In December last year, ten SHPA members, representing all SHPA Branches, flew to North America to participate in the inaugural Leadership Enrichment and Advancement in Pharmacy (LEAP) Program. Supported by SHPA Strategic Partner, Roche, the LEAP Program is a seven-day, all-inclusive international networking and intensive pharmacy leadership and career-changing learning opportunity.

The ten-person program gave nine hospital pharmacy leaders and one emerging leader full registration to the prestigious 2019 American Society of Hospital Pharmacists (ASHP) Midyear Clinical Meeting and Exhibition in Las Vegas, an invitation to an exclusive meeting with senior representatives from ASHP, as well as the opportunity to tour South Nevada’s University Hospital.

At the blockbuster event, which attracted over 25,000 delegates, LEAP participants attended the opening plenary featuring ‘A Conversation with Condoleezza Rice’, US Secretary of State (2005–2009) and selected sessions from a diverse and comprehensive program. Following the ASHP Clinical Meeting there was a rare opportunity for a behind-the-scenes tour of the Genentech Vacaville Manufacturing Plant in California (pictured).

Networking was the biggest highlight for participants who found that making connections with their colleagues, sharing ideas and collaborating brought a richness to the program that will have ongoing benefits for their careers.

Congratulations to all who were part of the 2019 LEAP Program: Kristin Berry (NSW), Gauri Godbole (NSW), Russell Levy (NSW), Angela Young (NT), Margie Butnoris (Qld), Anna McClure (SA), Tom Simpson (Tas), Wendy Ewing (Vic), Andrew Campbell (WA) and Deirdre Criddle (WA).

To illustrate the benefits of this experience, here we present extracts of reports written by three of last year’s participants, with full versions to be published on the SHPA website.
The 2019 LEAP Program was an incredible opportunity that has set the bar for my 2020 professional development year and beyond. The impact on my professional journey has been large. So much so that on return I have found myself reflecting on the initial objective set by the SHPA during the application process: ‘The LEAP Program is a career-changing opportunity for established and emerging pharmacy leaders to be immersed in an intensive international networking and learning experience’. Not only was this objective met but in the eight days I spent immersed in the company of eight other established current senior professional leads and one emerging pharmacy leader, it was exceeded.

The scientific and educational components of the ASHP conference and tours of the Genentech facilities in Vacaville and South San Francisco were informative. The tours also provided an opportunity to bring a case-study in organisational culture to life – the balance achieved between process, procedure and lean workflows combined with an environment to encourage curiosity and innovation was noteworthy and impressive. It is impossible not to leave the facility without thinking how that culture could be cultivated in your own organisation.

Personal continuous professional development (CPD) highlights from the ASHP midyear conference were as diverse as they were enlightening. Standout sessions included ‘No higher honor: A conversation with Condoleezza Rice’, in which the 66th Secretary of State of the United States shared her journey of personal and professional advancement. Another standout was the workshop session with ASHP’s leaders, which explored the opportunities and challenges facing pharmacy practice.

Having had both the pleasure and the experience of sitting on three SHPA Medicines Management organising committees, I was keenly interested in the logistics of a complex scientific program pulled together to meet the CPD needs of close to 30,000 delegates. It’s important to highlight that SHPA’s annual national conference is world-class.

For me though, the full impact of the LEAP Program and the enrichment to my own career was found in the company of my fellow delegates, or the more fitting term on this international stage, ‘Ambassadors for Australian Hospital Pharmacy Leadership’. The ability to network, brainstorm and trouble-shoot with nine leaders was a gift and the impact on my professional career is immeasurable. For me, my personal reflection and introspection of my leadership skills came from the impact that the other ambassadors had on me over the tour. These were my travel companions, my network and my friends new and old that provided me with a leadership, enrichment and advancement opportunity. These are the pharmacy leaders that have impacted my career.
Imagine, inspire, engage and excel – technicians empowered!

GAURI GODBOLE
Team Leader Pharmacist, Aged Care and Mental Health, Pharmacy Department, Gosford Hospital, Central Coast LHD, NSW

The ASHP conference afforded me the new experience of participating in a technicians’ roundtable, where technicians and pharmacists were divided into groups and given a contemporary pharmacy question to discuss. It was fascinating to participate in these discussions with professional colleagues from across the Pacific, where exciting new roles and opportunities were explored, such as advanced technician portfolios, partnering with residents and/or pharmacists for projects, and pharmacy communication co-ordinator roles.

Interestingly, many participants discussed similar career challenges faced by Australia’s technicians, such as lack of national certification and career progression ladder, financial help, upper leadership buy-in, etc. I spoke about SHPA’s Standard of Practice for the Utilisation of Pharmacy Technicians and the practice of placing technicians in clinical areas which was received with great interest!

The conference, and in particular our ‘meet and greet’ with ASHP officials, resonated with the theme of ‘a structured approach of advancing practice’. Advancing practice is the key to unlocking and discovering our full potential, as individuals and as pharmacists. It was great to see the leaders in the profession across the globe advocating for what is going to be the future of our profession, for better patient care, but moreover, to maintain our unique position within interdisciplinary teams.

The wellbeing of self and our colleagues must be our topmost priority for ongoing high-quality patient care. There were some excellent presentations at the conference on innovative initiatives to encourage resilience and wellbeing. Some of these initiatives included engaging frontline staff when creating meeting agendas, and creating interactive discussions on ‘hot topics’; the importance of wellbeing during formal and informal staff catch-ups, creating a dedicated place for wellbeing related resources, fostering a culture of gratitude were also discussed.

Advancing practice is the key to unlocking and discovering our full potential, as individuals and as pharmacists.

Unit dose dispensing in the US hospital system – just because we can, does it mean we should?

KIRSTIN BERRY
District Medication Safety and Quality Manager, Hunter New England LHD, NSW

The ASHP 2019 Midyear Clinical Midyear Conference and exhibition drew a large contingent of exhibitors showcasing their products, one of which – Automated Unit-Dose Dispensing Systems One – hasn’t yet gained a foothold in the Australian hospital pharmacy landscape.

A unit dose is one discrete solid oral dosage form, a singular dose, for dispensing as a single administration. A machine is used to package individual tablets into small, single-dose packets. The system used in the majority of US hospitals includes the packing machinery, storage unit, electronic prescribing and administration software and barcode scanner, and is designed as a pharmacy-controlled distribution model, removing the need for traditional packaging and imprest systems currently used in Australian hospitals. This is known as a closed-loop system.
Although developed for the US hospital system to capture patient-specific medication administration data to recoup costs from individual patients’ insurance, the systems have also been used to track opioid use for a federal monitoring system.\(^3\) This brings us to an important question within universal healthcare: if our aim is to reduce medication errors and increase medication safety, then are these expensive devices of value to Australian patients? A systematic review of the clinical and economic outcomes in Canadian hospitals was undertaken by Tsao et al, which looked at the feasibility of the automated process in a universal healthcare funding model. There were conflicting reports regarding the time savings for nursing staff, while predictably, there was a significant increase in the time taken for pharmacy technicians to attend to medication stocking activities. This brings into question the efficiency of the automated process. Interestingly, most studies reported an increase in the time pharmacists spent on clinical activities, because they were spending less time on technical tasks, however some of this research was funded by the company selling the automated product. The research showed there was no difference in errors causing harm or death, and that the majority of medication errors which were reduced by automated unit dose systems were storage errors.\(^4\) A closed loop system – where the electronic prescribing and administration system is combined within the system, and there is barcode identification of the individual patient – can reduce opportunities for errors as described in a 2018 Danish study by Risør et al, however there was not a statistically significant reduction in clinical errors.\(^5\) SHPA raised the question of unit-dose system sustainability within a restricted pharmacy service budget in their 2019 position statement, leading to a call for leadership from regulatory bodies and sponsors to take charge and advocate for Australian patients.\(^6\) Further research into automated unit-dose dispensing systems in the Australian healthcare setting would be beneficial before wide-spread implementation, specifically looking at medication error rates and cost savings within a universal funding model.

The LEAP Program brings participants enormous benefits, in particular the professional connections that create truly national networks. SHPA, with the support from our Strategic Partner, Roche, is committed to providing another 10 pharmacy leaders the opportunity to participate in the next LEAP Program, anticipated to take place once COVID-19 travel restrictions are no longer in place.

REFERENCES