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President's Message
Pharmacy Guild
of Australia

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Pharmacy Guild
of New Zealand

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of the Year Award
Winners Announced





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PRESIDENT'S MESSAGE

Professor Trent Twomey

National President, Pharmacy Guild of Australia

Guild National President Professor Trent Twomey reflects on the achievements and ongoing challenges since the signing of the 8th Community Pharmacy Agreement, in this adapted speech from the 2024 Australian Pharmacy Professional Conference.

This year's Australian Pharmacy Professional Conference was a sensational event — a chance to reconnect with colleagues, focus on our future, and reflect on how far we've come. It was also the exciting culmination of our campaign urging the Government to lower the cost of medicines once again. Prime Minister Anthony Albanese surprised conference delegates to announce the important reform; more on this below.



PM Anthony Albanese accepts a gift of thanks; an initialed, Guild-branded jacket. Senator Anne Ruston (inset) also addressed delegates at APP.

Reflections on 8CPA

Just 12 months ago, I was announcing that we'd reached a Heads of Agreement on the 8th Community Pharmacy Agreement (8CPA). It was a turning point — the result of months of work to restore trust between the Guild and the Government. That agreement calmed the very real anxiety that emerges when reform is divorced from consultation.

Independent analysis by Henry Ergas found that in the second year of the 60-day dispensing policy — 2025 — more than 400 pharmacies were at risk of closing. The knock-on effects would have been devastating for patients and the broader health system. But the 8CPA helped prevent those consequences. It froze the general co-payment for 18 months and locked in a concessional co-payment freeze for up to five years. It included a landmark Women's Health Package allowing pharmacists to initiate and supply hormonal contraception under the PBS — a first for our profession.

It also committed to modernising the PBS Safety Net, replacing the outdated, frustrating paper-based system with automation — a simple, overdue reform most Australians assumed had already happened. And it included a \$2 billion investment to safeguard the future of community pharmacy.

It re-proved the adage passed down through Guild Presidents since Colin Johns in 1989 — reforms are delivered through Community Pharmacy Agreements, not in spite of them.

More affordable medicine

We want to make medicine more affordable — and we want to realise the full potential of community pharmacy in primary care. When patients can't afford their medicines, their outcomes suffer. The bipartisan decision to lower the general co-payment to \$25 for non-concessional patients is significant. Reducing the co-payment is five times more effective than increasing maximum dispensing quantities — and it couldn't have come at a more important time.

Since the first reduction in 2023, Australians have endured prolonged inflation that's eroded household budgets. Without action, the co-payment would have exceeded \$50 by January 2026. Lowering it again delivers immediate relief. It puts money back in patients' pockets — the full \$6.60 per script — and helps ensure they fill the prescriptions they need.

I've heard stories from pharmacists everywhere — mothers forced to choose between medicines for themselves or their children, patients asking how to stretch scripts by taking lower doses, people asking which prescription matters most when they can only afford one.

We all know that bulk billing is important — but it's only part of the picture. If patients can't afford the medicine they're prescribed, the system fails them. Today, more people are struggling with this than ever before. Medication affordability is now a healthcare crisis.

Research shows that one in five Australians has skipped a prescription due to cost in the past three years — in regional areas, it's one in three. Reducing the maximum co-payment cuts the cost of 400,000 prescriptions every week. It's not inflationary. It's not funding for pharmacies. It's just the right thing to do — for patients, for public health, and for the economy.

Trust

One thing I've learnt in this role is that what's good for patients is good for pharmacy. Public trust in pharmacists remains incredibly strong. Nearly 80% of people say they'd trust their pharmacist to provide advice on common, non-complex conditions.

Pharmacies are everywhere — 96% of people in capital cities live within 2.5 km of one. Outside the cities, three in four people do. And 93% of pharmacies are open on weekends.

Empowering pharmacists to practise to their full scope will be transformative. But this isn't a revolution. It's not even evolution. It's restoration. Medicare changed the way everyday health conditions were managed — but it unintentionally pushed patients away from pharmacists and toward GPs. Full scope is about fixing that imbalance.

Some pharmacists still need convincing and that's okay. My role is to set the direction, create the conditions for progress, and remove the barriers. We're making the case for full scope because it will restore 6,000 community pharmacies to the role of frontline triage and treatment units. It means patients start thinking pharmacy first — because we're ready.



"EMPOWERING PHARMACISTS TO PRACTISE TO THEIR FULL SCOPE WILL BE TRANSFORMATIVE. BUT THIS ISN'T A REVOLUTION. IT'S NOT EVEN EVOLUTION. IT'S RESTORATION."



The next generation

There are already 62 prescribing pharmacists in Australia. Within the next decade, we aim for 80% of community pharmacists to be practising at full scope, and for 80% of pharmacies to be offering full scope services.

We've now got three institutions teaching four courses to help pharmacists increase their scope of practice. And we're working with universities to establish the Doctor of Pharmacy qualification — our goal is for this to replace the current Bachelor of Pharmacy, so new graduates are "full scope ready" from day one.

Pharmacists aren't 'winging it' — the training is rigorous, evidence-based, and designed to equip us for more. It's challenging, yes, but it's rewarding. And if I can do it, so can you.

The key is treating the whole person — not just isolated symptoms or systems. We need to move beyond piecemeal scope extensions that reduce care to a checklist. Pharmacists must be able to assess, treat and refer across a range of presentations.

Sustainable reform

Many pharmacists are rightly calling for "same job, same pay." But MBS consultation rights aren't the answer — and they never will be.

Community pharmacy already has a dedicated funding stream: the PBS. The Guild won't rest until PBS prescribing rights, with fair pay, are embedded into our healthcare system — just like the MBS is for general practice.

Harmonising scope

Across the country, pharmacists will soon be able to resupply hormonal contraception. They can already treat uncomplicated UTIs. For the first time, a Commonwealth program complements state and territory initiatives.

Twelve months ago, we had the Queensland model. Now, Queensland and the Northern Territory are leading together. Each year, more jurisdictions are realising the benefits of full scope and coming on board.

The conditions chosen for pharmacist prescribing weren't random. They account for frequent GP visits, preventable hospital admissions, and a high volume of PBS prescriptions. In Queensland, the pilot has already become permanent — a major step forward for both the profession and our patients. We know patients see the value in going to their pharmacist when they can't access a doctor.

None of this replaces a pharmacist's core clinical and cognitive role in dispensing. But to dispense, there needs to be a script — and right now, there simply aren't enough GP appointments for all those prescriptions to be written.

It's another part of the picture of why patients are delaying care or going without.

The challenge ahead

Pharmacists have the training, the expertise, and the opportunity to ease this burden. Our patients are relying on us to step up and practise to our full scope.

Unleashing the full potential of our profession will add critical capacity to the primary healthcare system — and deliver better outcomes for all Australians.

Trent Twomey

National President, Pharmacy Guild of Australia



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PRESIDENT'S MESSAGE

Kesh Naidoo-Rauf

President, Pharmacy Guild of New Zealand

Increasing community pharmacist's scope of practice is something we continue to work towards in New Zealand, as we know our Australian colleagues also continue to progress this worthy goal.

2023 minor health conditions service (MHCS) pilot

A MHCS was piloted in 10 of 20 districts in New Zealand from June to September 2023, to reduce demand on general practice, urgent care, and hospital emergency departments. The pilot also aimed to improve access to consultation, advice and treatment for common ailments, reduce inequity of health outcomes, and promote community pharmacy as a first port of call for consultation and treatment.

Conditions covered under the service included diarrhoea, eye infections, pain and fever, scabies, head lice, eczema/dermatitis, and minor skin infections.

Children under 14 years of age (and their family members with the same symptoms), Māori and Pacific people, and Community Service Card holders were eligible for the service.

Nearly 120,000 people accessed the service, some more than once, during the pilot, with over 157,000 consultations occurring.

An evaluation report showed most service users reported receiving high quality care. Patients reported a similar level of satisfaction with pharmacy clinical care as with GP care across all measures.

55% of respondents to the MHCS user survey reported that they would have attended GP or urgent care services for their condition if they had not been able to access the pharmacist and 6.5% of respondents reported that they would have attended an ED. With suitable development, the service has potential to reduce pressure on other parts of the health system.



"THE PRIMARY CARE DEVELOPMENT PROGRAMME HAS IDENTIFIED WORK TO DO TO IMPROVE ACCESS TO EXTENDED PHARMACY SERVICES, WITH STEPS SCHEDULED OVER THE NEXT NINE MONTHS INCLUDING COLLATE CURRENT STATE, DEVELOP OPTIONS, AND INVESTMENT DECISIONS FOR IMPLEMENTATION. THIS IS PROMISING FOR COMMUNITY PHARMACY."

Recent general practice funding increases and signal for community pharmacy

In March, the Minister of Health made several funding announcements which will increase timely access to primary care.

Additional funding will be available from July 2025 for general practices to increase access, meet key performance targets, and deliver more specialist interventions in primary care settings, along with new workforce initiatives aimed at increasing and retaining doctors and nurses in primary care.

The new access, outcomes, and activity-based uplifts will resource general practices to recruit additional staff, and to expand and modernise their premises, service offerings, and digital infrastructure. This aims to improve access to primary care appointments and reduce growing spending in the hospital sector.

The Health New Zealand Primary Care Development Programme, which covers the above, has also identified work to do to improve access to extended pharmacy services (this includes the minor health conditions service), with steps scheduled over the next nine months including collate current state, develop options, and investment decisions for implementation. This is promising for community pharmacy.

Expert Advisory Group (EAG) work

The EAG is currently undertaking a project reviewing extended pharmacy services, aiming to scale up and spread services that have been locally commissioned or piloted, reducing unwarranted variation in healthcare provision and access across New Zealand.

These include the minor health conditions service, services provided under standing orders, "except when" prescription medicines – those reclassified when provided by a pharmacist who has completed applicable training, and many more.

The project will:

- Consider how services could be enhanced to increase their impact and identify implementation barriers.
- Select and prioritise services from existing or previously commissioned or piloted services.
- Identify changes and improvements that can be made to prioritised services.
- Develop implementation plans and service specifications.

Once complete, this work will be handed to the ICPSA national annual agreement review group for contract variation discussions.

Learnings from Australia

A PGNZ contingent had the invaluable opportunity to attend APP in March and learn more about scope of practice developments in Australia.

While at APP, PGNZ representatives participated in the Australian Guild's National Council meeting and Branch Assembly meeting, giving us further insight into future goals for full scope of practice in Australia.

We were delighted to witness Queensland's scope of practice announcement, with Queenslanders gaining permanent access to treatment for acute, everyday health conditions delivered conveniently through local community pharmacies from 1 July. It was also pleasing to see over 50 pharmacists recognised at APP and becoming part of Australia's first group of credentialled prescribing pharmacists.

We continue to work with our Australian counterparts to better understand the differences between their full scope of practice model and ours. We look forward to delivering further opportunities for community pharmacy thanks to our relationship, and fully support expanding the service offering and scope of practice of community pharmacists in New Zealand.

Kesh Naidoo-Rauf

President, Pharmacy Guild of New Zealand

CULTURAL ENGAGEMENT FORUM: CREATING CULTURAL CONNECTIONS

Community pharmacies play a vital role in connecting diverse patients with the best care, and pharmacists' willingness to answer this call was on full display at the 2025 Cultural Forum.





Summah Holden, Alex Burke, Kirra Natty, Mike Stephens and Kellie Beckenham speaking at the Ask Me Anything panel.

This year, the forum focused particularly on educating and empowering pharmacists to provide culturally safe services and care for Aboriginal and Torres Strait Islander people. Though the Quality Use of Medicines applies in all pharmacies to all patients, the ability to understand, respect and collaborate with patients of diverse backgrounds can lead to better health outcomes and stronger connections across communities.

The forum's speakers covered lived experiences, new research and current initiatives aimed at driving better outcomes for underserved communities. With the recent news of Close the Gap's health targets falling short across the country, Professor Rebekah Moles' research from the University of Sydney tackling Indigenous mortality and morbidity rates was especially relevant to pharmacists looking to make big changes from the ground up.

Similarly, the exciting new MH-SPACE Trial, co-presented by Dr Sarira El-Den from the University of Sydney and Professor Faye McMillan from the University of Technology Sydney, aims to improve mental health outcomes for Aboriginal and Torres Strait Islander patients. By upskilling community pharmacists in mental health first aid, MH-SPACE aims to provide better care earlier from trusted frontline health professionals. The trial, co-designed with Indigenous experts from across the pharmacy industry, will equip pharmacists with the skills to provide culturally informed and sensitive care to the patients who need it most.

This commitment to education was echoed by Mike Stephens, Director of Medicines Policy and Programs at the National Aboriginal Community Controlled Health Organisation (NACCHO). By grounding community health practices in cultural knowledge and experience, community pharmacies are able to model a holistic approach to care and wellbeing that benefits everyone in the community.

From strong research and meaningful policy come new opportunities. Participants also heard from Alex Burke, a proud Wiradjuri man currently working on his PhD at the University of Sydney. By continuing the legacy of Australia's First Pharmacists, Alex hopes to shape the way pharmacy and health students learn about Aboriginal culture and Indigenous health to build a new generation of informed and proactive pharmacists across Australia and the world.

With the floor opened to questions, presenters were committed to fair practice in the face of difference. Understanding may not be perfect but compassion is always key, and the Ask Me Anything panel ended on a high note describing community pharmacy's unique capacity to 'walk the walk' and share human experience no matter the journey. We thank First Nations pharmacists Kirra Natty and Alex Burke, as well as Summah Holden of the Canberra Student Pharmacy Association and Mike Stephens of NACCHO for sharing their insight with the panel, and First Nations pharmacist and credentialled diabetes educator Kellie Beckenham for facilitating.

The Cultural Engagement Video Competition returned for another year celebrating the theme "Community Pharmacy, Creating Cultural Connections". With a Best Video and People's Choice award in the running, the competition invited members to showcase their understanding of what it means to serve a diverse and inclusive community for the chance to win a free APP 2026 registration and \$500 for cultural activities.

Congratulations to Life Pharmacy and Carter's Pharmacy Gunnedah for winning this year's video competition. The Guild also thanks PDL for their generous sponsorship of the cultural forum, and looks forward to seeing everyone next year for an even bigger and better forum.

RURAL PHARMACY FORUM: OUR PEOPLE, OUR STRENGTH

This year's Rural Pharmacy Forum, co-hosted by Rural Pharmacists Australia (RPA) and the Guild, focused on the challenges and opportunities facing regional, rural and remote pharmacies with the theme of "Rural Pharmacy: Adapt, Embrace, Succeed".

Words | The Pharmacy Guild of Australia



Professor Jenny May AM speaking at the forum.

The annual forum ran to a full house once again, with a program designed to equip regional, rural and remote community pharmacists with the knowledge and skills to thrive in an evolving healthcare landscape – especially as they move towards full scope of practice and ensuring access to healthcare for their communities.

National Rural Health Commissioner Professor Jenny May AM opened the forum by sharing her priorities for the Commission during her term. Professor May also spoke about the strength of community pharmacy, acknowledging the comprehensive nature of services delivered in and through community pharmacy.

Therese Lambert, pharmacist-owner of TerryWhite Chemmart Sarina (Queensland) also shared her experiences and insights as a qualified full scope pharmacist. In sharing her challenges and how she overcame them to achieve her full scope qualification, Therese made it clear just how valuable rural pharmacy can be to those most in need, and the real tangible difference pharmacy can make in a community.

Guild Group's Andrew Pattinson led a further Q&A session on full scope, with panellists Natalie Willis (Pharmacy Guild of Australia), Karen Carter (Carter's Pharmacy, Gunnedah NSW & Narrabri Pharmacy, NSW), Amy Smith (Lucy Walker Pharmacy) and Therese Lambert. These four pharmacists from across Australia gave valuable advice and reflections on their progress towards full scope.

An interactive workshop session followed, giving delegates an opportunity to revisit key issues facing rural pharmacy, identified in the 2024 forum, and an opportunity to identify new ones, with the aim to collect a list of key issues that regional, rural, and remote community pharmacies face, and develop innovative new solutions to tackle them.



"AN INTERACTIVE WORKSHOP SESSION FOLLOWED ... WITH THE AIM TO COLLECT A LIST OF KEY ISSUES THAT REGIONAL, RURAL, AND REMOTE COMMUNITY PHARMACIES FACE, AND DEVELOP INNOVATIVE NEW SOLUTIONS TO TACKLE THEM."

Heidi Dariz, General Manager at Raven's Recruitment, wrapped up with a presentation on data-based recruitment and retention in rural and remote Australia to place pharmacists in locum and permanent roles in all corners of the country.

The forum closed with the I Love Rural Pharmacy Video Competition. With the theme "Rural Pharmacy – Our People, Our Strength", the competition was an opportunity for pharmacies to showcase the strategies regional, rural and remote community pharmacies are using to recruit and retain their pharmacy workforce.

Of the record number of submissions, Carter's Pharmacy (Gunnedah NSW) took out the Best Video prize with a \$4,500 prize package to support the implementation of full scope services in pharmacy, proudly sponsored by Raven's Recruitment. The People's Choice award went to Pharmacy 777 Port Hedland (Western Australia), who won a free full registration to APP 2026.

KEY ISSUES, INNOVATIVE SOLUTIONS



RURAL PHARMACY: ADAPT, EMBRACE, SUCCEED

@JESSAMJ GEE 2025

Participants brainstormed problems and solutions common to rural, regional and remote pharmacies.

MEET THIS YEAR'S AWARD-WINNING PHARMACIES

Each year, the Guild recognises and celebrates pharmacies on the cutting edge of their practice. Our Pharmacy of the Year recipients are proof of how community pharmacy continues to evolve and set new standards in business, community engagement and innovation.



(L-R) Co-owners Damian Scott, Monique Licht, Kristina Fox, and Julie Sorrentino, celebrate their win alongside pharmacy staff members Megan Potter and Terri Bakker and Guild ACT Branch President, Simon Blacker.



Pharmacist Katy helping a patient at Complete Care's new self-serve counter.

In the last edition of *Australasian Pharmacy*, we introduced this year's finalists and now, we reveal the three pharmacies who stood out for their commitment to reliable and accessible care. Fresh from the celebrations of APP 2025, let's hear more from the winners about how they've stepped up care in their communities and what's in store for each of them moving forward.

Complete Care Pharmacy, Rosny Park, Tasmania

You may know them as 2025's Guild Pharmacy of the Year, but Rosny Park's Julie and Christina also took home the award for Excellence in Professional Innovation this year. Their standout approach to combining unique solutions with personalised care is reflected in their self-serve check-in system, where patients can submit their details to the pharmacist in writing rather than sharing potentially sensitive information out loud.

"It can be a bit daunting [for patients] to have to approach staff, or if there's issues that they'd rather not talk to anyone about," Julie explained. "So it's a good option for them to actually be able to pop in a little note to talk to the pharmacist, and they don't have to voice it out in that public environment."

Despite some nerves about how the new model would be received, the new system has proven to be a success. With friendly staff support to navigate the technology, patients were quick to take up the benefits of quicker and more personalised service.

"People love something if it helps them," said Kristina. "They realised that the model was an improvement on what we had before, and everything we were doing before didn't just go away. We were just taking it to the next level."

The success of Complete Care's new model reflects Julie and Kristina's understanding of their community and the role they play as trusted healthcare providers. Many of their initiatives have been informed by direct feedback from their patients, and a sincere effort to answer every "What can we do better?" with action. With designated quiet hours for patients with sensory issues and coffee catch-ups, it's clear that Complete Care has become a local star for many.



Complete Care's self-serve check-in service has been custom built for the pharmacy.

So, what's next for 2025's Guild Pharmacy of the Year? "We're always wanting to evolve and change," Kristina said – and with a new Complete Care pharmacy opening in NSW, change is certainly on the menu. While operating under the brand-new Complete Care operating model, this NSW pharmacy is already making a name for itself with its custom-made drive-through dispensary.

"What I like about the brand is we know that no two pharmacies are the same," said Kristina. "What we do in Rosny is not necessarily what's going to be best for that pharmacy in NSW. We've all got our own special community, and so what we want to do is support other pharmacies."



"IF WE CAN SUPPORT OTHER PHARMACIES TO CHANGE AND DO DIFFERENT THINGS THEN WE CAN HELP ALL THESE OTHER LITTLE COMMUNITY POCKETS ALL OVER AUSTRALIA, WHICH IS REALLY EXCITING."



Samantha and Rebecca are proud Charnwood locals.

Capital Chemist, Charnwood, Australian Capital Territory

Winning Excellence in Harm Minimisation and Excellence in Community Engagement was an emotional moment for Samantha and Rebecca of Capital Chemist in Charnwood, ACT.

"We don't just run a pharmacy," Samantha explained. "We live here, we grew up here, we have children here. This community relies on us."

With over 20 years of experience apiece, Samantha and Rebecca have made sure their practice keeps evolving to meet change and support their patients through every step of their healthcare journeys.

Keeping healthcare accessible and supportive in Charnwood takes many forms, from forming partnerships with other organisations like aged care facilities and women's refuges to employing staff with a range of cultural and linguistic backgrounds who can meet patients on common ground.

Many staff members also hold qualifications and accreditations in specialised areas including mental health first aid, diabetes education and lymphedema treatment. With extended trading hours and a family-first philosophy, Capital Chemist has created a space where anyone can come in and know they're in good hands.



"THERE'S A STORY BEHIND EVERY SINGLE PATIENT. THE FAMILIES THAT SHARE THEIR LIVES WITH US – IT'S A GIFT. THAT IS WHY WE TURN UP EVERY DAY."

Samantha's passion for harm minimisation has also had a huge influence on the pharmacy's development over 13 years. As a member of Canberra's Opioid Treatment Accreditation Course advisory group, she has worked closely with government and healthcare stakeholders to deliver safe and responsible opioid maintenance therapy through community pharmacy.

"I've always had a very deep curiosity and desire to partner with people who choose wellness," Samantha said. "We're here for you no matter what your story is, who your family is, or how you live. We want to be that constant source of compassion and kindness and no stigma."

For these passionate pharmacists, winning not one—but two—prestigious awards at APP2025 is the culmination of decades of hard work powered by a love of what they do and who they serve.

"There's a story behind every single patient," Samantha said. "The families that share their lives with us – it's a gift. That is why we turn up every day."



Warnbro Pharmacy's expansion into mobility equipment has filled a need in the local community.

Warnbro Pharmacy, Warnbro, Western Australia

Over in WA, years of dedication and perseverance through change have paid off for proprietor Brett.

Their Excellence in Business Management award reflects a shift in focus from retail to healthcare, and particularly to offering specialised home healthcare equipment and advice to support the needs of an ageing population.

By partnering with other local health workers, including occupational therapists, podiatrists and physiotherapists, owner Brett has customised his pharmacy's services to accommodate his patients – some of whom have been visiting since 1998.

"When we look at the services and when we look at the community. It's not just our local community. It branches out," says Brett. "So we're really looking at, what does the community and WA need?"

"We've expanded into areas where pharmacy maybe traditionally hasn't gone, but there's been a need. We've sought training and really upskilled our team and pharmacists well beyond what traditional pharmacists were doing."

This holistic approach to community healthcare has provided continuity for patients, who can be confident that they will get the best possible care across the network. Warnbro's expanded services are built off the advice of local GPs and respond directly to shifting needs and gaps in existing systems.

"We found a big gap in sleep apnoea [treatment]," pharmacist Maddie explained. "So we began delivering a whole range of services in that area."

"Doctors, physio's, OTs are referring patients to us, and over time we build good rapport and identify where the needs are in the primary healthcare market within our community."

Mobility aids were another unmet demand in the area, and Warnbro Pharmacy was quick to meet the call. By expanding their business to a second storefront specialising in mobility equipment, Brett and his team have made huge improvements in accessibility for many of their patients.

For Brett, that's what this award is really about. "Winning this award is amazing, but knowing that we've made a difference in people's lives – that's what matters most to us."



FIND OUT MORE



Visit the Guild website to watch the full interviews and hear more from the winners.

ENGAGEMENT WITH GOVERNMENT AND BRIEFING THE INCOMING HEALTH MINISTER

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We believe that through continuing to work closely and positively with government, as we have done with successive previous Health Ministers, community pharmacy can make significant contributions to key government health priorities. These contributions will benefit patients and make community pharmacies, and the pharmacist workforce, more sustainable.



Our Advocacy Approach

Our strategy for delivering the best possible results for our members has been to remain relentlessly reasonable, professional and respectful. This is a long-term approach that has worked well for us. The sector advocacy successes we have achieved, have been based on working positively with government, responsible officials and stakeholders to influence their final decisions.

Effective sector advocacy is relationship based. It's about working closely and positively with decision-makers and influencing them on the key issues that impact community pharmacy. We do this by working within the system, to advance the business and professional interests of the pharmacy owners we represent, and ultimately, to support the delivery of better health outcomes for all New Zealanders.

The Guild has successfully positioned itself as a respected organisation for leading and advancing sector advocacy priorities, based on these principles:

- A relentlessly reasonable and professional approach
- Trusted and respected relationships with government and key officials
- Working closely and positively together on crucial issues
- Provision of objective analysis and expert advice
- Strong advocacy around machinery of government processes
- Our continuing use of an expert government relationship advisor.

Our approach is a measured, deliberate, long-run strategy, which involves managing all our government relationships very tightly. We have respected relationships and a strong connection with key decision-makers and advisers.

Briefing the New Health Minister

A Cabinet reshuffle in January saw a change in Health Minister, with Minister Simeon Brown appointed to the role. We have enjoyed a positive working relationship and regular contact with previous Health Ministers. We look forward to establishing a close positive working relationship with Minister Brown, per our usual advocacy approach.

Minister Brown's initial public statements have emphasised a clear focus on the delivery of the government's health targets, and more timely access to quality healthcare. We took the opportunity of his appointment to brief him on the issues facing community pharmacy and the opportunity for community pharmacy to do more through improved access and better value for money healthcare, while helping ease pressure on the wider health sector.

Our briefing advice covered three government policy priorities:

Policy priority 1: Delivery on improved health outcome targets by prioritising investment in an expanded range of publicly funded community pharmacy services.

Policy priority 2: Ensuring the health workforce is available and accessible, and responsive to health needs by addressing community pharmacy workforce needs, and by attracting and retaining more community pharmacists and pharmacy technicians.

Policy priority 3: Focus on financial sustainability and best use of resources over time by addressing unfunded core community pharmacy service (dispensing) cost pressures and considering non-fiscal policy options.



Our Advice Detailed

- The availability and accessibility of pharmacies, and the range of services offered.
- The successful minor health condition service pilot in 2023, with the much lower cost of this service through community pharmacy relative to other healthcare settings, and Health New Zealand's (HNZ) formal evaluation clearly showing improved timely access to this service.
- The significant workforce shortages shown in HNZ's Workforce Plan, and the underfunded pay parity pressures demonstrated from the DHBs' independent wage cost pressures review and hospital pharmacists pay equity settlement in 2023.
- The inconsistent and unfair approach to annual cost pressure recognition funding uplifts and HNZ's failure to deliver on contractual obligations in 2024. We also demonstrated the long-run differences in cost pressures recognised for community pharmacy relative to general practice and hospitals, with an increasing challenge to maintain access to essential community pharmacy services because of this.

We Recommended the Minister:

- Request Budget 2025 bids be developed for new nationwide community pharmacy services for an expanded range of minor health condition services and new funded triage and referral services.
- Request that officials actively engage with the sector on the development of a community pharmacy workforce plan to address our sector's workforce shortages.
- Acknowledge our concerns around the unfair and inconsistent contracting approach in 2024/25 to annual cost pressure funding uplifts, and request HNZ does not repeat this approach in 2025/26.
- Request that officials work at pace with the sector to update the earlier independent review work on wage cost pressures and the sustainable funding model by June 2025, to support a financially sustainable community pharmacy sector, and consider non-fiscal policy options.

Members can read our briefing in full at pgnz.org.nz





GLUCOFEST 2025 COMES TO AN END!

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We had lots of fun launching Glucofest at APP2025 and giving your customers the chance to win a year's supply of their favourite Glucojel products. We wanted to bring you a wrap up below and showcase some of the great POS displays set up in pharmacies around the country to celebrate Glucofest.



The launch of Glucofest at APP2025 has born a new annual event in the Glucojel calendar and an opportunity to celebrate all things jelly.

Off the back of International Jelly Bean and Gummy Bear days celebrated in April, we decided to run our own 'jelly days' by giving your customers a chance to win a year's supply of their favourite Glucojel products when they purchased Glucojel and entered the promotion.

Pharmacies were encouraged to help us celebrate Glucofest by stocking up with Glucojel at APP and ordering their free campaign Point of Sale to join in the fun. The campaign was celebrated with lots of vibrant ads across outdoor, digital and social media.

Here's a few campaign images, in case you missed them.



Watch Video Campaign



Go to australasianpharmacy.com

GOLD CROSS

We'd also like to thank the wonderful pharmacies who helped us celebrate by getting behind the promotion and dressing up their stores to make Glucofest a huge hit.

Here's a few POS display pics we received.



Portland Community Pharmacy, VIC



Grenfell Pharmacy, NSW



Ron Dunford Chemist, NSW



Chemist Discount Centre Burnie, TAS



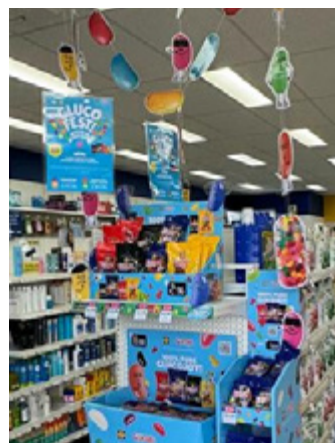
Rebecca Baker Pharmacy, VIC



Keirles Pharmacy Wellington, NSW



Keirle's Pharmacy, NSW



Leeton Discount Chemist, NSW



Keirle's Pharmacy Wellington, NSW

Thanks again for helping us celebrate Glucofest!

Watch this space for details about the next Glucojel promotion coming in October 2025.





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Not only is Australia's favourite jelly bean the biggest selling confectionery in pharmacies, but all the profits we make go straight back into the Guild, to support community pharmacies like yours.

Support the beans that support Australian pharmacies.



GLUCOJEL™

The Original Pharmacy Jelly Bean

SETTING UP A CONSULT ROOM

Key Considerations for Pharmacists

A

As the role of community pharmacies continues to expand, setting up an in-pharmacy consult room can provide immense value to patients while also offering a new revenue stream for pharmacies.





With the right setup, pharmacies can offer a range of healthcare services that enhance patient care and improve health outcomes. Here's what you need to consider when planning a consult room within your pharmacy.

Defining Your Services

The first step in setting up a consult room is determining what services you want to offer. Some common services that pharmacies provide include:

- Vaccinations and immunisations
- Health screenings (e.g., blood pressure, cholesterol, blood glucose monitoring)
- Medication management and reviews
- Wound care and first aid
- Minor illness consultations
- Weight management and lifestyle counselling

Each service requires specific consumables and equipment, so a clear understanding of your service offering will help guide your purchasing decisions.

Space and Comfort Considerations

The physical space allocated for your consult room should be carefully planned to ensure both functionality and patient comfort. Consider the following:

- **Adequate Space:** The consult room should be spacious enough to accommodate all necessary equipment while allowing ease of movement for both patients and pharmacists.
- **Professional and Welcoming Atmosphere:** Patients are accustomed to receiving medical advice from GPs, specialists, and nurses. The consult room should reflect a professional healthcare environment rather than a repurposed storage space.
- **Privacy:** Soundproofing and visual barriers should be incorporated to ensure patient confidentiality.

Equipment and Consumable Selection

Selecting high-quality equipment and consumables is essential to delivering professional healthcare services. Key products to consider include:

- **Treatment Bed/Chair:** Adjustable and comfortable for patients undergoing minor procedures or consultations.
- **Medical Equipment:** Blood pressure monitors, thermometers, otoscopes, spirometers, and point-of-care testing devices.
- **Consumables:** Needles, syringes, alcohol swabs, gloves, bandages, and other necessary disposables.
- **Storage Solutions:** Secure and organised storage for medications, consumables, and medical instruments.



"SELECTING HIGH-QUALITY EQUIPMENT AND CONSUMABLES IS ESSENTIAL TO DELIVERING PROFESSIONAL HEALTHCARE SERVICES."

Compliance and Safety Standards

Ensure that your consult room complies with all relevant regulations and standards, including:

- Infection control protocols
- Safe storage and disposal of medical waste
- Maintaining patient records securely
- Meeting the Australian Pharmacy Standards for in-pharmacy healthcare services



“SETTING UP A CONSULT ROOM IS A STRATEGIC INVESTMENT THAT CAN POSITION YOUR PHARMACY AS A KEY HEALTHCARE PROVIDER IN THE COMMUNITY.”

Clear Communication of Services

To maximise the utilisation of your consult room, ensure that patients are well-informed about the healthcare services you offer. Consider these strategies:

- **Signage:** Display clear and professional signage within the pharmacy to promote consult services.
- **Marketing Materials:** Use brochures, posters, and digital displays to educate patients.
- **Staff Training:** Ensure all pharmacy staff are knowledgeable about the services offered and can confidently inform customers.

Partnering with a Specialist Supplier

While it may be tempting to source equipment and consumables from general retailers, partnering with a specialist supplier ensures that you receive high-quality products that meet requirements. A trusted supplier can also provide:

- Expert advice on the best equipment for your services
- Competitive pricing and bulk purchasing options
- Reliable availability of key products and ongoing product support

The Benefits of Setting Up a Consult Room

A well-designed consult room offers significant advantages for both pharmacies and patients, including:

- **Enhanced Patient Care:** Increased access to healthcare services in a convenient location.
- **Improved Health Outcomes:** Early detection and management of conditions through screenings and consultations.
- **Revenue Growth:** Additional income streams from service fees and product sales.
- **Increased Customer Loyalty:** A broader range of services strengthens the pharmacy's role in the community.

Setting up a consult room is a strategic investment that can position your pharmacy as a key healthcare provider in the community. By planning carefully, selecting the right equipment, and effectively communicating your services, you can create a professional and trusted environment that benefits both your business and your patients.



FIND OUT MORE

As Gold Cross Endorsed Partners, the experts at Team Medical can help you with equipment, set up and product advice for your consult room.

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CHARTING THE COURSE FOR YOUR PHARMACY'S SUCCESS

Running a pharmacy without a strategy is like navigating a stormy sea without a compass. As a pharmacy owner, you're often caught up in daily operations, reacting to the chaos of the days, weeks, and months.



Before you know it, the year has flown by, and you're simply celebrating survival. However, strategic planning can shift your focus from merely getting by to achieving sustainable growth and success.

Strategic Planning: The Key to Growth

The relentless pace of pharmacy operations may make you feel there is no time for strategic planning. However, operating without a clear plan leads to missed opportunities, lack of growth, and burnout for your team.

Imagine having clear goals and improved team accountability. Picture your business achieving the big-picture goals you've been meaning to tackle for years, all within the next 1-2 years. What impact would that have on you and your team?

Planning may feel overwhelming, especially in an industry where so much changes quickly. You might wonder, "What's the point of planning when the plan is likely to change?" Planning aligns your goals with action steps and accountability check-ins to ensure you reach your targets. Even if some goals shift, a strategic plan guides decisions and prioritises efforts. A team accustomed to working from a structured plan will be better prepared to pivot when needed.

Tips for Getting Started

- 1. Start with the end in mind** – What do you want your business to look like in 5 years, 3 years, and 1 year? What do you want your personal life to look like in those timeframes?
- 2. Define your goals** – Clearly outline what you aim to achieve.
- 3. Plan your path** – What steps need to be taken to get there?
- 4. Identify key team members** – Recognise who will help you reach your goals.
- 5. Outline action steps** – Break down objectives into actionable quarterly (90-day) increments.

Even in a chaotic environment, it's possible to carve out time for planning. Block off a half-day each quarter for strategic planning. Can you find 3-4 hours per quarter to sit down and create a simple plan? It doesn't have to be elaborate—start by writing down your top three goals for the next quarter and identifying a few action steps for each.

The easiest part of strategic planning is making the plan. The challenge lies in execution. Plans tend to fail when there's no follow-through. Regular team meetings to check progress and make necessary adjustments are crucial. Utilising a strategy worksheet, accountability software, or an accountability coach can also be helpful.



"THE PEACE OF MIND A WELL-PREPARED AND WELL-EXECUTED PLAN PROVIDES IS PROFOUND."

Small, consistent efforts can lead to significant results. If you feel like the captain of a boat in a stormy sea, simply hoping to navigate safely, take the time to work on a plan and take back control of your destiny. The peace of mind a well-prepared and well-executed plan provides is profound. When you look back on your year and see what you've accomplished compared to years without a plan, you'll undoubtedly prioritise strategic planning moving forward.

PCCA: A Strategic Partner for Your Pharmacy's Growth

As you develop your strategic plan, consider how compounding can be an avenue for growth and differentiation in your pharmacy. Partnering with PCCA is a strategic decision that can support and expand your compounding services, providing you with the tools, resources, and expertise to help you thrive.





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Strategic planning is essential for the long-term success of your pharmacy. Aligning your goals with the right partners can help you implement and execute your plan more effectively. PCCA provides the expertise, products, and support needed to grow your compounding services, expand your offerings, and better serve your patients.



"ALIGNING YOUR GOALS WITH THE RIGHT PARTNERS CAN HELP YOU IMPLEMENT AND EXECUTE YOUR PLAN MORE EFFECTIVELY."



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We extend our thanks to APP
and the Pharmacy Guild of Australia

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PLANNING YOUR EXIT FROM A PHARMACY BUSINESS

How Can a Partnership or Shareholders' Agreement Help?

P Partnership and shareholder agreements are legally binding governance tools that can be entered into at any time in the life of a jointly owned pharmacy.



A partnership agreement governs a pharmacy business structured as a partnership. A shareholders' agreement governs a pharmacy operated as a company. For the purposes of this article, we have collectively referred to them as 'ownership agreements'.

Ownership agreements deal with matters such as:

- how often the partners must meet
- how decisions are to be made (by simple majority or unanimous agreement)
- funding for the business and repayment of business loans
- how and when profits are to be paid and in what proportions, and
- how and when the business plan is to be written or updated.

However, one of the most important aspects of an ownership agreement is its ability to govern how a business partnership is to come to an end.

A good ownership agreement will, for example, set out what is to happen when a partner wants to retire. Considerations include whether a partner should be free to sell their interest to a third party without the agreement of the remaining partner, or whether the outgoing partner should be obliged to offer his or her interest to the remaining partner before selling elsewhere. Typically, partners will require the ability to object to, and veto, an incoming partner if they feel it necessary.

Other exit provisions to consider for pharmacy ownership agreements include:

- that shares, or an interest in the business, cannot be sold to a third party without first offering them to the remaining partner
- that a new, incoming partner must sign a deed of accession whereby they agree to be bound by the ownership agreement already in place
- that if a partner wishes to retire, they must give a certain length of notice to the remaining owners; and the remaining owners may have the right to exercise a call option, allowing them to purchase the outgoing partner's interest (with the sale price determined on the business' current value as a going concern)



"ONE OF THE MOST IMPORTANT ASPECTS OF AN OWNERSHIP AGREEMENT IS ITS ABILITY TO GOVERN HOW A BUSINESS PARTNERSHIP IS TO COME TO AN END."

- a definition of what amounts to a 'default event' (commonly, it includes a material breach of the ownership agreement, a partner becoming subject to an insolvency event, criminal convictions, or an owner ceasing to be a registered pharmacist or having conditions attached to their registration preventing them from practising as a pharmacist)
- the grant of a 'call option' to the continuing partners if a default event occurs – consider whether there should be a lower purchase price payable for the defaulting partner's interest

- what is to happen in the event of the death or total and permanent incapacity of a partner – should that trigger a call option in favour of the remaining partners? How should the departing partner's interest be valued?
- restrictions on an outgoing partner's ability to practise pharmacy, or involvement in any competing business within a specified radius of the pharmacy, for a certain period of time after they leave, and
- confidentiality of the pharmacy business information, know-how, and patient information.

Ownership agreements should also provide a dispute resolution mechanism for partners to follow in the event of a business dispute. An effective method of resolving differences is requiring a dispute to be submitted to mediation.

Exit provisions serve as a roadmap for navigating the business' transition when significant changes or disruptions occur. If you are currently involved in a pharmacy business, or are considering entering into one, it is important to give careful consideration to them.



ABOUT US

Meridian Lawyers acts for pharmacists on all aspects of buying, selling, and exiting pharmacy businesses across Australia. For more information, please contact Georgina Odell.



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This information is current as of April 2025. 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.

How Pharmacists Can Support

INCONTINENCE MANAGEMENT

For People With Chronic Conditions

P Pharmacists play a vital role in managing incontinence for patients with chronic conditions like diabetes, dementia, and heart failure. This article explores how pharmacists can provide education, medication guidance, and lifestyle recommendations to improve patient care and quality of life.

National Clinical and Training
Manager at Bunzl & AMHC

Words | Lesley Barton



How Pharmacists can Support Incontinence Management for People with Chronic Conditions

Incontinence is a common issue for older patients with chronic conditions. Chronic medical conditions like dementia, diabetes, and chronic heart failure can increase the chances of developing incontinence.

According to Continence Health Australia, **38% of Australian women** suffer from urinary incontinence, while 10% suffer from fecal incontinence. Men are less affected compared to women.

Though the symptoms of incontinence are not life-threatening, the impact on an individual's quality of life can be debilitating. The ability of a patient to take part in normal life activities is limited, while the associated stigma can be too much to bear.

Understanding Incontinence and its Relationship with Chronic Conditions

While **there are different types of incontinence**, all result from general bladder or bowel dysfunction. The pelvic floor muscle becomes too weak, or the nerves that control the bladder and the pelvic floor start malfunctioning, leading to uncontrolled or unintentional passage of urine or abnormal bowel tendencies.

There is a relationship between chronic conditions and incontinence. **According to experts**, some chronic conditions increase the risk of developing incontinence. Such conditions include:

DIABETES

Long-term diabetes damages the nerves of the bladder and bowel. When these nerves are damaged, individuals lose the ability to sense when the bladder is full. The bladder and bowel may also fail to empty fully, leading to an increased risk of urinary tract infections, constipation, and kidney damage. This risk becomes even more significant when **managing diabetes in the elderly**, as age-related changes can further impact bladder and bowel function.

CHRONIC HEART FAILURE

Chronic heart failure is a long-term problem of the heart muscle. Some of the treatment procedures for this problem can result in bladder and bowel malfunctions, such as:

- Sudden and strong urge to pass urine
- Increased frequency of passing urine
- Urine leakage, especially when rushing to the washroom
- Small, pressing, and infrequent bowel movements
- Constipation

DEMENTIA

Dementia causes brain damage and severe loss of cognitive function, causing those suffering to feel lost, confused, and anxious. People with dementia are more likely to develop incontinence because they forget where to find the toilet, how to unfasten their clothes, and what to do when inside a bathroom. Medications for dementia can also increase the risk of constipation and diarrhea.

There are several different types of incontinence:

Stress urinary incontinence: this refers to leakage of urine, especially when under increased abdominal pressure during activities like coughing, sneezing, and exertion

- **Urge incontinence:** this condition is characterized by leakage of urine characterized by an excessively strong urge to pass urine
- **Urinary retention:** this is the loss of the ability to empty the bladder completely, leading to small leakages of urine
- **Functional incontinence:** this occurs when an individual's bladder or bowels are functioning normally, but the person is unable to access the toilet due to cognitive or physical issues
- **Fecal incontinence:** accidental loss of faeces or flatus from the bowel

The Role of Pharmacists in Incontinence Management

Pharmacists have an important role to play in the management of patients with incontinence. These roles include patient education, advice on the best medication, understanding different types of continence aids and their uses and promoting appropriate incontinence care.

PATIENT EDUCATION AND COUNSELLING

Non-pharmacological interventions are the first recommended line of treatment for urinary incontinence. Pharmacists can offer education and provide the necessary resources for patients. If pharmacological interventions are required, pharmacists can counsel the patients on the necessity of taking the medication.

GIVE MEDICATION ADVICE

Pharmacists have vast knowledge about the **medication to treat overactive bladder**. They can also give expert advice regarding other medications for treating incontinence based on age. In case of side effects, pharmacists can give professional guidance to help patients cope.

PROMOTE INCONTINENCE CARE

Pharmacists in both community and institutional practice can offer specialized care services to patients. They can also help patients get access to expert advice and resources, provide education materials, and advocate for professional support on behalf of their patients.

Best Practices for Pharmacists in Supporting Incontinence Patients

Supporting patients suffering from incontinence requires a multifaceted approach. Here are the best practices for pharmacists in supporting incontinence patients:

ENCOURAGE LIFESTYLE MODIFICATIONS

As a pharmacist, advise the patients to take just enough water to enable them to stay hydrated while avoiding too much fluid intake. They should also take measures to reduce caffeine and alcohol intake. Dietary changes to eliminate bladder irritants, reduce weight, and improve bowel movements should be a priority.

PRIORITIZE BLADDER TRAINING

Encourage patients to gradually increase the time between bathroom visits by delaying passing urine after the onset of the urge. If possible, aim for a duration of two to three hours between calls. With consistency, bladder training yields positive results within 6–12 weeks.

COMMIT TO PELVIC FLOOR EXERCISES

Kegel exercises make the pelvic muscles stronger. Encourage the patients to establish a regular exercise routine for better outcomes. Typically, patients should be encouraged to perform the exercises 3–4 times a day.

ENCOURAGE COMMUNITY SUPPORT

Community support makes patients feel less alone and isolated. They feel that their problem is not unique to them, giving them hope to continue with treatment and care. Incontinence has associated stigma, and relating with others is beneficial to their mental and overall health.

Lifestyle and Behavioural Strategies for Incontinence Control

Lifestyle and behavioural changes can help alleviate some causes of incontinence. Here are some of the lifestyle and behavioural changes that pharmacists should encourage patients to embrace:

REDUCE FLUID INTAKE

Too much fluid can result in an overactive bladder. Symptoms of an overactive bladder include a frequent and urgent need to urinate frequently and urgently. Drinking too much fluid also heightens the risk of stress incontinence. Therefore, pharmacists should advise patients on the daily recommended fluid intake.

LIMIT CAFFEINE AND IRRITANTS

Caffeine stimulates the kidneys to process urine at a faster rate than normal. When the bladder is filled too fast, it becomes overactive, making incontinence worse. Certain drinks irritate the bladder, worsening urinary incontinence. Irritants to avoid are alcohol, chocolate, and drinks with bubbles.

MAINTAIN A HEALTHY BODY WEIGHT

Being too heavy can worsen incontinence. Extra body weight transfers pressure to the bladder and stomach, causing urine to leak. Maintaining the right body weight helps to reduce incontinence by relieving pressure on the kidneys.

Conclusion

Incontinence is a major problem that affects both men and women. Those living with incontinence often face challenges that disrupt their daily lives. They face constant embarrassment and stigma. Additionally, chronic diseases like diabetes and dementia can worsen incontinence.

However, incontinence is manageable and treatable. With the right care, guidance and advice from pharmacists, patients can better manage their condition and improve their quality of life.



ABOUT THE AUTHOR

Lesley Barton is the National Clinical and Training Manager at Bunzl & AMHC, with over 40 years of healthcare experience. A Registered Nurse, Midwife, and Continence Nurse Specialist, she transitioned into healthcare sales and management, leading education in continence, wound care, and medical consumables.

She serves as a Board Director at the Continence Foundation of Australia and founded the Clinical Care Connections (CCC) program, playing a key role in developing Atlas McNeil Healthcare's education and training initiatives to support best practices in clinical care.

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Abbreviations: CI, confidence interval; POP, Progestogen-only Pill; UKMEC, UK Medical Eligibility Criteria for Contraceptive Use. **References:** 1. <https://www.pbs.gov.au/pbs/home> accessed April 2025 2. Slinda (drospirenone) Product Information. 3. Palacios S *et al. Eur J Contracept Reprod Health Care* 2020;25(3):221-27. 4. Therapeutic Guidelines: Sexual and Reproductive Health, Contraception www.tg.org.au. Accessed December 2024. 5. Apter D *et al. Contraception* 2020;101(6):412-419. 6. The Faculty of Sexual & Reproductive Healthcare, UK Medical Eligibility Criteria for Contraceptive Use (UKMEC). Available at: <https://www.fsrh.org/Public/Public/Standards-and-Guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec.aspx> Accessed December 2024. 7. Archer D *et al. Contraception* 2015;92(5):439-444. 8. Palacios S *et al. Acta Obstet Gynecol Scand* 2019;98(12):1549-57. 9. Palacios S *et al. BMC Women's Health* 2020;20:218. 10. Paton DM. *Drugs of Today* 2020;56(5):321-28. 11. Regidor PA *et al. Gynecol Endocrinol* 2016;32(9):749-51.

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progesterone-only preparations; discontinue Slinda with pregnancy, symptoms of thrombosis, jaundice, sustained hypertension; consider discontinuation with prolonged immobilisation; decreased estradiol levels may affect bone metabolism; breast cancer risk may be similar to that associated with COC use; rare cases of liver tumours with hormonal contraceptive use; new amenorrhoea or abdominal pain may indicate ectopic pregnancy; monitor for altered insulin and glucose tolerance in diabetic patients, mood and depressive symptoms; changes in menstrual bleeding and chloasma may occur. Clinically significant interactions: enzyme-inducing drugs can lead to contraceptive failure and/or breakthrough bleeding, patients on long-term treatment are advised not to use Slinda; certain medications increase clearance of contraceptive hormones (e.g. barbiturates, bosentan, carbamazepine, phenytoin, rifampicin); HIV/HCV medications can alter progestin concentrations; CYP3A4 enzyme inhibitors such as azole antifungals, verapamil, macrolides, diltiazem and grapefruit juice can increase plasma progesterone concentrations; Slinda may affect cytochrome P450 metabolism of other active substances (e.g. cyclosporine, lamotrigine); monitor for hyperkalaemia with use of potassium-sparing medicines. Very common and common adverse effects: acne, changes in menstrual bleeding (metrorrhagia, vaginal haemorrhage, dysmenorrhoea, menstruation irregular), headache, breast pain, libido and mood changes, nausea, abdominal pain, weight increased (see full PI). Dosage and method of use: tablets must be taken orally the same time each day without a break in daily tablet intake; 7 days of uninterrupted tablet intake is required to attain adequate contraception; contraceptive protection is not reduced if a patient is less than 24 hours late in tablet intake; management of missed tablets (more than 24 hours late) is dependent on stage of menstrual cycle (see full PI); consider additional contraceptive measures with gastrointestinal disturbances. Refer to Full Product Information before prescribing. Slinda® is a registered trademark of Chemo Research, S.L. Besins Healthcare Australia Pty Ltd. ABN 68 164 882 062. Suite 5.02, 12 Help St, Chatswood NSW 2067. Office phone (02) 9904 7473. For medical information call 1800 BESINS (237 467). www.besins-healthcare.com.au SLI-2385 March 2025.

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By your side, for life

PBS
LISTED
1st of May¹



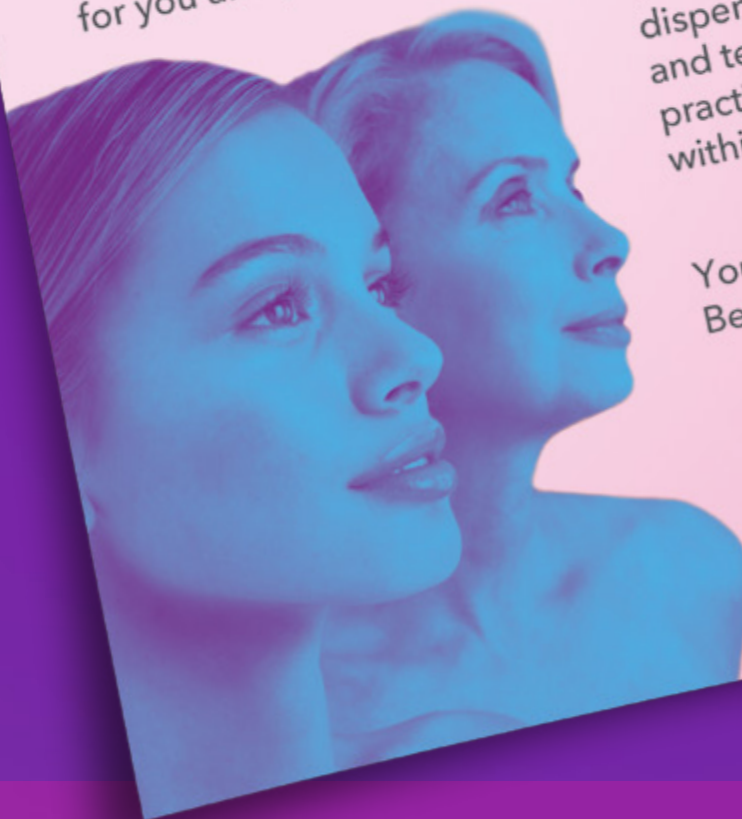
IMPORTANT INFORMATION FOR PHARMACISTS

Dear Pharmacist,
Slinda® (drospirenone 4mg) will be available on the PBS
from the 1st of May 2025. An exciting step forward
for patients, with estrogen free oral contraception, now
accessible for MORE* women from teens to menopause.²⁻⁶
*UKMEC guidelines show fewer contraindications and precautions with progestogen-only pills compared to
combined oral contraceptives.^{4,6}

Due to the speed at which the PBS listing was granted,
there are some important practice points that you will
need to be aware of, to ensure a smooth transition
for you and your patients.

Please inform all the
dispensing pharmacists
and technicians in your
practice of the information
within this advert.

Yours sincerely,
Besins Healthcare Australia



PBS Information: This product will be listed on the PBS from the 1st of May 2025. Please refer to the PBS schedule for more details.

Please review Product Information before prescribing. The Product Information can be accessed at besins-healthcare.com.au/PI or telephone 1800 BESINS (237 467).

Abbreviations: CI, confidence interval; UKMEC, UK Medical Eligibility Criteria for Contraceptive Use. **References:** 1. Pharmaceutical Benefits Scheme. Available at www.pbs.gov.au Accessed April 2025. 2. Slinda (drospirenone) Product Information. 3. Palacios S et al. Eur J Contracept Reprod Health Care 2020;25(3):221-27. 4. Therapeutic Guidelines: Sexual and Reproductive Health, Contraception www.tg.org.au. Accessed December 2024. 5. Apter D et al. Contraception 2020;101(6):412-419. 6. The Faculty of Sexual & Reproductive Healthcare. UK Medical Eligibility Criteria for Contraceptive Use (UKMEC). Available at: <https://www.fsrh.org/Public/Public/Standards-and-Guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec.aspx> Accessed December 2024.

SLINDA® (drospirenone) Minimum Product Information. Indication: Contraception. Contraindications: active venous thromboembolic disorder; presence or history of severe hepatic disease with abnormal liver function values; severe renal insufficiency or acute renal failure; known or suspected sex-steroid sensitive malignancies; undiagnosed vaginal bleeding; hypersensitivity to active substance or any excipients. Clinically significant precautions: a complete medical history should be taken and pregnancy excluded, patients should be counselled that contraceptives do not protect against HIV or STIs; efficacy can be reduced with missed pills and gastrointestinal disturbances;

What you need to know

Slinda (drospirenone 4mg) will be reimbursed as a 4-month pack from the 1st of May when it is listed on the PBS.

The manufacturing of the 4-month pack will take some time to activate and reach your stores (4-month pack available to order from approximately 1st October 2025).

Until that time a 4-month supply can be dispensed using existing 1 and 3 cycle packs, by splitting and combining packs to make the required number of cycles (4).

When repackaging Slinda for your patients please include the following items:



- Batch number and expiry date of any additional blisters
- Slinda Consumer Medicine Information (CMI)
- Slinda pill envelope and sticker sheet

It remains good practice to amend the pack quantity (annotate to 4 months) once the repack has occurred

Slinda is available now from all wholesalers with the following order codes:

	WHOLESALE ORDER NUMBERS				
	Symbion	Sigma	API	CH2	National Pharmacies
SLINDA 1x28	941131	10028832	68607	2541759	2131054
SLINDA 3x28	941123	10028833	68609	2541775	2131055



Find out more

Scan the QR code for further information and patient resources. If you have any questions regarding the process above, contact your pharmacy wholesaler or Besins Healthcare.

hyperkalaemia (monitor serum potassium levels in patients presenting with renal insufficiency and pre-treatment potassium in upper reference range); risk of stroke and VTE may be slightly increased with progestogen-only preparations; discontinue Slinda with pregnancy, symptoms of thrombosis, jaundice, sustained hypertension; consider discontinuation with prolonged immobilisation; decreased estradiol levels may affect bone metabolism; breast cancer risk may be similar to that associated with COC use; rare cases of liver tumours with hormonal contraceptive use; new amenorrhea or abdominal pain may indicate ectopic pregnancy; monitor for altered insulin and glucose tolerance in diabetic patients, mood and depressive symptoms; changes in menstrual bleeding and chloasma may occur. Clinically significant interactions: enzyme-inducing drugs can lead to contraceptive failure and/or breakthrough bleeding, patients on long-term treatment are advised not to use Slinda; certain medications increase clearance of contraceptive hormones (e.g. barbiturates, bosentan, carbamazepine, phenytoin, rifampicin); HIV/HCV medications can alter progestin concentrations; CYP3A4 enzyme inhibitors such as azole antifungals, verapamil, macrolides, diltiazem and grapefruit juice can increase plasma progestogen concentrations; Slinda may affect cytochrome P450 metabolism of other active substances (e.g. cyclosporine, lamotrigine); monitor for hyperkalaemia with use of potassium-sparing medicines. Very common and common adverse effects: acne, changes in menstrual bleeding (metrorrhagia, vaginal haemorrhage, dysmenorrhea, menstruation irregular), headache, breast pain, libido and mood changes, nausea, abdominal pain, weight increased (see full PI). Dosage and method of use: tablets must be taken orally the same time each day without a break in daily tablet intake; 7 days of uninterrupted tablet intake is required to attain adequate contraception; contraceptive protection is not reduced if a patient is less than 24 hours late in tablet intake; management of missed tablets (more than 24 hours late) is dependent on stage of menstrual cycle (see full PI); consider additional contraceptive measures with gastrointestinal disturbances. Refer to Full Product Information before prescribing. Slinda® is a registered trademark of Chemo Research, S.L. Besins Healthcare Australia Pty Ltd. ABN 68 164 882 062. Suite 5.02, 12 Help St, Chatswood NSW 2067. Office phone (02) 9904 7473. For medical information call 1800 BESINS (237 467). www.besins-healthcare.com.au SLI-2389 April 2025.

Enhancing Healthcare for Australian Patients Through

BIOSIMILAR MEDICINES

A

A 70% uptake rate of biosimilar medicines in Australia could save the Federal government up to \$75 million across 5 years per biosimilar molecule¹. This potential saving highlights a critical opportunity for policy reform that cannot be ignored.

General Manager Australia
and New Zealand, Sandoz

Words | Clint Holland



Sandoz is at the forefront of improving patient access to healthcare by focusing on affordability, accessibility, and sustainability. We provide high-quality generic and biosimilar medicines to patients in Australia and New Zealand, making treatments more affordable and accessible.

As a market leader in biosimilar medicines and generics both globally and in Australia & New Zealand², we have a unique perspective on the transformative impact of biosimilar medicines on healthcare systems. Since 2006, when Sandoz developed the world's first biosimilar in Europe, we have been at the forefront of change, leading the charge and driving innovation and conversations around biosimilar medicines⁵.

The current cost-of-living crisis, supply chain constraints, and potential tariffs on pharmaceutical exports to the United States underscore the need for policy shifts that increase biosimilar uptake in Australia to the levels observed in other Organisation for Economic Co-operation and Development (OECD) countries. With a federal Election on the horizon, we are at a pivotal moment to call for policy reform that would benefit patients, pharmacists, clinicians, industry, and the wider healthcare system.



"THIS SHIFT TOWARDS BIOSIMILAR MEDICINES IS NOT MERELY A FINANCIAL DECISION BUT A CRUCIAL STEP TOWARDS ENSURING EQUITABLE HEALTHCARE ACCESS FOR EVERY AUSTRALIAN."

The economic and health benefits associated with increased biosimilar uptake are evident. When compared to mandatory prescribing countries, biosimilar medicines are proven to further increase access for patients and contribute to managing patients with chronic diseases⁴. From a patient's perspective, more affordable medicines can lead to better medicine adherence, benefitting all Australians. This shift towards biosimilar medicines is not merely a financial decision but a crucial step towards ensuring equitable healthcare access for every Australian.

Pharmacists play a pivotal role in the successful uptake of biosimilar medicines, acting as key advocates for affordable and accessible healthcare, with 77% of Australians trusting that pharmacists tell the truth about health issues and how best to protect the health of Australians⁵. By educating patients about the benefits of biosimilar medicines and providing guidance on their use, pharmacists can help drive adoption and support medication adherence, leading to more consistency. In rural and regional communities, where pharmacists often have expanded scopes of practice, biosimilar medicines offer a crucial tool for improving patient care and managing cost margins, essentially enabling pharmacists to serve more patients effectively.

Our healthcare system's financial viability is a standout focal point in the lead up to the Federal Election. Over the last few weeks, media reports have covered both political parties' strategies' to strike the balance between quality care for Australians and fiscal responsibility⁶. Sustainable pricing models and policies that promote the use of biosimilar medicines, leading to Pharmaceutical Benefits Scheme (PBS) savings, can further enhance patient access to medicines by allowing the Australian Government to subsidise more treatments. This reinvestment of savings into new healthcare innovations will benefit Australian patients, driving forward a healthcare system that is both sustainable and innovative.

Whilst the 2025 Federal Budget outlines a number of measures to prioritise immediate financial relief for Australians, long-term solutions are also needed for sustainability. A more strategic and structured opportunity lies in reforming healthcare policy to drive greater uptake of cost-saving medicines like biosimilar medicines. Doing so would not only provide ongoing savings for the PBS but also allow for the reallocation of funds to accelerate access to yet-to-be-funded innovative therapies.

Both globally and locally, Sandoz is working to expand access for patients through the Act4Biosimilars Action Plan. This plan aims to increase global biosimilar adoption by at least 30 percentage points in 30+ countries by 2030⁷. Within Australia, the economic rationale for increased biosimilar adoption is clear: a 70% uptake of biosimilar medicines could save the Government \$75 million across 5 years per biosimilar molecule⁸, subsequently alleviating some of the pressure on the PBS and the broader healthcare system.

Encouraging the use of biosimilar medicines through policy changes would enhance Australia's global competitiveness and ensure a sustainable healthcare system. The savings generated through increased and sustainable uptake of biosimilar medicines could fund new medicines and innovative treatments. While the OECD average time to fund new medicines is 384 days, Australia currently takes an average of 466 days from registration to reimbursement. Sustainable biosimilar uptake could reduce this time to fund new medicines, further expanding access for Australian patients.

At Sandoz, we believe the time is now for policy change and we must act so we can reap the multiple societal, economic and healthcare benefits associated with increased biosimilar uptake in Australia. It is through encouraging patients & prescribing clinicians, introduction of co-payment reduction for patients already using biosimilar medicine, simplifying the prescribing process for new patients, (just to name a few) that increase broader access to biosimilar medicines. Sandoz, the Federal Government, and leading industry voices all have important roles to play in shaping a more sustainable and equitable healthcare system for all Australians.



Clint Holland

General Manager Australia and New Zealand, Sandoz

THE 30-PLANT RULE

A Simple Strategy to Improve Patient Outcomes

In the vast landscape of nutritional advice, recommendations to increase the consumption of fruits, vegetables, whole grains, and lean proteins are well-known. While these recommendations are crucial, one often-overlooked aspect is dietary diversity.



While the quality of the foods we consume is undeniably important, it is equally important to consider the variety of foods consumed weekly. Many people fall into repetitive eating patterns, consuming a limited range of foods day after day, a practice that we now know can have significant consequences for health.

As research on gut health advances, we are gaining deeper insights into how a monotonous diet can negatively affect our well-being. Evidence indicates that a lack of dietary diversity can significantly reduce the diversity of the gut microbiota, the beneficial microorganisms essential in digestion, immunity, and overall health. A reduction in microbial diversity has been linked to various health conditions including, digestive disorders, immune dysfunction, systemic inflammation, neurological conditions and mental health disturbances.¹

For healthcare professionals, understanding the importance of microbial diversity is essential. In many cases, promoting dietary diversity may serve as a simple yet effective complementary strategy to enhance patient outcomes and support long-term health.



“CURRENT EVIDENCE POINTS TO MICROBIAL DIVERSITY—BOTH THE VARIETY OF SPECIES AND THEIR BALANCED DISTRIBUTION—AS A KEY INDICATOR OF A HEALTHY MICROBIOME.”

The Importance of Microbiome Diversity

While the precise composition of an “ideal” gut microbiome remains a subject of ongoing research, current evidence points to microbial diversity—both the variety of species and their balanced distribution—as a key indicator of a healthy microbiome. The microbiome functions as a dynamic, integrated system in which a wide diversity of microbes, including both beneficial ‘commensal’ species and potentially harmful ‘pathobiont’ species, interact to maintain balance and promote health.^{1,2}

Commensal bacteria play crucial roles in the production of key metabolites, including vitamins, amino acids, neurotransmitters and short-chain fatty acids (SCFAs) such as butyrate, acetate and propionate.³⁻⁵ These metabolites are essential for various physiological processes, including digestion, metabolism, energy production and intestinal health. Additionally, these metabolites help facilitate communication with both the immune system and the brain, influencing key aspects of overall health.⁶

However, when the balance of the microbiome shifts too far in favour of pathobiont species, the production of less favourable metabolites, such as trimethylamine (TMA) and hexa- lipopolysaccharides (hexa-LPS), may become more prevalent.⁷ This imbalance may lead to various health issues, including chronic inflammatory diseases, metabolic disorders, and even neurological issues.

The health benefits of a diverse microbiome, rather than the presence of any single microorganism, are well-documented. For example, a study comparing the gut microbiomes of nonagenarians and centenarians from both Italy and China with age-matched controls (individuals of similar age who do not exhibit exceptional longevity) found that despite vast differences in specific strains due to their varied diets, the elderly individuals shared a key characteristic: greater microbiome diversity. This increased diversity is thought to promote the production of beneficial metabolites, which plays a crucial role in their health and longevity.⁸

Further supporting this concept, research on the resilience of diverse microbiomes has shown that a microbiome consisting of a broad variety of species is more adaptable and better able to resist pathogenic invaders. A study by the University of Oxford investigated the ability of 100 different gut bacteria strains to inhibit the growth of harmful pathogens. The results showed that while individual strains exhibited limited effectiveness, combinations of up to 50 species provided significantly greater protection.⁹ This “community protection effect” has been demonstrated in other preclinical studies, further highlighting the critical role that microbiome diversity plays in supporting long term health.

The 30 Plants Per Week Initiative

One of the most compelling studies on microbiome diversity comes from the American Gut Project, which analysed microbial sequencing data from over 15,000 stool samples across the United States, United Kingdom, and Australia. The study found that individuals who consumed at least 30 different plant foods per week had a significantly more diverse microbiome compared to those with a more limited dietary variety. This increased diversity was also associated with a greater variety of beneficial metabolites.¹⁰

The effect of dietary diversity on microbiome composition is largely driven by the unique prebiotics provided by different plant foods. Prebiotics are non-digestible fibres that nourish specific gut bacteria, and consuming a wide variety of plant foods ensures that a broader range of microbial species is supported.¹¹ Interestingly, the study found that the diversity of plant foods consumed had a stronger influence on microbiome composition than broader dietary patterns, such as veganism or vegetarianism.

Based on these findings, experts now recommend consuming at least 30 different plant foods per week. This includes a wide variety of fruits, vegetables, legumes, nuts, seeds, and whole grains, all of which contribute distinct prebiotics to the diet. This strategy is not simply about eating more fruits and vegetables, but about incorporating a broader variety of plant-based foods into the diet. By doing so, individuals can provide a more diverse range of prebiotics, ultimately helping to cultivate a more diverse microbiome.

The Impacts of a Monotonous Diet

Since different microbiota have different preferred fuel sources, it is no surprise that a lack of dietary variety can lead to microbial imbalances. This imbalance is especially evident in individuals who follow the typical Western diet, which is high in processed foods, as well as in those following seemingly healthy diets that lack variety. In both cases, the limited dietary diversity creates an environment where opportunistic pathobionts can thrive. A condition known as dysbiosis.

Dysbiosis is characterized by a low diversity of microbial species and an overgrowth of a single species or a small group of species. This imbalance reduces the microbiome's resilience, making it less able to adapt to disturbances or environmental changes. As a consequence, the production of beneficial metabolites, like SCFAs, is diminished, while harmful compounds, such as TMA and hexa-LPS, may be overproduced.^{2,7}

The health implications of dysbiosis are wide-ranging. It has been associated with various diseases, including inflammatory bowel diseases (IBD), obesity, metabolic syndrome, neurological disorders, and immune dysfunction. Notably, the gut microbiota of individuals with chronic conditions such as cardiovascular disease, cancer, chronic respiratory diseases, and type 2 diabetes often show reduced microbial diversity compared to healthier individuals.¹² In addition, age-related declines in health are frequently accompanied by a decrease in microbiome diversity, which may contribute to the increased vulnerability of older adults to infections and chronic diseases.⁸

Conclusion

Poor gut health can place a significant burden on healthcare systems. Increasing awareness of the importance of dietary diversity can be beneficial for improving long-term health outcomes. By emphasising both the quality and variety of the foods consumed, a more diverse and resilient gut microbiome can be fostered, ultimately supporting better overall health. For patients interested in improving their microbial diversity, consulting a dietitian for personalised guidance can be recommended.



CONTINUING PROFESSIONAL DEVELOPMENT

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.

Note: Pharmacists will be required to join the College as a member or subscriber to be able to submit answers to these assessments.



ASSESSMENT Q'S | P.67

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Is it a UTI or STI?

- Identify overlapping and differentiating symptoms of a UTI and a STI
- List the risk factors associated with UTIs and common STIs
- Identify UTI and STI red flags and appropriate circumstances of when to refer



ASSESSMENT Q'S | P.68

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Business Consideration For Implementing Full Scope of Practice In Community Pharmacy

- Identify key considerations for business owners when delivering new services including remuneration
- Recognise the importance of training and retaining pharmacy staff when delivering full scope services
- Recall infrastructure requirements for delivery of expanded scope services in pharmacy

IS IT A UTI OR STI?

S Several STIs, including chlamydia, gonorrhoea, and trichomoniasis, can have overlapping signs and symptoms similar to a UTI, such as painful or burning urination, increased frequency or urgency, and lower abdominal discomfort, which can potentially lead to a misdiagnosis. As such, it is important that pharmacists recognise overlapping signs and symptoms and be alert for STI red flags enabling timely identification and appropriate referral for patients presenting with urinary concerns who may have underlying STIs.





Learning Objectives

After completing this activity, pharmacists should be able to:

- Identify overlapping and differentiating symptoms of a UTI and a STI
- List the risk factors associated with UTIs and common STIs
- Identify UTI and STI red flags and appropriate circumstances of when to refer

Introduction⁶

In Australia acute uncomplicated UTI can be diagnosed and treated with antibiotics by an authorised pharmacist in some jurisdictions. STIs in Australia are also on the rise. Between 2015 and 2019, STI notification rates increased by 17% for chlamydia, almost 79% for gonorrhoea and 95% for infectious syphilis.

What is a Urinary Tract Infection?^{1,2,3}

A urinary tract infection (UTI) is an infection that occurs in any part of the urinary system. Most UTIs involve the lower urinary tract—typically the bladder (cystitis) and urethra (urethritis).

UTIs are commonly caused by bacteria. Most UTIs are caused by normal bacterial flora from the bowel, vagina or perineum entering the urinary tract through the urethra. *Escherichia coli* (*E. coli*) is the most common pathogen, causing up to 95% of UTIs in Australia.

About 250,000 Australians experience a UTI each year. Women are more likely to experience a UTI than men, with 1 in 3 women developing a UTI compared to 1 in 20 men developing a UTI during their lifetime. Almost 1 in 3 women will develop a UTI requiring medical intervention to treat a UTI before the age of 24.



AUSTRALIA

Competency standards addressed:

1.5, 2.1, 2.2, 2.3, 3.1, 3.2, 3.5



Accreditation Number: A2505AUP1

Expires: 28/2/2027

This activity has been accredited for 0.75 hr of Group 1 CPD (or 0.75 CPD credit) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 0.75 hr of Group 2 CPD (or 1.5 CPD credits) upon successful completion of relevant assessment activities.

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.

SYMPTOMS OF A UTI

A UTI can be asymptomatic, however asymptomatic UTI is more common in the elderly. Symptoms of a UTI may include:

- Increased urinary urgency
- Increased urinary frequency
- Pain, dysfunction or a burning sensation during urination (dysuria)
- Lower abdominal or pelvic discomfort
- Cloudy urine
- Dark or bloody urine (haematuria)
- Strong-smelling urine
- Feeling of incomplete bladder emptying or sensation of bladder fullness
- General malaise or fever, nausea and vomiting (typically associated with more severe or upper urinary tract involvement)
- Pain in the sides, back, below the ribs and above the pelvis (referred flank pain – typically associated with upper urinary tract involvement)

RISK FACTORS FOR DEVELOPING UTIS

- **Female anatomy:** Women are more susceptible to UTIs as they have a shorter urethra, which provides bacteria easier access to the bladder as there's less distance to travel
- **Sexual activity:** Being sexually active can increase the risk of developing a UTI. In addition a new sexual partner may also increase the risk
- **Menopause:** A decline in circulating oestrogen can cause changes in the urinary track, increasing the risk
- **Urinary tract abnormalities or obstructions:** Medical problems with urinary tract, kidney stones, polycystic kidneys or an enlarged prostate can trap urine in the bladder increasing the risk of developing a UTI
- **Medical conditions:** For example being immunocompromised, diabetes, renal failure, pregnancy
- **Medical devices:** Such as catheters or using a contraceptive diaphragm or spermicide gels
- **Medicines:** Such as the oral contraceptive pill, recent antibiotic use, SGLT2 inhibitors

DIAGNOSIS

For non-pregnant patients with acute non-recurrent uncomplicated UTI, antibiotic treatment can be commenced based on symptoms alone. Antibiotics can be initiated by a pharmacist in some jurisdictions where the pharmacist has been authorised to do so.

For patients that do not fall into the above category, urine culture and susceptibility testing can help confirm the diagnosis. Diagnosis typically involves analysis of urine samples (urinalysis) and possibly urine culture to identify the causative organism and appropriate antibiotic therapy.

TREATMENT

Most UTIs are effectively treated with antibiotics, and early treatment is important to prevent complications such as kidney infection (pyelonephritis). Additionally, patients are often advised to increase fluid intake and may benefit from analgesics for symptom relief.

PREVENTION MEASURES

- Adequate fluid intake
- Urinating regularly, including after sexual intercourse
- Proper hygiene practices
- Avoiding potentially irritating feminine hygiene products

Prompt diagnosis and treatment are essential to prevent serious complications, particularly in vulnerable populations such as the elderly or immunocompromised patients.

ANTIMICROBIAL RESISTANCE

The rise of antimicrobial resistance has made UTIs more challenging to treat, leading to increased hospital admissions and longer hospital stays.

These statistics underscore the substantial prevalence and impact of UTIs in Australia, highlighting the importance of effective prevention, timely diagnosis, and appropriate treatment strategies. Urinary tract infections (UTIs) are a significant health concern in Australia, affecting a substantial portion of the population annually.



What is a Sexually Transmitted Infection (STI)?^{4,5,6}

Sexually Transmitted Infections (STIs) are infections transmitted from person to person via sexual activity, including anal, vaginal, or oral sex through blood, semen, vaginal and other bodily fluids. STIs can also be transmitted in other ways, for example during pregnancy, childbirth or breastfeeding, skin to skin contact, blood transfusions or shared needles.

Approximately 16% of Australians have had at least one STI. More than 1 million curable STIs are acquired every day worldwide in people aged 15 to 49 years of age.

STIs can be bacterial (e.g., *Chlamydia trachomatis*, *Neisseria gonorrhoeae*), viral (e.g., herpes simplex virus, human papillomavirus), or parasitic (e.g., *Trichomonas vaginalis*).

Sexually transmitted infections (STIs) may directly affect sexual and reproductive health by contributing to stigma, infertility, certain cancers, and pregnancy-related complications, as well as by increasing the risk of HIV infection.

Some common examples of STIs include:

- **Bacteria:** Chlamydia, gonorrhoea, syphilis
- **Parasites:** Trichomoniasis
- **Viruses:** Herpes simplex virus, human immunodeficiency virus (HIV), human papillomavirus (HPV)

SYMPTOMS OF AN STI

STIs can be asymptomatic. A person can get a STI from a person who may not know that they have an STI.

- Painful or burning urination (dysuria)
 - Dysuria is commonly seen in chlamydia and gonorrhoea
- Urethral, vaginal, or rectal discharge
 - Discharge can be purulent in gonorrhoea and watery in chlamydia
- Genital ulcers or sores
 - Can be seen in herpes simplex virus and syphilis
- Lower abdominal pain or pelvic pain
- Abnormal vaginal bleeding
 - Postcoital or intermenstrual bleeding in chlamydia or gonorrhoea
- Testicular pain or swelling
 - Epididymo-orchitis associated with chlamydia or gonorrhoea
- Swollen inguinal lymph nodes
- Pain during intercourse (dyspareunia)
- Fever
- Rash over the trunk, hands or feet

Symptoms may present anywhere from a few days to years after exposure so it is important that the possibility of an STI is considered when symptoms are present.

RISK FACTORS FOR STIS:

- Age
 - STIs are more common in people aged 15 to 24 years of age
- Unprotected sexual activity
 - The risk of getting an STI is increased during unprotected vaginal, anal or oral sex with an infected partner that isn't wearing a barrier, such as a latex or polyurethane condom, or a latex or silicone dental dam
- Multiple sexual partners
- Previous STI history
- Use of barrier contraception inconsistently
- Intravenous drug use
- Immunocompromised status



“APPROXIMATELY 16% OF AUSTRALIANS HAVE HAD AT LEAST ONE STI. MORE THAN 1 MILLION CURABLE STIS ARE ACQUIRED EVERY DAY WORLDWIDE IN PEOPLE AGED 15 TO 49 YEARS OF AGE.”



Is it a UTI or STI?^{6,7,8,9}

Several sexually transmitted infections (STIs), such as chlamydia, gonorrhoea, and trichomoniasis, present with symptoms that closely resemble those of urinary tract infections (UTIs). These overlapping signs include painful or burning urination, increased urinary frequency or urgency, and lower abdominal discomfort, which may result in diagnostic confusion.

Therefore, it is essential for pharmacists to be aware of these overlapping symptoms and be vigilant in identifying potential indicators of STIs. Recognising these red flags enables pharmacists to facilitate timely identification and ensure appropriate referral for patients presenting with urinary symptoms who may have an underlying STI.

CHLAMYDIA

Chlamydia, a bacterial STI, is the most reported communicable disease in Australia. Chlamydia presents with no symptoms in 85–90% of people infected. People aged under 30 are at greatest risk.

If left untreated, chlamydia can lead to various complications such as pelvic inflammatory disease (PID), infertility, pregnancy complications (ectopic pregnancy, low-birthweight, preterm delivery).

Chlamydia is simple to test and can be effectively and easily treated with doxycycline or azithromycin. Previous exposure to chlamydia does not provide immunity to a new chlamydia infection.

- Symptoms that overlap with a UTI:** It can cause painful urination, a burning sensation, and increased frequency or urgency, which are all symptoms that can be mistaken for a UTI.
- Chlamydia red flags:** Change in vaginal discharge and irregular bleeding or pelvic pain, especially during or after vaginal sex.

GONORRHOEA

Gonorrhoea is another common bacterial STI. Vaginal gonorrhoea is the most common form of gonorrhoea and is asymptomatic in 80% of cases. Penile urethral gonorrhoea is asymptomatic in 85–90% of cases, and anal and pharyngeal (oral) gonorrhoea is almost always asymptomatic.

If left untreated, gonorrhoea can lead to various complications such as pelvic inflammatory disease, epididymo-orchitis (painful, red swollen testicle/s), prostatitis, disseminated disease (macular rash that may include necrotic pustules and/or septic arthritis), meningitis, endocarditis.

Gonorrhoea is most frequently diagnosed among men who have sex with men, young heterosexual Aboriginal and Torres Strait Islander people residing in remote and very remote regions, and travellers returning from areas overseas with high gonorrhoea prevalence. However, its prevalence is rising within the general population, particularly among women of reproductive age. Prior gonorrhoea infection does not confer immunity against future gonorrhoea infections. Decreasing susceptibility to first-line treatments is emerging in urban areas of Australia, necessitating close monitoring.

- **Symptoms that overlap with a UTI:** It can cause discomfort or painful urination (dysuria).
- **Gonorrhoea red flags:** Unusual discharge from the penis, vagina or anus, a sore, dry throat, redness around the opening of the penis.

TRICHOMONIASIS

Trichomoniasis, a parasitic infection, is more common in people with vaginas who are older and/or live in remote areas. It is especially more common in Aboriginal and Torres Strait Islander people and street-based sex workers. Up to 50% of vaginal infections are asymptomatic and urethral infections are usually asymptomatic. Trichomoniasis can be associated with prostatitis, premature rupture of the membranes, pre-term delivery, low birth weight and post-partum sepsis.

- **Symptoms similar to a UTI:** It can cause painful urination
- **Trichomoniasis red flags:** Frothy yellow-green vaginal discharge, unpleasant vaginal odour, itching and burning vulva and/or vagina, discharge from the penis.

OTHER STIS THAT HAVE SYMPTOMS THAT CAN OVERLAP WITH UTIS

While less common, other STIs like herpes and mycoplasma genitalium can also cause symptoms that overlap with UTIs, such as pain on urination.

Table 1: STI versus UTI symptoms overlap

Clinical Features	UTI	Chlamydia	Gonorrhoea	Trichomoniasis
Painful urination (dysuria)	✓	✓	✓	✓
Increased urinary frequency or urgency	✓	✓	✓	✓ (Less common)
Lower abdominal or pelvic discomfort	✓	✓	✓	✓ (Less common)
Cloudy or strong-smelling urine	✓			
Flank pain	✓ (Associated with upper UTI)	✓ (Less common)	✓ (Less common)	
Genital discharge		✓	✓	✓
Unpleasant vaginal odour		✓ (Less common)	✓ (Less common)	✓
Pain during sexual intercourse		✓ (Possible)	✓ (Possible)	✓ (Possible)
Irregular vaginal bleeding		✓ (Possible)	✓ (Possible)	

WHY IT'S IMPORTANT TO DIFFERENTIATE

- **Different treatments:** UTIs are typically treated with antibiotics, while STIs require different treatments, often also involving antibiotics, but sometimes antivirals or other medications.
- **Preventing complications:** Untreated STIs can lead to serious complications, including pelvic inflammatory disease (PID), infertility in both men and women, meningitis, endocarditis.
- **Preventing further transmission:** STIs can be transmitted through sexual contact, so it's important to get tested and treated promptly to prevent further transmission to sexual partners.

Distinguishing between a urinary tract infection (UTI) and a sexually transmitted infection (STI) can be challenging, as both conditions often present with similar symptoms. These symptoms may include:

- Dysuria (painful or difficult urination)
- Increased urinary frequency and urgency
- Lower abdominal or pelvic discomfort
- Cloudy or unusual-smelling urine

However, there are some key points pharmacists may consider when differentiating between the two:

Typical features suggestive of a UTI:

- Sudden onset of symptoms
- Symptoms predominantly urinary-related (frequent urination, urgency, burning sensation)
- Usually no vaginal or penile discharge
- Often absence of sexual risk factors or recent unprotected sexual contact

Typical features suggestive of an STI:

- Presence of genital discharge (vagina, penis or anus)
- Pain or discomfort during sexual intercourse
- Recent history of unprotected sexual activity or multiple sexual partners
- Symptoms possibly developing more gradually
- Additional symptoms such as genital sores or irritation



ROLE OF THE PHARMACIST IN DIFFERENTIATING BETWEEN A UTI AND STI

Pharmacists play a crucial role in identifying patients who may be at risk of an STI when presenting symptoms typical of a UTI or other common urogenital complaints, such as thrush.

Pharmacists should maintain an awareness of the overlapping presentations of UTIs and STIs and take advantage of opportunities to counsel patients, ensuring they receive accurate diagnosis, appropriate management, and effective treatment.

For some STIs, a person may present with symptoms many years after the initial infection. This may cause significant confusion and distress, especially for people who have been in a monogamous relationship, who may fear that their partner has not remained monogamous. Pharmacists need to be mindful that we could inadvertently cause distress in these situations.

By sensitively inquiring about sexual history and other related symptoms, pharmacists can provide appropriate advice, education, recommend timely referral to a healthcare provider for diagnosis and testing, and thus positively impact patient outcomes.

QUESTIONS A PHARMACIST CAN ASK TO ASSIST IN DIFFERENTIATING BETWEEN A UTI AND STI

Given that both UTIs and STIs can present with dysuria, increased urinary frequency, and pelvic discomfort, misdiagnosis is common.

Questions that can assist a pharmacist to differentiate between a UTI and STI include:

Symptom-related questions:

Can you describe your current symptoms?

- **UTI:** Frequent, urgent urination; burning sensation while urinating; cloudy, strong-smelling, or blood-tinged urine; lower abdominal or pelvic discomfort.
- **STI:** Genital itching; abnormal discharge (colour, consistency, odour); pain during intercourse; genital sores or lesions; burning sensation on urination, particularly accompanied by discharge. Genital discharge, if present, strongly suggests an STI (or thrush) rather than a simple UTI.

How long have these symptoms been present?

- **UTI:** Symptoms often acute onset (hours to days).
- **STI:** Symptoms may present acutely but can sometimes persist or progress slowly over days to weeks.

Have you had similar symptoms previously?

- **UTI:** Patient may report previous UTIs that resolved with antibiotics.
- **STI:** May indicate previous STI diagnosis, or recurrence of symptoms similar to a UTI despite prior treatment.

Sexual history questions:

Have you had unprotected sexual intercourse, a new sexual partner recently or multiple sexual partners?

- **UTI:** Recent sexual activity can predispose to a UTI
- **STI:** Higher suspicion if reporting recent unprotected sexual activity, new partner(s), or multiple partners.

Has your partner reported similar symptoms recently?

- **UTI:** Partner usually asymptomatic.
- **STI:** Partner may report similar symptoms, including discharge, pain, or lesions.

Have you previously been diagnosed with or treated for an STI?

- **UTI:** Less relevant; patient may not have a history of STIs.
- **STI:** History of previous STI diagnosis or treatment can increase risk of subsequent STI

Medical history questions:

Do you have underlying medical conditions (e.g., diabetes, kidney problems, immunodeficiency)?

- **UTI:** Chronic conditions like diabetes or immunodeficiency increase susceptibility to recurrent UTIs.
- **STI:** Usually unrelated to chronic medical conditions but may increase risk of complications.

Are you currently pregnant?

- **UTI:** Higher risk of developing UTIs during pregnancy.
- **STI:** Note that untreated STI can cause serious complications for mother and baby.

Have you recently travelled? (e.g. overseas or areas known for higher STI rates)?

- **UTI:** Recent travel less relevant
- **STI:** Recent travel to regions of high STI prevalence increases suspicion of STI.

Using this structured questioning approach, pharmacists can better assess whether symptoms align more closely with a UTI or an STI, facilitating timely referral and appropriate clinical management.

When to Refer – Red Flags

There are some diffuse symptoms that may warrant a referral for further investigation. These symptoms may be associated with an STI, a severe infection, or they may be something else altogether – further investigation is appropriate.

- Symptoms indicative of complicated or severe infections, such as the presence of fever, chills, or flank pain that could indicate an upper UTI or advanced STI
- Persistent or recurrent UTIs
- Any suspicion of STI based on history and clinical presentation
- Vulnerable populations (pregnant women, immunocompromised patients, adolescents)
- Swelling or pain affecting the genitals
- Changes in menstrual cycle
- Persistent or painful symptoms such as discharge, inflammation, ulceration. Pharmacists must be aware that patients may refer to these symptoms as thrush but these symptoms, when considered with other STI risk factors and symptoms obtained during history taking, could indicate an STI
- A sexual partner has tested positive to an STI

REFERRAL PATHWAYS

Pharmacists should refer patients to:

- **General practitioners (GPs)** for persistent or complicated UTIs and suspected STIs
- **Sexual health clinics** for confidential STI screening and management
- **Emergency departments** for severe infections or suspected sepsis

Collaboration with GPs, sexual health clinics, and specialist providers enhances continuity of care and optimal health outcomes.

Differentiating UTIs from STIs requires pharmacists to apply clinical judgment, comprehensive knowledge of conditions, diagnostic skills, effective patient communication, and an understanding of public health implications. Pharmacists, through accurate assessment, appropriate counselling, timely intervention, and referrals, significantly contribute to improving patient care and reducing public health risks.



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Business Consideration For

IMPLEMENTING FULL SCOPE OF PRACTICE

In Community Pharmacy

Community pharmacies in Australia play a crucial role in healthcare, acting as the primary point of contact for many patients. Bridging primary and acute care, community pharmacies are vital for managing medicines, promoting health, preventing illness, and treating minor ailments. Our industry's expanding scope means pharmacists can further improve healthcare access, ease pressure on GPs and hospitals, enhance medication safety, and manage acute and some chronic conditions.





Learning Objectives

After completing this activity, pharmacists should be able to:

- Identify key considerations for business owners when delivering new services including remuneration
- Recognise the importance of training and retaining pharmacy staff when delivering full scope services
- Recall infrastructure requirements for delivery of expanded scope services in pharmacy

ABOUT THE AUTHOR

Jonathan is a community pharmacist based in Queensland and the Chief Pharmacist and business manager for Douglas Chemists, which has pharmacies in QLD, NSW and the ACT. He is currently enrolled in the *Graduate Certificate of Advanced Practice and Prescribing for Pharmacists* which is offered through James Cook University (JCU). Information included in this article is based on the author's experience. Opinions expressed by the author are those of the author and is not intended to endorse any institution.

Introduction

In Australia's regional and remote zones, over 28% of the population suffers from inadequate healthcare access and inferior health outcomes. An Australian Government report from August 2024, projected GP shortfalls of roughly 3,900 FTEs by 2028 and over 8,900 FTEs by 2048.¹ There is a massive and growing unmet demand for acute and chronic management of health conditions, particularly in these regional communities. Increased scope helps fulfill this need and reduces the disease burden in these regions.

State laws and healthcare funding models create different scopes of practice for pharmacists across states with all states except for Victoria having an ever-increasing scope (Figure 1). Although QLD is in a pilot phase until June 30, 2026, offering the broadest scope, NSW has announced that from this year, acute conditions will be "business as usual" with a regional/remote trial of chronic conditions. This now sets the standard for other states to legislate these services rather than introducing them as trials which is an exciting prospect.

AUSTRALIA

Competency standards addressed:

1.1, 1.3, 1.4, 3.1, 4.3, 4.4, 4.5, 4.6, 4.7



Accreditation Number: A2505AUP2

Expires: 28/2/2027

This activity has been accredited for 0.75 hr of Group 1 CPD (or 0.75 CPD credit) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 0.75 hr of Group 2 CPD (or 1.5 CPD credits) upon successful completion of relevant assessment activities.

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.

As a community pharmacist based in Queensland and currently enrolled in the Graduate Certificate of Advanced Practice and Prescribing for Pharmacists which is offered through James Cook University (JCU), I can provide personal commentary on the next steps for pharmacists wanting to dive into full scope of practice.

In my first weeklong residential training course, Associate Professor John Smithson, JCU's Head of Pharmacy, described this as *the most substantial scope of practice change he's encountered in his career*. If becoming a full scope accredited pharmacist or implementing this as a service in your pharmacy does not daunt you, it should. However, it ought to be a tremendously exciting opportunity as well.

Community pharmacies' core service, and biggest profit driver, will always be dispensing and supplying medications, and this should remain our focus. The dispensing process though can be done by technicians, is increasingly electronic and can be completely automated (look up the ABB robot used at Shanghai Seventh People's Hospital in Pudong). To secure the future of your business and the industry while improving patient care, we must optimize pharmacist skills and create more opportunities for pharmacists and ultimately diversify the business to ensure both financial and human resource sustainability.

As pharmacists' roles expand and these services become increasingly vital, business owners must determine if, when, and how to integrate them. If you haven't considered expanding your scope, this article might give you something to think about, because it's inevitable; however, you should still ask yourself if it's the right choice for your business and the right time to do it.

Several factors must be taken into account when a pharmacy decides to offer expanded services; these will be discussed further below.

1. Consult Room

A key consideration is whether your current consultation space meets the requirements. Each state presently has unique standards defining appropriate consultation rooms for vaccination and basic service provision. Whilst there is no national standard (yet), the Guild has released some guidelines on what a gold standard would be and this is what you should be ideally looking to have. This decision, however, comes at a price. Building or retrofitting requires space, and you may also lose retail space if you need a new consult room or if you extend your current one.

The effect of lost retail space on sales is unique to each store, depending on its business and its design. Consult room construction costs depend on features, however, at a minimum, a soundproofed 10m² room is required, with ample space for the pharmacist, patient, carer, a bed, desk, records, supplies, and handwashing facilities.

In addition to the physical space, investment in technology, consumables, diagnostic equipment, and furniture is required. The initial startup cost to provide this service could be substantial, with an unknown return on this investment.

2. Training

In Australia, full pharmacist accreditation currently requires completion of further study, which at this stage is offered by JCU and the PSA (QUT offers part of the qualification) and costs approximately \$12,000.

The pharmacy industry's investment in staff training raises questions about course funding and potential enrolment barriers. Discussions about course funding will take place between proprietors and employees, so start thinking about this conversation now as there is an argument for both the employer and employee to pay for it.

Employees and employers alike will need to consider their position and whether there is funding or subsidies available.

The Queensland Government has a \$7,000 student grant which is available for this course but is only available for a finite period and other states haven't provided any funding guarantees.



"DISCUSSIONS ABOUT COURSE FUNDING WILL TAKE PLACE BETWEEN PROPRIETORS AND EMPLOYEES, SO START THINKING ABOUT THIS CONVERSATION NOW AS THERE IS AN ARGUMENT FOR BOTH THE EMPLOYER AND EMPLOYEE TO PAY FOR IT."

3. Pharmacist Remuneration

Through February 11, 2024, a total of 1,539 full scope services were provided in Queensland over 42 weeks. While the average number of services is rising, it remains slightly above 40. Given that just over 60 pharmacists are qualified, the average pharmacist performs under one service weekly. From the owner's viewpoint, an employee spending 30 minutes per week (of a 38-hour work week) on extra services does not merit a higher hourly wage.

Profit-sharing on this consultation poses another challenge. Prescription dispensing, as mentioned earlier, is the pharmacy's most profitable activity, surpassing the profits from expanded services. Thus, should an employer who pays for your services also pay a percentage for every prescription filled? As our compensation is tied to our work, increased profits from expanded services may allow for compensation discussions, however, currently, I don't see a reason to pay one employee more than another based on this qualification alone.

Pharmacy students will graduate with this qualification in four years, making it a minority skill now, but soon to be standard practice. For me, the benefit comes from the professional satisfaction of being able to provide these services and whilst I am not qualified to do it yet, I anxiously look forward to doing these consultations with patients by the end of the year.

4. Staffing

Depending on how you choose to deliver this service, walk-in or appointment only, there is a minimum level of staffing required to do these longer consultations effectively. Expanded pharmacy services could mean appointment scheduling instead of walk-in access, which may affect patient and staff behavior given current expectations.

A consultation will take the pharmacist off the floor for 15–30 minutes, and a chaperone (a team member who is present to ensure the comfort, safety, and professionalism of the interaction. A chaperone who serves as an observer, providing reassurance and to ensure ethical and legal standards are adhered to) may be required for any physical examinations during this time. Although the chaperone's absence for the 5–10 minute physical exam is brief, it still disrupts the team's workflow. During a consult you will therefore have a pharmacist and a pharmacy assistant off the floor so this needs to be considered when doing rosters and costings. There is also a difficult to quantify opportunity cost in having the extra team member off the floor, as they could have been doing other work during that period.



“EXPANDED PHARMACY SERVICES COULD MEAN APPOINTMENT SCHEDULING INSTEAD OF WALK-IN ACCESS, WHICH MAY AFFECT PATIENT AND STAFF BEHAVIOR GIVEN CURRENT EXPECTATIONS.”



5. Recruitment

In early 2024, the Pharmacy Guild of Australia polled its members and found 74% of pharmacies are having trouble recruiting and retaining staff and around 18% of pharmacy employers say recruitment is the biggest challenge they face.⁷ Just like GPs have an unmet demand, there is also a shortage of pharmacists, which is predicted to be approximately 2,000 FTEs by 2030.⁸ Over the next few years, as there are more pharmacists with these expanded qualifications across the country, if your pharmacy is not set up and accredited to provide these services, you will find recruitment even more challenging.

Increased scope is drawing students to pharmacy and helping keep them in the field, but without industry backing, pharmacist shortages will persist. Being able to practice to full scope will be an expectation within the next 2 years, so now is the time to prepare for this. If you have a pharmacist currently studying and they can't practice at your store when they complete their course, do you think they will stay or are the more likely to seek a new employer who can better meet their needs?



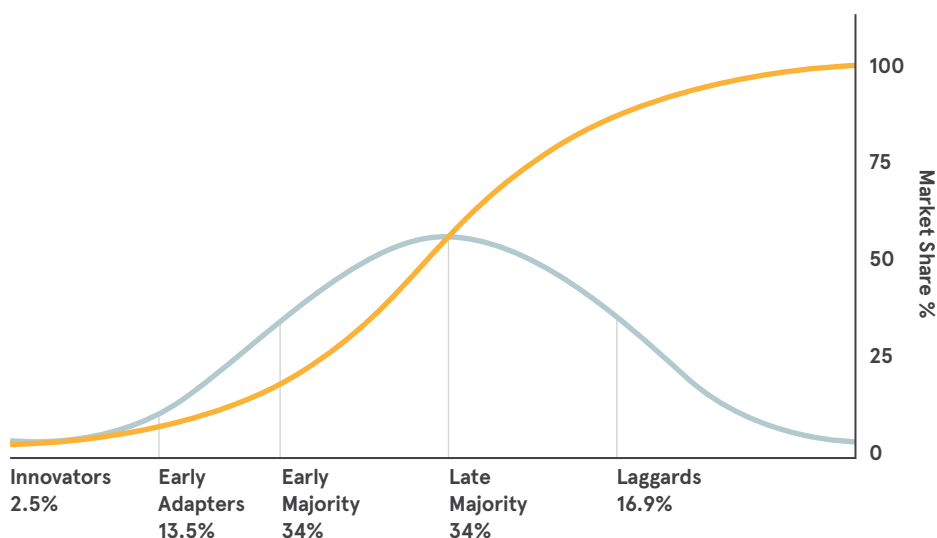
6. Competition & Market

There is a concept developed by Everett Rogers called the *Diffusion of Innovation* that argues that for an innovation to be successful, it relies heavily on social capital (which is the collective value of social networks doing things for each other).³ It shows the rate at which the market (Y-axis) and businesses (X-axis) adopt an innovation.

There are 5 steps/stages an individual goes through when considering an innovation, which are knowledge, persuasion, decision, implementation and confirmation. Most of us are currently located somewhere in the first 3 stages, but as you can see from figure 2, the earlier you are to adopt full scope, the larger the market share that is attainable. By implementing this early, you gain a competitive edge by refining your processes before market saturation, thus becoming more efficient, professional, and ultimately more profitable.

Depending on where you are at in your implementation journey, I would encourage you to continue along the 5 steps and consider where along the X axis you want to be. A 16% adoption rate (between early adopters and early majority) is the tipping point for when a product or service achieves mainstream status.⁶ At this point, approximately 20% of the market is now using the innovation. Will you seize the chance to expand your market share, or wait until you're compelled to react?

Figure 2: Diffusion of Innovation⁹



Avoid being a laggard; by the time you enter, the market will be over 75% saturated, making it extremely difficult to compete.

Pharmacists' roles have been expanding globally, with many now authorized to provide services such as diagnosing and prescribing. The extent of these expanded scopes varies by country as has been the uptake by pharmacists. All pharmacists in Canada can prescribe to some extent (depending on their Province) and is the gold standard, and every State in America allows for pharmacist prescribing. Pharmacists across the United Kingdom can prescribe independently, and over the past 4 years there has been a 100% increase in the number of independent

pharmacist prescribers.² The scope of what can be done in each country varies but there is clearly a market and desire from pharmacists and patients. Given the growth that has been seen internationally in the past 5 years, it could be expected that here in Australia we will likely see a similar or faster growth trajectory given this is normal practice in other countries.

Understanding your local and broader market trends will inform your launch timing, however, remember that accreditation takes at least a year including training and approval. The considerable delay between decision and implementation must be part of your decision-making process so don't delay too long as you will quickly be left behind.



7. Awareness

As noted earlier, awareness of these extra services is currently limited, and widespread adoption won't happen until 16% of businesses provide them. Considering that three cohorts are currently undergoing training—representing over 350 additional pharmacists who will be trained in QLD within 12 months—I don't think the tipping point is far off. Once this point is reached (or close to it), a significant increase in media advertising and articles about this will undoubtedly occur.

Low awareness is currently impacting both consultation numbers and the return on investment. However, financial returns will rise if this innovation gains wider recognition in the long run. You only need to look at the history of vaccinations in pharmacy to see the impact that these have had on the business and public health since their inception in 2014. In 2016, pharmacists gave less than 0.001% of influenza vaccinations in Australia⁵, compare this to 2023 where 24% of influenza vaccinations were administered in a community pharmacy.³ Vaccinations are now an expectation in pharmacies and one day soon, patients will expect you to be about to treat their acute and possible chronic conditions.

You need to look at your local area and who is offering the service, what is the availability of GP appointments, do your patients and community's trust you to offer this (research says yes) and what are your local demographics? Since numerous countries internationally offer this, you might already have a demand from tourists and international workers that you're not meeting.

8. Sales Impact

Now you've reached this point, let's assess how a consultation might affect sales and margins. It's crucial to avoid viewing this as a mere tool to boost script volume. This is a service to provide consultations to patients, not drive profit by writing lots of scripts.

In Queensland, as this is a pilot program, the Qld Government has legislated the patient cost per consult, which is different to other states such as NSW, where the market will set the price. According to QLD's guidelines, there are 3 pricing tiers based on the patient's condition: a brief consult (<10 minutes) is \$18.85, a standard consult (10–20 minutes, most frequent) is \$35.45, and a long consult is \$68.10. The fee covers the consult, basic diagnostic tests, and consumables such as a speculum for the otoscope; however, you charge patients for any additional tests.

A consultation could lead to a prescription, further appointment, OTC products, and/or a medical certificate. For example, the cost of a GORD consultation could quickly escalate from \$35.45 to \$100 (this includes consultation, prescription medication, and medical certificate), with an additional follow-up consultation needed in a month. Positive patient experiences translate to repeat and new business, attracting more customers. Our communities undeniably need more acute care services, and people are willing to pay for them—even at a cost—as seen with vaccines. The industry is now funded thanks to a positive health policy that responded to increased demand. Our low funding is self-inflicted; we priced our flu vaccines at only \$10. In states without fixed prices, you must value yourselves and our industry appropriately when pricing these services.

Conclusion

These new services are crucial for our industry's future and ongoing success, even with the challenges ahead. To transform our industry, we must offer these consultations, even if it means initially operating at a loss or breaking even. If we don't change, community pharmacy will be the next taxi or Blockbuster Video Store story. The lack of change will cause automation to replace dispensing and make pharmacists harder to find, leaving the industry in an ugly place. Do I believe that this will be a profit driver for your business? Yes, I truly do, but just not yet. It will take time, but we need to start, otherwise it will never get traction.

Providing these full scope services is crucial for demonstrating the initiative's value and securing its full adoption by the Government. The Guild's advocacy for state and federal funding hinges on data demonstrating cost savings for the government and better health outcomes for Australians. Right now, with the number of consults that have been done, there is insufficient data to make a case. If you or someone you know is hesitant, let's encourage discussion among pharmacists and customers to create momentum. This is an excellent program that offers great professional fulfillment and enhanced patient care. I look forward to seeing the growth in community pharmacy consults over the next 10 years, as has been the case with vaccinations.



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Is it a UTI or STI?

01 Identify a risk factor uniquely associated with sexually transmitted infections (STIs) rather than UTIs.

- a) Menopause
- b) Sexual activity
- c) Intravenous drug use
- d) Catheter use

02 STI symptoms may present years after infection, which may cause significant confusion and distress, especially for people who have been in a monogamous relationship.

- a) True
- b) False

03 Which of the following symptoms would strongly suggest the presence of an STI rather than a simple UTI?

- a) Cloudy urine
- b) Sudden onset urinary urgency
- c) Frothy yellow-green vaginal discharge
- d) Increased urinary frequency

04 All of the following statements are correct, EXCEPT:

- a) A patient cannot present with both a UTI and STI concurrently
- b) UTIs and STIs can both present with dysuria
- c) Both STIs and UTIs can be asymptomatic
- d) An asymptomatic person with an STI can pass a symptomatic STI to another person

05 When should a pharmacist refer a patient for suspected STI?

- a) If the patient has a burning sensation during urination
- b) When there are symptoms such as persistent discharge or genital ulcers
- c) Immediately after diagnosing an uncomplicated UTI based solely on patient-reported symptoms
- d) If the patient requests pain relief medication



LEARNING OBJECTIVES

After completing this CPD activity, pharmacists should be able to:

- Identify overlapping and differentiating symptoms of a UTI and a STI
- List the risk factors associated with UTIs and common STIs
- Identify UTI and STI red flags and appropriate circumstances of when to refer



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.

Note: Pharmacists will be required to join the College as a member or subscriber to be able to submit answers to these assessments.



Accreditation Number: A2505AUP1 | This activity has been accredited for 0.75 hr of Group 1 CPD (or 0.75 CPD credit) suitable for inclusion in an individual pharmacist's CPD plan which can be converted to 0.75 hr of Group 2 CPD (or 1.5 CPD credits) upon successful completion of relevant assessment activities.

Assessing Falls Risk in Older People

01 How are consultation fees structured in Queensland's pilot program for expanded pharmacy services?

- a) The market determines consultation prices in all states, including Queensland
- b) Consultations in Queensland are free for all patients under the pilot program
- c) Queensland charges a flat rate of \$50 per consultation regardless of duration
- d) Queensland has legislated three pricing tiers based on consultation length

02 What is the minimum requirement for a pharmacy consultation room to provide expanded services?

- a) A 5m² space with a chair and a computer
- b) A soundproofed 10m² room with space for a pharmacist, patient, carer, bed, desk, records, supplies, and handwashing facilities
- c) An open area in the pharmacy with a privacy screen
- d) A separate room with only a desk and a chair

03 Why is staffing a key concern for pharmacies offering expanded services?

- a) Pharmacists may be required to work longer hours without pay
- b) Consultations take time, requiring pharmacists and assistants to be off the floor
- c) Pharmacists are unwilling to undergo additional training
- d) Expanded services do not require any additional staff

04 Why does the article suggest that pharmacies should adopt expanded services sooner rather than later?

- a) To ensure they are ahead of competitors and capture a larger market share
- b) Because the government mandates that all pharmacies must expand services
- c) To avoid patient complaints about limited services
- d) To immediately increase profitability



LEARNING OBJECTIVES

After completing this CPD activity, pharmacists should be able to:

- Identify key considerations for business owners when delivering new services including remuneration
- Recognise the importance of training and retaining pharmacy staff when delivering full scope services
- Recall infrastructure requirements for delivery of expanded scope services in pharmacy



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For over 60 years, Guild Insurance has supported Australia's pharmacy profession through everything you do. Together with the PGA and PDL, we've worked hard to ensure our policies protect and reflect pharmacists' real-life needs.

Now that the PGA-driven scope of practice changes are live, we understand that, yet again, the real-life needs of pharmacists have changed, but our support hasn't. All Guild customers who participate in an approved scope of practice pilot can do so with confidence, knowing their insurance policy will still protect them.

What's a scope of practice pilot?

Scope of practice pilots will continue to evolve as state and federal governments and their agencies continue to work with our profession. In Queensland right now, community pharmacists who have undertaken 12 months of additional training can offer additional services to patients for a number of conditions, including school sores, shingles, mild psoriasis, wound management, swimmer's ear, weight loss management and hypertension, among others. It is these types of programs that Guild has committed to support through the addition of an additional benefit.

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To provide cover certainty, the policy wording we apply to all Guild Pharmacy Business policies includes an additional benefit for 'Scope of Practice Pilots'. If you're already insured with Guild, this benefit is automatically applied. If you are not with Guild, you should ask your insurer if they can say the same.

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