From the Chair
Russell Levy

Welcome to first newsletter for 2017. This is going to be a big year for the NSW Branch and all of our members, with SHPA ramping up the delivery of several initiatives to benefit the profession and ultimately our patients. The pharmacy residency programs are commencing, the technician workforce review is well under way and several advocacy initiatives are happening, looking at such things as medication shortages and activity based funding reforms.

From time to time, you will see SHPA sending out requests for members to answer surveys or expressions of interest to get involved in something. I would encourage all of us to take up these opportunities whenever they are presented, as head office relies on the knowledge of the membership to inform them and provide direction. As you will know, the MM2017 conference will be held in Sydney this year and a number of the Branch Committee members will be having a dual role on the scientific committee, as well as the NSW Branch.

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 three SHPA NSW Branch awards. As we will not be having a Branch Symposium this year, the award recipients will be announced at the July 26th CPD event, so be sure to mark that one in the diary. The categories are technician award, early career pharmacist award and clinical excellence award. This year we will also hold some CE events at venues in addition to Concord, so we hope to see some new faces then.

Additionally, 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 this year. The Branch looks forward to working for you throughout a very busy 2017.

From the Editor
Kathryn Filipczuk

Welcome to our first edition for this year! We have another interesting and informative newsletter to keep you up-to-date with news, events and other items of interest. In this issue, we welcome Jessica Pace and Christine Conroy to the SHPA NSW Branch Committee, as well as Jessica Jackson and Emily Potter, our newly elected Intern Observers.

We also revisit some events from late last year, including overviews of Antibiotic Awareness Week and MM2016, and have an update from Andrew Matthews about recent developments with the SHPA Workforce Projects. Marcelle Appay discusses an interesting case of intentional ingestion of brake fluid; Josh Meyers shares his experience visiting University Hospital in Dresden, Germany; and Edwina Smythe provides us with insight into what it’s like to work in the area of paediatric haematology and oncology. We hope you enjoy reading this issue of the newsletter!
Please click on the following links to direct you to the relevant article.

Contents

From the Chair 1
From the Editor 1
A Visit to University Hospital of Dresden: An International AMS Perspective 3
Tech Talk! 4
SHPA Update: SHPA Workforce Initiatives Full Steam Ahead 5
SHPA NSW Branch Awards 5
Medicines Management 2016 6
The 42nd SHPA National 6
Antibiotic Awareness Week 2016 7
More from Antibiotic Awareness Week 2016 8
Clinical ‘Hot’ Case A Case of Intentional Ingestion of Brake Fluid 9
Spotlight on Specialty Practice 10
Welcome to the NSW Branch Committee 11
Welcome to the NSW Branch Committee 12
SHPA NSW Branch Continuing Education 13
Continuing Education in 2017 14
Latest from NPS MedicineWise 15
Latest from Australian Prescriber 15
Latest from CIAP 15
SHPA Publications 16
Welcome to new SHPA members 17
A Visit to University Hospital of Dresden: An International AMS Perspective

By Josh Meyers

The first thing to strike me about ‘Universitätsklinikum Carl Gustav Carus’ in Dresden, Germany, was that my shoes were woefully unprepared for the snow-covered and slippery footpaths. The second thing was that although the University Hospital of Dresden is over 16,000km from Sydney, it is strangely comforting to learn that we all face very similar challenges and obstacles.

I was invited by Dr Katja de With (a former pharmacist turned infectious disease specialist) and Katja Wilke (a young and enthusiastic ID pharmacist) to visit their 1300 bed hospital in East Germany earlier this year. It was an offer that I gladly accepted.

Even though we are on opposite sides of the earth, the fact that antimicrobial resistance (AMR) knows no borders has emphasised the importance of collaboration and building partnerships, both close to home and otherwise. Yes the NDM-1 gene has the Indian capital city in the title, however, the problem is not that of New Delhi alone. With the abundance of dire warnings and impending doom due to antimicrobial resistance - Jim O’Neill’s review on AMR predicting 150 million premature deaths by 2050, the WHO labelling it one of the greatest threats to humanity, increasing reports of pan-resistant infections - I wanted this article to be one of hope, not despair. My visit to Dresden University Hospital was comforting and reassuring in that great work is being done all over the world.

There were obvious similarities to the way clinical pharmacy and antimicrobial stewardship is practiced in Germany, albeit with subtle variation. Ward based pharmacy is not ubiquitous throughout German public hospitals, although it is increasing. There are also relatively few specialised infectious disease and antimicrobial stewardship pharmacists throughout the 2000 or so hospitals within the country. The same can be said of infectious disease consultants. To give a comparison, there are over 50 cardiologists per million inhabitants in Germany compared to just 7 infectious disease consultants per million inhabitants.

Dr de With, lead author of the German Society for Infectious Diseases ‘Guideline to Rational Use of Antibiotics in Hospital’, explains that the culture of German medicine is quite traditional and introspective. The concept of asking for advice from others has definite room for improvement. However, the ID team at Dresden University Hospital, consisting of two ID specialists and one pharmacist, are beginning to change this paradigm. Established only three years ago, the team has made strong headway in changing prescribing behaviour and culture through implementation of the many recommendations in their national action plan, including proactive audits of anti-infective use, application of local treatment guidelines and hospital anti-infective formulary, as well as computer-assisted individualised anti-infective orders with approval requirements.

The team at Dresden are unique in two other ways. The first is that the team sits outside of the traditional clinical structure of hospital hierarchy, whilst still retaining a strong clinical presence through an active consulting service and ward rounds. As clinicians who are dedicated to the hospital board, the team is able to effectively generate engagement from both clinical staff as well as hospital administration. The second is that Katja Wilke was the first clinical pharmacist in Germany to be employed outside of the pharmacy as an infectious disease pharmacist. Unlike Australia, Germany recently established a formal and recognised pathway to becoming an infectious disease pharmacist, which includes 100 hours of ID related education modules, completion of an ID work-based project and a formalised exam.

We in the hospital game, however, are but a small piece of the antimicrobial resistance puzzle. For all the great work that AMS teams do, for all the evidence-based prescribing that clinical pharmacists teach, for all the guidelines that are published, it could all come to naught if all the players do not come to the table, including industry, consumers, agriculture, policy-makers, research and diagnostics. The list goes on. Left unchecked, AMR is predicted to have significant social, health, security and economic repercussions that could seriously undermine the development of countries, not just increase length of stay and cause headaches for hospital pharmacists trying to figure out colistin dosing, but I digress, and I said this was to be a happy article.

The team at Dresden, led by Dr de With, has also played an influential role internationally by contributing to the 2015 G7’s paper on combating antimicrobial resistance. Their hospital antibiotic stewardship expert training and network initiative, which aims to increase the number of physicians and pharmacists with knowledge and skills in rational prescribing and strategic AMS activities, such as therapeutic drug monitoring, auditing (PTO) >
>...methodology and intervention strategies, was chosen as a best practice example. By empowering other clinical pharmacists and doctors, this initiative is able to supplement the efforts of the ID team to ensure appropriate use of antimicrobials.

Antimicrobials are not magic and they should not be treated as such. They have well defined mechanism of action and an ever-increasing evidence base, so why not use them accordingly? The question to this is open to debate however, from the global scale to the ward level, the effect of behaviour and culture are indisputable. Just like in Australia, one of the biggest challenges that Dresden faces according to Dr de With, is to align individuals and systems with universal patient and organisational goals, and changing culture. I completely agree with her when she simply said, “by doing a good job, you can change behaviour”. If we are to avert the ‘Tragedy of the Commons’, it is a good starting point at least.

A common theme in any successful plan or intervention, from the establishment of an ID department in Dresden to the WHO's Global Action Plan, is collaboration. One example of this is in the area of surveillance. A recent amendment in Germany's Infection Protection Act highlights the importance of monitoring antibiotic consumption, resistance and pathogens. At Dresden, this is effectively managed by multidisciplinary collaboration between pharmacy, infectious diseases, microbiology and the IT department. AMR cannot be overcome by a small group of individuals alone. The Director General of the WHO, Dr Margaret Chan even described an international approach to AMR as "imperative". The danger of hubris on human health is real so get online, join discussion groups, go to that conference and talk to others.

With the current political and economic climate, it feels like we are some way from overcoming the challenge of AMR. The inextricable links AMR has with so many other global issues - poverty, globalisation, commercialisation, standards of living, wealth inequality and education - means it surely is a tough challenge, but I am inspired by people like Katja and our European colleagues and am positive about the future.

---

**Tech Talk!**

By Melanie Anderson, Mark Clifford and Meagan Wheatley – NSW Branch Technician Observers

Welcome to 2017! We have certainly hit the ground running this year after a lovely Christmas and New Year break.

The newly formed SHPA NSW Technician Subcommittee met for the inaugural meeting during February. We have a strong committee of dedicated and passionate technicians from around the state, with eight sites represented, including three regional/rural sites. All members are keen to help showcase and drive technician opportunities within their sites, our state and on the national stage. Some fantastic ideas were tabled for continuing education sessions for the coming year, along with networking and collaboration of workplace concepts.

The SHPA annual national conference, MM2017, will be hosted in Sydney this year - save the dates from November 16th – 19th. Start thinking about abstract ideas to showcase the amazing pharmacy technicians/assistants and workplace initiatives and projects you have at your sites. Keep an eye out for the emails with all the details to follow.

**SHPA Technician Redesign Project – Moving Forward:**

- As many of you may know, the Technician Redesign Project White Paper was launched at the MM2016 conference last year. For access to the paper (and a summary paper as well), see: [https://www.shpa.org.au/pharmacy-technician-assistant-training-0](https://www.shpa.org.au/pharmacy-technician-assistant-training-0)
- Federal Council has allocated $20,000 funding to progress two of the recommended points starting in February 2017.
- Point 1: Update current SHPA Standards and workforce definitions available in the SHPA Standards of Practice for Clinical Pharmacy Services.
- Point 2: Develop an Australian pharmacy technician/assistant competency standards framework and explore SHPA’s role in credentialing individuals for defined competency areas from entry level to advanced level.

- There have also been some discussions with training providers on how we might progress point three from the recommendations, where we investigate SHPA’s role in improving accreditation and delivery of national qualifications.

Also, don’t forget about the Facebook page for technicians, ‘SHPA Technician Network Discussion Group’. This is a great place to ask questions and advice from technicians from all over Australia, network remotely and see upcoming events and advertisements.

As you know, there are many aspects evolving for technicians and assistants at the moment. If you have any questions on any of these things, or other topics, please let us know. Our contact details are available through the SHPA website on the NSW Branch page.
In 2016, SHPA committed to three major projects, consistent with SHPA’s strategy to represent and develop the workforce that delivers medicines management excellence (SHPA members!). These projects are forging ahead into 2017.

Importantly, these initiatives are also aligned with international workforce goals as recently announced by the International Pharmaceutical Federation (FIP). Action arising from the FIP workforce goals aim to establish a pharmacy workforce that can evolve its core roles and adapt its responsibilities to meet the emerging needs of patients and the health system into the future.

Hospital Pharmacy Residency:

Four NSW hospital pharmacy residency programs have been accredited against SHPA's Accreditation Standards for pharmacy residency programs and begin their residencies this year. These hospital pharmacies include Blacktown Hospital, Royal North Shore Hospital, Tamworth Rural Referral Hospital and the Randwick Campus Hospitals (a residency program across Prince of Wales Hospital, Royal Hospital for Women and Sydney Children's Hospital).

Congratulations to all four hospital pharmacies for achieving provisional accreditation. The accreditation process involved hospital pharmacies submitting responses against 45 accreditation questions aligned with the SHPA Accreditation Standards, which were then evaluated via a robust review process.

The SHPA Residency is a structured, formalised two-year professional development program designed to support pharmacist practitioner development towards competence and performance aligned with Stage 1 (Transition Level) of the Australian Advanced Pharmacy Practice Framework. For more information visit: www.shpa.org.au/hospital-pharmacy-residency.

National Translational Research Collaborative:

SHPA’s National Translational Research Collaborative (NTRC) is a virtual membership hub that will enable real-life connections that promote the establishment and expansion of research projects:

• within and between hospitals, universities and research institutes
• between starting and established pharmacy researchers and other health professionals.

The NTRC will support researchers through review, feedback and endorsement of research proposals and provide a new range of funding and grant opportunities to help drive translational research output that leads to meaningful improvements to the health outcomes of Australian patients. The NTRC Executive Committee, chaired by NSW Federal Councillor Dr Lisa Pont, has been working hard to establish the governance structures for the NTRC and is excited about the NTRC’s imminent launch at the end of March, in conjunction with the release of SHPA's new member journal which will have a ‘building your research career’ theme.

Phase II begins on Pharmacy Technician Re-design Project:

In this edition of the Branch newsletter, NSW SHPA National Pharmacy Technician Network (NPTN) representative Melanie Anderson talks more on the work of the NPTN and the release of the White Paper from the Pharmacy Technician and Assistant Role Redesign within Australian Hospitals Project. SHPA is now proceeding with Phase II of the re-design project that will implement the five recommendations of the White Paper.

The NSW branch recognises its highest achieving members who exemplify excellency and dedication to their profession through the following awards:

• Early Career Pharmacist Award
• Technician Award
• Outstanding Achievement Award

Important dates:

• Applications open: 24/04/17
• Applications close: 02/06/17

Awards will be presented at the SHPA NSW Branch July CE on 26/07/17 at Concord Hospital.

Applications should be forwarded to the Branch Secretary via email at: shpanswbranchsecretary@gmail.com

For more information about the awards, conditions and guideline, please visit the NSW Branch page on the SHPA website, or visit: https://www.shpa.org.au/sites/default/files/uploaded-content/website-content/Branches/shpa_nsw_branch_awards.pdf
By Christine Coorey

I was fortunate to attend the 42nd SHPA Medicines Management Conference in Perth, where I was present for both the pre-conference and the conference. I was one of over 800 delegates, and it was evident from the start that the MM2016 Scientific Committee had done a wonderful job. The theme was ‘Our Future in 3D - Discovery, Disruption, Differentiation’.

I chose to attend the leadership boot camp, facilitated by the ASHP (American Society of Health-Systems Pharmacists) as my pre-conference workshop on Wednesday. Considering I work in management, I found this workshop to be extremely useful. Having pharmacist managers from the USA present to us about financial and people management was beneficial, and I hope to use some of the skills in my day-to-day practice. I highly recommend that those in management, or aspiring to be managers, attend the leadership boot camp if it is run again at future conferences.

On Thursday morning, further workshops were being run prior to the conference opening and I attended the ‘Teaching on the Run’ workshop, facilitated by the Clinical Pharmacy COSP. Two modules were presented: ‘Clinical Teaching’ and ‘Clinical Supervision’. Attendees found it beneficial that we had to separate into small groups and attempt to teach a topic in five minutes, with the other participants providing feedback at the end of that time. All the participants seemed to find this exercise useful, and it was evident that we would be using our newfound skills and knowledge when we returned to the workplace.

Thursday afternoon was the opening of the conference, with Professor Sepehr Shakib being the keynote presenter and providing an interesting and thought provoking presentation. Following that were the concurrent sessions, where the ‘Diversity in Clinical Practice’ stream particularly appealed to me. Trudy Teasdale’s presentation on a 7-day clinical service interested me, as I am sure that many hospitals will soon be faced with the same possibility in the near future.

Friday and Saturday also proved to be great days, kicking off with the announcement of the SHPA Medal of Merit award being presented to Kate Richardson, who I have had the pleasure of working with during my time at St Vincent’s Hospital. A new concept that I had not seen at prior conferences were ‘Lightning Talks’, where poster presenters had three minutes to talk about their poster. I found this to be a great idea. Topics such as de-prescribing, clinical pharmacy residencies and prescribing errors were discussed on Friday, with the Technician Workforce Redesign Project being one of my highlights on Saturday.

Another highlight was listening to the keynote presentation by Dr Ann O’Neill. Listening to her tragic story and the stereotypes that followed was eye opening for me, and made us realise that it is important to find out a patient’s story before stereotyping.

The Fred Boyd award and SHPA Clinical Pharmacy award were also presented on the Saturday, and by listening to their achievements alone it was easy to see why Debra Rowett and Debbie Rigby were so deserving of the awards. The final keynote presentation was by Dr Fiona Wood, and hearing about her work with burns victims was so inspiring.

MM2017 was launched, with Sydney being the host city (finally!) and then the conference was over! Congratulations to Kerry Fitzsimons, Deidre Criddle and the rest of the committee for organising such a wonderful conference, and see you all in Sydney this November!
Antibiotic Awareness Week 2016

By Kristin Xenos - AMS Pharmacist for Western Sydney LHD & SHPA NSW Branch Secretary

Antibiotic Awareness Week has come around again for another year and one might question what is the point? Aren’t we all aware about antibiotics? Surely the message has been heard and antibiotics are being used appropriately worldwide? Unfortunately this isn’t the case and the wicked problem of antimicrobial resistance is ever evolving with no easy solutions. Despite increased attention in mainstream media, the message is still slow to sink in and effective actions are difficult to take.

There has been a lot of emphasis on a multifaceted approach to tackling the issue. Unfortunately as ubiquitous as antimicrobials are in the hospital setting they are more so in the community, in agriculture and in veterinary use. This overwhelming reality can breed disillusionment – a feeling of “what can I do? nothing changes…”. The WHO have predicted that more people may die from antimicrobial resistance than cancer by 2050 so we must continue to educate and raise awareness to this issue. This is not just an issue for AMS pharmacists but for every hospital pharmacist and technician. The message must be clear and consistent. Attitudes to antimicrobial therapy must change within the health care system and we can be a part of that solution. Whilst every battle may not be won instantly the message may ultimately resonate in the long run. Some antimicrobial stewardship is better than none. To paraphrase John F Kennedy, ask not what your hospital can do for you, but what can you do for your hospital? If we collectively have this attitude, one can only imagine the progress that can be made.

Antibiotic Awareness Week is a wonderful opportunity to re-focus efforts throughout the year and remind not only other healthcare professionals and the community but ourselves why this issue is so important. It was brilliant to see so many hospitals around Australia participate in Antibiotic Awareness Week (check out #AntibioticResistance to see the colourful displays). It is always exciting to see the new and creative ways pharmacists are spreading the message about antimicrobial resistance. Although it may seem that you are too small to make a difference, take heart that you are actually part of a global effort to create behavioural change. Whilst it be challenging at times, ultimately the reward will be worth the effort.
More from Antibiotic Awareness Week 2016

AAW at Calvary Mater Newcastle

AAW at The Children’s Hospital Westmead

AAW at St George Hospital

AAW at Broken Hill

AAW at Blacktown
Clinical ‘Hot’ Case
A Case of Intentional Ingestion of Brake Fluid

By Marcelle Appay

Background: Brake fluid is a non-corrosive substance that is primarily composed of ethylene glycol. It is the metabolites of ethylene glycol that are toxic to humans and, therefore, signs and symptoms of toxicity are delayed. Patients with ethylene glycol poisoning initially experience central nervous system depression and, as a result, commonly present with similar symptoms to alcohol intoxication: incoordination, nystagmus, dizziness, slurred speech, and vomiting. But as metabolites accumulate (approximately 12 hours after ingestion), cardiorespiratory symptoms, metabolic acidosis and acute kidney failure occur (see figure 1). If left untreated, this commonly leads to death. It is the production of glycolic acid which is primarily responsible for the subsequent metabolic acidosis. The metabolite oxalic acid is responsible for the resulting kidney failure. As oxalic acid circulates it binds to calcium, forming a calcium oxalate precipitate which deposits in many organs including the kidney, resulting in tissue injury and organ failure, as well as hypocalcaemia. Doses of 30-60mL of brake fluid have been recorded to cause permanent organ damage and death.

Presenting Complaint: A 45 year old mechanic was admitted under toxicology to the Medical High Dependency ward following intentional ingestion of 500mL of brake fluid and one beer. Patient presented to the emergency department 2.5 hours after the ingestion.

Symptoms upon Presentation:
- Nil signs of CNS depression
- O2 saturation 95% on room air
- BP 121/82, HR 82 bpm
- Osmolality 337mmol/kg - used to calculate a patient’s osmolality gap and is used to estimate the serum level of ethylene glycol

Patient History:
- NKDA, nil regular medications, nil illicit drug use

Treatment Options:
Antidotes - alcohol dehydrogenase inhibitors allows ethylene glycol to be excreted unchanged in the urine:
- Ethanol - Readily available although intoxication is a common side effect, requires blood alcohol concentration monitoring and blood glucose monitoring due to risk of hypoglycaemia
- Fomepizole - classified as schedule 4 as of February 2017 (at time of this case was only available under the Special Access Scheme Category A). Less profound side effects than alcohol and does not require concentration monitoring
- Activated Charcoal - poorly absorbs ethylene glycol and requires administration within 1 hour of ingestion
- Haemodialysis

Management of this Patient: 40% oral ethanol was compounded for the treatment of this patient. Due to the polarity of ethanol and water when the two substances are mixed, they undergo molecular rearrangement through hydrogen bonding. Therefore, this changes the amount of space or volume that the liquid occupies which changes at various temperatures and, as a result, measurement of alcohol by weight yields a more accurate concentration.

The toxicology handbook recommends a loading dose of 1.8mg/kg of 43% ethanol, followed by a maintenance dose of 0.2-0.4mL/kg/hour to keep the blood alcohol level (BAC) between 22-33mmoL/L. Therefore, the patient was managed with a loading dose of 40g of ethanol with a maintenance dose of 5g of ethanol every hour. The BAC was sub-therapeutic when it came back from the laboratory 7 hours later. The dose was then increased to 10g every hour and the BAC was within range- 24.9mmoL/L (0.11%). In addition, the pharmacist recommended IV thiamine and pyridoxine to promote the metabolism of ethylene glycol to its non-toxic metabolites (see figure 1). Nursing staff performed regular observations to ensure that the patient was tolerating the ethanol treatment.

Outcome: The patient’s renal function, glucose levels and osmolality gap and were closely monitored and the patient made a complete recovery. Once the patient had recovered, he was seen by the mental health team for follow up.

Disclaimer: This is a clinical case for the purpose of interest only. It is not intended as a guideline for therapy or future practice.
By Edwina Smythe - Paediatric Haematology and Oncology Pharmacist, Sydney Children's Hospital

What is your role at your hospital/site?
I am currently undertaking a rotation as a Paediatric Haematology and Oncology Pharmacist at the Sydney Children's Hospital Randwick. I work in a team of four pharmacists. The paediatric oncology patients are split into three specialist teams: Haematopoietic Stem Cell Transplant, Neurological Oncology, and my current team of Solid Tumours.

Describe a typical day of work at your site.
Ward rounds are an essential part of my daily routine as this is a multidisciplinary approach for patient care where clinical decisions are made. In this meeting, I am part of the team contributing to patient care. Having pharmacists on ward rounds allows rapid access to medication information and this is the part of my job I enjoy the most. I also attend multidisciplinary meetings to ensure continuity of care. Daily meetings such as “The Huddle” enables each health care professional to flag potential concerns for patients and assist in the discharge process.

Like all ward pharmacists, review and reconciliation of medication charts and discharges is done every day. It is vital that I am knowledgeable of chemotherapy medications and also supportive care medications, for example, anti-emetics and prophylactic antibiotics. It is not uncommon for the patients to be also managing comorbidities secondary to the chemotherapy or cancer. I also regularly provide advice on medications used for mucositis, neuropathy, hypertension and infections.

Our pharmacy team are responsible for generating chemotherapy prescriptions according to protocols. These prescriptions supply administration information for doctors and nurses, stability data for manufacturing and supportive medications for patient safety. It is my role to ensure doctors safely prescribe chemotherapy by supervising charting of pharmacy produced prescriptions. Many of the chemotherapy protocols and regimens are complex. Part of my job is to review international and national collaborative clinical trial protocols and ensure specific trials can be opened at our hospital. I am also involved in research projects specific to chemotherapy and have been involved in writing supportive care guidelines for our hospital.

How did you come to work in this area?
I started working at the Prince of Wales Hospital as a rotational Clinical Pharmacist. I was fortunate to be rotated into the Sydney Children's Hospital Paediatric Haematology and Oncology team.

What are the key challenges in this area of practice?
A key role of the pharmacist is to provide relevant and efficient drug information on high risk drugs for high risk patients. Approximately 85% of medications prescribed in paediatric oncology are off label or unlicensed. This can mean specific safety and efficacy data is limited, finding evidence based literature can be time consuming.

What is the most satisfying part of your work?
Many of the patients and their parents end up living in the hospital for weeks to months. Every bay is creatively decorated into a temporary home, adorned with toys, photos and craft, reflecting the patient's interests and personalities. Ward rounds are insightful and allow us to utilise our skills at the point of care. Some days rounding can be very sobering, especially when patients deteriorate. The strength of our patients and parents is inspiring and something which I will never forget.

When a patient completes treatment we have a bell ringing ceremony. Staff, family, friends and often other patients gather around and sing a song of celebration. Many patients receive chemotherapy treatment for years, so the ceremony is loud and emotional with tears of joy, laughter and the long awaited ringing of the bell. The bell, at the entrances to the chemotherapy wards is a symbol of hope and encouragement. Every day I know that my clinical pharmacy interventions and recommendations have enabled safe and accurate treatment for my patients, contributing to positive patient outcomes gives me immense satisfaction.

What resources do you find particularly useful?
I've been working with inspiring mentors in paediatric oncology, with years of specialised experience. Utilizing their knowledge and having their support has proven to be invaluable. Many of the chemotherapy protocols are based on international studies and research from organisations such as the Children's Oncology Group. For specific medication information, I regularly refer to the AMH Children, BNF, Micromedex, journal articles and the Intranet for local specific protocols and policies.

Advice to anyone interested in working in this area of practice.
For me, it hasn’t just been a rotation but a life experience. I’ve developed clinical skills and an emotional maturity which I will carry with me for the rest of my career. While the environment can be confronting, I have also found it extremely rewarding and enriching.

What do you see as the future of practice in this area?
Paediatric haematology and oncology is a cutting edge area of practice and research. There are constant developments in treatment. In the last 40 years, survival rates have increased from 30% to 80%. Many studies emphasize minimisation of long term complications and morbidity from chemotherapy as well as survival rates. Clinical trials are focused around individualised therapy, using new antibody agents and target therapies.
Tell us a bit about yourself?

After completing a Bachelor of Pharmacy with honours at the University of Sydney in 2014, I completed my intern year at Concord Hospital in 2015. At the moment, I am about a year into my PhD at the Centre for Values, Ethics and the Law in Medicine (VELiM) at the University of Sydney, where I am examining the ethics and politics of accelerated access to medicines. I am also working as a pharmacist at Gosford Hospital and a tutor in the Faculty of Pharmacy at the University of Sydney. In my free time, I like to spend time with family and friends, watch cricket or rugby league games (depending on the time of year) and attend concerts (I am looking forward to Adele later this month and Green Day in May). I am also a slave to a four year old Burmese cat named Celeste!

What motivated you to get involved with SHPA?

I first became a member of SHPA during my pharmacy degree, after attending the annual “How to Get a Job in Hospital Pharmacy” evening and hearing Lisa Pont’s presentation about the exciting world of hospital pharmacy. I was then a student observer on the NSW branch committee in 2014 and a member of the education sub-committee in 2015 and 2016. I enjoyed these roles immensely and appreciated the opportunity to contribute to the profession and this encouraged me to become a member of the NSW branch committee.

Where do you see our profession in 10 years?

The pharmacy profession is changing so quickly that it’s difficult to say where it will be in the next 10 years. However, I see us taking on a greater role in the healthcare team (possibly including prescribing) and an increased focus on patient-centred service provision (hopefully assisted by increased data availability and linkage through initiatives such as the electronic Health record and electronic medications management).

What was your first job?

My first job was actually at my local community pharmacy, where I worked for nearly 15 years! Working with a number of great pharmacists and seeing the close relationships that they had with the local community and the difference that they made to patient health outcomes inspired me to undertake my pharmacy degree.

What are your professional interests?

I have an interest in pharmaceutical policy, in particular, how both regulatory and reimbursement decisions that determine access to medicines are made (at both the national and local level) and the potential impacts of the current push towards faster and greater access to medicines for both individual patients and the healthcare system as a whole. Clinically, my areas of interest include mental health, geriatric pharmacy and antimicrobial stewardship.

If you weren’t a pharmacist, what job do you think you would be doing?

I can’t really see myself doing anything other than being a pharmacist. However, I completed a law degree before studying pharmacy and am interested in corporations, intellectual property and labour law so maybe I’d be a lawyer specialising in one of these areas?
Welcome to the NSW Branch Committee

Jessica Jackson – Intern Observer

Tell us a bit about yourself?
My name is Jessica! I am previously from Melbourne where I completed my Bachelor of Science, majoring in physiology and pharmacology. I moved to Sydney to study Master of Pharmacy at UTS and am now working as an Intern Pharmacist at Concord Hospital. In my spare time I am a keen chef, exercise enthusiast and a dog person.

What motivated you to get involved with SHPA?
I’ve always wanted to get involved with SHPA as they are the peak representing body for hospital pharmacists in Australia. In the changing climate of healthcare, I am excited to be involved with SHPA as they are the professional organisation who will ultimately be shaping our profession’s future. I’m also excited to help out with events throughout the year which bring the hospital pharmacist community together!

Where do you see our profession in 10 years?
I think developments in technology may be able to streamline the medication reconciliation process to ensure complete transfer of care between settings for the patient. I had an interesting lecture last year from two pharmacists in Brisbane who had implemented a pilot where pharmacists prescribed medications upon triage, resulting in reduced prescribing errors on admission for patients. It would be fantastic to see pharmacists utilising their medication knowledge in this setting.

What was your first job?
My first job was making smoothies at boost juice!

What are your professional interests?
I am passionate about public health and I still find it amazing how medications play such a pivotal role helping Australian’s to manage disease and increasing their quality of life. I am also interested in medication optimisation, de prescribing and antimicrobial stewardship.

If you weren’t a pharmacist, what job do you think you would be doing?
Air traffic controller.

Emily Potter – Intern Observer

Tell us a bit about yourself?
I am currently an intern pharmacist at the Prince of Wales Hospital in Randwick. Before starting pharmacy I had completed a Bachelor of Nursing and was working as a Registered Nurse in the intensive care unit of a metropolitan teaching hospital in Sydney. While studying nursing I worked as a pharmacy assistant in community pharmacy and this is where I first discovered my passion for the pharmacy profession.

When I am not working or studying I like to go out with friends for dinner and a few drinks, listen to podcasts or workout at my local F45. I love cats and have two of my own (Rocky and Peaches) that I adore.

What motivated you to get involved with SHPA?
I wanted to get involved in SHPA to help shape how SHPA may support pharmacy interns, and to act as an advocate for pharmacy interns and early career pharmacists. I am particularly interested to be part of an organisation that prioritises education and evidence-based learning for its members to aim to achieve better patient outcomes.

Where do you see our profession in 10 years?
I would love to see pharmacists more integrated into the healthcare team for each patient. Pharmacists’ have such a wide breadth of knowledge it would be great to see that completely utilised.

What was your first job?
My first job was working at an ice-cream store (Wendy’s)!

What are your professional interests?
Education, medication safety and critical care.

If you weren’t a pharmacist, what job do you think you would be doing?
I have always wanted to do something in health, so I would probably still be in the health industry, although I’m not sure where.
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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 26th 2017</td>
<td>CNS Infections</td>
<td>David Andresen</td>
<td>St Vincent’s Hospital</td>
</tr>
<tr>
<td>May 24th 2017</td>
<td>Common questions in Poison’s Information</td>
<td>Jared Brown</td>
<td>Concord Hospital</td>
</tr>
<tr>
<td>June 28th 2017</td>
<td>Critical Care: Thrombolysis</td>
<td>Lachy Donaldson</td>
<td>Royal North Shore Hospital</td>
</tr>
<tr>
<td>July 26th 2017</td>
<td>Emergency Medicine</td>
<td>Dr James Edwards</td>
<td>Concord Hospital</td>
</tr>
</tbody>
</table>

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: 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)
# Continuing Education in 2017

## Upcoming SHPA Seminars & clinCATs

<table>
<thead>
<tr>
<th>Seminar</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation Seminar in Clinical Medication Management</td>
<td>17-19 February</td>
<td>Melbourne</td>
</tr>
<tr>
<td>SHAP clinCAT Perth</td>
<td>18-19 February</td>
<td>Perth</td>
</tr>
<tr>
<td>SHPA clinCAT Melbourne</td>
<td>18-19 March</td>
<td>Melbourne</td>
</tr>
<tr>
<td>Extension Seminar in Clinical Medication Management</td>
<td>31 March - 2 April</td>
<td>Melbourne</td>
</tr>
<tr>
<td>SHPA clinCAT Brisbane</td>
<td>1-2 April</td>
<td>Brisbane</td>
</tr>
<tr>
<td>Seminar in Critical Care</td>
<td>8 April</td>
<td>Sydney</td>
</tr>
<tr>
<td>Seminar in Emergency Medicine</td>
<td>29-30 April</td>
<td>Adelaide</td>
</tr>
<tr>
<td>SHPA clinCAT Melbourne</td>
<td>6-7 May</td>
<td>Melbourne</td>
</tr>
<tr>
<td>Seminar in Cardiology</td>
<td>27-28 May</td>
<td>Adelaide</td>
</tr>
<tr>
<td>Medication Safety Bootcamp</td>
<td>TBC</td>
<td>Sydney</td>
</tr>
<tr>
<td>Seminar in Antimicrobial Stewardship</td>
<td>TBC</td>
<td>Melbourne</td>
</tr>
<tr>
<td>Seminar in Oncology</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Seminar in Women’s Health and Newborns Health</td>
<td>August</td>
<td>Melbourne</td>
</tr>
<tr>
<td>Seminar in Cardiology (Advanced)</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Extension Seminar in Clinical Medication Management</td>
<td>16-18 June</td>
<td>Brisbane</td>
</tr>
<tr>
<td>Extension Seminar in Clinical Medication Management</td>
<td>1-3 September</td>
<td>Sydney</td>
</tr>
<tr>
<td>Seminar in Paediatrics</td>
<td>9-10 September</td>
<td>Gold Coast</td>
</tr>
<tr>
<td>Seminar in Infectious Diseases</td>
<td>30 September - 1 October</td>
<td>Hobart</td>
</tr>
<tr>
<td>Seminar in Critical Care (Advanced)</td>
<td>14 October</td>
<td>Gold Coast</td>
</tr>
<tr>
<td>Extension Seminar in Clinical Medication Management</td>
<td>20-22 October</td>
<td>Gold Coast</td>
</tr>
<tr>
<td>Seminar in Mental Health</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Medicines Management Conference 2017</td>
<td>16-19 November</td>
<td>Sydney</td>
</tr>
<tr>
<td>Seminar in Palliative Care and Pain Management</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Seminar in Evidence Based Medicine</td>
<td>TBC</td>
<td>TBC</td>
</tr>
</tbody>
</table>
Latest from NPS MedicineWise

NPS Direct
This is a free monthly e-newsletter to keep you up to date with succinct, evidence-based information about medicines, medical tests and devices, and current health topics. For more about NPS Direct, see: http://www.nps.org.au/health-professionals/e-newsletters/nps-direct

NPS Direct – October 2016 topics include:
• Diagnosing acute knee pain – does MRI play a role?
• National survey on antibiotic use and resistance
• Fast five: Ankle and knee injuries: your imaging choices
• CPD: Management of type 2 diabetes

NPS Direct – September 2016 topics include:
• Medicine label changes
• Choosing Wisely when prescribing for older Australians
• Pharmacy remuneration and regulation: have your say
• Fast five: For your patients – medicines and dementia

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 NPS RADAR, see: http://www.nps.org.au/publications/health-professional/nps-radar

NPS RADAR – 2017 briefs include:
• Reduced pack sizes and delisting of 2mg doses of alprazolam (Alprax, GenRx Alprazolam, Kalma) for panic disorder
• Omalizumab (Xolair) PBS listed for use in children with asthma

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 2017 issue includes:
• February 2017 issue includes:
• Drugs for chronic obstructive pulmonary disease
• Midazolam for status epilepticus
• Extemporaneously compounded medicines
• Antimicrobial use and resistance in Australia
• Phosphate binders in patients with chronic kidney disease
• Medication charts in residential aged-care facilities
• Should pulse pressure influence prescribing?

April 2017 issue includes:
• Managing the drug treatment of rheumatoid arthritis
• Managing acute pulmonary oedema
• Managing hepatitis C in general practice
• Prescribing for people with acute rheumatic fever
• Economic evaluation of medicines

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

Latest from CIAP

CIAP now produces multi-focused newsletters with articles including:
• March 2017 Edition – Did that carrot just give me cancer?
• February 2017 Edition – Are we wasting out money on healthcare?
• January 2017 Edition – Zombie Outbreak: Synthetic Cannabinoids

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

For more CIAP News and information, see: http://www.ciap.health.nsw.gov.au/about/news.html or visit the Knowledge Centre.

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 need 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, 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.
**SHPA Publications**

**Australian Injectable Drugs Handbook (AIDH) – 6th Edition**

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

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 6th edition contains more than 440 injectable medicines, ALL entries fully revised, including 24 new monographs.
- Each monograph includes availability, generic/trade names, preparation, administration, stability, compatibility/incompatibility data and special notes. It also contains paediatric-specific information in many monographs.
- The AIDH has a tough durable cover and enhanced spiral binding.

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

<table>
<thead>
<tr>
<th>First Name(s)</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth</td>
<td>Yeghykian</td>
</tr>
<tr>
<td>Jacqueline</td>
<td>Yuen</td>
</tr>
<tr>
<td>Julie</td>
<td>Arena</td>
</tr>
<tr>
<td>Seung</td>
<td>An</td>
</tr>
<tr>
<td>Jocelyn</td>
<td>Ong</td>
</tr>
<tr>
<td>Tanya</td>
<td>Peck</td>
</tr>
<tr>
<td>Sanaz</td>
<td>Hashemi-Nezhad</td>
</tr>
<tr>
<td>Melinda</td>
<td>Street</td>
</tr>
<tr>
<td>Gladys</td>
<td>Chee</td>
</tr>
<tr>
<td>Melanie</td>
<td>Harrison</td>
</tr>
<tr>
<td>Dina</td>
<td>Shahin</td>
</tr>
<tr>
<td>Rachel</td>
<td>Nixon</td>
</tr>
<tr>
<td>Anna</td>
<td>Barwick</td>
</tr>
<tr>
<td>Catherine</td>
<td>Schembri</td>
</tr>
<tr>
<td>Ross</td>
<td>Vergios</td>
</tr>
<tr>
<td>Julie</td>
<td>Mathews</td>
</tr>
<tr>
<td>Mao-Mao</td>
<td>Yu</td>
</tr>
<tr>
<td>Pranavan</td>
<td>Sothirajah</td>
</tr>
<tr>
<td>Mary</td>
<td>Wilkin</td>
</tr>
<tr>
<td>Wilma</td>
<td>Kong</td>
</tr>
<tr>
<td>Dao</td>
<td>Nguyen</td>
</tr>
<tr>
<td>Pina</td>
<td>O’Hare</td>
</tr>
<tr>
<td>Jade</td>
<td>Fox</td>
</tr>
<tr>
<td>Semun</td>
<td>Galimam</td>
</tr>
<tr>
<td>Petra</td>
<td>Bachmann</td>
</tr>
<tr>
<td>Gabrielle</td>
<td>Grosfeld</td>
</tr>
<tr>
<td>Amelia</td>
<td>Hall</td>
</tr>
<tr>
<td>Jane</td>
<td>Smithard</td>
</tr>
<tr>
<td>Victoria</td>
<td>Nguyen</td>
</tr>
<tr>
<td>Alissa</td>
<td>Dmitritchenko</td>
</tr>
<tr>
<td>Kim</td>
<td>Doan</td>
</tr>
<tr>
<td>Irene</td>
<td>Ng</td>
</tr>
<tr>
<td>Marianne</td>
<td>Babcock-Dibdin</td>
</tr>
<tr>
<td>Horatio</td>
<td>Ng</td>
</tr>
<tr>
<td>Kate</td>
<td>Ziser</td>
</tr>
<tr>
<td>Lennie</td>
<td>Ear</td>
</tr>
<tr>
<td>Megan</td>
<td>Jones</td>
</tr>
<tr>
<td>Angus</td>
<td>Winsley</td>
</tr>
<tr>
<td>Bana</td>
<td>Moussa</td>
</tr>
<tr>
<td>Ariana</td>
<td>McCauley</td>
</tr>
<tr>
<td>Callum</td>
<td>Chandler</td>
</tr>
<tr>
<td>Tracey</td>
<td>Whiteing</td>
</tr>
<tr>
<td>Sarah</td>
<td>Lawes</td>
</tr>
<tr>
<td>Dean</td>
<td>Lovett</td>
</tr>
<tr>
<td>Rita</td>
<td>Samrani</td>
</tr>
<tr>
<td>Racha</td>
<td>Dabiz</td>
</tr>
<tr>
<td>Mei Ying</td>
<td>Ngo</td>
</tr>
<tr>
<td>Sook Kin</td>
<td>Lee</td>
</tr>
<tr>
<td>Lina</td>
<td>Youssef</td>
</tr>
<tr>
<td>Roseanna</td>
<td>Nakha</td>
</tr>
<tr>
<td>Christopher</td>
<td>Chai</td>
</tr>
<tr>
<td>Kelly</td>
<td>Knights</td>
</tr>
<tr>
<td>Amy</td>
<td>Cook</td>
</tr>
<tr>
<td>Amanda</td>
<td>Drevs</td>
</tr>
<tr>
<td>Julia</td>
<td>Ballam</td>
</tr>
<tr>
<td>Natalie</td>
<td>Jekki</td>
</tr>
<tr>
<td>Anthony</td>
<td>Wark</td>
</tr>
<tr>
<td>Penelope</td>
<td>Bradshaw</td>
</tr>
<tr>
<td>Mark</td>
<td>Farrahe</td>
</tr>
<tr>
<td>Jennifer</td>
<td>Muir</td>
</tr>
<tr>
<td>Melanie</td>
<td>Noakes</td>
</tr>
<tr>
<td>Yvonne</td>
<td>Kower</td>
</tr>
<tr>
<td>May E</td>
<td>Ching</td>
</tr>
<tr>
<td>Michelle</td>
<td>Hillier</td>
</tr>
<tr>
<td>Edward</td>
<td>Shin</td>
</tr>
<tr>
<td>Chuen</td>
<td>Wen</td>
</tr>
<tr>
<td>Heidi</td>
<td>Ho</td>
</tr>
<tr>
<td>Annie</td>
<td>Yip</td>
</tr>
<tr>
<td>Grace</td>
<td>Park</td>
</tr>
<tr>
<td>Jessica</td>
<td>Mandall</td>
</tr>
<tr>
<td>Tina</td>
<td>Balez</td>
</tr>
<tr>
<td>Jessica</td>
<td>Lam</td>
</tr>
<tr>
<td>Justin</td>
<td>Carter</td>
</tr>
<tr>
<td>Lucy</td>
<td>McGrath</td>
</tr>
<tr>
<td>Lily</td>
<td>Byun</td>
</tr>
<tr>
<td>Harjaswant</td>
<td>Hundal</td>
</tr>
<tr>
<td>Rachel</td>
<td>Lee</td>
</tr>
<tr>
<td>Courtney</td>
<td>Aldridge</td>
</tr>
<tr>
<td>Bradley</td>
<td>Rockcliff</td>
</tr>
<tr>
<td>Anson</td>
<td>Hsu</td>
</tr>
<tr>
<td>George</td>
<td>Papadopoulos</td>
</tr>
<tr>
<td>Han Na</td>
<td>Cho</td>
</tr>
</tbody>
</table>