From the Chair

Russell Levy

Welcome to the first Newsletter for 2018. It’s back to basics this year for your Branch committee with a number of our traditional education events in the planning and also some new and novel ones. In September we look forward to hosting a NSW Branch Symposium again after a MM2017 induced hiatus last year. This year’s theme will be Pain and we aim to host it in September so stay tuned for more information about that to come. In 2018 we are also delighted to be reaping the benefit of all the fantastic work our technician committee observers have been doing by providing multiple new CE opportunities for our Technical workforce. Remember – you don’t have to be a technician to enjoy them, Assistants and Pharmacists also welcome! Take the time to learn a bit more about what our Techs are up to by reading the new piece titled ‘Tech Talk’ and ‘Two minutes with a Tech’.

Get to know some of our NSW members who have escaped the dispensary to attend recent conferences or are reporting on areas of practice which may not be the traditional roles we know of. Also, remember that now would be a good time to think about who you might think would be a good candidate to nominate for one of the 3 SHPA NSW Branch Committee awards and keep a look out for the call for nominations for these awards which will come out in due course.

This year we welcome several new faces on the Branch Committee and we have expanded our technician representation in order to better facilitate the role development objectives of SHPA. Have a look inside the newsletter to get a better understanding of who will be representing you in 2018.

The Branch looks forward to working for you throughout a busy 2018.

From the Editor

Mark Sheppard

Welcome to the first edition of the SHPA NSW Branch newsletter for 2018! I’m delighted to be taking over from Kathryn who has done a phenomenal job keeping you all updated with the recent news and events coordinated by the branch.

In this issue, expect to see all the usual content in addition to some brief introductions to the new committee members. We have also got Emma Glascott a MM2017 delegate who has kindly given us a re-cap on the successful Medicines Management Conference, whilst Alex McNamara shares his experiences from the Australian Society of Antimicrobials Annual Scientific Meeting held in Brisbane. We also sit down with Aimee Petersen to learn more about her role as the Critical Care Team Leader at Wyong Hospital and be sure to check out the range of upcoming Continuing Education events!

With plenty planned for 2018, future editions promise to be jam packed with content! Of course, if you do have any events or experiences you wish to share with our NSW members, please don’t hesitate to get in touch, always happy to consider any contributions. Otherwise I hope you enjoy reading this edition and we look forward to seeing you at some of our upcoming branch events!
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Tech Talk!

By Mark Clifford – Technician Observer, SHPA NSW Branch Committee

Hello Technician Members!–

We’ve had a very busy 2018 so far and lots of success in improving things for both SHPA Technician members and non-members alike. First up we have to acknowledge our new members. We had 15 members in 2017 and after a successful MM2017 conference here in NSW we now have 26 members (as of February). From a national perspective we have around 86 members, so it would be great to get 100 technician members this year. Keep promoting SHPA to your colleagues! On that note we welcome our newest Technician Observer to the NSW Branch – Lina Youssef, catch up with her in the profile section elsewhere in the newsletter.

For any non-members who may be reading this and thinking about joining we are pleased to announce SHPA have reduced the price of CE attendance to $25. (That’s HALF PRICE!). A fantastic result and great opportunity to try out some CE’s and see what you would get for your membership.

Speaking of CE’s our Technician Subcommittee met again in February and have started to flesh out the CE calendar for the rest of the year. Lots of ideas brought to the table and a definite drive to try for Tech CE’s led & presented by Technicians themselves. As CE’s are finalised we will let you know. Our next will be on Antimicrobial Stewardship on the 18th April at Westmead Hospital, join us on the webinar if you can’t make it in person.

Feedback from 2017 CE’s was the need to show evidence of attendance for those of you completing the Cert IV. The NSW Branch fed this back to Federal and Certificates of Attendance will now be issued to all attendees (both in person and on the webinar). Make sure you register beforehand or sign the attendance log on the night as certificates will be issued after the event.

Finally, the Medicines Management Committee for 2018 are now looking for conference ideas and examples of leadership, innovation and education. If you are, or you know of a colleague who is doing a fabulous job in these areas let them know. Contact the team through the Queensland branch email: qld@shpa.org.au.

Two Minutes with a Tech!

Meet Sophie Ngo, SHPA NSW Branch Technician Subcommittee member

Tell us a bit about yourself?
I am currently working at Royal Prince Alfred Hospital as a pharmacy technician and I have just come back on from maternity leave. I have previously worked in community pharmacy before I made the jump into hospital pharmacy at Royal North Shore Hospital. I have a one-year old baby boy and he takes up most of my time, but I also enjoy baking when I get the chance.

What motivated you to get involved with SHPA?
The motivation behind getting involved with SHPA was the opportunities in which the SHPA can provide. From the interesting continuous educational topics to the vast network that the SHPA can offer especially when seeking information and assistance. It is nice to be able to communicate with people from the same field.

Where do you see our profession in 10 years?
It is difficult to view how our profession as pharmacy technicians will be in 10 years, but with all the new technology that is being available, it would be nice to see pharmacy technicians play a bigger role in patient care, from being able to give counselling about medication or even playing a larger role in the clinical side to pharmacy.

What was your first job?
My first real paid work was in the telecommunication field. I was working for Vodafone and managed to become a manager after 2 years of working there.

What are your professional interests?
My professional interest lies in the field of Clinical Trials. I was given the opportunity to have a rotation in Clinical trials when I was working at RNSH and since the first day, it’s become one of my favourite area in pharmacy. Being able to start a trial up to watching it grow never ceases to amaze me.

If you weren’t a technician, what do you think you would be doing?
If I was not a technician, I believe I would be dessert connoisseur specialising in cupcakes and maybe turn that into a career.

Name one thing you would put on your bucket list?
To be able to travel to every continent at least once.

Describe yourself in three words.
Bubbly, Easy-going and creative.
Murrumbidgee Local Health District (MLHD) provides a range of healthcare services to the Riverina and Murray regions of NSW covering a geographic area of 125,561 square kilometres.

MLHD operates 33 hospitals of varying sizes delivering a range of acute and aged care services. It serves a population of around 241,000 of which 4% are of Aboriginal and Torres Strait Islander descent.

Pharmacy Services to the LHD are delivered via a ‘hub and spoke’ model whereby pharmacists based at larger hospitals support district hospitals and MPS facilities remotely and through regular onsite visits. A larger team of pharmacists and technicians is based at the two base hospitals of Wagga Wagga and Griffith. Deniliquin, Young and Tumut Hospitals are other ‘hub’ sites with small pharmacy teams. A new ‘hub’ position will commence shortly based out of the Murray River town of Corowa. All Health services in the LHD receive at least a once monthly onsite visit with some of the district hospitals receiving a visit from a pharmacist weekly or fortnightly.

Regular onsite facility visits by pharmacists are invaluable in supporting medication safety practices. However, the opportunity for pharmacists to provide improved support to all health services in the district has increased significantly with evolving telehealth models. Currently, a priority of MLHD is to develop a sustainable model of service for a remotely based ‘hub’ hospital pharmacist to conduct medication reconciliation, pharmaceutical reviews and provide increased antimicrobial stewardship support. The use of videoconference technology has also increased capacity of pharmacists to deliver medication related education sessions to a greater audience of clinicians across more facilities.

One of the greatest challenges for the MLHD pharmacy team is to support patients admitted to facilities without an onsite pharmacist to receive the same level of pharmaceutical care that is provided to patients at hospitals where our pharmacists are based. To achieve this, it is essential we have a close working relationship with nursing staff, GP’s and community pharmacies in each town who all understand the role of the LHD ‘hub’ based pharmacist supporting their facility.

It is an exciting time to be working in rural and regional hospitals in NSW. The pending implementation of eMeds to all rural LHD’s will enable more timely access to patients’ medicines information for our ‘hub’ based pharmacists as well as providing opportunity to explore new and improved models of pharmacy service that can be delivered to facilities without onsite pharmacists. The development of a Rural LHD formulary for the 6 Rural LHDs also provides an opportunity to improve quality use of medicines in our populations and collaborate more with colleagues from other rural LHD’s to reduce duplicative work and use our resources more effectively.
**Cannabis Medicines Advisory Service**

The NSW Government has launched a Cannabis Medicines Advisory Service (CMAS) to provide clinical support to medical practitioners considering the therapeutic use of a cannabis medicine. Based at John Hunter Hospital at Hunter New England Local Health District, it is staffed by a specialist physician (with expertise in general medicine and clinical pharmacology) and clinical pharmacists. Health care professionals can access the service by calling the CMAS Hotline (02) 4923 6200 (9am - 5pm Monday-Friday) or email HNELHD-CMAS@hnehealth.nsw.gov.au


Copy and Paste URL for more information

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**What’s happening with SHPA workforce initiatives?**

**LOTS!**

Through its workforce transformation initiatives, the Society of Hospital Pharmacists of Australia is driving change to ensure the pharmaceutical workforce (pharmacists and pharmacy technicians) has the capacity, capability and flexibility to function within an ever-changing healthcare system.

SHPA’s three key workforce projects are our:

- Residency Program https://www.shpa.org.au/residency-program
- National Translational Research Collaborative https://www.shpa.org.au/ntrc
- Technician Redesign project https://www.shpa.org.au/techroleredesign

We’ve also been working closely with Advancing Practice, an independent credentialing program for pharmacy that incorporates a robust evaluation of practitioner practice portfolios against an advanced practice framework. Find out more about Advancing Practice at: www.advancingpractice.com.au

**SHPA Residency:**

At the end of last year, SHPA awarded accreditation to a second wave of residency programs who demonstrated compliance with the SHPA Accreditation Standards for pharmacy residency programs.

There are now 37 provisionally accredited programs and some Wave 2 hospitals have already begun their programs. Nearly 150 residents are registered as SHPA residents in this structured, formalised two-year professional development program. There are currently four NSW hospital pharmacy accredited residency programs (Blacktown Hospital, Royal North Shore Hospital, Tamworth Rural Referral Hospital and the Randwick Campus Hospitals). SHPA is working at branch and national level to support more NSW hospitals to offer SHPA Residency in future.

**National Translational Research Collaborative:**

SHPA’s National Translational Research Collaborative (NTRC) now has over 240 individual members and 38 organisational members. Included in its overall aims is to foster the development of research skills, knowledge, capability and capacity. As part of the membership application, most pharmacists (72%) identified as novice or beginner researchers. 25% identified as competent or proficient researchers and 3% as expert researchers. Membership data shows experience is most lacking in securing research funding; analysing qualitative research data; writing for publication in peer reviewed journals; and providing research supervision and advice to less experienced researchers… and this is where the NTRC can help. Go to the NTRC webpage and join. Its free!

**Technician Role Redesign:**

SHPA is working to soon release a discussion paper focused on a review of standards and workforce definitions currently included in the ‘Pharmacy Assistants and Technicians Supporting Clinical Pharmacy Services’ section of the Standards of Practice for Clinical Pharmacy Services. Input from NSW hospital pharmacists and pharmacy technicians is welcome. Look out for our upcoming consultation process.

To find out more about any of these workforce projects, contact Andrew Matthews, General Manager of Workforce Transformation at SHPA: amatthews@shpa.org.au
Update on Electronic Medication Management in NSW

Rosemary Burke - District Director of Pharmacy and CPIO, Sydney Local Health District

For many pharmacists in NSW electronic medication management (eMM) is quite new or about to happen. There are approximately 30 public hospitals live in NSW with another 178 planned utilising either Cerner Millenium PowerChart™ or MedChart™. But this wasn’t always the case. My journey with eMM commenced in 2004. Our first ward at Concord went live with PowerChart™ in 2007. This soon became 5 wards followed by 170 mental health beds in 2015, and then most of the hospital in 2016. Recently I have been involved in the go-live for RPA hospital and a trial within the ICU unit of Concord Hospital and PowerChart™ Oncology will be implemented at these sites later this year.

eMM changes the way clinicians work and it fundamentally changes how clinical pharmacists practice. I believe the biggest impact of eMM is on pharmacists. How and where we do our work changes. This is true whether we are on the wards, counselling an inpatient or working on a discharge prescription. Many medication errors are solved by eMM however some new errors are created, and pharmacists are adept at ensuring these are detected and resolved. Personally, I think eMM has drawn the amazing work pharmacists do to the attention of senior clinicians and the executive within the hospital as it has embedded our role in maintaining quality use of medicines and patient safety.

Over the years there have also been some challenges especially in implementing a system from USA where pharmacies are 24/7 with automation and unit doses. A system that was designed for a pharmacist to “verify” the majority of doses before a nurse is able to administer medication. How did we keep our limited pool of pharmacists up on the wards when you can see most things remotely? How do we take the safety principles embedded in our paper systems and move them in the electronic world? I think transitions of care and hybrid electronic/paper records remain the most challenging aspects.

Initially our teams for implementation were very small however now for Cerner sites the implementation team has analysts, change managers, application specialists and project staff. The challenge is for those left at the end of the implementation to be aware of all the changes implemented and decisions and discussions prior to go-live.

eMM has brought new roles for pharmacists. This may be as part of the project and implementation team, as a trainer or as an application specialist. Many pharmacists have been involved in outcomes and evaluation. My own district has created some new roles such as a senior clinical pharmacist for eMM who works with a facility based “business as usual” team led by a senior nurse manager with nurses and a JMO assisting clinicians with adoption and workflows. eMM has also brought about new roles working with Information Clinical Services by creating CXIO roles i.e. Chief Medical Information Officer, Chief Nursing Information Officer or the new role I am currently acting in which combines District Director of Pharmacy and Chief Pharmacy Information Officer. CXIO positions are about ensuring clinician leadership in information services, embedding safety and ensuring clinical priorities are being addressed.

Decision support has been another area where pharmacist’s expertise and knowledge of regulation, human factors and medication safety principles have proven invaluable. Deciding what level of active decision support will improve safety without being so intrusive that clinicians override all warnings. Analysing when errors happen and rather than writing a policy or educating staff making it harder for the same thing to happen again e.g. adding a pop-up reminder, writing a new order sentence, investigating a new workflow. Revisiting better workflows for insulin, or anticoagulants, how to integrate antimicrobial stewardship with eMM have all been areas where pharmacists have contributed.

Pharmacists need to be prepared to change. New technology means new workflows and incremental changes in technology may change those workflows. At Concord Hospital pharmacy in 2017 workflows were changed three times: once when the JMO tasklist was introduced, again when we implemented eMR and lastly when RPA went live and we had access to the “pharmacy patient monitor” a new way for nurses to request medicines from pharmacy.

eMM is both challenging and exciting. I urge hospital pharmacists to get involved if the opportunity arises.
Medicines Management Conference 2017 – An Overview

By Emma Glascott – Antimicrobial Stewardship Pharmacist Royal Prince Alfred Hospital

The 43rd SHPA national conference was held on November 17th to 19th in Sydney at the recently opened International Convention Centre (ICC) at Darling Harbour.

I was fortunate to attend the Leadership Bootcamp as part of the pre-conference program. The boot camp was facilitated by the American Society of Health-Systems Pharmacists (ASHP) and featured presentations by several wonderful speakers. Part of the workshop included developing and presenting an elevator pitch requesting additional funding. Luckily, I was part of the table that was voted as delivering the best elevator pitch! As a result, our entire table won an eBook with thanks from ASHP.

Friday the 17th November kicked off the official start of the conference. Being an AMS pharmacist you might assume I attended all the Infectious Diseases streams, however this was not the case. Following an excellent plenary session by Zubin Austin I attended the toxicology session where I learnt we often give more of an antidote than is actually required. I also learnt that following ingestion of Amanita phalloides (AKA death cap mushrooms) if you don’t have access to Silibinin you can potentially use Rifampicin or Polymyxin B (it’s amazing how often antimicrobial use can pop up!). Friday afternoon finished off with discussions into the future of hospital pharmacy and then the welcome reception.

Day two saw me attending the controversial conversations stream of the invited speaker sessions where the ethics surrounding organ transplantation was highlighted. One question raised was whether it is ethical to operate on a healthy person who does not require surgery? Later that day I attended a fantastic contributed paper regarding forcing functions within eMM by Natalie Tasker. Working at a hospital with mandatory indication fields in eMeds I often find non-meaningful indications provided. After attending Natalie’s session, I now tell junior doctors “if you’re the after-hours JMO called to review a deteriorating patient wouldn’t you like to know why a medication was started that afternoon rather than seeing a full stop as the indication?” Thanks for the fantastic advice about non-meaningful indications during your talk Natalie!

Saturday night everyone donned their finest and headed to the ball. It was a night of glitz and glamour and I’m sure there were many delegates with sore heads the next day!

Sunday saw me running all over the place to try and catch the talks that interested me. The quality of work presented was fantastic by all involved. Sunday afternoon saw the end of the conference with a plenary session by Michael McQueen who talked about generational differences. Michael delivered a thoroughly informative and humorous presentation that was a great way to end the conference.

Overall, I found the conference an amazing experience and would highly recommend that anyone interested in hospital pharmacy endeavour attending the next Medicines Management Conference in Brisbane 2018.
By Alex McNamara Clinical Pharmacist, Royal Prince Alfred Hospital

They say Queensland is “beautiful one day, perfect the next”. Unfortunately, this old slogan certainly did not reign true for Brisbane, at least in the last weekend of February 2018 as we were met with unrelenting rain and overcast conditions. Weather aside, attending and presenting a poster at the Australian Society for Antimicrobials (ASA) 19th annual scientific meeting “Antimicrobials 2018” was an enjoyable and rewarding experience.

The meeting was held in the Brisbane Convention and Exhibition Centre and consisted of three jam packed days with, symposiums, keynote addresses, proffered papers and plenty of delicious baked goods. Attendees were treated to addresses from some of the greatest international and local minds in the antimicrobials field which catered to a wide range of professions including microbiologists, infectious diseases experts, pharmacists and veterinarians to name a few.

Day 1 had a heavy focus on the role of animal production in the emergence of antimicrobial resistance. Who knew that animal production accounts for approximately 70% of all antimicrobial use worldwide?!!! We were also provided with an update on how to use some of the new antimicrobial therapeutics and given an overview of the recently updated Australian and American C. difficile guidelines. The day culminated with the Howard Florey Oration presented by Dr John Turnidge who focused on susceptibility testing in the 21st century.

Day 2 saw the theme of antimicrobial resistance continue with interesting presentations on emerging therapeutics in multi-resistant tuberculosis and the recent multi-drug resistant N. gonorrhoea outbreak proving to be highlights. In the evening, poster authors were asked to present their work and it was great to see a strong number of NSW pharmacists involved.

Day 3 brought the much-anticipated pharmacy symposiums. These sessions focused on surgical prophylaxis and also covered content on antimicrobial prescribing in pregnancy and infections in the returning traveller. The meeting then came to a close.

Overall, attendees had a great time and I encourage anyone interested in antimicrobials to attend next year!
By Aimee Petersen – Critical Care Team Leader, Wyong Hospital

What is your role at your hospital/site?
I am the Critical Care Pharmacist and Medical Team Leader at Wyong Hospital on the Central Coast. This means I split my work between clinical and non-clinical duties. My clinical load comprises of the Intensive Care Unit and overseeing a Grade 1 Pharmacist in the Coronary Care Unit. My non-clinical duties involve the development, mentoring and management of a team of Grade 1 Pharmacists who cover the Medical patients at Wyong Hospital.

Describe a typical day of work at your site
My day begins by generating the list of patients that require medication histories for the patients covered by myself and my team as well as identifying, through after-hours access and other means, which ongoing inpatients require subsequent pharmaceutical reviews due to length of stay, presence of high risk medications or abnormal laboratory results. We then have a huddle as a team at the start of each day to discuss the plan for the day both clinical and non-clinical such as scheduled learning times and presentations. Throughout the day I facilitate ongoing communication between team members to track the progress of our workloads and assist/delegate where needed. I ensure I head to ICU each day and that all critical care patients are seen every day including the coronary care and stroke patients. Twice a week I participate in multidisciplinary team rounds in ICU and also twice weekly microbiology rounds with the ICU Physicians, ID Physicians and AMS Pharmacist. Being the team leader, if any team members are away I provide backfill into their clinical role and as much as staffing allows I roster and support dedicated learning and rounding times for my team members to foster their growth and professional development.

How did you come to work in this area
I had the privilege of being mentored by the previous Critical Care Pharmacist who helped develop and foster my clinical knowledge in both Cardiology and Intensive Care as well as having a supportive Chief Pharmacist who, in her own words, knew the importance of “getting out of the way” and letting their staff become what they aspired to be. Through their support and mentorship, I was able to gain experience in these clinical areas, pursue critical care learning plans as well as participate in an inter-state observership to see how ICU Pharmacists practice in the Alfred Hospital in Melbourne. I was self-directed in advancing my knowledge in this area and attendance at SHPA courses had a large impact on this. In terms of the team leader aspect of my role, this is an area of practice I have always been interested in. I enjoy assisting others to develop their practice and this position has formalised a role which is commonly undertaken by most senior pharmacists. I also have a strong interest in continual enhancement of the service provision and this role has enabled me to pursue this. The combined clinical and non-clinical role was trialled when we implemented a medical team-centered Pharmacy service at Wyong Hospital and I was fortunate enough to trial the role of team leader whilst acting as the AMS Pharmacist and providing clinical cover to ICU. The success of this trial led to the formalisation of the new structure and with it the role of team leaders which are being rolled out across the district currently. The role has changed and evolved a lot since this trial, as have I and the way I approach my job. Feedback from team members and trialling different strategies and approaches to see what works has played a large part in its evolution.

What are the key challenges in this area of practice
The key challenge I find in my job is balancing the clinical and non-clinical duties especially when I am called on to provide backfill. In a discipline such as ours where the work is never finished, and patients are continually turning over, I find it a constant struggle to pull myself or members of my team away from clinical areas in order to fulfil non-clinical duties, even though logically I know these are just as important. I need to continually remind myself to focus on the important not the urgent and to adjust my expectations when situations change such as reduced staffing or periods such as winter when workload is higher.

What is the most satisfying part of your work
Without a doubt the most satisfying part of my job has been seeing our team come together, develop and reach its goals. I lead a relatively junior team and it is extremely satisfying to see them develop, learn and improve. We have travelled through the stages of team development to reach a point of high performance where we work cohesively in an efficient, functional yet fun way. I used to gain satisfaction from knowing I was providing excellent care to as many patients as possible by working efficiently in my clinical area. Now I get satisfaction knowing I am leading and assisting my team to do this across a broad range of clinical areas within the hospital. It is extremely rewarding to see their pride and satisfaction in their own work as they progress and develop. It is also extremely fulfilling to see the respect and consideration they have for each other and how well they work together and support one another to achieve their goals and share the work.

What resources do you find particularly useful
The SHPA discussion forums are an excellent source to share information and questions. I also find Life in the Fast Lane a quick and useful critical care resource. In terms of developing as a leader I have found my colleagues and my manager to be the best resources to give me honest and constructive feedback as I learn these skills and how to apply them.

Advice to anyone interested in working in this area of practice
Just jump in and give it a go. Don’t let critical care areas scare you too much. As long as you have support and you know your limitations the best way to learn and develop in this area is to gain experience in it. Articles and textbooks can only teach you so much, you need to see and do it every day to cement your learning. Working in critical care areas teaches you to review your patients in a different way and to consider other aspects of care that can affect medications you may not have previously considered. For people interested in being team leaders, never underestimate the value of feedback from your teams.

What do you see as the future of practice in this area
I think structuralised team work is a very logical and effective way of moving forward in pharmacy practice. It facilitates effective distribution of work and the sharing of skills and knowledge amongst different levels of Pharmacists. In my experience it has also led to a very supportive and satisfying work life.
Welcome to the NSW Branch Committee

Mark Sheppard – Newsletter Editor

Tell us a bit about yourself?
I am the eMeds Pharmacy Clinical Lead at Royal Prince Alfred, currently doing a mix of eMeds and clinical work. I qualified with a bachelor’s degree in 2012 and have previously worked at Gosford and Wyong Hospital.

What motivated you to get involved with SHPA?
I was the student observer on the NSW Branch Committee in 2012 and have always been keen to get involved again. It’s an exciting time for hospital pharmacy in NSW with many changes having been implemented and plenty more on the horizon. I look forward to representing our members as we forge new paths over the coming years.

Where do you see our profession in 10 years?
I remember answering this question at the start of 2012 and thinking that in 2022 pharmacists would be heavily involved in making drug and dose recommendations based on a patient’s genetic profile. Given that we only have 4 years left, I’m thinking it might be more possible for 2028! I think the next big thing is pharmacy is automation. We are already seeing it in retail pharmacies and I don’t think it will be long until we have automated hospital pharmacy dispensaries.

What was your first job?
My colleagues at RPA will probably enjoy reading this more than I care to admit, but my first job was working at the local corner shop. My main role, stocking the drinks in the cool room over summer.

What are your professional interests?
My main professional interests are eMeds, medication safety, quality improvement, geriatrics and mental health.

If you weren’t a pharmacist, what job do you think you would be doing?
Something left field, like gardener or painter. Probably wouldn’t be good at either so I’ll stay in pharmacy.

Joanna Tsang – Minutes Secretary

Tell us a bit about yourself?
I’m working in the Concord Hospital as the Senior Clinical Pharmacist. I’ve been registered for almost 20 years (I feel older now that I have counted the number!) and have been at Concord for half that time. I’m really enjoying my role and am continuing to improve my knowledge and skills for this role.

Outside of work I’d probably be seen as a usual mother of 2 kids. I’ve decided it’s never too late to learn something new so have started to learn ice skating and bike riding.

What motivated you to get involved with SHPA?
I’ve always been interested to get more involved. In the earlier years I was involved with the young pharmacists’ group of the PSA. It was great having the opportunity to meet other interested pharmacists and work on projects together. With the kids at school now, I feel it is a good time to put in my contribution. I’m looking forward to having this opportunity to do more for pharmacists across the state.

How do you want the profession to evolve over the next 10 years?
More collaboratively – the SHPA discussion forums on different interest streams have been great. Hopefully NSW Pharmacy services can match our neighbouring states’ (in funding, staffing situation and in range of services) by that time. Be more recognised/better utilised for our role and input (by other professionals). The role of Pharmacy technicians can be better promoted as a career path.

What was your first job?
Following my work experience placement, at the local orthodontist’s surgery as an assistant.

What are your professional interests?
Quality improvement in service provision. Aseptics & TPN. General hospital clinical pharmacy areas.

If you weren’t a pharmacist, what would your career be?
I would be a computer programmer!
Welcome to the NSW Branch Committee

Aryan Shahabi-Sirjani - Treasurer

Tell us a bit about yourself?
I am an Antimicrobial Stewardship Pharmacist at Royal North Shore and Ryde Hospitals. I completed my BPPharm majoring in Industrial Pharmacy at the University of Sydney in 2014, then completed a Professional Honours with the University of Tasmania in 2015 while being an intern at Gosford Hospital. I’m currently completing my Masters in Infectious Diseases with the London School of Hygiene and Tropical Medicine. During summer I’m a Surf Lifesaver at Tamarama Beach, and also serve as the Registrar and Assistant Secretary of Tamarama Surf Life Saving Club.

What motivated you to get involved with SHPA?
Ever since liaising closely with the SHPA during my gig as Vice President of SUPA, I admired the vision and determination of the SHPA to progress pharmacy and support pharmacists in advancing their practice. The SHPA has always had a consistent message it has delivered and continues to fight for the need for pharmacists to be central in optimising medication management both inside and outside hospital pharmacy. I look forward to making a positive contribution to the great work already being done.

How do you want the profession to evolve over the next 10 years?
Over the next 10 years I want pharmacy to evolve into an optimistic profession, focused on evidence-based medicine and on utilising the talents of pharmacists to better the health care of all Australians. To achieve this, we’ll need to adapt models from overseas and mould them into Australian pharmacy practice. I envision a profession where specialty practice is formalised and pharmacists can confidently and resourcefully work side by side with medical and other health care professionals. For this to be achieved we need to speak up as a united voice to encourage government and private enterprise to better recognise and support our profession.

What was your first job?
My first real job was as a Staffer to the former NSW Health Minister when she was Shadow Health Minister. My role largely involved receiving letters, emails and phone calls from constituents with concerns and ideas on the health care system. This opportunity really gave me an insight into the complexity of the health care system and an appreciation for the impact ever day people can have on governments and their delivery of adequate resources and standards for hospitals to achieve the best outcomes for patients.

What are your professional interests?
Infectious Diseases Pharmacy is my clinical passion, especially in acute and critical care settings. The complexity and critical nature of these patients, combined with the need for judicious selection of antimicrobials, makes this a challenging field that always keeps me interested! I’m also very passionate about representative pharmacy and hope to be a positive voice for the profession.

If you weren’t a pharmacist, what would your career be?
If I wasn’t a pharmacist, I would’ve loved to have become a pro surfer and travelled the beaches of the world. Once I retired from that I would’ve become your 6PM Seven News anchor and been your trusted news source every night.

Evie Armstrong Gordon – Intern Observer

Tell us a bit about yourself?
I have recently completed a Bachelor of Pharmacy at the University of Sydney with a University Medal. I am now currently completing my internship on the Northern Beaches between Mona Vale and Manly Hospitals. One of the perks of my job is being able to go for a swim at the beach straight after work.

What motivated you to get involved with SHPA?
I love being involved with the profession and keeping up to date with where the pharmacy industry is at. I enjoy liaising with peers, academics and professionals and the interplay and exchange of ideas that such opportunities allow. As an intern observer for SHPA, I have an opportunity to take part in these conversations that shape the future of hospital pharmacy.

Where do you see our profession in 10 years?
I think we’ll be seeing more opportunities for structured learning and advancing career pathways for young pharmacists with the introduction of the residency program and advanced practice. In practice, the role of the pharmacist will expand to include contributions of pharmacists to treatment guidelines for specific patient populations or conditions. I think there will also be more responsibility for pharmacists to monitor medication effects (whether that be ordering tests, assessments and triaging patients in primary care settings).

What was your first job?
My first job was at a chicken and chip shop! I worked there for about four years and I still go back to help out every now and then. I started working in a community pharmacy during my degree and loved having such close contact with the general public.

What are your professional interests?
Providing and enabling opportunities for clinical education and conducting high quality research to inform both local and national policies and guidelines.

If you weren’t a pharmacist, what job do you think you would be doing?
I think I’ve always been destined for a profession in the health field. If I wasn’t a pharmacist, I would probably be interested in pathology and the biomedical sciences. Although, I wouldn’t say no to a history degree and the opportunity to dig up some long-lost remains of an ancient civilisation.

Welcome to the NSW Branch Committee

Aryan Shahabi-Sirjani - Treasurer

Tell us a bit about yourself?
I am an Antimicrobial Stewardship Pharmacist at Royal North Shore and Ryde Hospitals. I completed my BPPharm majoring in Industrial Pharmacy at the University of Sydney in 2014, then completed a Professional Honours with the University of Tasmania in 2015 while being an intern at Gosford Hospital. I’m currently completing my Masters in Infectious Diseases with the London School of Hygiene and Tropical Medicine. During summer I’m a Surf Lifesaver at Tamarama Beach, and also serve as the Registrar and Assistant Secretary of Tamarama Surf Life Saving Club.

What motivated you to get involved with SHPA?
Ever since liaising closely with the SHPA during my gig as Vice President of SUPA, I admired the vision and determination of the SHPA to progress pharmacy and support pharmacists in advancing their practice. The SHPA has always had a consistent message it has delivered and continues to fight for the need for pharmacists to be central in optimising medication management both inside and outside hospital pharmacy. I look forward to making a positive contribution to the great work already being done.

How do you want the profession to evolve over the next 10 years?
Over the next 10 years I want pharmacy to evolve into an optimistic profession, focused on evidence-based medicine and on utilising the talents of pharmacists to better the health care of all Australians. To achieve this, we’ll need to adapt models from overseas and mould them into Australian pharmacy practice. I envision a profession where specialty practice is formalised and pharmacists can confidently and resourcefully work side by side with medical and other health care professionals. For this to be achieved we need to speak up as a united voice to encourage government and private enterprise to better recognise and support our profession.

What was your first job?
My first real job was as a Staffer to the former NSW Health Minister when she was Shadow Health Minister. My role largely involved receiving letters, emails and phone calls from constituents with concerns and ideas on the health care system. This opportunity really gave me an insight into the complexity of the health care system and an appreciation for the impact ever day people can have on governments and their delivery of adequate resources and standards for hospitals to achieve the best outcomes for patients.

What are your professional interests?
Infectious Diseases Pharmacy is my clinical passion, especially in acute and critical care settings. The complexity and critical nature of these patients, combined with the need for judicious selection of antimicrobials, makes this a challenging field that always keeps me interested! I’m also very passionate about representative pharmacy and hope to be a positive voice for the profession.

If you weren’t a pharmacist, what would your career be?
If I wasn’t a pharmacist, I would’ve loved to have become a pro surfer and travelled the beaches of the world. Once I retired from that I would’ve become your 6PM Seven News anchor and been your trusted news source every night.

Evie Armstrong Gordon – Intern Observer

Tell us a bit about yourself?
I have recently completed a Bachelor of Pharmacy at the University of Sydney with a University Medal. I am now currently completing my internship on the Northern Beaches between Mona Vale and Manly Hospitals. One of the perks of my job is being able to go for a swim at the beach straight after work.

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Welcome to the NSW Branch Committee

Aili Langford – Intern Observer

Tell us a bit about yourself?
In 2017, I completed a Bachelor of Pharmacy (Honours) at the University of Sydney and I am currently working as an Intern Pharmacist at The Sutherland Hospital. My interests include playing field hockey and singing along to Taylor Swift songs on my drive to work each morning.

What motivated you to get involved with SHPA?
I have been a student member of the SHPA throughout University, but after attending a seminar last year run by the SHPA, I decided that I wanted to be more actively involved. As a branch member of the NSW SHPA I hope to network with other engaged members of the profession, contribute to existing programs and new initiatives, and act as an advocate for NSW hospital interns.

How do you want the profession to evolve over the next 10 years?
With advancements in the field of pharmacogenomics, I think there will be greater opportunities for pharmacists to be involved with the individualisation and optimisation of patients’ medications. In the next decade, I imagine that we will be able to better utilise pharmacogenomic information to tailor treatments to our patients, subsequently improving outcomes and reducing adverse effects.

What was your first job?
My first job was working as a part of an Officeworks marketing team.

What are your professional interests?
As an Intern pharmacist, I am enjoying getting a taste of many different areas of clinical practice. I am very interested in neurological and mental health medications, particularly the use of psychotropic medicines in elderly populations.

If you weren’t a pharmacist, what would your career be?
I have always seen myself being a Newsreader if pharmacy doesn’t work out.

Kylie Tran – Intern Observer

Tell us a bit about yourself?
I’m an Intern Pharmacist at Bankstown-Lidcombe Hospital. I initially worked at the hospital as a pharmacy assistant during my fourth year at University. Earlier this year I was fortunate enough to obtain the Intern position. Other than my passion for pharmacy, I also enjoy travelling to foreign places, going to the beach and doing makeup.

What motivated you to get involved with SHPA?
I was involved with SUPA and thoroughly enjoyed the challenge that came with my role as Professional Development Officer. In this role I felt accomplished when I was successful in organising many of the educational events for the student body. This feeling of helping those around me and being a strong voice for my fellow peers, led me to get involved with SHPA. I was also able to work closely alongside SHPA and meet the many wonderful people on the committee. Knowing that I wanted to pursue a career in hospital pharmacy and the great things that SHPA do, it was a no-brainer for me to join.

Where do you see our profession in 10 years?
The profession is already changing rapidly with every pharmacy agreement made. I would like to see a more united partnership with hospital and community pharmacy. I still work in both fields and I find that the division is strong. Helping patients get better is a unanimous goal for all and the transition from hospital back to home can be improved when pharmacist from both fields work collaboratively to look after our patients.

I am a big advocate for professional development and strongly believe that one can keep on learning and improving. I would like to see more specialist roles for pharmacist so that we can all improve our skills.

What was your first job?
My first job was at Chemistworks when I was 15… and I’m still there!

What are your professional interests?
My professional interest lies within mental health. Before studying about it at university, I didn’t realise how complex, intricate and how common mental health issues are. It is highly individualised and working out an appropriate therapy can be challenging.

If you weren’t a pharmacist, what job do you think you would be doing?
I think the first ever job I wanted was to be the host of a travel show. I used to watch Catriona Rowntree on Getaway and envy how fun her job looked!
Welcome to the NSW Branch Committee

Lina Youssef – Technician Observer

Tell us a bit about yourself?
I have been a dispensing technician for 13 years. In that time, I have worked in community pharmacy for 5 years before moving to hospital pharmacy in 2010 where I worked in the private sector of Prince of Wales as well as St Vincent Private Hospital as a senior Dispensing Technician. I moved to the public system in 2015 where I am currently working at Bankstown-Lidcombe Hospital as a Dispensing Technician. During the course of my employment with NSW Health, I have a completed a Certificate III and IV in Hospital Pharmacy Services as well as a Certificate IV in Leadership and Management. I am currently enrolled in a Diploma of Leadership and Management to further upskill my leadership skills.

I have completed projects across the hospital that have been highly recommended as well as winning the 2017 Quality Award.

Apart from working really hard to achieve my goals, I like to spend time with family and friends, I enjoy going to the gym and the occasional weekend motor cycle rides.

What motivated you to get involved with SHPA?
I joined SHPA in 2016 after attending the Medicine Management conference in Melbourne. The conference provided me with insightful and resourceful skills that I could implement in the workplace. This further encouraged me to be involved and network with other technicians to make a difference in the organisation.

During the time of the conference I met a few technicians form different states that where quite insightful and had very different ways of doing things.

I believe we all have skills and knowledge as individuals that others can also benefit from.

Where do you see our profession in 10 years?
With all the transformations happening in NSW at the moment I see the profession of technicians to be technologically improved for the better.

With eMeds launching, this could allow for technicians to be more involved inpatient counselling, patient discharges as well as providing resourceful medication management planning for patients.

Transforming technician imprest duties from paper to PDE scanning will also allow for technicians to improve the existing processes, minimising medication selection errors. Introducing an imprest ward tracker to communicate with staff/nurses.

What was your first job?
I obtained my first job when I was 14 working at McDonald’s.

What are your professional interests?
Since last year where I took part in a project that the Director of Pharmacy led and implemented here in Bankstown, we transformed the hospital imprest ordering system in the ED from paper ordering to PDE scanning, I have developed a focused interest in leading the project and managing the wards medication ordering and being more involved with the nurses and working collaboratively with them.

If you weren’t a technician, what job do you think you would be doing?
I would have taken a career in policing or paramedics, I enjoy being hands on, communicating with people and really being involved.

Toxicology and Poisons Network Australasia
Scientific Meeting 2018

Following on from an extremely successful meeting in Melbourne in 2017, TAPNA will be holding the 2018 Scientific Meeting in Sydney from the 2nd – 4th May. TAPNA 2018 will comprise of a 2-day scientific meeting and 1-day satellite session.

TOPICS TO BE INCLUDED IN THE PROGRAM:
• Toxicology in the Laboratory
• Free papers
• Antidotes
• Cutting edge cases in poisoning
• Research
For more information visit www.tapna.org.au
David Luo and Jessica Pace, education coordinators, SHPA NSW branch

In December 2017, NSW Branch members were invited to complete a survey exploring topics of interest for continuing education and symposia that they would like to see delivered. The results from this survey are being utilised for the planning and development of future CPD activities. We hope this will ensure that the NSW Branch continuing education program continues to meet your CPD expectations. Please feel free to provide feedback regarding our continuing education program to Jessica Pace (Education Coordinator) via email at jpac2421@uni.sydney.edu.au.

Selected results from the survey

Suggested future leadership/management topics
- Inter-professional skills and collaboration
- Leadership
- Writing business cases
- Graded assertiveness training
- Pharmacy management
- Change management
- Efficient work practices
- Handling conflict

Suggested future clinical topics
- Oncology
- Infectious diseases
- Haematology
- Respiratory
- Critical care
- Cardiology
- Mental health
- Neurology
- Renal
- Gastroenterology

Other suggested topics
- Evaluating clinical evidence
- Using professional resources and texts
- Practice-based research
- New pharmacy services
- Improving service delivery
- New areas of pharmacy practice
- Creative solutions to medication reconciliation

Selected comments and feedback from members
- “Have the monthly CE lectures at a variety of venues, not just Concord”
- “More group 2 CPD”
- “Please post webinars on the moodle site more regularly”
- “Please address technical difficulties on the webinar”
- “Thanks for serving us!”

In response to feedback from members, the SHPA NSW Branch Committee and Education Subcommittee have been rotating the venue of the monthly CE lectures. In 2017, sessions were held at Concord, St Vincent’s, Royal North Shore, Liverpool, Westmead, John Hunter and Gosford Hospitals and the University of Sydney. This will continue in 2018 (see calendar of CE events later in this newsletter for further details) and hopefully allow more members to attend these sessions in person. We acknowledge that these venues will not suit all members; however, our choice of venue is limited by factors such as the technology available at the venue to allow the session to be broadcast via webinar and contacts at the venue to assist with bookings and after-hours access.

We appreciate the desire of members for more group 2 CPD events, however, this is not always possible due to the time constraints this imposes on speakers. We will endeavour to obtain group 2 accreditation for as many events as possible in 2018. If you haven’t already done so, we also encourage you to explore the SHPA CPD website, as this provides a variety of other learning opportunities including access to recorded webinars from other states, symposiums, case studies and discussion forum. Many of these activities are accredited as group 2 CPD.

We apologise for the delay in posting webinars to the SHPA Moodle site. This is handled by SHPA federal, and, due to staff shortages, these were not always posted promptly in 2017. However, there is now a dedicated staff member to assist with this. All of the NSW branch webinars from 2017 that were recorded have now been posted online and sessions should be posted more promptly in 2018. These are available in the branch webinar section of the moodle site for 12 months after the event, before they are moved to the branch webinar archive section where they can still be viewed (however, the accreditation expires after 12 months).

We also apologise for the technical difficulties (particularly with sound) that were experienced in some webinars in 2017. We have changed our checking procedures prior to the webinar broadcast and hope that this will prevent the majority of technical issues.

We appreciate the feedback and suggestions provided to us through the needs assessment survey and the evaluation sheets/survey answers collected after each CPD event. We will continue to use this information provided to us to plan and develop future CPD events to meet your needs. We have some exciting sessions planned for 2018 and hope to see as many of you as possible there!
The monthly continuing education sessions at Concord Hospital continue to be well attended by members who welcome the opportunity to network with colleagues in the context of a quality educational evening. We can look forward to a program of interesting and engaging presentations for the remainder of the year, and we encourage all members to endeavour to attend if possible. The introduction of the SHPA webinar facility has allowed rural and regional members to participate live sessions as sessions unfold. In addition to improving access to CE for non-metropolitan members, webinars are also facilitating networking at regional sites.

Fourth Wednesday of each month

Email alert with topic details sent to members prior to meeting

**Time:** 7.00 – 8.00pm (refreshments served from 6.30pm)

**Venue:** Auditorium, Medical Education Centre, Concord Hospital, Hospital Road, Concord NSW (entry is direct from Hospital Road via gate 3 – not through main hospital entrance).


**Cost:** Cost: Free for all SHPA members and students (please bring your membership/student card). Non-member fee $40.

**RSVP:** Not required.

**Contact:** Jessica Pace or David Luo (contact details available on the NSW Branch page of the SHPA website)

<table>
<thead>
<tr>
<th>Month</th>
<th>Date of CE</th>
<th>Session Topic</th>
<th>Venue</th>
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<tbody>
<tr>
<td>April</td>
<td>11/04/2018</td>
<td>Update on HIV</td>
<td>Gosford Hospital</td>
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<tr>
<td>April</td>
<td>18/04/2018</td>
<td>TECHNICIAN CE: Antimicrobial Stewardship</td>
<td>Westmead Hospital</td>
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<tr>
<td>May</td>
<td>2/05/2018</td>
<td>Management of neurosurgical ICU patients</td>
<td>St Vincent's Hospital</td>
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<tr>
<td>May</td>
<td>30/05/2018</td>
<td>Pain</td>
<td>RPA Hospital</td>
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<tr>
<td>June</td>
<td>27/06/2018</td>
<td>Biosimilars</td>
<td>Liverpool Hospital</td>
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Other Upcoming SHPA Continuing Education

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<tr>
<th>Seminar</th>
<th>Date</th>
<th>Location</th>
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<tr>
<td>Mental Health First Aid</td>
<td>28 April 2018</td>
<td>Sydney, NSW</td>
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<tr>
<td>Extension Seminar in Geriatric Medicine</td>
<td>5 May 2018</td>
<td>Sydney, NSW</td>
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<tr>
<td>Masterclass in Cardiology</td>
<td>19 May 2018</td>
<td>Melbourne, VIC</td>
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<tr>
<td>Foundation Seminar in Mental Health</td>
<td>19 May 2018</td>
<td>Surfers Paradise, QLD</td>
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<tr>
<td>Leadership Skills Workshop – Difficult Conversations for Senior Pharmacists</td>
<td>26 May 2018</td>
<td>Melbourne, VIC</td>
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<tr>
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<td>27 May 2018</td>
<td>Melbourne, VIC</td>
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<tr>
<td>Foundation Seminar in Infectious Diseases</td>
<td>2 June 2018</td>
<td>Melbourne VIC</td>
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<tr>
<td>Wellness at Work – Mindfulness for Managers</td>
<td>5 June 2018</td>
<td>Webinar</td>
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<tr>
<td>Branch CPD Event Stroke: A Therapeutic Update</td>
<td>6 June 2018</td>
<td>Hobart, TAS</td>
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</tbody>
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Medical Information

Evidence-based resources, insights and information to improve the health of all Australians. Connect with meaningful, evidence-based information, resources and data insights to inform your practice. For more, see https://www.nps.org.au/medical-info/clinical-topics

Clinical topics:
- Neuropathic pain
- Rheumatoid Arthritis
- Over-the-counter codeine: changes to supply
- Anticoagulants

Topic catalogue:
- Abdominal imaging
- Depression: re-examining the management options
- Osteoporosis
- Chronic Pain
- Blood Pressure

NPS RADAR

This provides you with timely, independent evidence-based information on new drugs and medical tests, as well as changes to listings on the PBS. For more about NPSRADAR, see: http://www.nps.org.au/publications/health-professional/nps-radar

NPS RADAR – 2017 articles include:
- Requesting the new Cervical Screening Test: what providers need to know
- Grazoprevir with elbasvir (Zepatier): fixed-dose combination for chronic hepatitis C genotypes 1 and 4
- Sofosbuvir treatment combinations for chronic hepatitis C
- Ledipasvir with sofosbuvir fixed-dose combination for chronic hepatitis C

NPS MedicineWise CPD

NPS provides a range of free activities for pharmacists and pharmacy interns to support the development and maintenance of your skills and to help meet your Continuing Professional Development (CPD) requirements. Many activities are accredited for CPD Group 2 points for pharmacists. For more about NPS CPD, see: http://www.nps.org.au/health-professionals/cpd/pharmacists

Latest from Australian Prescriber

Australian Prescriber is an independent peer-reviewed journal providing critical commentary on drugs and therapeutics for health professionals.

February 2018 issue includes:
- Adverse effects of sports supplements in men
- Drugs affecting milk supply during lactation
- Prescribing for polymyalgia rheumatica
- An update on the treatment of rosacea
- Changes for codeine
- Observations on the launch of new drugs for hepatitis C

December 2017 issue includes:
- Functional dyspepsia
- Product familiarisation programs
- Top 10 drugs 2016–17
- Thyroid disorders in pregnancy and postpartum
- Surgical antimicrobial prophylaxis
- Clozapine in primary care

For more information, see: https://www.nps.org.au/australian-prescriber
**Latest from CIAP**

**CIAP now produces multi-focused newsletters with articles including**

- March 2018 Edition – Does The Language Used During Childbirth Matter?
- February 2018 Edition – Man Flu – Apparently It's A Thing…
- January 2018 Edition – Know-do-It is and No-do Encephalopathy

To view the newsletters or to subscribe, see: [http://www.ciap.health.nsw.gov.au/about/newsletter.html](http://www.ciap.health.nsw.gov.au/about/newsletter.html)


**CIAP Mobile**

The CIAP website has a responsive design, making it easy to view on your smartphone or tablet if you have an internet connection. You will require a 'My CIAP Account' to access the resources and many of them are also available via downloadable apps for your mobile device.

Navigate to [www.ciap.health.nsw.gov.au](http://www.ciap.health.nsw.gov.au), and select 'Mobile' from the top menu bar to view. Detailed instructions can be found in the Apps Download Guide via the Mobile Help page.

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**SHPA Publications**

**Australian Injectable Drugs Handbook (AIDH) – 7th Edition**

Have you got the latest edition of the AIDH in your department? Or are you using it on your smartphone?

The most comprehensive handbook of its kind, AIDH provides up-to-date information on injectable medicines that will be useful in your daily practice.

- The 7th edition contains information on over 450 injectable medicines, including 65 antineoplastic medicines. It includes the addition of 23 new medicines, 5 antivenoms and information about the composition and uses of the different intravenous fluids.
- All monographs from the sixth edition have been reviewed and updated. The introduction has been expanded to include information about extravasation, intravenous fluids and sample infusion-rate calculations.
- In response to feedback from nurses and pharmacists the layout of the monographs has been changed in order to make the AIDH a more practical resource. There is an increased focus on warnings and patient monitoring. Antineoplastic monographs are no longer in a separate section and are now listed along with all the other monographs in alphabetical order. They are still distinguished by the antineoplastic banner on the side of the page.

**Australian Don’t Rush to Crush Handbook – 2nd Edition**

Australia's most comprehensive guide to giving solid oral medicines to people who are unable to swallow.

The SECOND EDITION of DON'T RUSH TO CRUSH has arrived! Don't Rush to Crush is now included in Pharmacy Board of Australia's list of essential references for pharmacy practice. The new guidelines take effect from 7 December 2015 so order your copy now.

The second edition of Don't Rush to Crush is expanded and improved and has many new features. It is available as a hard copy now and will soon be available in a range of electronic formats and platforms. The new electronic version will be available through MIMS soon and a downloadable e-book will be available for the first time in 2016.
Australian Medicines Information Training Workbook

The Australian Medicines Information Training Workbook allows pharmacists to update their skills in the many practical and clinical areas where medicines information questions are asked. Users will be able to attain the skills and resource knowledge necessary for critical analysis and assessment of a medication issue.

This tool will teach you about medicines information resources and how to answer enquiries. If you would like to learn how to answer enquiries in a more efficient manner, this Workbook will enable you to do that, plus gain up to 44 Group 2 CPD points! The workbook contains 22 tutorials that you can complete at your own pace.

Topics covered include:

1. Administration of Medicines
2. Pharmacokinetics
3. Drug Interactions
4. Adverse Drug Reactions
5. Critical Evaluation
6. Ethical Dilemmas
7. Medicines in Renal Disease
8. Medicines in Liver Disease
9. Compatibility of Parenteral Medicines
10. Hormonal Contraception
11. Drugs in Pregnancy
12. Drugs in Breastfeeding
13. Paediatrics
14. Psychiatry
15. Palliative Care
16. Complementary and Alternative Medicines
17. Pharmaceutical Excipients
18. Product availability and Identification
19. Clinical Trials and Regulatory Processes
20. Substance Abuse
21. Immunisation
22. Travel Medicine

Hard copy available now, online version available exclusively to SHPA members at the SHPA eCPD website: https://shpa.moodle.com.au/course/index.php?categoryid=1

Welcome to new SHPA members

The NSW SHPA Branch welcomes the following new members. We look forward to working with you in the future.

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<tr>
<td>Rimmi</td>
<td>Arora</td>
<td>Rebekah</td>
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<td>Sarah</td>
<td>Barbara</td>
<td>Min Li</td>
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<td>Diana</td>
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<td>Joanne</td>
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<td>Kieren</td>
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<td>Therese</td>
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<td>Rochelle</td>
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<td>Jinny</td>
<td>Cho</td>
<td>Alison</td>
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<td>Deirdre</td>
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