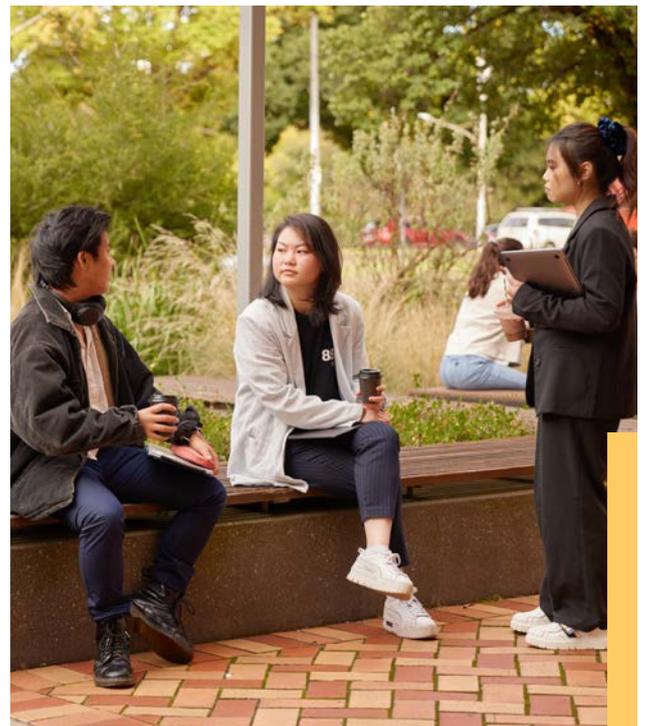
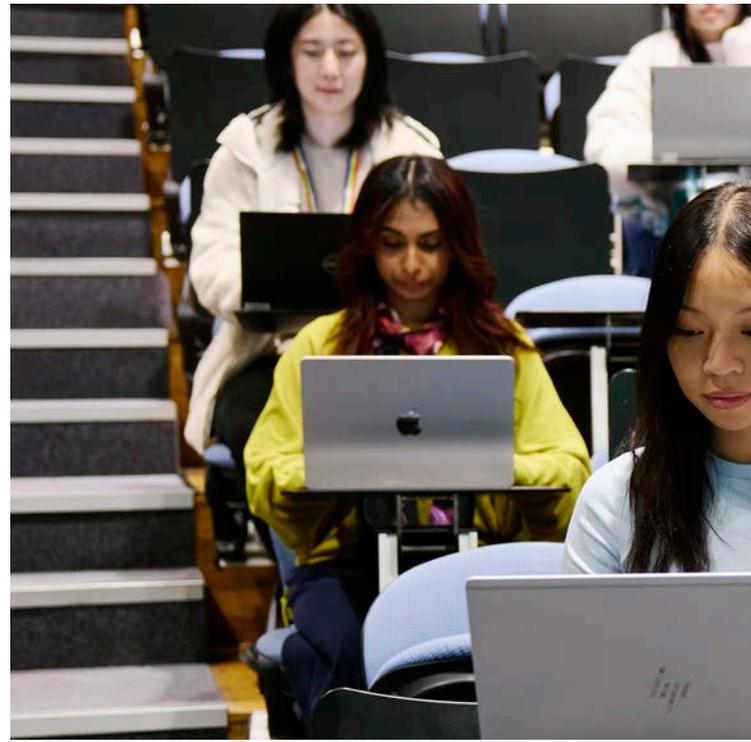
## Growing impact

The above examples are just snapshots of a momentum which highlights both the growing impact of pharmacists on primary healthcare and the vital role of education in shaping the profession's future.

It is no wonder undergraduate pharmacy degrees continue to grow in popularity, and our community can only benefit as a consequence.

### Did you know

Monash University's Parkville campus, located in Parkville, Victoria, Australia, is home to the Faculty of Pharmacy and Pharmaceutical Sciences. It was established in 1881 as the Victorian College of Pharmacy and is the oldest school of pharmacy in Australia.



(Above) Victoria has announced an AUD18 million investment enabling pharmacists who complete postgraduate training to prescribe

Pharmacy students represent a vital and much-needed addition to the future of Australia's vaccination workforce — equipping them with immunisation skills today that will ensure a stronger, more resilient healthcare system tomorrow.

(Left) Monash training options can equip pharmacists to improve medication use and safety in a residential aged care home



Education and training programs are rapidly adapting to meet an expanded scope of study

### For more information



Graduate Certificate of Pharmacist Prescribing



Aged Care On-site Pharmacist (ACOP) Training Program



Change enables Victorian intern pharmacists to administer vaccines

### For more on the authors



Professor Arthur Christopoulos,  
Dean of the Faculty of Pharmacy  
and Pharmaceutical Sciences



Associate Professor Steven Walker,  
Director of Experiential Development  
and Graduate Education (EDGE)



Professor Kirstie Galbraith,  
Pharmacy Practice and Education

Alongside university-led education, the Pharmaceutical Society of Australia's Pharmacist Prescribing Scope of Practice Training Program provides profession-led training designed specifically for practising pharmacists. The PSA's course focuses on safe, practical prescribing within real-world practice settings, supporting pharmacists to apply clinical knowledge confidently and responsibly as scopes of practice evolve.

Find out more:



## Breaking down barriers in ADHD care: Sydney pharmacist leads the way

Miranda Cook

Pharmacist Susan Nguyen has launched a specialist ADHD clinic in Sydney, tackling stigma and helping patients better manage their medications and daily lives.

For Australian pharmacy owner Susan Nguyen, providing personalised care to her patients with attention deficit hyperactivity disorder (ADHD) isn't just her professional passion, it's personal.

She noticed a gap in ADHD care after her nephew was diagnosed with the condition and autism in 2021, and a simultaneous increase in stimulant prescription dispensing in recent years.

"My sister was asking me a lot of questions, and I realised I didn't know a lot about ADHD, and that there is still a strong stigma surrounding it in pharmacy and in general," Susan said.

"I couldn't find much pharmacist-specific information or training related to ADHD.

"I had to unlearn to learn and move past stereotypes like the 'hyperactive boy' image."

Susan, who has been a pharmacist for more than 20 years, believes pharmacists need to know more about how ADHD presents differently in people, the impacts on mental health, associated comorbidities, and how lifestyle and environmental factors influence a patient's quality of life.

I had to unlearn to learn and move past stereotypes like the 'hyperactive boy' image.

"We should treat [these patients] the same as someone with high blood pressure and diabetes — take a holistic viewpoint and look at how exercise, diet and sleep can affect them — not just focus on the medications," Susan said.

"Because of societal misconceptions, pharmacists often misunderstand behaviours that are symptoms.

"When someone with ADHD leaves picking up their prescription to the last minute or has forgotten to organise a new prescription — it is easy to view them as disorganised — but it is part of their symptoms.

"They often don't have the right tools to manage their condition.

"Much like someone who needs glasses, it's not fair to tell them to simply look harder," she said.

Taking training into her own hands, Nguyen increased her awareness by listening to podcasts, reading clinical journals and books, and joining doctor-led, patient support organisation ADHD Lifespan and Australasian ADHD Professionals Association.

### ADHD support

Eighteen months ago, Susan established a specialist service, ADHD Support Pharmacist, which operates from Carmen Drive Community Pharmacy in Carlingford, on Sydney's outskirts. She has owned the pharmacy since 2013.

Susan offers pre-consultation questionnaires, medication reviews, and follow-up appointments to improve health outcomes for ADHD patients who struggle with medication schedules, side effects, and lifestyle challenges.



Susan says an ADHD diagnosis can be overwhelming and lonely, so talking to a health professional who is easily accessible can make a big difference

"I spend around 60 minutes with a patient to understand how they are managing their ADHD, review their medication use and look at issues such as side effects, sleep, diet, pain or anxiety.

"We provide advice on how to optimise medications, including when and how they are taken.

"An ADHD diagnosis can be overwhelming and lonely, so talking to a health professional who is easily accessible can make a big difference."

Susan provides a list of recommendations that are shared with the patient's GP, ensuring everyone is on the same page.

Collaboration with other healthcare professionals, such as dietitians and occupational therapists, is another key part of the initiative.

## Growing interest

So far, more than a dozen patients have signed up for the service, and interest continues to grow.

Susan began by offering the service free of charge, though she quickly realised the demands on time and resources made this unsustainable.

Patients eligible for a Home Medicine Review can access the service through government-funded models, while others pay a private fee.

When someone with ADHD leaves picking up their prescription to the last minute or has forgotten to organise a new prescription – it is easy to view them as disorganised – but it is part of their symptoms

## Small changes make a big difference

Susan points to improved outcomes for two patients: a child who stopped binge eating unhealthy food by following set meal schedules, which improved sleep and emotional regulation; and a woman who struggled with low energy at work around lunchtime due to her stimulant medication.

"We looked at the woman's day and implemented strategies such as going for a walk, eating protein for breakfast and taking her medication at a particular time.

"She no longer flatlined and didn't need to take additional stimulants."

Following positive word of mouth, a parent from the local school recently invited Susan to give a presentation to dispel misconceptions about ADHD.

"Parents of children with ADHD often feel shame, loneliness and guilt.

"It's important to note that some families may not want to disclose their child's diagnosis and put a label on them, which I understand, while others are coming into the pharmacy to ask for more information.

"Our goal is to make sure none of our patients leave feeling judged."

I couldn't find much pharmacist-specific information or training related to ADHD.

# Continuing Professional Development

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# Workflow integration in the community pharmacy setting

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In a pharmacy, workflow integration means organising work so dispensing, services, staff roles, and technology fit together, rather than constantly interrupting each other.



## AUSTRALIA

### Competencies addressed:

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This activity has been accredited for 0.75 hour of Group Two CPD (or 1.5 CPD credits) suitable for inclusion in an individual pharmacists CPD plan upon successful completion of the associated assessment activity.

## NEW ZEALAND

This article aims to equip you with the tools necessary to meet recertification requirements and actively contribute to the growth of your professional knowledge and skills.

Effectively contribute to your annual recertification by utilising this content to document diverse learning activities, regardless of whether this topic was included in your professional development plan.



## Learning objectives

After completing this activity, pharmacists should be able to:

1. Define workflow integration in the pharmacy context and explain its importance for modern practice.
2. Identify key components of effective workflow integration, including technology, staff roles, and patient flow.
3. Apply practical approaches to upskilling assistants and aligning workflows with business growth.
4. Recognise challenges and barriers to integration and explore solutions for sustainable implementation.



It's 8:32 am and there's already a growing line at the dispensary. A mum is waiting for an Amoxicillin script for her baby, a man wants a flu shot before work, and an older couple is here for a blood pressure check. By 10.00 am, scripts are piling up, the phone keeps ringing, and a scheduled MedsCheck has been pushed back – yet again.

This scene is painfully familiar to many community pharmacists. It reflects workflows designed for a time when pharmacy was mostly about dispensing. Expanded scope of practice and rising patient demand now sit alongside workforce shortages, financial pressure, and administrative burden. When workflows have not evolved, these pressures collide, and the whole system heaves under the weight.

In this context, workflow integration isn't optional. It requires deliberately redesigning how work flows through the pharmacy – from role delegation and training to using existing digital tools to protect clinical time. When done well, it allows pharmacies to deliver more services without overwhelming staff or compromising care.



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## What is integration?

In a pharmacy, workflow integration means organising work so dispensing, services, staff roles, and technology fit together, rather than constantly interrupting each other.

An integrated workflow allows routine tasks to move through the pharmacy without the pharmacist needing to step in each time. Support staff manage defined steps, systems support the process, and the pharmacist is involved where clinical judgement is actually needed.

But workflow integration is often misunderstood.

This is what it is not:

- Buying new software and hoping it fixes the problem. If processes and roles stay the same, technology usually adds work instead of reducing it.
- Rigid flows which remove professional judgement. Effective workflows structure routine tasks so pharmacists have more time to think clinically, not less.

## Deliberate design

Traditional pharmacy workflows have largely been built around the dispensing cycle. As clinical services expanded, they were often added in response to funding or patient demand, rather than designed into everyday work. Over time, this has created workflows where tasks accumulate, but the way work moves through the pharmacy remains largely unchanged, a concerning pattern commonly found in healthcare workflow and quality improvement literature (World Health Organization, 2010).

In many community pharmacies, this means pharmacists are expected to manage dispensing, interruptions and clinical services all at the same time. These workflows rely heavily on individual effort and memory to keep things moving, which becomes difficult to sustain in a busy environment and is recognised as a contributor to error risk in primary care settings (Reason, 2000).

## Traditional workflows

In a traditional model, service delivery is usually reactive. Bookings are jotted down informally, patients are identified for services on the spot, and documentation is completed when time allows. Handover between staff or shifts can be inconsistent, particularly on busy days. Studies examining service delivery in community pharmacy have shown reliance on informal processes increases variability and makes care less reliable as workload increases (Chui et al., 2011). While this approach may work when demand is low, it becomes increasingly fragile as work piles up.

## Walk in requests

Let's think about a busy suburban pharmacy on a typical morning. Prescriptions build steadily alongside walk-in requests. A patient asks for a blood pressure check, which the pharmacist agrees to fit in shortly, while another patient requests an absence from work certificate, and the booking is jotted down in the diary (or in the online calendar if you are really fancy).

As dispensing demand increases, the pharmacist is interrupted repeatedly. The blood pressure check is delayed, the absence from work certificate is delayed more than once, and documentation is completed retrospectively. A shift change occurs without a clear handover, and a follow-up referral is missed. While no serious incident occurs, the risk increases with each passing day.

## Integrated workflow

In the same pharmacy, with the same staff and patient demand, an integrated workflow looks very different. The day starts with a service schedule supported by an appointment system managed by a trained assistant. Patients requesting services are triaged at the counter using simple prompts, and eligible services are booked into protected consultation times, aligning with recommended approaches to service planning in community pharmacy (Pharmaceutical Society of Australia, 2020).

Assistants manage service intake and preparation, allowing the pharmacist to conduct consultations with fewer interruptions. Documentation is completed as services occur, and follow-up actions are clearly assigned. This approach supports continuity of care and reduces reliance on individual memory, both of which are recognised contributors to safer practice (Reason, 2000).



## Why the difference matters

The difference between these models comes down to how work is designed. Traditional workflows depend on individuals holding everything together under pressure, which makes service delivery inconsistent and harder to sustain. Integrated workflows shift that load onto shared systems, clearer roles, and better visibility of capacity — principles commonly reflected in quality and safety frameworks (Australian Commission on Safety and Quality in Health Care, 2021).

Integrated workflows do not happen by accident. They require deliberate design and are often supported — but not created — by digital tools. Understanding how technology can support these workflows is an important step in moving from traditional practice to a more integrated model of care.

## Digital health integration

Most Australian community pharmacies already use multiple digital systems. The challenge is not access to technology; it's how well those tools are aligned with day-to-day workflow. Without deliberate design, digital systems show relevant information but fail to translate it into consistent action.

Dispensing systems provide insight into medication histories and repeat use. Service platforms support eligibility checking, service delivery, and follow-up, while secure messaging and My Health Record support continuity of care. On their own, these tools increase productivity in siloes, and existing digital integrations between various platforms make the work easier. But value is created only when they are embedded into how work actually happens in the pharmacy (World Health Organization, 2010).

## Solution 1

### Proactive and reactive digital workflows

A practical starting point for workflow integration is being clear about how patients are identified for services. In many pharmacies, this still happens in an ad hoc way, often relying on individual judgment at the counter. Research into community pharmacy workflow shows that this variability leads to unreliable outcomes, particularly as workload increases (Chui et al., 2011). Integrated models address this by using two complementary pathways: proactive and reactive workflows.

**Proactive workflows** identify service opportunities before pressure builds. In practice, this involves reviewing service dashboards or dispensing data at set intervals to identify patients due for follow-up services, vaccinations, or reviews. Assistants can then initiate booking conversations, allowing services to be planned into available consultation time rather than competing with dispensing demand. This approach fits with established principles of healthcare workflow design (World Health Organization, 2010).

**Reactive workflows** operate during routine dispensing interactions. Medication context can signal potential service needs, and with appropriate training, assistants can confirm eligibility and offer bookings rather than attempting to deliver services immediately. Structured prompts reduce reliance on memory and help maintain safety during busy periods (Australian Commission on Safety and Quality in Health Care, 2021).

When both pathways are used together, service identification becomes consistent rather than opportunistic. This reduces missed services and allows demand to be managed deliberately, supporting both patient care and business sustainability.

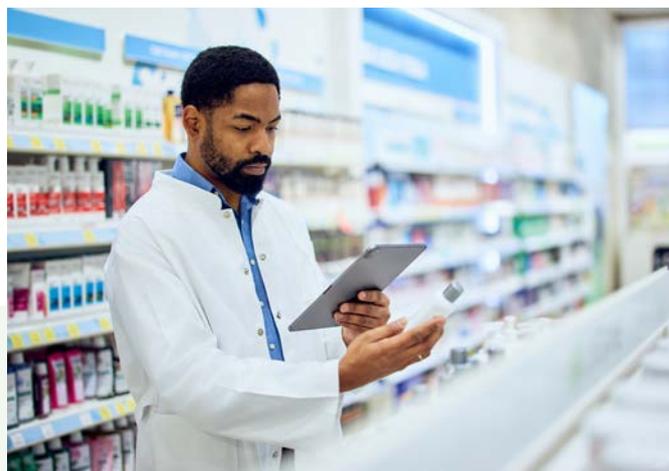
## Why digital tools often fall short

Even in well-resourced pharmacies, a small number of issues commonly limit effective digital use.

As systems accumulate, staff move between multiple platforms without a clear sense of priority. When tools are layered onto existing processes rather than integrated into them, cognitive load increases and informal workarounds emerge. Documentation and follow-up may sit outside the dispensing workflow, requiring information to be entered more than once and increasing the risk of missed handover (Australian Commission on Safety and Quality in Health Care, 2021).

Change fatigue also plays a role. When new tools or processes are introduced too quickly, staff struggle to embed them into their workflows. Adoption is delayed not because the technology lacks value, but because teams are not given time to get used to them. Evidence from healthcare change literature shows that pacing and sequencing are critical to sustained adoption (World Health Organization, 2010).

In practice, digital health integration in pharmacy is not about adopting new platforms. For most pharmacies, that's already happened. It is about aligning existing systems with workflows that support safety, staff wellbeing, and sustainable service delivery.



## Solution 2

### Scheduling and follow-up (day-to-day control)

Identifying services is only effective if delivery is actively controlled on the day. Without deliberate scheduling, services are often delayed or abandoned. Protecting clinical time through defined consultation slots and visible booking systems allows demand to be matched to capacity and reduces disruption to dispensing flow (Australian Commission on Safety and Quality in Health Care, 2021).

**In practice**, this means services are not delivered whenever time appears. They are booked into known consultation blocks that are visible to the whole team and managed by support staff. This prevents pharmacists from needing to juggle dispensing and consultations simultaneously and reduces task switching on busy days.

**Documentation and follow-up** are part of this same operational control. When left until later, they create rework, missed referrals, and poor handover. When completed as the service occurs, they support continuity of care and repeat engagement. Digital tools that prompt real-time documentation and follow-up reduce reliance on memory and help ensure the service is completed end-to-end, not just delivered.

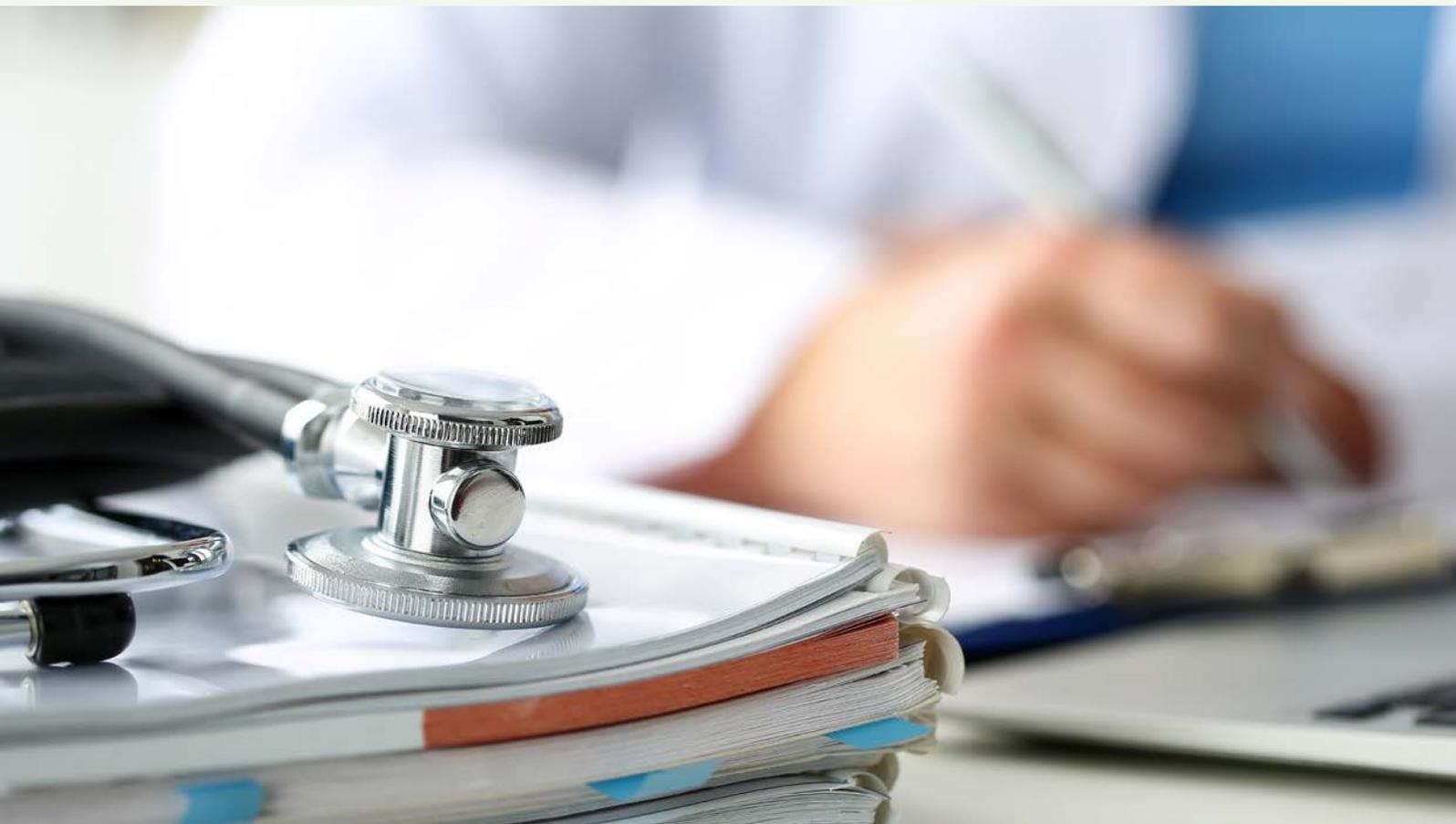
## Solution 3

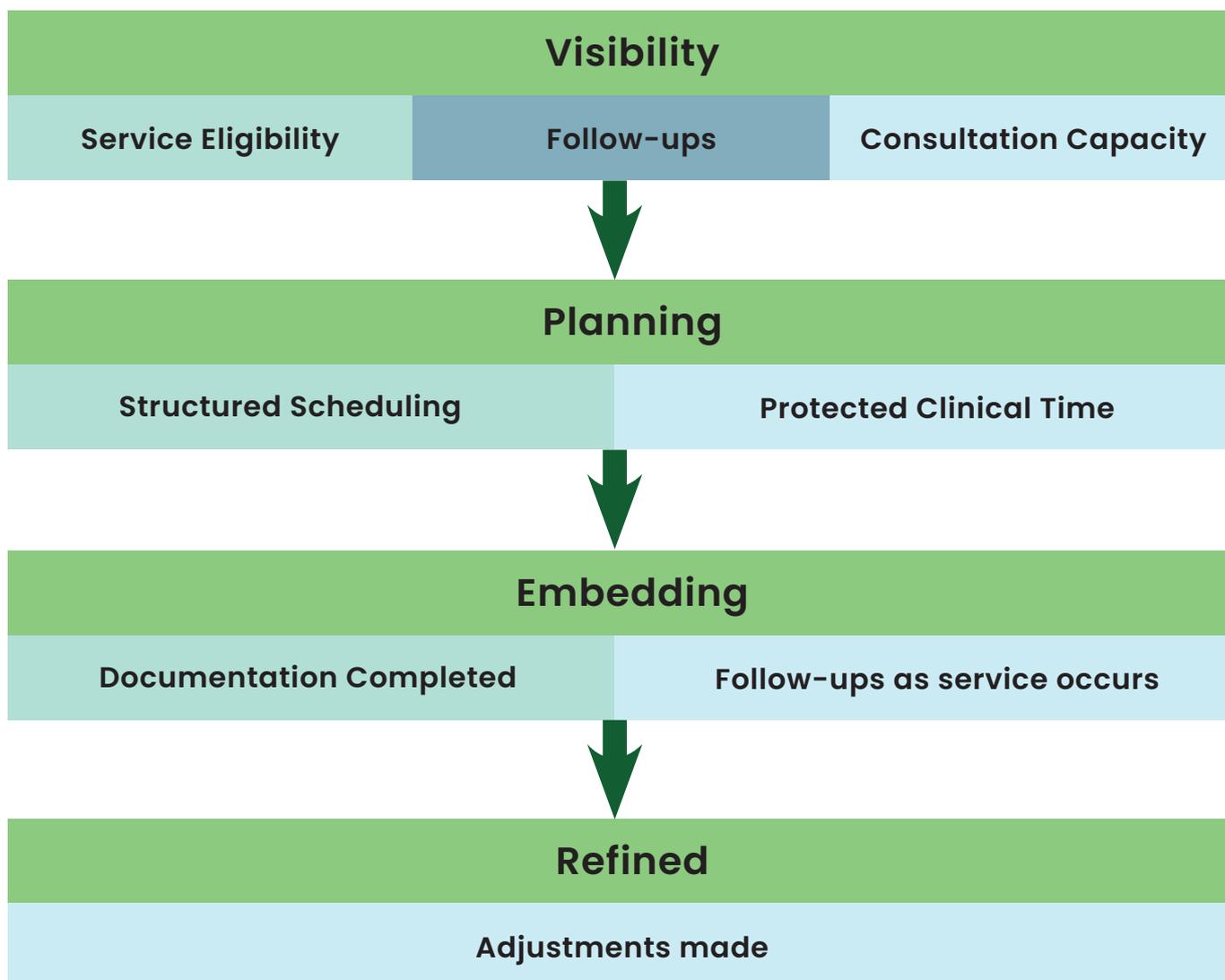
### Implementing digital integration incrementally

Even well-designed workflows fail if too much change is introduced at once. A common reason digital integration stalls is change fatigue rather than a lack of capability. Pharmacies that integrate successfully tend to sequence changes deliberately instead of attempting full redesign in one step.

**The first stage is visibility.** Service eligibility, follow-ups, and consultation capacity are made visible to the team, reducing reliance on individual memory.

**The next stage is planning**, where that visibility is used to introduce structured scheduling and protected clinical time. The third stage is embedding, where documentation and follow-up are built into the workflow so they are completed as services occur. Finally, workflows are refined over time, with adjustments to service mix, handover processes, and staff roles.





Digital integration is not about adopting new platforms. It is about aligning existing systems with how work actually happens in the pharmacy. By sequencing changes rather than layering them, teams are more likely to adopt new workflows consistently and sustain them over time (World Health Organization, 2010).

### Optimising staff roles

Effective workflow integration in community pharmacy depends on how clearly work is divided and handed between staff. While technology can support this, the day-to-day success of any workflow depends on people. In particular, pharmacy assistants play a critical role in whether services are delivered consistently.

Optimising staff roles is not about asking assistants to do more. It is about deciding, deliberately, which parts of service delivery require clinical judgement and which do not. In many pharmacies, pharmacists continue to manage tasks that could easily be handled by support staff. This creates bottlenecks and limits service capacity. Redesigning roles so assistants manage these non-clinical steps allows pharmacists to focus on assessment, decision-making, and patient care (Pharmaceutical Society of Australia, 2020).

### Defining ownership

A common problem in traditional workflows is unclear ownership. Tasks are completed "when someone has time," leading to delays, duplication, and missed follow-up. Clear ownership reduces reliance on memory and constant task-switching, both of which are known contributors to error in busy healthcare environments (World Health Organization, 2010; Reason, 2000).

Integrated workflows address this by clearly assigning responsibility at each stage of service delivery. In practice, assistants can reliably own the front end of the workflow. This includes identifying potential service opportunities using structured prompts, offering services during routine interactions, managing bookings into defined consultation times, preparing intake information before the pharmacist sees the patient, and coordinating follow-up after consultations. This already occurs informally in many pharmacies; integration simply formalises it. With greater role clarity and lower stress, teams are more resilient (Pharmaceutical Society of Australia, 2020).

## Redesigning staff roles

Once proactive and reactive workflows are established, the key change is how responsibility is distributed across the team.

In integrated pharmacies, service identification is no longer a pharmacist-led task. Assistants are responsible for running both proactive and reactive pathways, using structured prompts and eligibility lists to initiate bookings. This shifts service identification away from individual judgement and reduces the need for pharmacists to monitor opportunities while dispensing.

The pharmacist's role moves downstream. Rather than identifying who is eligible for a service, pharmacists focus on clinical assessment, consultation delivery, and decision-making once patients are booked. Clear escalation points ensure that clinical questions are addressed without disrupting dispensing or scheduled consultations.

This role separation reduces interruptions and makes service delivery less dependent on who happens to be working or how busy the dispensary is. Research shows that when service identification is structured and team-based, variability in delivery decreases and workflows become more reliable (Chui et al., 2011).

## Setting boundaries

Effective delegation depends on clear boundaries. Assistants should know exactly where their role ends and when to escalate to the pharmacist. This is best achieved through simple decision rules rather than lengthy protocols.

For example, assistants may confirm eligibility and manage bookings, but any clinical assessment, medication changes, or patient concerns outside defined criteria are referred immediately to the pharmacist. Though this is often what happens in the pharmacy context anyway, clear escalation pathways protect patient safety and increase assistant confidence, reducing hesitation and inconsistent practice (Australian Commission on Safety and Quality in Health Care, 2021).

## Upskilling assistants

Upskilling works best when it is narrow, staged, and linked to specific workflows. Attempting to expand roles across multiple services at once often leads to confusion and resistance. A more effective approach is to embed one service workflow at a time.

For example, assistants may first be trained to manage vaccination bookings, intake, and follow-up. Once that workflow is stable, the same structure can be extended to medication reviews or health checks. Training should include clear scripts, supervised practice during early implementation, and regular feedback focused on workflow quality rather than speed.

Evidence from community pharmacy studies suggests that task-specific training, reinforced through daily practice, leads to more consistent performance than broad role descriptions alone (Chui et al., 2011).

## Managing patient flow

Patient-centred care in community pharmacy is shaped as much by flow as by communication. Walk-in access remains a defining feature, but unmanaged walk-ins are a major source of interruption.

Integrated workflows use counter triage to determine urgency and next steps. Assistants ask a small number of standard questions, check eligibility, and offer clear options: immediate service if appropriate, a scheduled time, or referral. Patients are generally accepting of scheduled care when wait times and processes are explained clearly.

This approach reduces constant task-switching and protects clinical time, both of which are linked to safer dispensing and more reliable service delivery (Reason, 2000).

## Multidisciplinary care

Well-designed workflows support collaboration beyond the pharmacy by making communication routine rather than optional. Consistent documentation, clear referral triggers, and structured handover processes reduce reliance on individual follow-up and improve the reliability of information shared with GPs, nurses, and other health professionals.

In practice, this starts with defining when a referral is required and who initiates it. Integrated workflows use agreed triggers, such as specific medication changes, clinical findings, or unmet monitoring needs; so referrals are not dependent on individual judgement or memory. Assistants can prepare referral documentation as part of the service workflow, allowing pharmacists to focus on clinical assessment and decision-making.

Follow-up is equally important. When responsibility for tracking referrals and responses is assigned, pharmacies are better able to close the loop on care. This may include maintaining a visible follow-up list, setting clear timeframes for review, and confirming outcomes during subsequent patient interactions. These steps support continuity of care and reduce the risk of recommendations being missed or acted on late.

As pharmacists take on expanded clinical roles, reliable information sharing becomes central to safe practice. Integrated workflows ensure that communication with external providers is timely, consistent, and embedded into daily operations, rather than treated as an extra task. This strengthens the pharmacy's role within the broader healthcare team and supports coordinated, patient-centred care (Australian Commission on Safety and Quality in Health Care, 2021).

## Conclusion

Workflow integration in community pharmacy is not about efficiency. It is about sustainability of care, of staff, and of the business. As pharmacists take on broader clinical responsibilities, poorly designed workflows create risk. Well-designed workflows reduce it. Integrated workflows do not require new technology.

They require clear role design, managed patient flow, and systems that support consistent practice instead of individual memory. Workflow integration does not happen by accident. It requires deliberate design and ongoing leadership. For community pharmacies, it is the foundation of modern, sustainable practice.



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## Questions and References



# Chronic pain care: A community pharmacist's role

**Kirsty Bryant, Professional Practice Pharmacist and Clinical Tutor, BSci (Med) MPharm MPS CredPharm (MMR).**

Kirsty Bryant is a Professional Practice Pharmacist at the Australasian College of Pharmacy, specialising in mentoring future pharmacists through their internship journey. Kirsty has a background in delivering pharmacy internship programs and applying her expertise as a Credentialed Pharmacist to work alongside GPs in optimising medication therapies. Her experience includes roles as a community pharmacist, pharmacist manager, pharmacist immuniser, and credentialed pharmacist. Kirsty is passionate about empowering pharmacists, interns, and GPs with the knowledge and skills they need to provide safe, effective, and patient-centred care.

Chronic pain is a significant public health issue in Australia, affecting an estimated one in five adults and placing a substantial burden on individuals, families, the health care system, and the broader economy (Australian Institute of Health and Welfare [AIHW], 2020).

## Learning objectives

After completing this activity, pharmacists should be able to:

1. Identify management strategies for chronic non-cancer pain (CNCP) including CBT, and pharmacological treatment
2. Describe a multidimensional approach to chronic pain management whilst reducing pharmacological adverse effects and potential harm
3. Set management goals for patients and develop strategies to engage patients and their carers/families in support resources.
4. Describe palmitoylethanolamide (PEA) use in management of CNCP.

## AUSTRALIA

### Competencies addressed:

1.5, 2.2, 2.3, 3.1, 3.2, 3.5

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## NEW ZEALAND

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Globally, chronic pain is recognised as one of the leading causes of disability, with wide-ranging social and economic impacts (Blyth & Huckel-Schneider, 2018). Chronic non-cancer pain (CNCP) is associated with reduced quality of life, impaired physical and psychological functioning, decreased workforce participation and increased healthcare utilisation.

Traditionally, pain management has relied heavily on pharmacological approaches, particularly opioid therapy. However, growing evidence highlights the limited long-term benefits of opioids in the management of CNCP and their potential for significant harm. This has driven a shift towards holistic, patient centred and multidisciplinary models of care that incorporate non-pharmacological strategies and active patient engagement (Busse et al., 2018; Chou et al., 2015)

Within this evolving landscape, community pharmacists are uniquely positioned to support individuals living with CNCP. As highly accessible healthcare professionals with frequent patient contact, pharmacists play a critical role in optimising medication use, promoting non-pharmacological strategies, supporting opioid stewardship, and engaging patients and their families in long-term pain management plans. This article explores the definition and burden of CNCP, reviews current pain management strategies in Australia, and examines the expanding role of the community pharmacist in delivering multidimensional, evidence-based chronic pain care.

## Chronic non-cancer pain

Chronic non-cancer pain (CNCP) is commonly defined as pain that persists or recurs for longer than three months and is not associated with malignant disease (International Association for the Study of Pain [IASP], 2020). It may result from ongoing tissue damage, nerve dysfunction, or central sensitisation, and can persist even after the initial injury or disease has resolved. CNCP encompasses a wide range of conditions including chronic low back pain, osteoarthritis, fibromyalgia, neuropathic pain, migraine, and chronic musculoskeletal disorders.

Unlike acute pain, which serves a protective biological function, chronic pain is now recognised as a complex condition that may persist beyond tissue healing and involve altered pain processing within the nervous system (IASP, 2020). Chronic pain is influenced by biological, psychological, and social factors, requiring a biopsychosocial approach to management. Individuals living with CNCP often experience comorbid mental health conditions such as anxiety and depression, sleep disturbances, social isolation and reduced self-efficacy, all of which can perpetuate the pain experience.

In Australia, CNCP is responsible for billions of dollars in direct healthcare costs and indirect costs relating to loss of productivity and disability. With an ageing population and increasing prevalence of chronic disease, the burden of CNCP is expected to continue to rise.

## Overview of strategies

Pain management in Australia has undergone substantial reform over the past decade, driven by emerging evidence, national clinical guidelines, and growing concern regarding opioid-related harms. Current best practice emphasises individualised, multimodal, and multidisciplinary care, with a strong focus on functional improvement and quality of life, rather than complete pain elimination (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2022).

## Pharmacological strategies

Pharmacological treatments remain a vital component of CNCP management; however, they are increasingly viewed as adjuncts to non-pharmacological and self-management rather than the primary focus of care.

## Non-opioid analgesics

First-line pharmacological options for CNCP typically include non-opioid analgesics such as paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs). NSAIDs may provide benefit in inflammatory conditions such as osteoarthritis but their use is associated with an increased risk gastrointestinal bleeding, renal impairment, and cardiovascular events, particularly in older adults and those with comorbidities (Chou et al., 2015). Paracetamol has a favourable safety profile when used at recommended doses but demonstrates limited effectiveness for many chronic pain conditions, reinforcing the need for setting realistic patient expectations (AIHW, 2020).

Adjuvant analgesics, including antidepressants such as duloxetine and amitriptyline, and anticonvulsants such as gabapentin and pregabalin, are commonly used for neuropathic pain and selected chronic pain syndromes. These medications may provide modest improvements in pain, sleep, and mood; however, they are associated with adverse effects including sedation, dizziness, and cognitive impairment. As a result, careful patient selection, dose titration, and ongoing monitoring are required to optimise therapeutic outcomes and minimise harm (Darnall et al., 2012).



## Opioids

Opioids were widely prescribed for CNCP in the past; however, substantial evidence now demonstrates that long-term opioid therapy may provide limited benefit for chronic pain and is associated with significant risks. These include tolerance, physical dependence, opioid use disorder, overdose, and opioid-induced hyperalgesia (Busse et al., 2018; Chou et al., 2015). Consequently, Australian guidelines recommend that opioids should not be used as first-line therapy in the management CNCP. Where opioids are considered, they should be prescribed at the lowest effective dose for the shortest duration, with clearly defined treatment goals, regular clinical review, and ongoing assessment of benefits and harm (ACSQHC, 2022).

These clinical concerns have prompted significant regulatory changes in Australia aimed at improving opioid safety and stewardship. Key measures include tighter prescribing controls, the up-scheduling of codeine to prescription-only (Schedule 4), and the progressive implementation of real-time prescription monitoring systems across all jurisdictions (Therapeutic Goods Administration [TGA], 2020). Collectively, these initiatives seek to reduce inappropriate opioid use, prevent harm, and support safer, evidence-based pain management practices.

## Complementary and emerging therapies

Palmitoylethanolamide (PEA) is an endogenous fatty acid amide that has gained increasing attention as a complementary option in the management of CNCP, particularly neuropathic and inflammatory pain conditions. PEA is naturally produced in the body and is present in various tissues, including the brain, where it is thought to play a role in modulating inflammatory responses and supporting homeostatic mechanisms following actual or potential injury (Clayton et al., 2021; Petrosino et al., 2020).

Clinical studies and systematic reviews suggest that PEA may provide modest pain relief and has a favourable safety profile, with minimal drug-drug interactions. This makes it a potential adjunctive option for patients who are unable to tolerate or have contraindications to conventional analgesic therapies (Paladini et al., 2016; Skaper et al., 2015).

However, the current evidence remains heterogeneous, and further high-quality trials are required to clearly define its efficacy and role in chronic pain management. As such, PEA should be considered within the context of a multimodal, patient-centred pain management plan.

Community pharmacists play a significant role in counselling patients on appropriate use of complementary therapies, such as PEA. By setting realistic expectations, monitoring outcomes, and ensuring these therapies are used to complement- not replace- evidence-based pharmacological and non-pharmacological pain management therapies.

## Non-pharmacological strategies

Non-pharmacological interventions are considered foundational to effective CNCP management and are often associated with better long-term outcomes than pharmacological therapies alone (National Institute for Health and Care Excellence [NICE], 2021). These approaches address the physical, psychological and lifestyle factors that influence the pain experience and align with a biopsychosocial model of care.



## Physical activity and exercise

Exercise and physical therapy are strongly recommended for most chronic pain conditions. Graded activity programs, physiotherapy, strength training, and aerobic exercise have been shown to improve physical function, reduce pain intensity, and enhance overall health and well-being (NICE, 2021). Patients are encouraged to remain active and avoid fear-based avoidance of movement, which can contribute to disability, deconditioning, and worsening pain over time.

## Psychological therapies

Psychological interventions play a critical role in addressing the cognitive and emotional components of chronic pain. Cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT), and mindfulness-based approaches have demonstrated effectiveness in improving pain coping skills, reducing psychological distress, and enhancing quality of life (Williams et al., 2012). These therapies support patients in reframing unhelpful beliefs about pain and developing adaptive coping and self-regulation strategies.

## Lifestyle and self-management

Lifestyle factors, including sleep quality, stress management, nutrition, and activity pacing, significantly influence chronic pain outcomes. Patient education and structured self-management support empower individuals to take an active role in their care and reduce reliance on medication-based approaches alone (Turk & Okifuji, 2002).

Community pharmacists play a key role in reinforcing these strategies during routine patient interactions by providing education, identifying barriers to adherence, and supporting ongoing behavioural change.

## Limiting opioids

Opioid stewardship is a national healthcare priority in Australia, and community pharmacists are central to its effective implementation. Limiting opioid use does not equate to undertreating pain; rather, it reflects a commitment to safer, evidence-based, and patient-centred care that balances potential benefits with known risks (ACSQHC, 2022).

Community pharmacists play a key role in accessing opioid prescriptions for clinical appropriateness, including dose escalation, therapeutic duplication, and potential drug-drug interactions. Through access to dispensing histories, medication reviews and real-time prescription monitoring systems, pharmacists are well positioned to identify patients at increased risk of opioid-related harm. This includes individuals receiving high opioid doses or concurrent sedating medications, such as benzodiazepines, which significantly increase the risk of adverse outcomes (TGA, 2020).

Pharmacists also provide essential patient education regarding realistic expectations of opioid therapy, potential adverse effects, and the importance of safe storage and disposal. When opioid tapering is indicated, community pharmacists can support patients through gradual dose reduction, assist in managing withdrawal symptoms, and reinforce alternative pharmacological and non-pharmacological pain management strategies in collaboration with prescribers. Empathy and non-judgemental communication are critical throughout this process, as individuals with CNCP often experience stigma related to opioid use, which can function as a barrier to effective care (Darnall et al., 2012).



## Multidimensional approaches

Effective management of CNCP requires a multidimensional approach that recognises pain as a complex interaction of biological, psychological, and social factors. Single-modality interventions are rarely sufficient, and coordinated, person-centred care is essential to achieve meaningful and sustained improvements in function and quality of life (Turk & Okifuji, 2002).

## The biopsychosocial model of pain

The biopsychosocial model provides a comprehensive framework for understanding chronic pain beyond structural or tissue pathology alone. Biological factors may include ongoing inflammation, nerve sensitisation, and altered pain processing; psychological factors include mood, beliefs, coping strategies, and emotional distress; while social factors include family support, employment, socioeconomic circumstances, and cultural beliefs related to pain (Turk & Okifuji, 2002). Community pharmacists, through ongoing patient contact, can identify these factors and tailor education and interventions. Practical applications may include screening for anxiety, depression or social barriers that may affect medication adherence, and integrating this information into medication reviews and patient counselling.

## Interdisciplinary collaboration

Interdisciplinary collaboration is a core component of effective CNCP management. Community pharmacists regularly collaborate with general practitioners, physiotherapists, psychologists, and pain specialists to support coordinated and consistent care. By reinforcing shared treatment goals, supporting agreed pain management plans, and monitoring treatment progress, pharmacists contribute to continuity and coherence across the healthcare team. Pharmacists can also facilitate referrals to allied health professionals and community-based pain programs, particularly for individuals who experience barriers to accessing multidisciplinary services.

## Engaging patients and family

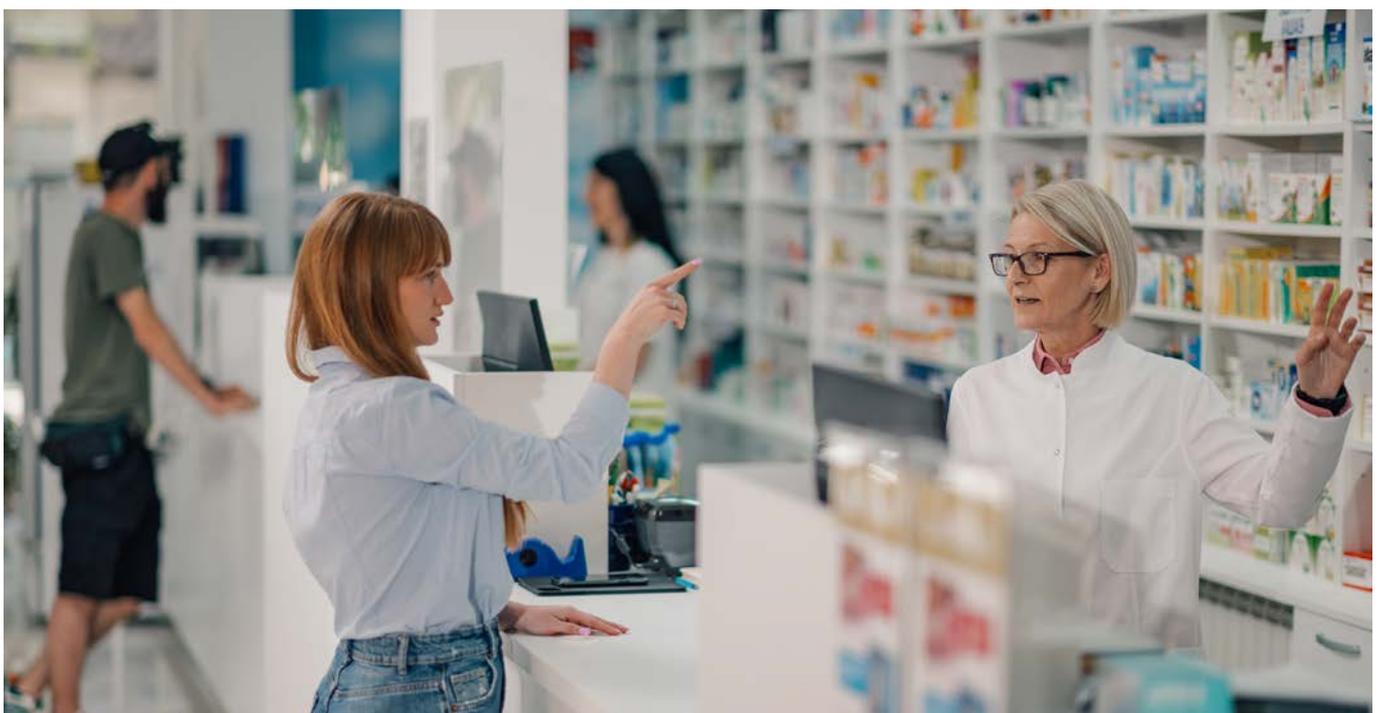
Patients and family engagement is central to effective management of CNCP. Chronic pain often affects family dynamics, relationships, and caregiving responsibilities, making inclusive and supportive care essential (AIHW, 2020).

## Patient-centred communication

Community pharmacists are highly accessible and often see patients more frequently than other healthcare providers. This enables the development of strong therapeutic relationships and ongoing support. Patient-centred communication techniques, including active listening, motivational interviewing, and shared decision-making, help patients feel heard, validated and empowered to participate actively in their care (NICE, 2021). Pharmacists play a critical role in educating patients about the nature of CNCP, the rationale for multimodal treatment, and the importance of functional and quality-of-life goals rather than complete pain elimination. Incorporating education into individualised pain management plans further supports adherence, realistic expectations, and improved outcomes.

## Supporting families and carers

Families and carers provide essential support for individuals living with CNCP but may experience emotional and practical challenges. Community pharmacists can educate families about chronic pain mechanisms, medication safety, and non-pharmacological strategies, helping to align expectations, reduce conflict and reinforce coping strategies. Referral to support groups and community resources can further enhance family resilience and facilitate a coordinated approach to long-term pain management. This approach aligns with Australian pain management recommendations, which emphasise involving carers and families in education, goal setting, and treatment planning to support holistic, person-centred care (Agency for Clinical Innovation [ACI] Pain Management Network, 2021).



## An expanding role

The role of the community pharmacist in CNCP extends beyond medication supply. Professional services such as medication reviews, chronic disease support, and health education position pharmacists as integral members of the primary healthcare team. Pharmacists can identify medication-related problems, optimise therapy, monitor outcomes, and advocate for evidence-based practice.

As healthcare continues to shift towards community-based, preventative, and patient-centred models, the contribution of community pharmacists to CNCP management is likely to expand. Ongoing professional development, interdisciplinary collaboration and supportive policy frameworks will be essential to maximise this role.

## Conclusion

Chronic non-cancer pain is a prevalent and complex condition requiring a comprehensive, multidimensional approach to care. In Australia, best practice emphasises cautious use of pharmacological therapies, particularly opioids, alongside strong promotion of non-pharmacological and self-management strategies. Community pharmacists play a key role in optimising medications, supporting opioid stewardship, counselling on complementary therapies, and facilitating interdisciplinary care.

By adopting a biopsychosocial perspective, actively engaging patients, and families, reinforcing individualised pain management plans, and supporting functional goal setting, pharmacists can improve pain outcomes, quality of life, and reduce treatment-related harm. As the burden of chronic pain continues to grow, the role of the community pharmacist remains essential in delivering accessible, compassionate, and evidence-based chronic pain care.



## Submit your answers to earn CPD credits

Australasian College of Pharmacy members and subscribers can submit answers online via the College CPD Library (formerly known as GuildEd) at [www.acp.edu.au](http://www.acp.edu.au).

Note: Pharmacists will be required to join the College as a member or subscriber to be able to submit answers to these assessments.



## Questions and References

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*This training has been developed in collaboration with Centre Against Domestic Abuse and Pharmacy Support Services as a part of a broader education initiative, supported by The Pharmacy Guild of Australia.*



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