CONFERENCE PROGRAM

Pharmaceutical Society of Australia

COMMONWEALTH PHARMACISTS ASSOCIATION

PSA17

FRIDAY 28 JULY 2017

8.00 am - 9.00 am — **REGISTRATION & INDUSTRY ENGAGEMENT**

9.00 am - 11.00 am — **MARITIME ROOM 1, 2 & 3**

OPENING PLENARY

The opening plenary will set the scene for a captivating three day program showcasing international and local experts. Leading pharmacy innnovation is a collaborative approach within pharmacy locally and internationally, working with government, key stakekholders and consumers to improve our nation's health through excellence in pharmacist care. Hear from the Minister for Health and Sport, the Hon. Greg Hunt, PSA president, PSA CEO and CPA president on how together we can proactively overcome the current challenges and champion the future of pharmacy to develop new and innovative opporturtinites for pharmacists. With your voice we can optimise the contribution of pharmacists to achieve sustainable, efficient and quality healthcare for all Australians.

Mylan — Seeing is believing

The Hon. Greg Hunt MP (invited), Dr Lance Emerson, PSA President, CPA President

PSA Excellence Awards

Acknowledging the achievers of the profession: those involved in innovative practice, those who are striving to raise practice standards, and those who, through their professionalism, provide a model of practice which others strive to emulate.

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INTERNATIONAL KEYNOTE:
Embracing innovative solutions to respond to increasing global pharmaceutical care needs

Globally, population demographics are changing. People are living longer and their associated health needs are increasing. Long-term conditions (known to the global health community as 'non-communicable diseases' or 'NCDs') require more complex interventions, including more medicines, which creates a financial burden. In tandem, the global economic downturn has placed pressure on private incomes and publicly funded healthcare services, making the cost of healthcare provision increasingly unaffordable. Along side this, threats to global security such as antimicrobial resistance (AMR) and the recent Ebola crisis in Africa have further illustrated the need for effective and prepared healthcare systems in all countries, including the better use of medicines.

The pressures on sustainable health care are indeed a global phenomenon. Responding to this requires innovative solutions to enable efficient delivery of services, both in terms of embracing new ways of working as well as new technologies. In this keynote talk, the CPA's B.Patel Lecture, Dr Hanlon will use developments in the UK to illustrate responses to the current and future healthcare landscape. He will describe innovative new ways of working and relate these to the wider global picture seen throughout the Commonwealth, including how we can help prepare the profession for new roles and challenges in the years ahead.

Dr Tim Hanlon

Competencies (2010) addressed: 1.1, 1.2.2, 1.5.1, 2.1.1, 2.3.1, 2.3.2, 2.3.3, 3.1.1, 3.1.2, 3.1.3, 3.2.3, 3.3.1, 3.4.1, 3.4.2, 3.4.3, 8.3.2.

UP TO 2 CPD CREDITS GROUP 1 — Pharmacy Management: Progress through partnership

11.00 am - 11.30 am — **MORNING TEA - Grand Ballroom 1 and 2 - Exhibition Hall**
Poster presentation (1)

11.30 am - 1:00 pm

MARITIME ROOMS 1, 2 AND 3

PANEL SESSION
Women in leadership: Australian and global leadership

With the majority of registered pharmacists in Australia as young females, it is clear where the future of the pharmacy profession lies. In the first ever panel of its kind at a pharmacy conference, with leaders such as the Managing Director of Pfizer Australia, the world's largest pharmaceutical company, the Women in leadership panel session aims to inspire the next generation of leaders to make a difference to the health of Australians through excellence in pharmacist care.

Pfizer

Rhonda White, Debbie Rigby, Melissa McGregor, Victoria Rutter, Emma McBride, Shefali Parekh

Facilitator: ***Dr Alison Roberts***

Competencies (2010) addressed: 1.2.1, 1.5.1, 2.3.1, 2.3.2, 2.3.3, 3.1.1, 3.2.1, 3.2.3, 3.4.2, 6.3.2.

UP TO 1.5 CPD CREDITS GROUP 1

MARITIME ROOM 4

THERAPEUTIC MASTERCLASS

Heart Failure masterclass: contemporary treatment and therapeutics

This session will provide a brief review of the pathophysiology and symptom management of heart failure. It will explore the management of heart failure in the presence of co-morbidities such as renal disease, diabetes, depression, asthma and COPD and sleep apnoea. It will aim to empower pharmacists with in-depth clinical knowledge of contemporary treatments and therapeutics surrounding heart failure.

This session will discuss any emerging changes to treatment guidelines and any new medications available. Currently the newest medication available for heart failure is a combination medication containing sacubitril and valsartan. Sacubitril has a different mechanism of action from other medications used for heart failure and will be explored in this session including its place in therapy and availability options in Australia.

This masterclass will also explore the roles of other health professionals in the bigger picture for the management of patients with heart failure.

Dr Andrew Sindone

Competencies (2010) addressed: 4.1.3, 4.2.2, 6.1.3, 6.2.1, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.4, 7.2.1, 7.2.2.

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UP TO 3 CPD CREDITS GROUP 2

WHARF ROOMS (DOWNSTAIRS)

PROFESSIONAL SERVICES PHARMACIST WORKSHOP (11.30 am to 5.30 pm)

It's no doubt that professional pharmacy services offered through community pharmacy are on the rise – seen not only as having a positive impact on patients but viewed by many as critical to the sustainability and future of pharmacy.

Professional Services Pharmacists are a new breed of community pharmacists tasked with choosing the right services to fit the needs of the local community and implement these services successfully…….but how do you choose the services with the biggest impact and evaluate their success?

This session will give valuable insights into the frameworks and models that are essential in the design and evaluation of professional services as well as the barriers and facilitators of practice change to empower those who currently deliver professional services or wish to expand into the professional service domain.

Interactive case studies and discussion will be incorporated with the aim of walking away with the knowledge and tools specific to your needs to implement professional services the right way!

Professor Charlie Benrimoj & Dr Victoria Cardenas

Competencies (2010) addressed: 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.2.3, 6.2.4, 6.2.4, 6.2.5, 6.3.1, 6.3.2, 6.3.3, 7.1.4, 7.2.1, 7.2.2, 7.2.3, 7.2.4, 7.3.1, 7.3.2, 7.3.3

UP TO 9 CPD CREDITS GROUP 2

FRIDAY 28 JULY 2017 *CONTINUED*

1.00 pm - 2.00 pm — LUNCH - Grand Ballroom 1 and 2 - Exhibition Hall
Poster presentation (2)

WHARF ROOMS (DOWNSTAIRS)

2.00 pm - 3.30 pm

PANEL SESSION
The international antimicrobial resistance challenge: pharmacist role in all settings around the world

Antimicrobial resistance (AMR) threatens the effective prevention and treatment of an ever-increasing range of infections. It is an increasingly serious threat to global public health that requires action across all government sectors, society and healthcare professions. The Commonwealth Pharmacists Association (CPA) has been working to raise the profile of AMR in the last 12 months, both to members and health ministers around the Commonwealth.

As medicine specialists, a major role of pharmacists is to ensure that the effectiveness of antibiotics is not compromised, leading to the development of multi drug-resistant diseases such as TB, complicating the fight against HIV and malaria, and compromising the success of major surgery and chemotherapy. The cost of health care for patients with resistant infections is higher than care for patients with non-resistant infections due to longer duration of illness, additional tests and use of more expensive drugs.

The panel will explore how pharmacists at all levels of the healthcare system (hospital/acute care and community/primary care) deliver the global action plan on antimicrobial resistance adopted by member states at the Sixty-eighth World Health Assembly and supported by the governing bodies of FAO and OIE in May and June 2015.

The goal of the global action plan is to ensure, for as long as possible, continuity of successful treatment and prevention of infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them. This includes evidence-informed strategies for the prevention and containment of antibiotic resistance based on the surveillance of antibiotic use and resistance in human, animal and environmental heath (One Health); risk factors for the infection/colonization by antibiotic resistant bacteria; infection control and; antibiotic pharmacokinetics and pharmacodynamics.

The panel will be headlined by Professor Sabiha Essack as the expert consultant on AMR to the WHO, Vice Chairperson of the Ministerial Advisory Committee on AMR, founder and co-chair of the South African Chapter of the Alliance for the Prudent Use of Antibiotics (APUA), member of the FIP Working Group on Antimicrobial Resistance and member of the Global Respiratory Infections Partnership (GRIP). Sabiha will provide a global overview and African focus to the session, which will be complemented by John Turnidge's experiences in Australia, Sakeena Hameen's work in Asia and Tim Hanlon's insights from the UK.

Professor Sabiha Essack, John Turnidge, Dr Tim Hanlon, Fatima Sakeena Mohamed Hameem

Facilitator: ***John Bell***

Competencies (2010) addressed: 1.2.1, 1.2.2, 1.3.1, 1.3.2, 2.1.1, 2.1.2, 2.1.3, 2.3.1, 2.3.2, 2.3.3, 4.2.1, 4.2.2, 4.2.3, 4.3.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.2.3, 6.2.4, 6.3.1, 6.3.2, 6.3.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.2.1, 7.2.2, 7.2.3, 7.3.1, 7.3.2, 7.3.3.

CPD 1.5 CPD CREDITS GROUP 1

Reckitt Benckiser

Vaccine masterclass:
principles and practice

Every opportunity should be taken to review a person's vaccination history and to administer the appropriate vaccines). Pharmacists are extremely well-placed to deliver primary healthcare services within the community, and with the recent introduction of pharmacist-administered vaccinations, are central in achieving Australia's immunisation strategy. This session will discuss the value of 'catch-up' vaccination, exploring the execution of immunisation policy in the presence of co-morbidities, as well as the effective utilisation of travel vaccines to reduce the burden of communicable diseases on the health of all Australians.

This session will aim to empower pharmacists to confidently deliver immunisation services in the community by providing them with in-depth clinical knowledge of current immunisation programs and the knowledge and skills to identify individuals at risk of vaccine-preventable diseases, including the potential complications that may arise if left unvaccinated. Whether in a community pharmacy offering advice as part of immunisation consultation, in a hospital setting conducting a patient review, or in a patient's home or care facility as part of a medication review, pharmacists have a vital role to play in this area as part of a wider collaborative model of care.

This masterclass will explore the role pharmacists can play in the wider health professional network in ensuring patients receive a comprehensive and tailored course of vaccinations in an effort to reduce the risk of vaccine-preventable disease

Dr Leanne Jones

Competencies (2010) addressed: 2.3.1, 2.3.2, 6.1.1, 6.1.3, 6.2.1, 6.2.5, 6.3.1, 7.1.3

CPD 3 CPD CREDITS GROUP 2

SANOFI PASTEUR

PROFESSIONAL SERVICES
PHARMACIST WORKSHOP - *continued*

3.30 pm - 3.45 pm — AFTERNOON TEA - Grand Ballroom 1 and 2 - Exhibition Hall
Poster presentation (3)

3.45 pm - 4.05 pm

Keynote address
Catherine King MP

4.05 pm - 5.35 pm

MARITIME ROOM 1

PANEL SESSION
Primary Health Networks:
collaborative roles of pharmacists in primary care and Health Care Homes

Primary Health Networks (PHNs) have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. The Health Care Home (HCH) is a model designed to help transform primary health care and improve the efficiency and effectiveness of the health system, particularly for consumers with chronic and complex conditions. The models in which significant benefits have been demonstrated employ care teams that are led by GPs, but use an expanded staffing model in which nurses, pharmacists and others assume greater care management roles.

How can we better utilise the unique skills of pharmacists as part of a caollaborative model of care?

How can pharmacists and community pharmacy be commissioned to address the needs of PHNs?

How can we maximise the full potential of pharmacists and community pharmacy within the HCH?

How can a pharmacist integrated within a general practice assist in increasing the effectiveness of care to meet the objectives of the PHNs and the HCH?

Dr Rashmi Sharma, Joy Gailer, Janet Quigley, Anne Develin, Elizabeth Deveny, Graeme Smith

Facilitator: ***Dr Shane Jackson***

Competencies (2010) addressed: 2.3.1, 2.3.2, 2.3.3, 6.1.1, 6.1.2, 6.1.3, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.3, 7.1.4, 7.2.3, 7.3.3

CPD 1.5 CPD CREDITS GROUP 1

MARITIME 2 & 3

Pharmacy student of the year grand final

The Pharmacy Student of the Year (PSOTY) awards recognise and celebrate outstanding pharmacy students by showcasing their counselling skills to the pharmacy profession

Brooke Myers

Competencies (2010) addressed: 1.2.1, 1.3.1, 1.3.2, 2.1.1, 2.1.3, 4.2.1, 4.2.1, 4.3.3, 6.1.2, 6.1.3, 6.2.1, 6.2.2

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Mylan
Seeing is believing

CPD 1.5 CPD CREDITS GROUP 1

MARITIME ROOM 4

Addiction masterclass:
the management of opioid dependent patients including OTC codeine

Suzie Nielsen will provide an update on the epidemiology of opioid addiction in Australia. This includes a background on opioid use, characteristics of people who develop opioid dependence and treating opioid dependence including the treatment of codeine dependence with buprenorphine.

Professor Robert Batey will discuss the latest in the management of opioid dependence and addiction. This includes the important role of the pharmacist as part of a collaborative model of care to achieve the best health outcomes.

The session will conclude with a patient advocate describing their real life experience of addiction to over the counter codeine and the pathway that led to their current management.

The masterclass will aim to empower pharmacists with in-depth clinical knowledge of contemporary treatments and therapeutics surrounding opioid addiction as well as understand the nature of opioid dependence to deliver a patient centred approach to care.

Suzie Nielsen & Professor Robert Batey

Competencies (2010) addressed: 4.1.3, 4.2.2, 6.1.3, 6.2.1, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.4, 7.2.1, 7.2.2

INDIVIOR

CPD 3 CPD CREDITS GROUP 2

5.35 pm - 7.00 pm — WELCOME RECEPTION - The Grand Ballroom, Hyatt Regency

7:30 pm - 9.30 pm — EARLY CAREER MEET AND GREET - Rooftop Bar

FELLOWS DINNER

SATURDAY 29 JULY 2017

7:30 am - 8:45 am — WHARF ROOM 4 AND 5

PSA MEMBER ONLY BREAKFAST SESSION
The breakfast session is your opportunity to understand the implications of the 6CPA Review of Pharmacy Remuneration and Regulation

Dr Lance Emerson & Dr Alison Roberts

8.00 a m - 9.00 am — REGISTRATION & INDUSTRY ENGAGEMENT

9.00 am - 10.20 am — MARITIME ROOM 1, 2 & 3

Alan Russell Oration:
HEALTHY CHANGE, RESILIENT CHANGE

Marty's presentation at PSA17 will explain how to introduce change programs to your business in a healthier, more resilient way, with a particular emphasis on how you can lead your teams to make changes that stick over time.

He will explain why our brains have evolved to try to avoid change and keep doing the same thing over and over, and why this leaves us ill equipped to handle the nature of business, and indeed modern times, where embracing constantly accelerating change is the price of admission for life.

In Marty's interactive session, you'll get easy to follow tips and techniques you can use to help you and your staff deal better with stress, create business and personal goals you're far more likely to keep, how to maximize your willpower even in the busiest parts of the week, and even simple tips like what time of day it's best to work on your hardest tasks.

You will find that these tips will also help you be a greater source of knowledge for your patients who are struggling with setting, and sticking to, their own health goals. And, as a former Australian Comic of the Year, and vited top 10 speaker in Australia, Marty will make it a lot of fun too.

Marty Wilson

PSA Intern of the year awards

Competencies (2010) addressed: 3.1.1, 3.1.2, 3.3.3, 3.1.4, 3.2.3

10.20 am - 10.40 am — MORNING TEA, INDUSTRY ENGAGEMENT & CAREER PATHWAY SHOWCASE

10.40 am - 11.20 am

MARITME 1 — THERAPEUTIC UPDATE

Emergency contraception: ulipristal and levonorgestrel

With the recent changes to the scheduling of medications for emergency contraception as well as the introduction of a new treatment option, pharmacists are seeking guidance on how to assist their patients who come into the pharmacy requesting these products.

This session aims to empower pharmacists to have a greater understanding of the differences in the current treatment options for emergency contraception, when each is appropriate, and the dosage, precautions and side effects for each.

Dr Safeera Hussainy

Competencies (2010) addressed: 1.1.1, 1.1.2, 1.1.3, 1.2.1, 1.3.1, 1.3.2, 1.4.1, 2.1.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.2.5, 7.1.1, 7.1.2, 7.1.4.

MARITIME ROOM 2 & 3 — INNOVATIVE PRACTICE

Critical analysis:
pharmacist role in evaluating information to ensure evidence based care

As pharmacists we have a duty of care to provide evidence based care through critically analysing the latest clinical information from all sources. This includes the material provided to pharmacists and pharmacy assistants from representatives visiting the pharmacy, pharmacy department and general practice.

This session aims to provide pharmacists an understanding of how to analyse the information provided by product suppliers to ensure that the advice provided to consumers is evidence based. It will examine case studies to demonstrate how to review and analyse materials and empower conversations with representatives to question the accuracy and thoroughness of the evidence provided. The session will highlight a new standard for pharmacy managers to develop and maintain for all their staff to ensure all supplier information is analysed for the best health outcomes of their consumers.

Associate Professor Judy Mullan

Competencies (2010) addressed: 4.2.2, 8.1.1, 8.1.2, 8.1.3, 8.2.1

MARITIME ROOM 4 — PIONEERING CLINICAL PRACTICE & RESEARCH

Clinical practice
Part 1

Led by eminent pharmacist academic, Professor Gabrielle Cooper from the University of Canberra, a revamped and enhanced session for academics, researchers and forward practitioners to present clinical research. The session provides a great opportunity to see what cutting edge clinical practice looks like in the future.

Academic Lead: ***Professor Carl Kirkpatrick***

Competencies (2010) addressed: 7.1.3, 7.2.2, 7.2.3, 7.3.3, 8.1.2, 8.1.3, 8.2.3

WHARF ROOMS (DOWNSTAIRS) — HEALTH SERVICE DELIVERY

Asthma
Part 1: Clinical Background

Asthma affects people of all ages and is associated with a substantial impact on the community.

Patient-centred care is key to improving patient quality of life by achieving and maintaining control of symptoms, lung function and activity levels, as well as preventing exacerbations and avoiding adverse effects from asthma medications. Patients are influenced by their own knowledge, experience, perspective and reality, and uncovering these in patient interactions provides pharmacists with an opportunity to drive a positive change and is an important factor in establishing a successful asthma service. Asthma services involve more than just supplying medications and a once off device demonstration – it involves engaging patients, establishing outcome goals and working in partnership throughout the course of their condition.

This 3 part series will expand on your knowledge of professional services and combine it with your asthma clinical knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of:

Part 1: This session will provide you the clinical background, including new guidelines and treatments for asthma management.

Associate Professor Bandana Saini

Competencies (2010) addressed: 1.1.1, 1.2.2, 3.1.2, 3.1.3, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 4.2.2, 4.2.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.3, 7.1.4

SATURDAY 29 JULY 2017 *CONTINUED*

11.20 am - 11.40 am — INDUSTRY ENGAGEMENT

11.40 am - 12.20 pm

MARITME 1
THERAPEUTIC UPDATE

Oral chemotherapy management in the community

With more oral chemotherapy agents being prescribed in the community, pharmacists are starting to see more patients coming into the pharmacy with prescriptions for these medicines. It is important that pharmacists are equipped with the right skills and knowledge to assist patients in the management of these medicines and conditions.

This session aims to empower pharmacists to have a greater understanding of the oral chemotherapy agents that are available. In particular, important counselling points as well as how to properly manage side effects will be discussed. The session will also include important information on the safety measures that patients need to be aware of when using these medicines and the importance of regular review with their prescriber as part of a collaborative model of care. This session will also include a patient case study involving the use of ibrutinib (Imbruvica), for the management of chronic lymphocytic leukaemia in the community setting.

Dr Nada Hamad

Competencies (2010) addressed: 4.2.1, 4.2.2, 4.3.3, 6.2.1, 6.2.2, 6.3.3

janssen Oncology

UP TO 1.5 CPD CREDITS GROUP 2

MARITIME ROOM 2 & 3
INNOVATIVE PRACTICE

Elephants, education and evidence: building effective collaborations in resource-poor settings

The Collaboration of Australians and Sri Lankans for Pharmacy Practice, Education and Research (CASPPER) is a successful collaboration between two Commonwealth countries seeking to up-skill pharmacists and advance the role of the profession in order to support the better use of medicines and improve the health of the public in a less resource-rich setting.

Ian and Judith Coombes will give an overview of CASPPER's journey, starting from initial 'guest teaching' with the University of Peradeniya and building relationships with the Pharmaceutical Society of Sri Lanka (PSSL) to setting up research collaborations with SACTRC (South Asian Toxicology Research). Relationship building, with both stakeholders in the less resource-rich setting and other expert groups, was key to the success of this collaboration and the development of sustainable teaching processes, where outcomes were supported by research evidence to build the case for clinical pharmacy.

If this all seems very admirable but high level and out of your reach, Brooke Meyers will round off the session talking about her experiences of teaching with CASPPER and in other Commonwealth countries and give you some ideas of how you too might like to volunteer some of your time and expertise to support the development of the profession in resource-poor settings.

Brooke Myers, Dr Ian Coombes & Judith Coombes

Competencies (2010) addressed: 2.1.1, 2.1.2, 2.1.3, 2.2.1, 2.2.2, 2.3.1, 2.3.2, 2.6.1, 2.6.3, 3.1.1, 3.1.2, 3.1.3, 3.4.1, 3.4.2, 3.4.3

UP TO 1.5 CPD CREDITS GROUP 2

MARITIME ROOM 4
PIONEERING CLINICAL PRACTICE & RESEARCH

Clinical practice
Part 2

Led by eminent pharmacist academic, Professor Gabrielle Cooper from the University of Canberra, a revamped and enhanced session for academics, researchers and forward practitioners to present clinical research. The session provides a great opportunity to see what cutting edge clinical practice looks like in the future.

Academic Lead: ***Professor Gabrielle Cooper***

Competencies (2010) addressed: 7.1.3, 7.2.2, 7.2.3, 7.3.3, 8.1.2, 8.1.3, 8.2.3

UP TO .75 CPD CREDITS GROUP 1

WHARF ROOMS (DOWNSTAIRS)
HEALTH SERVICE DELIVERY

Asthma
Part 2: service delivery model

This 3 part series will expand on your knowledge of professional services and combine it with your asthma clinical knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of:

Part 2: The framework or service model to implement, evaluate and sustain an asthma professional service in your practice setting

Associate Professor Bandana Saini

Competencies (2010) addressed: 1.1.1, 1.2.2, 3.1.2, 3.1.3, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 4.2.2, 4.2.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.3, 7.1.4

Cipla

UP TO 1.5 CPD CREDITS GROUP 2

12.20 pm - 1.20 pm — LUNCH, INDUSTRY ENGAGEMENT & CAREER PATHWAY SHOWCASE

1.20 pm - 2.00 pm

Post-natal care for mothers and babies

Expectant parents, post-natal mothers and young infants are common customers to the pharmacy seeking advice on a wide range of issues. Navigating through the start of parenthood can be a very daunting and challenging time so it is crucial that pharmacists provide safe and practical recommendations.

Mothers are now discharged from hospital within days of giving birth and before feeding has been properly established. They often seek advice from pharmacists about post-natal analgesia, breastfeeding issues (nipple care, breast pumps, mastitis, nipple thrush, insufficient milk supply, medication use while breastfeeding) choice of formula and contraception.

Many young infants experience gastrointestinal discomfort due to reflux, constipation and colic. These ailments often lead to a very unsettled baby and parents will seek advice on how to manage them. This session aims to empower pharmacists with a greater understanding of how to assist new parents with some of the common reasons for presentation in this patient group.

Carly Nunn

DANONE NUTRICIA Early Life Nutrition

Competencies (2010) addressed: 1.1.2, 1.1.3, 1.2.1, 1.2.2, 1.3.1, 1.3.2, 1.4.1, 2.1.1, 2.1.2, 2.1.3, 2.3.1, 2.3.2, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.2.3, 6.2.4, 6.3.1, 6.3.2, 6.3.3, 7.1.4, 7.2.1

UP TO 1.5 CPD CREDITS GROUP 2

Electronic Medication Management (EMM) pharmacists

Pharmacists have the opportunity to increase their contribution to patient care by extending the roles in which they practice. Embracing these new opportunities through innovative practice models not only diversifies the pharmacy workforce, it also allows pharmacists to have a greater impact on the health of Australians.

Electronic medication management (EMM) systems enhance the efficiency of the medication cycle: prescribing, dispensing and administration in a hospital or acute setting. The EMM systems can reduce medication errors and also have the potential to introduce new types of errors. This session aims to explore the role of the pharmacists utilising EMM, learning from experiences of early Australian implementations to minimise risk and discuss what further opportunities for enhanced patient care does EMM present for pharmacists.

Pathma Joseph & David Lou

MedView

Competencies (2010) addressed: 1.1.1, 1.1.3, 1.2.2, 1.3.1, 1.4.1, 1.5.2, 2.2.1, 2.2.2, 3.3.1, 3.3.2

UP TO 1.5 CPD CREDITS GROUP 2

Collaborative models of care
Part 1

Led by eminent pharmacist academic, Professor Andrew McLachlan from the University of Sydney and Australia's representative for the Commonwealth Pharmacist Association, a revamped and enhanced session for academics, researchers and forward practitioners to present research on collaborative models of care, such as pharmacists in aged care, general practice, primary care, aboriginal health services among others. The session provides a great opportunity to see what cutting edge and innovative practice looks like in the future

Academic Lead: ***Professor Andrew McLachlan***

Competencies (2010) addressed: 2.1.1, 2.1.3, 2.2.1, 2.2.2, 2.3.1, 2.3.2, 2.3.3, 8.1.2, 8.1.3, 8.2.3

UP TO .75 CPD CREDITS GROUP 1

Asthma
Part 3: practical case studies and role models

This 3 part series will expand on your knowledge of professional services and combine it with your asthma clinical knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of:

Part 3: Insights from current practice to master asthma service delilvery. This will involve practical case studies for asthma health service including important considerations across service delivery stages as well as critical success factors, challenges and continuous evaluation and improvement.

Associate Professor Bandana Saini

Competencies (2010) addressed: 1.1.1, 1.2.2, 3.1.2, 3.1.3, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 4.2.2, 4.2.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.3, 7.1.4

Cipla

UP TO 1.5 CPD CREDITS GROUP 2

2.00 pm - 2.20 pm — INDUSTRY ENGAGEMENT

2.20 pm - 3.00 pm

Preventing Venous Thomboembolism (VTE) through pharmacy intervention

Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) are leading causes of preventable death in Australia. The disconnect between prescribing anti-embolism and compression hosiery in an acute setting and the chronic nature in the community, the ageing population and the increase in Australians travelling abroad mean that pharmacists in the community can pay a major role in the prevention of these conditions through understanding the symptoms, complications and management.

This session will refresh pharmacists on the clinical background, prevalence and symptomology of DVTs and PEs. Treatment using the correct anti-embolism and compression stockings is a key part of prevention and this session will educate pharmacists about selecting the correct type of garment, size, and garment care required for each indication. The contraindications and referral pathways to ensure that ongoing clinical care occurs for appropriate prophylaxis for DVT will also be discussed.

Soraya Brosnan

Medtronic

Competencies (2010) addressed: 6.1.1, 6.1.2, 6.2.1, 6.2.2, 6.2.3

UP TO 1.5 CPD CREDITS GROUP 2

Asthma Educator Pharmacist

Pharmacists have the opportunity to increase their contribution to patient care by extending the roles in which they practice. Embracing these new opportunities through innovative practice models not only diversifies the pharmacy workforce, it also allows pharmacists to have a greater impact on the health of Australians.

Overseas and in Australia, there is good evidence for the role that pharmacists play in the management of asthma and in practice many pharmacists are assisting patients as an asthma educator in addition to their traditional role.

This session aims to assist pharmacists in having a greater understanding of the roles that pharmacists could play in working as an asthma educator. There has been a history of development of this role, and asthma bodies who set the standards for asthma care are supportive. The session will discuss what role pharmacists can play in conjunction with GPs and Specialists as part of the patient management team. It will also discuss the additional knowledge and skills that that are unique to this role that pharmacists working in this setting will need in order to be successful. This session will include information on 'a day in the life of an Asthma Educator Pharmacist.

Professor Carol Armour

Competencies (2010) addressed: 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.2.1, 1.2.1, 1.3.1, 1.3.2, 1.4.1, 1.4.2, 1.5.1, 1.5.2, 2.3.1, 2.3.2, 2.3.3, 3.4.1, 3.4.2, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.3.1, 6.3.2, 6.3.3, 7.1.1, 7.1.2, 7.1.3, 7.2.1, 7.2.3, 7.3.1, 7.3.2, 7.3.3

UP TO 1.5 CPD CREDITS GROUP 2

Collaborative models of care
Part 2

Led by eminent pharmacist academic, Professor Andrew McLachlan from the University of Sydney and Australia's representative for the Commonwealth Pharmacist Association, a revamped and enhanced session for academics, researchers and forward practitioners to present research on collaborative models of care, such as pharmacists in aged care, general practice, primary care, aboriginal health services among others. The session provides a great opportunity to see what cutting edge and innovative practice looks like in the future.

Academic Lead: ***Professor Andrew McLachlan***

Competencies (2010) addressed: 2.1.1, 2.1.3, 2.2.1, 2.2.2, 2.3.1, 2.3.2, 2.3.3, 8.1.2, 8.1.3, 8.2.3

UP TO .75 CPD CREDITS GROUP 1

Diabetes
Part 1: clinical background

Pharmacists are well placed to improve patient self-management education to prevent acute complications, achieve glycaemic control and prevent and manage the risk of long-term complications in diabetes. A patient-centred approach to a diabetes service enables pharmacists to interact and engage patients with diabetes and offer a tailored service based on individual needs to maximise outcomes. Diabetes services involve more than just supplying medicines and diabetes-related products – they involve engaging patients, establishing outcome goals and working in partnership throughout the course of their condition.

This 3 part series will expand on your knowledge of professional services and combine it with your Diabetes clinical knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of:

Part 1: This session will provide you the clinical background, including new guidelines and treatments for patient centred diabetes management.

Professor Glen Maberly

Medtronic
ASCENSIA Diabetes Care

Competencies (2010) addressed:1.1.1, 1.2.2, 3.1.2, 3.1.3, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 4.2.2, 4.2.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.3, 7.1.4

UP TO 1.5 CPD CREDITS GROUP 2

SATURDAY 29 JULY 2017 *CONTINUED*

3.00 pm - 3.20 pm	**AFTERNOON TEA, INDUSTRY ENGAGEMENT & CAREER PATHWAY SHOWCASE**			
3.20 pm - 4.00 pm	**MARITME 1** **THERAPEUTIC UPDATE**	**MARITIME ROOM 2 & 3** **INNOVATIVE PRACTICE**	**MARITIME ROOM 4** **PIONEERING CLINICAL PRACTICE & RESEARCH**	**WHARF ROOMS** (DOWNSTAIRS) **HEALTH SERVICE DELIVERY**
	Understanding the evidence behind daily nutritional supplementation Complementary medicines are commonly used by Australians. There is much controversy surrounding their evidence base even to the point where some have argued whether they have a place in community pharmacies. This session will explore the evidence for supplementation in specific malnourishments, dispel the myths surrounding certain products, and discuss any dangers that may exist in over-supplementation. This session aims to empower pharmacists to have a greater understanding of the evidence for daily nutritional supplementation and better equip them to assist patients in deciding when supplementation may or may not be appropriate, including pregnancy and breastfeeding. ***Dr Joanna Harnett*** integria HEALTH CARE Competencies (2010) addressed: 6.1.1, 6.1.2, 6.2.1, 6.2.2 UP TO 1.5 CPD CREDITS GROUP 2	**Aged care:** **innovative models of practice** Pharmacists have the opportunity to increase their contribution to patient care by extending the roles in which they practice. Embracing these new opportunities through innovative practice models not only diversifies the pharmacy workforce, it also allows pharmacists to have a greater impact on the health of Australians. This session aims will explore the various models of practice that exist in the aged care setting and what new and innovative roles pharmacists are currently and can potentially play in aged care. ***Professor Andrew McLachlan*** Competencies (2010) addressed:1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.2.1, 1.2.2, 1.3.1, 1.3.2, 1.4.1, 1.5.1, 1.5.2, 2.3.1, 2.3.2, 2.3.3, 2.5.1, 2.5.2, 2.6.1, 2.6.2, 2.6.3, 3.4.1, 3.4.2, 3.4.3 UP TO 1.5 CPD CREDITS GROUP 2	**Innovation** **Part 1** Led by eminent pharmacist academic, Professor Greg Kyle from Queensland University of Technology, a revamped and enhanced session for academics, researchers and forward practitioners to present innovative practice and implementation research. The session provides a great opportunity to see what cutting edge pharmacist practice looks like in the future. *Academic Lead:* ***Professor Greg Kyle*** Competencies (2010) addressed: 1.5.1, 1.5.2, 3.1.1, 3.1.2, 3.1.3, 3.4.2, 8.1.2, 8.1.3, 8.2.3 UP TO .75 CPD CREDITS GROUP 1	**Diabetes** **Part 2: Service Delivery Model** This 3 part series will expand on your knowledge of professional services and combine it with your Diabetes clinical knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of: **Part 2:** The framework or service model to implement, evaluate and sustain a Diabetes professional service in your practice setting ***Teresa Di Franco*** Competencies (2010) addressed: 1.1.1, 1.2.2, 3.1.2, 3.1.3, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 4.2.2, 4.2.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.3, 7.1.4 Medtronic ASCENSIA Diabetes Care UP TO 1.5 CPD CREDITS GROUP 2
4.00 pm - 4.20 pm	**INDUSTRY ENGAGEMENT**			
4.20 pm - 5.00 pm	**Paediatric pain management** Pain is often described as an unpleasant sensory and emotional experience. Treating pain can be difficult in children as they are often unable to accurately describe the pain they are experiencing. The methods for assessing pain in children is often different compared with adults. This session aims to empower pharmacists to have a greater understanding of how to assess and treat pain and fever in children, what practice tools are available to assist this, and what treatment options are available for the management of pain and fever in children. ***Associate Professor Rebekah Moles*** Reckitt Benckiser Competencies (2010) addressed: 6.1.2, 6.2.1, 6.2.2, 6.2.3, 7.1.2, 7.1.3, 7.1.4 UP TO 1.5 CPD CREDITS GROUP 2	**Taking leadership across the care continuum** Improving medication management across the care continuum continues to be one of the greatest challenges in modern health care. Transitions of care are known to be a point of vulnerability for medication management, with recent research confirming medication errors are common in discharge summaries in Australia. An adverse event occurs in nearly 20% of patients discharged from the hospital to the home setting, with two thirds of these adverse events being medication related. Pharmacists are ideally placed to take responsibility for improving medication safety across care transitions. Whether between hospital and the home, hospital to residential care facility, or any other transitions between points of care, pharmacists have the expertise to make a greater contribution to the management of care of Australians. Pharmacists have continued to prove their value, through research, risk stratification and piloting new roles targeted at improving medication safety across care transitions. There has never been a greater imperative, or better time to translate this research into real sustainable system change by supporting and demanding roles for pharmacists across care transitions. To effect change will require improved communication, and collaboration both within and across our pharmacy profession. This session aims to assist pharmacists to understand the magnitude of the problem, and how to take a lead role in implementing care models of practice across the care continuum. It will discuss the role pharmacists can play in conjunction with other health professionals to ensure the best outcomes for patients. Furthermore, it will discuss the systems for timely transfer of medical information between different care settings and the additional knowledge and skills that pharmacists working in these roles require in order to be successful. ***Deirdre Criddle*** Competencies (2010) addressed: 1.1.3, 1.1.4, 1.2.1, 1.2.2, 1.3.1, 1.3.2, 1.4.1, 1.4.2, 2.1.1, 2.3.1, 2.3.2, 2.3.3, 3.1.2, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 7.2.1, 7.2.2, 7.3.3 UP TO 1.5 CPD CREDITS GROUP 2	**Innovation** **Part 2** Led by eminent pharmacist academic, Professor Greg Kyle from Queensland University of Technology, a revamped and enhanced session for academics, researchers and forward practitioners to present innovative practice and implementation research. The session provides a great opportunity to see what cutting edge pharmacist practice looks like in the future. *Academic Lead:* ***Professor Greg Kyle*** Competencies (2010) addressed: 1.5.1, 1.5.2, 3.1.1, 3.1.2, 3.1.3, 3.4.2, 8.1.2, 8.1.3, 8.2.3 UP TO .75 CPD CREDITS GROUP 1	**Diabetes** **Part 3: Practice case studies** This 3 part series will expand on your knowledge of professional services and combine it with your Diabetes clinical knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of: **Part 3**: Insights from current practice to master a patient-centred Diabetes service delivery. This will involve practical case studies for Diabetes health service including important considerations across service delivery stages as well as critical success factors, challenges and continuous evaluation and improvement. ***Teresa Di Franco*** Competencies (2010) addressed: 1.1.1, 1.2.2, 3.1.2, 3.1.3, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 4.2.2, 4.2.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.3, 7.1.4 Medtronic ASCENSIA Diabetes Care UP TO 1.5 CPD CREDITS GROUP 2
7.00 pm onwards	**GALA DINNER** **THE MARITIME BALLROOM, HYATT REGENCY**			

SUNDAY 30 JULY 2017

9.00 am - 9.40 am

MARITIME ROOM 1
THERAPEUTIC UPDATE

New FITTER injection delivery: insulin, diabetes and beyond

Pharmacists are the most accessible healthcare professional to support the management of diabetes in the community. Management of diabetes requires a holistic approach, and includes medicines, diet, exercise, education, and monitoring.

Management of injection delivery for insulin and other injectable diabetes medicines is also a key part of supporting adherence and good blood glucose control.

This session provides the latest evidence for practical and comprehensive recommendations for diabetes injections and infusions, informed by the large international Forum for Injection Technique and Therapy: Expert Recommendations (FITTER) workshop in Rome 2015.

Professor Glen Maberly

Competencies (2010) addressed: 6.1.2, 6.2.1, 6.2.2, 6.2.3, 6.2.4, 7.1.2, 7.1.4, 7.2.1, 7.2.2, 7.2.3

BD

UP TO 1.5 CPD CREDITS GROUP 2

MARITIME ROOM 2 & 3
INNOVATIVE PRACTICE

Pharmacists in the home: provision of patient centric home based infusion treatments

Pharmacists have the opportunity to increase their contribution to patient care by extending the roles in which they practice. Embracing these new opportunities through innovative practice models not only diversifies the pharmacy workforce, it also allows pharmacists to have a greater impact on the health of Australians.

This session aims to assist pharmacists in having a greater understanding of providing home-based infusion services to patients. It will discuss what role pharmacists can play in providing these services, why they are beneficial to patients and their families, the costs to the patients, and how pharmacists are remunerated for these services. It will also discuss the additional knowledge and skills that pharmacists working in these roles have in order to be successful.

Julie Adams

Competencies (2010) addressed: 1.1.1, 1.1.2, 1.1.3, 1.2.1, 1.2.2, 1.3.1, 1.3.2, 1.4.1, 1.4.2, 1.5.2, 2.3.1, 2.3.2, 2.3.3, 3.3.1, 3.3.2, 3.4.1, 3.4.2, 3.4.3, 6.1.1, 6.1.2, 6.2.2, 7.1.4, 7.2.1, 7.2.3

UP TO 1.5 CPD CREDITS GROUP 2

MARITIME ROOM 4
HEALTH SERVICE DELIVERY

Adherence
Part 1: Clinical background

This 3 part series will expand on your knowledge of professional services and combine it with your Adherence knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of:

Part 1: There are many factors that affect patient adherence – uncovering drivers and barriers to patient adherence as well as patient perceptions of medication is key to supporting patients to achieve optimal outcomes. Changing the way pharmacists interact with their patients is important to running a successful adherence professional service. Equally important is uncovering and addressing motivational aspects to adherence and the degree of education provided to support adherence.

Dr Victoria Cardenas

Competencies (2010) addressed: 1.3.1, 1.3.2, 1.4.1, 4.2.1, 4.2.2, 4.2.3, 4.3.3, 6.2.2, 6.3.3, 7.1.2, 7.1.4, 7.2.1, 7.2.2, 7.3.1, 7.3.3.

Pfizer

UP TO 1.5 CPD CREDITS GROUP 2

WHARF ROOMS
COMMONWEALTH PHARMACY ASSOCIATION FORUM

1. The Global and Commonwealth's situation of forced displacement: A public health perspective

The world is currently witnessing a record number of forcibly displaced people since World War II, and at the same time an increasing push to restrictive refugee and asylum seeker protection policies. This complex situation has serious implications for public health systems and for healthcare professionals worldwide.

The presentation will discuss (i) the global situation of forced displacement and the increasing challenges refugees and asylum seekers face while trying to seek protection across borders; (ii) the refugee situation in some of the Commonwealth countries; (iii) the public health challenges of the global refugee crisis; and (iv) the current research evidence on the barriers and facilitators for accessing medication and pharmacy services among refugee communities resettled in high income countries.

2. Symposium: Healthcare in Crisis – a focus on refugees

The UNHCR emphasises the important role of an early health assessment for newly-arrived refugees. Collaboration between the General Practitioner, the Practice Nurse and the Pharmacist is vital to successful care with the establishment of relationships between the pharmacist, the patient and the other health providers.

The presentation will discuss (i) the common health issues that are identified and the role of medication in the successful treatment of these conditions; (ii) how the health of the refugee patient can be supported by the pharmacist (i.e. compliance, quality use of medicines, medicine safety); (iii) the importance of using qualified interpreters; and (iv) the role of pharmacists in supporting vulnerable communities beyond early re-settlement. This presentation will conclude with a recognition that working with refugees can be a deeply fulfilling professional experience.

3. Why pharmacists are needed in disasters and humanitarian crises?

Disasters and humanitarian crises consist of a complex mix of acute and chronic healthcare needs. Majority of this health care is provided by the military and humanitarian aid organisations during global disasters and humanitarian crises. Depending on the location of the disaster and the original healthcare structure in place, will determine what the specific healthcare needs of the community will be and what level of care can be provided. In the aftermath of a disaster, community services can collapse leaving patients with no other alternative but to turn to the hospital for basic needs. There is a definite place for pharmacists to assist in different roles during a disaster depending on the circumstances and competencies.

Community pharmacists in Australia are on the frontline of continuity of medication care, especially in the event of a disaster. There is no nationally accepted protocol on what the role of a pharmacist is during a disaster. Many community pharmacists feel they have a sense of duty to their patients to provide medicine and basic necessities in a disaster, sometimes in lieu of a prescription or money – utilising the 3-day emergency supply rule. The role of medics and nurses in both manmade and natural disasters is well recognised, but what about pharmacists? Ms Libby McCourt and Ms Kaitlyn Porter will discuss their research around the roles that pharmacists can play and the competencies that they would need to be of assistance in disaster management.

Asscociate Professor Ignacio Correa-Velez, Dr Margaret Kay , Libby McCourt, Kaitlyn Porter & Aiesha Ali

Competencies (2010) addressed: 1.1.1, 1.2.1, 1.2.2, 1.3.1, 1.3.2, 1.4.1, 2.1.1, 2.1.2, 2.1.3, 2.3.1, 2.3.2, 2.3.3, 3.3.1, 3.3.2, 3.4.1, 3.4.2, 3.4.3, 3.5.1, 3.5.2, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.2.3, 6.2.4, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.1, 7.1.3, 7.1.4, 7.2.3

UP TO 1.5 CPD CREDITS GROUP 1

GRAND BALLROOM 1
SPECIAL INTEREST GROUP FORUM

Rural Pharmacy Forum: employment opportunities and advanced scope of practice in rural settings

Pharmacists working in rural and remote locations are presented with unique challenges and opportunities. In many cases the diversity in practice to meet the particular health needs is rewarding and also requires ingenuity to understand the role of cultural and geographical factors. However, many practice in isolation. This session provides pharmacists working in rural and remote settings, the opportunity to meet, network, share their experiences to learn from each other.

The session will explore ideas for overcoming health inadequacies in the rural sector and opportunities for advancement learning from the international delegates.

Discussion will also include what advance practice and the 6CPA pharmacy trials mean in the rural context.

Lindy Swain, Taren Gill & Mark Kirschbaum

UP TO 1.5 CPD CREDITS GROUP 1

9:45 am - 10:30 am

MARITIME ROOM 1

Chronic auto-immune skin conditions: the role of biologic therapy and pharmacist support

Auto-immune skin conditions such as psoriasis and hidradenitis suppurativa (HS) are chronic, relapsing inflammatory skin disorders that can have significant impact on the quality of life of many Australians. With over 90% of HS undiagnosed in Australia, pharmacists can play a role in recognising the relapsing symptoms when patients present in the pharmacy for wound care treatment and the appropriate referral pathway to dermatologists.

This session aims to empower pharmacists to have a greater understanding of the pathophysiology of chronic auto-immune skin conditions like psoriasis and HS and the role in screening, referral and treatment with the new biologic treatments, wound care support and over the counter dermatology management.

Erin McMeniman (invited)

Competencies (2010) addressed: 2.3.1, 2.3.2, 2.3.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2. 6.2.3, 6.2.4, 6.3.3, 7.1.4

abbvie

UP TO 1.5 CPD CREDITS GROUP 2

MARITIME ROOM 2 & 3

Memorable pharmacist practice: How to engage with the hyper-informed and hyper-connected consumer

The internet has allowed for a greater dissemination of information, both evidence based and not. All of this information is readily available to the general public, many of which are unaware of how to evaluate the authenticity of the information. "Dr Google" is a common term used to describe those who use the internet to diagnose their symptoms prior to or in replacement of professional advice and diagnosis from a healthcare professional.

Pharmacists today are constantly faced with the challenge of a cohort of patients who come into the pharmacy equipped with information they have read online. This session aims to assist pharmacists in how to engage with these hyper-informed and hyper-connected consumers. How can we as pharmacists use this knowledge of the 'connected' consumer journey pre and post pharmacy visit to provide enhanced patient centred care? What role can pharmacists play to educate patients in how to seek out valid evidence based information from reputable source using the patients desire to be informed as a driver and motivator to find the correct information.

Robert Sztar

Competencies (2010) addressed: 1.2.1, 1.2.2, 1.3.1, 1.3.2, 2.1.3, 6.3.3, 7.1.4

UP TO 1.5 CPD CREDITS GROUP 2

MARITIME ROOM 4

Adherence
Part 2: Service delivery model

This 3 part series will expand on your knowledge of professional services and combine it with your Adherence knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of:

Part 2: The framework or service model to implement, evaluate and sustain an adherence professional service in your practice setting.

Dr Victoria Cardenas

Competencies (2010) addressed: 1.3.1, 1.3.2, 1.4.1, 4.2.1, 4.2.2, 4.2.3, 4.3.3, 6.2.2, 6.3.3, 7.1.2, 7.1.4, 7.2.1, 7.2.2, 7.3.1, 7.3.3.

Pfizer

UP TO 1.5 CPD CREDITS GROUP 2

10.30 am - 11.00 am

MORNING TEA
GRAND BALLROOM 2 AND FOYER WITH PSA STAND

SUNDAY 30 JULY 2017 *CONTINUED*

	MARITIME ROOM 1	MARITIME ROOM 2 & 3	MARITIME ROOM 4	WHARF ROOMS	GRAND BALLROOM 1
11.00 am - 11.40 am	**THERAPEUTIC UPDATE** **Narcolepsy** With the recent increase in treatment options for excessive daytime sleepiness associated with narcolepsy, this session will provide an update on the risk factors for and the pathophysiology of narcolepsy and assist pharmacists to have a better understanding of the treatment options available. This session aims to empower pharmacists to better counsel their patients with excessive daytime sleepiness due to narcolepsy, Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS) and shift work sleep disorder (SWSD) and to discuss various lifestyle measures to better manage their condition. ***Dr David Cunnington*** Competencies (2010) addressed: 6.1.1, 6.1.2, 6.2.1, 6.2.2, 6.2.3, 6.3.3, 7.1.4 UP TO 1.5 CPD CREDITS GROUP 2	**INNOVATIVE PRACTICE** **Dispatch, dispense, defend: inspiring pharmacist roles in the defence force** ***Lt Samuel Turner & Flt Lt Stephen Squires*** Pharmacists have the opportunity to learn about the life and roles of a Defence Force Pharmacist. These roles are very important to our country and the world as they involve the logistics of deployable health capability. In the first part of this session, Lieutenant Sam Turner will tell the story about his deployment to Camp Taji Baghdad in Iraq. This will include details about the health mission, preparing a force for deployment, the responsibilities of a pharmacist within a deployable hospital, the logistics of supply including the considerations for international boundaries and maintenance of the cold chain, and specific environmental threats and pharmaceutical considerations. He will conclude his presentation with a clinical case study. In the second half of the session, Flight Lieutenant Steve Squires will discuss the Air Force lifestyle, and the roles that exist for pharmacists within the Air Force. This includes information on Defence-specific pharmaceutical and logistics policy at the tactical, operational, and strategic levels. He will also discuss the different positions both domestically and internationally including aeromedical evacuations and deploying a field hospital. Competencies (2010) addressed: 1.1.1, 1.1.2, 1.2.1, 1.2.2, 1.3.1, 1.3.2, 2.1.1, 2.1.3, 2.3.1, 2.3.2, 2.3.3, 2.5.2, 3.1.3, 3.1.4, 3.3.1, 3.3.2, 3.4.2, 3.4.3, 3.5.1, 3.5.2, 4.2.2, 4.2.3, 4.3.1, 4.3.2, 4.3.3, 6.2.1, 6.2.2, 6.2.3, 6.2.4, 6.2.5. UP TO 1.5 CPD CREDITS GROUP 2	**HEALTH SERVICE DELIVERY** **Adherence** **Part 3: practice case studies & role models** This 3 part series will expand on your knowledge of professional services and combine it with your Adherence knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of: **Part 3:** Insights from current practice to master adherence service delivery. This will involve practical case studies for adherence services including important considerations across service delivery stages as well as critical success factors, challenges and continuous evaluation and improvement. ***Dr Victoria Cardenas*** Competencies (2010) addressed: 1.3.1, 1.3.2, 1.4.1, 4.2.1, 4.2.2, 4.2.3, 4.3.3, 6.2.2, 6.3.3, 7.1.2, 7.1.4, 7.2.1, 7.2.2, 7.3.1, 7.3.3 Pfizer UP TO 1.5 CPD CREDITS GROUP 2	**FORUMS** **Pharmacists in General Practice** A practice pharmacist is best defined as one who delivers clinical pharmacy services from or within a general practice medical centre or other primary care practice (multidisciplinary clinic, Aboriginal Health Service) through a coordinated, collaborative and integrated approach with an overall goal to improve the quality use of medicines by the patient. This facilitated session will enable pharmacists who are currently practicing in this area to network and share their experiences in this emerging field and will also provide an opportunity for pharmacist who are interested in this exciting new career pathway to meet and learn from others. UP TO 1.5 CPD CREDITS GROUP 1	**FORUMS** **Early Career Pharmacist Session:** **The ECP forum will launch the -** **Early Career Pharmacist White Paper: the future of pharmacist practice.** This is a unique opportunity for early career pharmacists, interns and students to be part of the vision for the future. The session will explore how we can optimise the contribution of pharmacists, overcome current challenges and champion the future of pharmacy to develop new and innovative opportunities. ***Dr Jacinta Johnson, Elise Apolloni, Amy Page, Jacquie Kiel, Sam Keitaanpaa, Steven David, Jo Foster*** NAPSA UP TO 1.5 CPD CREDITS GROUP 1
11.45 am - 12.30 pm	**Insomnia** With the recent addition of suvorexant in the treatment options for insomnia, the session will provide an update to the pathophysiology, treatment pharmacology and management of insomnia. This will support pharmacists provide quality use of medicines for the management of insomnia including where drug interactions and contraindications are present. This session aims to empower pharmacists to better equip them for counselling patients commencing on suvorexant, and understanding its role in the management of insomnia to support education to other health care professionals as part of a collaborative model of care. ***Dr David Cunnington*** Competencies (2010) addressed: 4.2.1, 4.2.2, 4.2.3, 4.3.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2. 6.2.3, 6.3.3, 7.1.2, 7.1.4, 7.2.2 MSD UP TO 1.5 CPD CREDITS GROUP 2	**Antimicrobial stewardship** This session aims to first explore the current interventions occurring in both a community pharmacy and hospital setting to support antimicrobial stewardship. Facilitated by world leading international expert, Sabiha Essack, the interactive workshop style session will empower delegates to share best practice, translate these from different practice settings and unpack how pharmacists can enhance their role as antimicrobial stewards. ***Professor Sabiha Essack*** Competencies (2010) addressed: 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.2.1, 1.2.1, 1.3.1, 1.3.2, 1.4.1, 1.4.2, 1.5.1, 1.5.2, 2.3.1, 2.3.2, 2.3.3, 3.4.1, 3.4.2, 4.1.2, 4.2.1, 4.2.2, 4.2.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.3.1, 6.3.2, 6.3.3, 7.1.1, 7.1.2, 7.1.3, 7.2.1, 7.2.3, 7.3.1, 7.3.2, 7.3.3 Reckitt Benckiser UP TO 1.5 CPD CREDITS GROUP 2	**Wound Care** **Part 1: Clinical background** Wounds are a common reason for presentation to pharmacy and pharmacists are well placed to assist patients to effectively treat and manage them. Often, a dressings request or purchase indicates a wound problem and provides the opportunity for engagement and service enhancement. For some patients, the wound itself is reviewed and treated, however a patient-centric approach to wound care is key to achieving desirable patient outcomes. Pharmacists have a role in providing effective wound management strategies that promote healing and prevent complications such as scaring and infection, as well as make appropriate referral when certain risks are identified. Identifying the opportunities to engage patients and better educate them in management of their wound is an important factor to establishing a wound care service. It is more than just supplying any dressing and related products, it involves engaging with the patient to ensure they understand how to manage their wound and related health aspects once they leave the pharmacy and guide them to seek additional advice. This 3 part series will expand on your knowledge of professional services and combine it with your Adherence knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of: **Part 1:** This session will provide you an overview of the latest clinical background, including new guidelines and treatments for wound management likley seen in the pharmacy. ***Associate Professor Geoff Sussman*** Competencies (2010) addressed: 1.1.1, 1.2.2, 3.1.2, 3.1.3, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 4.2.2, 4.2.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.2.4, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.3, 7.1.4 UP TO 1.5 CPD CREDITS GROUP 2		
12.30 pm - 1.30 pm	**SIT DOWN LUNCH - GRAND BALLROOM 2** **ABSTRACT AND POSTER AWARD PRESENTATIONS**				

SUNDAY 30 JULY 2017 *CONTINUED*

1.30 pm - 2.10 pm

MARITIME ROOM 1
THERAPEUTIC UPDATE

Medicinal cannabis

With the recent changes to the regulations surrounding the prescribing and dispensing of cannabis as a therapeutic agent, there has been much discussion in the pharmacy world.

The cultivation and manufacturing of medicinal cannabis into various products to treat different conditions presents the industry with a unique position as healthcare providers.

Potential indications for use include multiple sclerosis, glaucoma, Tourette's syndrome, epilepsy, cancer pain, palliative pain, neuropathic pain, chemo-induced nausea and vomiting, and AIDS-induced nausea and vomiting.

This session aims to empower pharmacists to have a greater understanding of the pharmacology of medicinal cannabis, its therapeutic uses, the available dosage forms and the counselling points for educating patients and their carers about medicinal cannabis.

Professor Nick Lintzeris

Competencies (2010) addressed: 1.1.1, 1.3.1, 1.3.2, 1.4.2, 4.2.1, 4.2.2, 4.2.3, 4.3.3, 6.2.1, 6.2.2, 6.3.3, 7.1.2, 7.2.1

AusCann Australasian Medicinal Cannabis

up to 1.5 CPD CREDITS GROUP 2

MARITIME ROOM 2 & 3
INNOVATIVE PRACTICE

Real-time prescription monitoring

The substantial increase in new drug entities, formulations, brands and quantities of psychoactive drugs since the beginning of the 21st Century has been accompanied by a parallel increase in harm from their misuse, causing concerns about patient safety. Fortunately, with new developments over the same period it is possible to improve on current outmoded safeguards of patient safety designed to enable informed decisions about the safety of supply, and coordinate treatment by multiple providers.

Trends in indicators of harm such as emergency department presentations, admissions for treatment of drug addiction, hospital admissions for opioid poisoning or neonatal abstinence syndrome and poisoning deaths in North America involving prescription opioid analgesics parallel trends of increasing supply. Similar trends are emerging in Australia.

A real-time prescription drug monitoring program will send dispensing data automatically to a central databank, where it can be accessed at the moment of care by authorised providers, to provide the full dispensing history of each patient. It will enable identification of patients who have exceeded thresholds that may indicate risk that requires clarification by each provider.

The Victorian government has committed $29.5 million to implementing real-time prescription monitoring in Victoria.

This session will provide information regarding the Victorian government's implementation of real-time prescription monitoring in Victoria, where $29.5 million has been allocated to resource the project.

Matthew McCrone

Competencies (2010) addressed: 1.1.1, 1.1.2, 1.1.3, 1.2.1, 1.3.1, 1.4.2, 2.1.1, 2.1.3, 2.2.1, 2.2.2, 2.3.2, 3.1.3, 3.3.1, 3.4.1, 3.4.2, 3.5.2, 6.1.2

up to 1.5 CPD CREDITS GROUP 2

MARITIME ROOM 4
HEALTH SERVICE DELIVERY

Wound Care
Part 2: Service delivery model

This 3 part series will expand on your knowledge of professional services and combine it with your Adherence knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of:

Part 2: The framework or service model to implement, evaluate and sustain a wound care professional service in your practice setting

Greg Duncan

Competencies (2010) addressed: 1.1.1, 1.2.2, 3.1.2, 3.1.3, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 4.2.2, 4.2.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.2.4, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.3, 7.1.4

up to 1.5 CPD CREDITS GROUP 2

WHARF ROOMS
FORUMS

Aboriginal Health Services Pharmacist:

Pharmacists working in Aboriginal Health Services are a subset of pharmacists with specific needs and skills. In many cases pharmacists working in these roles are providing innovative and diverse services that have the potential to be informative and relevant to the evolution of pharmacy services and inter-professional care, however many practice in professional isolation. This session, jointly facilitated by PSA and NACCHO will provide an opportunity for pharmacists who are currently practicing in ACCHOs or AHSs to meet and network. This session will also help to inform PSA about the needs of this group and empower PSA to drive the expanded role of pharmacists in this area.

up to 1.5 CPD CREDITS GROUP 1

GRAND BALLROOM 1
FORUMS

Accredited Pharmacists Session:
leading medicine reviews and QUM

The session will commence with a snapshot of the Australian review data and provide the latest update in medication review accreditation requirements, MSAC review outcomes, new standards release. The future of medication reviews will be explored with several research presentations, including deprescribing, medication review decision tool and the related pharmacy trials programs. This facilitated session also provides a great forum for pharmacists who are currently practicing in this area to network and share their experiences to meet and learn from others.

Susan Edwards

up to 1.5 CPD CREDITS GROUP 1

2.15 pm - 3.00 pm

MARITIME ROOM 1

Illicit drug use: pharmacology, facts and pharmacy impact

With the challenge of ever increasing illicit drug use in Australia, society is seeking ways to curb the problem. As particularly accessible members of the healthcare team, pharmacists are well placed to provide assistance to those who need help with issues relating to illicit drug use.

This session aims to empower pharmacists to have a greater understanding of the extent of illicit drug use in Australia compared to other countries, and will discuss geographical distribution and region-specific drug use patterns. The session will describe the pharmacology of illicit drugs and the short and long-term effects such drugs can have on an individual.

Pharmacists will learn how to identity those who may be at risk and what the next steps are for the pharmacist – who do they refer at risk people to? What else can the pharmacist do to minimise illicit drug-related harm?

The session will also explore the skills that pharmacists can attain to assist in managing people who may be at risk.

Dr Jacinta Johnson

Competencies (2010) addressed: 1.1.1, 1.1.2, 2.3.1, 2.3.2, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.2.4, 6.3.1, 6.3.2, 6.3.3

up to 1.5 CPD CREDITS GROUP 2

MARITIME ROOM 2 & 3

Pharmacy change to improve business and consumer outcomes:
Health Destination Success Stories

Pharmacies in Australia have never faced a more difficult financial climate, threatening closure of business and lost jobs. At the same time, pharmacists have the opportunity to further contribute to health care by increasing their engagement with consumers, implementing health services, and collaborating with local health professionals and the community.

But it's difficult to make it work in a busy pharmacy environment… The changes in practice that have occurred using the Health Destination program have enhanced consumer care and business outcomes.

"Health Destination is the human side of the pharmacy business: the side that has nothing to do with volume and everything to do with relationships…it is designed to provide you with the scaffolding that makes it easier for you to build deeper relationships with people" (Mark Pesce, Keynote speaker PSA16)

During this interactive session we will facilitate a panel discussion made up of coaches and those that are participating in the innovative Health Destination program. We will look at the key factors which make Health Destination Pharmacies successful, and you will hear real-life experiences of those who have invested in this internationally award-winning program. You will see a 'day in the life' of Health Destination coach and the key role they play in facilitating change

Rachel Dienaar & Laura Wilson

health destination™

Competencies (2010) addressed: 1.2.1, 1.2.2, 1.3.1, 1.3.2, 2.3.1, 2.3.2, 2.6.1, 2.6.2, 2.6.3, 3.1.2, 3.1.3, 3.1.4, 3.4.1, 3.4.2, 3.4.3

up to 1.5 CPD CREDITS GROUP 2

MARITIME ROOM 4

Wound Care
Part 3: Practice case studies & role models

This 3 part series will expand on your knowledge of professional services and combine it with your wound management knowledge to assist you to run a successful professional service. The Health Services Delivery stream is divided into 3 parts consisting of:

Part 3: Insights from current practice to master wound care service delivery. This will involve practical case studies for wound care services including important considerations across service delivery stages as well as critical success factors, challenges and continuous evaluation and improvement.

Greg Duncan

Competencies (2010) addressed: 1.1.1, 1.2.2, 3.1.2, 3.1.3, 3.1.4, 3.4.1, 3.4.2, 3.4.3, 4.2.2, 4.2.3, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.2.2, 6.2.4, 6.3.1, 6.3.2, 6.3.3, 7.1.2, 7.1.3, 7.1.4

up to 1.5 CPD CREDITS GROUP 2

3.00 pm - 4 .00 pm
Afternoon tea served in room

MARITIME ROOM 1 AND 2

CLOSING PLENARY

How do you capitalise on the three days of education, inspiration, new networks and key insights to enhance your practice and career as a pharmacist?

The closing plenary provides a declaration of the conference summary, including video highlights of your participation, to allow you to implement and innovate from tomorrow. PSA and CPA will showcase future initiatives to continue to lead pharmacy innovation, using the feedback from pharmacsts accross Australia and the Globe. The CPA president will have his final debut at PSA17 and hand the baton to the new president to take commonwealth pharmacy practice into the future.

Dr Lance Emerson, PSA President & CPA President

up to 1 CPD CREDIT GROUP 1