

**APP2018 and claiming your continuing professional development credits**

Guild Learning and Development has an easy to use *myCPD* ePlatform which can be used to **record all your CPD activity at APP2018**.

To use this facility, you must be registered for a *myCPD* account. If you don't currently have a *myCPD* account, just see our friendly staff at the Guild Learning and Development stand or register at [www.mycpd.org.au](http://www.mycpd.org.au)

**Important Information:**

- If you are recording Group 2 credits and completing the assessment for a session, you **do not** need to record Group 1 credits for the same session.
- Only Group 1 **or** Group 2 credits can be recorded for a particular session – **not both**.

**How to claim CPD credits using myCPD**

**Accredited sessions:**

**Group 1 credits – claiming for attendance only**

Attendance at conference sessions will need to be recorded by you into your *myCPD* account.

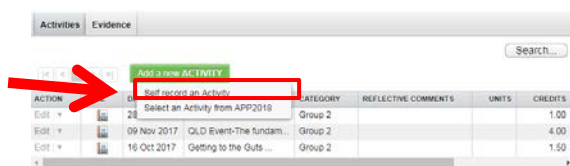
You must attend the full session to be eligible to claim the session's allocated CPD credits.

1. Log into your *myCPD* account and click on the '*myCPD*' tab in the top menu.

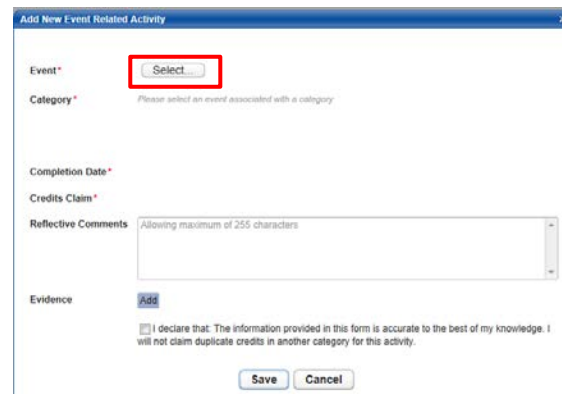
2. Click on '*myActivities*' in the sub menu.



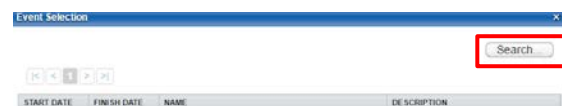
3. Click on the green button 'Add a new Activity' and select the option 'Select an Activity from APP2018'.



4. In the pop up box, click 'Select'.



5. The list of APP accredited sessions will be listed with their Group 1 information. Highlight from the list and click 'Select' or alternatively use the 'Search' button to narrow down the field.



6. Tick the checkbox for 'Credits claim' and Declaration, click 'Save'.



7. Once selected the Group 1 session information will be added to your *myCPD* record.

## Accredited sessions:

### Group 2 credits – completing assessments

1. Log into your *myCPD* account and click on the 'Conferences' button down the right side of the screen. The full list of APP2018 assessments will be listed.

The screenshot shows the myCPD website interface. At the top, there are navigation tabs: myhome, myCPD, myProfile, Admin, and myhelp. Below these are sub-tabs: Overview, myActivities, myReports, and myLearningPlan. The main content area displays a list of courses under the heading 'New Courses'. A featured course 'Manuka honey in wound care' is highlighted. On the right side, there is a vertical navigation menu with buttons for 'RESOURCE DEVELOPMENT', 'CONFERENCES', 'DISPATCH', 'HEALTH EDUCATION', 'IP', and 'JOURNAL ASSESSMENTS'. The 'CONFERENCES' button is highlighted with a red box.

2. Click on 'Enrol' of the assessment you wish to attempt and then 'Begin'. Click on the 'Launch' button.
3. A new window will open and load the assessment. Please make sure your pop-up blockers are disabled to allow the new window to open. User guides to assist in disabling pop-up blockers can be found in the 'Help' section of the myCPD site.
4. You can now start the assessment. You will have three attempts for each assessment.
5. Once the assessment is successfully completed, your Group 2 credits will be automatically added to your record.

**Help: If you have any queries, please call 03 9810 9930 or email [learninganddevelopment@guild.org.au](mailto:learninganddevelopment@guild.org.au)**

## Self-recording non-accredited sessions

1. From the *myCPD* tab click on myActivities, add a new Activity and select 'Self record an Activity'.

The screenshot shows the myCPD website interface. The 'myActivities' tab is selected. A red arrow points to the 'Add a new ACTIVITY' button. A red box highlights the 'Self record an Activity' option in the dropdown menu. Below the button is a table of activities with columns for 'EDIT', 'DATE', 'CATEGORY', 'REFLECTIVE COMMENTS', 'UNITS', and 'CREDITS'. The table contains several rows of activity data.

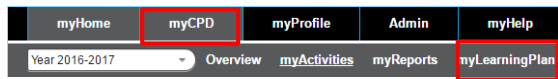
2. Enter the details of the non-accredited sessions in the fields provided and at the bottom tick the declaration check box and click 'Save'.

The screenshot shows the 'Self Record New Activity' form. The form contains the following fields and options:

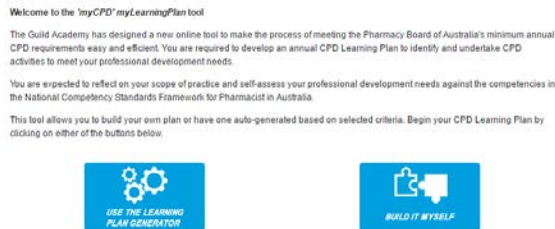
- Name: Non accredited session from APP2018
- Category: Group 1
- credit: 0
- Completion Date: 04 May 2018
- Source/Provider: Pharmacy Guild
- Type: Seminar
- Accredited:
- Topics/Competency Covered: Allowing maximum of 20,400 characters
- Reflective Comments: Allowing maximum of 255 characters
- Evidence:  I declare that: The information provided in this form is accurate to the best of my knowledge. I will not claim duplicate credits in another category for this activity.
- Buttons: Save, Cancel

## Generate your myLearningPlan

- From the *myCPD* tab click on 'myLearningPlan'.

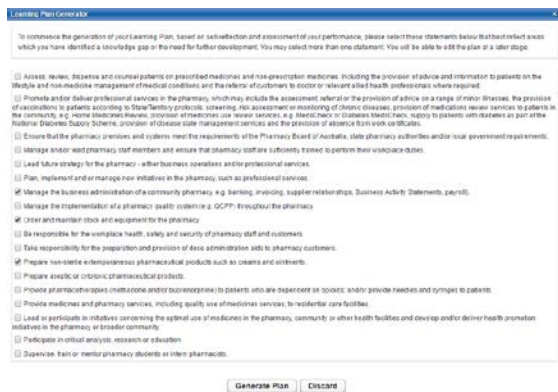


- Choose to use the LearningPlan generator or build yourself by selecting the appropriate button.

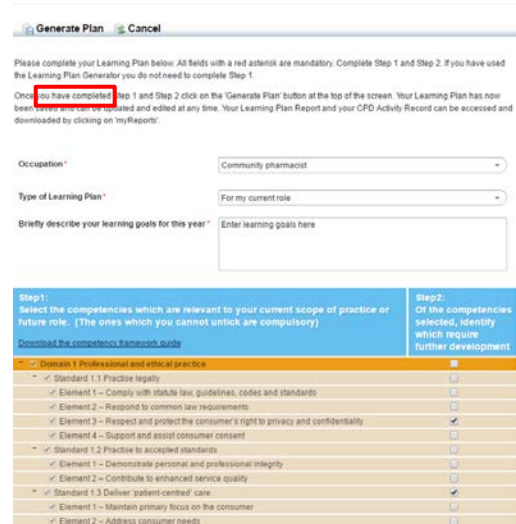


## LearningPlan Generator

- Select the statements that best reflect areas that you need further development with and click 'Generate Plan'.



- Enter the required details and complete Step 2 in the checklist. Once finished click 'Generate Plan' at the top of the screen.



## Build it myself

- Enter the required details and complete both Step 1 and Step 2. Once finished click 'Generate Plan' at the top of the screen.



## APP2018: Claiming your continuing professional development credits


**Accreditation Code: G2018006**


This activity has been accredited for Group 1 and Group 2 Continual Professional Development (CPD) credits suitable for inclusion in an individual's pharmacist's CPD plan.

Any session denoted with \* indicates that it has been accredited for Group 1 credits, which can be converted to Group 2 credits upon successful completion of relevant assessment activities.

Please refer to the summary table on the following pages for the unique accreditation codes and available CPD credits for each session. Please note, CPD credits can only be recorded for sessions that you have attended.

The sessions are colour-coded as:

 Non accredited session

 CPD accredited session



Pharmacists may be required to provide evidence of their participation in CPD activities if audited the Pharmacy Board. For more information, please view the Pharmacy Board's Guidelines on CPD via <http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx>.

You have the opportunity to ask additional questions from presenters. Please email your questions to the event coordinator [emma.fernance@qldguild.org.au](mailto:emma.fernance@qldguild.org.au). We value your feedback about APP 2018.

All delegates will be invited to complete an online survey, via email, the week following APP 2018.

## THURSDAY 3 MAY 2018

### Personal & Professional Development Stream

Venue: Arena 1A

SESSION: 8.30am-10.30am	DURATON	SPEAKER	SESSION OUTLINE
<b>Opening Plenary</b>	2 hours	The Hon Greg Hunt George Tambassis Lucy Walker Nick Panayiaris Michelle Bou-Samra	This new format opening session will highlight the achievements and challenges of the Guild in the last 12 months, and set the vision for the next 12 months and beyond. Awards of excellence will be showcased, including the presentation of the prestigious Pharmacy of the Year Award.

SESSION: 11am-11.45am	DURATON	SPEAKER	SESSION OUTLINE
<b>Education Session : Quality use of medicines in pain management and the 'how to' of forward pharmacy</b>	45 mins	Glen Guilfoyle Joyce McSwan	This session will explore the 'how to' of the forward pharmacy model and how to achieve quality use of medicines in pain management. Learning how to navigate the patient towards safe and efficacious pharmacological and nonpharmacological options is both an essential ethical responsibility, and an opportunity to build long lasting solutions-based health partnerships to improve the lives of those living with pain. Plus, find out what 300+ independent and rigorous "time and motion" studies tell us about the 'how to' of forward pharmacy, and which conventional wisdoms are genuine, and which are myths.

SESSION: 11.45am-12.30pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Education Session: Brand bias – why it's YOUR business</b>	45 mins	Matt Jones	Brand building is everyone's business. This session will offer purpose-led brand strategy tools and approaches. Leading strategist and former panellist on The Gruen Transfer, Matt Jones will use best practice examples of brand strategies in action and provide actionable lessons and frameworks for applying the lessons of craft to any brand or business.

SESSION 1.15pm-2pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Alan Russell Oration: Enhanced Services Networks for pharmacy – lessons from the USA</b>	45 mins	Joe Moose	Join our special guest speaker who will outline lessons from the USA on establishing strong relationships with patients and the patient's local healthcare team. How will your pharmacy provide enhanced services that will improve the health of complex patients?

SESSION: 2pm-2.45pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Education Session: The future of healthcare</b>	45 mins	Glenn Singleman	Like many industries, healthcare is undergoing a technology driven disruption. The age of personalised medicine has arrived with the availability of medications based on individual genome analysis, and wearable health and wellness devices are predicted to have sales in excess of \$34 billion by 2020. This presentation will examine the technology and trends that are shaping the future of health.

SESSION: 2.45pm-3.30pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENCY STANDARDS	LEARNING OBJECTIVES
<b>Education Session: Biologics and biosimilars in the treatment of rheumatic diseases – what pharmacists need to know</b>	45 mins	Mona Marabani	G2018006A5	Group 1: 0.75 Group 2: 1.50*	<b>2010:</b> 1.2, 1.4, 2.3, 4.1, 4.2, 4.3, 7.3  <b>2016:</b> 1.1, 1.6, 2.2, 3.1, 3.2, 3.5	<ol style="list-style-type: none"> <li>1. Develop awareness of rheumatic diseases for which biological and biosimilar medicines are used in treatment</li> <li>2. Identify the importance of early diagnosis and treatment options for patients</li> <li>3. Understand the similarities and differences between biological and biosimilar medicine</li> <li>4. Develop a better understanding of how rheumatologists and pharmacists can work together to optimise patient outcomes</li> </ol>
<b>Questions</b> <ol style="list-style-type: none"> <li>1. What are key treatment goals for patients with RA? <ol style="list-style-type: none"> <li>a. Halting disease progression and preventing joint deformity through early diagnosis and initiation of pharmacotherapy</li> <li>b. Maximizing quality of life</li> <li>c. Alleviating or minimizing pain</li> <li>d. Regular monitoring for drug efficacy and toxicity</li> <li>e. All of the above</li> </ol> </li> <li>2. Biological and biosimilar medicines are structure (<i>multiple answers- select all that are correct</i>): <ol style="list-style-type: none"> <li>a. Large complex molecules with inherently heterogeneous molecular Proteins derived from a living cell</li> <li>b. Generic molecules which are chemically synthesized</li> <li>c. Classified as conventional synthetic disease modifying anti-rheumatic drugs (csDMARDs)</li> <li>d. All of the above</li> </ol> </li> <li>3. When can patients with RA be initiated on a biological agent under the PBS? (<i>multiple answers- select all that are correct</i>) <ol style="list-style-type: none"> <li>a. Patient has failed a 6 month intensive trial of conventional DMARDs</li> <li>b. Must have tried <math>\geq 2</math> conventional DMARDs including MTX at <math>\geq 20\text{mg/week}</math> for 3 months</li> <li>c. Must have <math>\geq 20</math> swollen and tender joints or <math>\geq 4</math> large joints</li> <li>d. Must have no pain relief from a nonsteroidal anti-inflammatory drug (NSAID)</li> <li>e. All of the above</li> </ol> </li> <li>4. The process to gain access to a biological medicine on the PBS is long and complex. Please select factors important to maintaining a patient on their biological agent: <ol style="list-style-type: none"> <li>a. Mandated assessments at defined intervals (12-16 weeks, then every 6 months)</li> <li>b. Demonstration of a response to treatment i.e. ESR/CRP, joint count</li> <li>c. 5 strikes rule: patients are allowed to trial only FIVE of the available NINE therapies without any way of knowing which drug will be effective for an individual person</li> <li>d. Rules are stringent and if the patient runs out of strikes, they are no longer eligible for further PBS subsidized biological DMARDs for treatment of their RA</li> <li>e. All of the above</li> </ol> </li> </ol>						

5. Factors to consider for a patient if substituting a biosimilar for an originator biologic medicine are: *(multiple answers- select all that are correct)*
- The delivery device will change and the patient may require re-training
  - No different to substituting a generic for an originator brand
  - The patient could lose the benefits of their current patient support program
  - The physician needs should to be made aware
  - All of the above

SESSION: 4pm-4.45pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Education Session: A view of 2020 - what will great "customer centricity" look like in 3 years?</b>	45 mins	Michael Walton	What if the needs of consumers has changed? What if you could serve needs the consumer never thought you could? What if the changes offered you new opportunities for growth? This session will review key consumer trends, reveal why some big marketing programs fail, and provide case studies of businesses which have made even modest incremental changes to their retail offer. A take-away checklist designed to check your business readiness for changed consumer needs will also be provided.

SESSION: 4.45pm-5.30pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Education Session: Amazon - their ambitions for Australia and scenarios for pharmacy</b>	45 mins	John Batistich	John Batistich has spent several years studying the success of Amazon. With broad connections across retail and directly with Amazon, he is well positioned to provide insight into this fast-changing online retailer and the likely relevance to the pharmacy industry.

## Clinical Session Stream

Venue: Meeting rooms 5-7

SESSION 11am-11.30am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: Skin-breakdown - who's at risk?</b>	30 mins	Sara Ford Sonya Meyer	G2018006A8	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 1.3, 2.2, 6.1, 6.2, 6.3, 7.1  <b>2016:</b> 2.1, 2.4, 3.6	<ol style="list-style-type: none"> <li>Identify people at risk of skin breakdown</li> <li>Recognise the most common types of skin breakdown and the steps for prevention and management of skin tears</li> <li>Discuss Incontinence Associated Dermatitis (IAD) and the steps for prevention and management of IAD</li> </ol>

### Questions

- Which of the following is a common cause of skin breakdown?
  - Tiredness
  - Over weight
  - Loss of appetite
  - Incontinence

2. IAD stands for:
  - a. Inactive At Dressing
  - b. Incontinent All Day
  - c. Incontinence Associated Dermatitis
  - d. Independent All Days
  
3. Optimal pH of the skin is:
  - a. 7.8
  - b. 3.2
  - c. 5.5
  - d. 8.4
  
4. How many Australians live with Incontinence?
  - a. 4.8 million
  - b. 2.6 million
  - c. 3.9 million
  - d. 5.3 million
  
5. The anchoring points between the epidermis & the dermis are called:
  - a. Rogers Pegs
  - b. Rubys Pegs
  - c. Rete Pegs
  - d. Rays Pegs

SESSION: 11.30am-12pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: Children and asthma devices: how to help kids get on top of their asthma</b>	30 mins	Mark Sanders	G2018006A9	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 6.1, 6.3, 7.2  <b>2016:</b> 3.1, 3.3, 3.5, 3.6	<ol style="list-style-type: none"> <li>1. Recognise issues surrounding asthma in children</li> <li>2. Demonstrate the use and benefits of a spacer for asthmatics</li> <li>3. Discuss components and functions of spacer anatomy</li> <li>4. Identify treatment objectives for asthmatic children</li> </ol>
<b>Questions:</b>						
<ol style="list-style-type: none"> <li>1. Which of the following statement is correct regarding childhood asthma?           <ol style="list-style-type: none"> <li>a. Childhood asthma can be a serious and life-threatening condition</li> <li>b. In children asthma is easily diagnosed</li> <li>c. All Children require ICS treatment</li> <li>d. Various treatments are available that can be tailored to the individual situation</li> <li>e. Both a &amp; c</li> <li>f. Both a &amp; d</li> </ol> </li> </ol>						



2. When counselling about asthma treatment with patients using a spacer, pharmacist should discuss:
  - a. Spacer care including care, cleaning and maintenance of equipment and devices
  - b. How to use the spacer including mouth positioning and number of doses
  - c. Using deep breaths to acquire effectiveness of the medication
  - d. Use of multiple tidal breaths (up to five) to acquire effectiveness of the medication
  - e. All of the Above
  
3. With asthmatic children and spacer use all of the following are correct except:
  - a. Spacer can be used to overcome coordination issues.
  - b. The use of a spacer can be helpful in young children who can't understand instructions.
  - c. Decreases risk of adverse effects by reducing throat depositions.
  - d. Children should use a spacers only be used for preventer medication.
  
4. With reference to spacer use in children all of the following are correct except?
  - a. Masks should be used in young children who may not be able to follow instructions
  - b. Masks should be used in all children who use a spacer
  - c. Tools such as whistles can be useful in helping children improve their inhaler technique
  - d. Chambers should be washed regularly to avoid microbial growth
  
5. Which of the following statements is incorrect?
  - a. The new generation of spacers are low static to decrease dose depletion
  - b. The valves of the spacer are designed to hold the contents during inhalation and open to release content on exhalation.
  - c. A spacer whistle is used to help children recognise how deep a breath is required
  - d. A spacer whistle can lead to confusion due to the different rates of resistance of different medications.
  - e. Both b and d

SESSION: 12pm-12.30pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Clinical Bites: Research and trends in complementary medicines</b>	30 mins	David Cannata	Growing interest in complementary medicine has led to more customers seeking the benefits of herbal and dietary supplements, but the challenge is in knowing which products may best suit their needs or condition. This session will explore the latest clinical research and trends in the market, as well as discuss how to provide a more personal and tailored health solution for your customers.

SESSION: 12.30pm-1pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: Pregnancy planning - it takes two</b>	30 mins	Treasure McGuire	G2018006A11	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 1.3, 4.2, 6.1, 6.2, 6.3, 7.1, 7.2, 7.3  <b>2016:</b> 3.1, 3.2, 3.5, 3.6	<ol style="list-style-type: none"> <li>1. Describe male factor infertility or sub-fertility and its causes</li> <li>2. Explain the rationale and evidence for nutrition and nutrients supporting sperm health</li> <li>3. Describe strategies to discuss with men suffering possible male factor sub-fertility to help improve their likelihood of conception</li> </ol>

#### Questions

1. Infertility affects about 1 in 6 of couples. If this cohort represented one hundred percent, approximately what percent of cases is due to factors affecting sperm function?
  - a. 10%.
  - b. 25%.
  - c. 50%
  - d. 75%
  - e. 100%
2. When assessing semen quality, which is the target value for sperm motility and morphology?
  - a. > 40% motile with > 80% normal types
  - b. > 50% motile with > 70% normal types
  - c. > 60% motile with > 70% normal types
  - d. >70% motile with > 60% normal types
  - e. >80% motile with > 60% normal types
3. Which of the following medicines or medicine classes has been reported to reduce sperm count and quality?
  - a. Benzodiazepines
  - b. Beta blockers
  - c. Corticosteroids
  - d. Statins
  - e. SSRIs
4. In the 2014 Cochrane Review of 'antioxidants for male subfertility', what daily dose of vitamin E was used for over 6 months to demonstrate statistically significantly higher odds of a live birth when compared with placebo?
  - a. 50mg
  - b. 100mg
  - c. 200mg
  - d. 300mg
  - e. 600mg

5. While of the following nutrients, individually, is currently supported by systematic review evidence in men with OAT (oligo/asthenoterato/ azoospermia) to increase sperm motility and decrease the number of atypical sperm?
- Arginine
  - Carnitine
  - Glutathione
  - Lycopene
  - n-acetyl cysteine

SESSION: 2pm-2.30pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: Management and prevention of antibiotic associated gastrointestinal upsets</b>	30 mins	Marla Cunningham	G2018006A12	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 4.2, 4.3, 6.1, 6.2, 7.1  <b>2016:</b> 3.1, 3.2, 3.3	<ol style="list-style-type: none"> <li>Understand the role native microflora play in the maintenance of microbiome balance and general health.</li> <li>Identify the impact of broad spectrum antibiotics on the microbiome.</li> <li>Discuss the role <i>Saccharomyces boulardii</i> and <i>Lactobacillus rhamnosus</i> GG (LGG®) play in restoring microbiome flora.</li> </ol>

**Questions:**

- The human microbiome relates to the catalog of microbes and their genes harboured by each person. How many organisms are in the human microbiome?
  - 37 trillion
  - 53 trillion
  - 100 trillion
  - 10 million
- Commensal microorganisms provide a variety of health benefits. Which of the following is not included in these benefits?
  - Synthesis of vitamins
  - Regulate inflammation
  - Bile metabolism
  - Improve air flow to lungs
- Studies have shown that a single course of antibiotics can disrupt gut for up to?
  - 7 days
  - 1 month
  - 4 years
  - 10 years
- Which of the following does not occur with broad spectrum antibiotics (in relation to microbe changes and effects)?
  - Pathogenic organism reduction
  - Reduction in commensal diversity and count
  - Increased risk of antibiotic associated diarrhoea
  - Increased risk of clostridium difficile

5. Which of the following is incorrect in relation to *Saccharomyces boulardii* (SB) and *Lactobacillus rhamnosus* GG (LGG)?
- LGG improves commensal bacteria motility to allow GI mucosal penetration and increases butyrate production by the bacteria, leading to an increase in fuel availability.
  - SB restores native commensal bacteria to balance.
  - The systematic review with meta-analysis referred to in the presentation concluded that in the 12 randomised clinical trials where LGG was used, a 45% reduction in the risk of antibiotic associated diarrhoea in patients treated with antibiotics was experienced
  - Pharmacist prescribing practices include:
    - Commence probiotic treatment on the first day of antibiotic treatment.
    - Separate dose from antibiotic by two hours.
    - Take probiotic twice daily for the duration of antibiotic treatment and for a minimum of two weeks after.

SESSION: 2.30pm-3pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: Frontline solutions for joint discomfort</b>	30 mins	Asha Shaw- Hunt	G2018006A13	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 2.1, 2.2, 4.3, 6.3, 7.3  <b>2016:</b> 2.3, 2.4, 3.2, 3.5, 3.6	<ol style="list-style-type: none"> <li>Recognise how common joint pain is for Australians</li> <li>Recognise the path of progression of joint pain</li> <li>Identify the therapeutic aims to reduce the progression of osteoarthritis</li> <li>Recognise different treatment options for joint disease progression</li> </ol>

#### Questions

- According to Thrive Consumer Research Survey what % of Australians suffer from Arthritis/Osteoarthritis?
  - 20%
  - 22%
  - 24%
  - 28%
- A "Stop-Starter" would be described as:
  - Usually in their 50's and not as active as they used to be.
  - Would love to do more activity but are restricted by increasing immobility
  - Their joint pain is getting in their way of 're-starting' activities
  - All of the above
- Which of the following is not a therapeutic aim to reduce the progression of joint pain/arthritis?
  - Reduce inflammatory response
  - Reduce cartilage degradation
  - Increase in prostaglandin and arachidonic acid formation
  - Increase patient mobility

4. Which of the following is not used to reduce joint tissue degradation?
- Glucosamine
  - Chondroitin
  - Turmeric
  - Hyaluronic Acid

SESSION: 3pm-3.30pm	DURATION	SPEAKER	SESSION OUTLINE
<b>Clinical Bites: Family planning - the pharmacy as a health destination for pre-conception and pregnancy care</b>	30 mins	Debra Kennedy	There are significant nutritional and general health gaps among women of childbearing age, which can decrease chances of conception and increase the risk of pregnancy complications. This session will examine the pharmacist's role in pre-conception care, advice to offer in case of unplanned pregnancy, and recommendations for before, during and after pregnancy.

SESSION: 4pm-4.30pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: It's time</b>	30 mins	George Tambassis	G2018006A15	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 1.3, 6.1, 6.2, 6.3, 7.1, 7.3  <b>2016:</b> 2.1, 3.1, 3.3, 3.5, 3.6	<ol style="list-style-type: none"> <li>Identify the growing prevalence of type 2 diabetes in Australia</li> <li>Discuss the need for increased screening at a pharmacy level and why the pharmacy is in the ideal position</li> <li>Demonstrate application of successful screening of Diabetes profession services</li> </ol>

**Questions**

- In relation to those diagnosed with diabetes, what percentage remains undiagnosed?
  - 55%
  - 4.4%
  - 50%
  - 5%
- What age group is the second most prevalent for Type 2 diabetes?
  - 60+
  - 40-59
  - 0-20
  - 21-39
- What is the primary outcome being sought from the 'Pharmacy Diabetes Screening Trial'?
  - Proportion of newly diagnosed cases of type 2 diabetes
  - Number of patients able to screened for pre-diabetes
  - Proportion of patients referred to their GP
  - Average cost per confirmed new case

4. What percentage of non-referred patients would recommend the pharmacy diabetes screening service to a friend or family member?
- 6%
  - 89%
  - 94%
  - 11%
5. Which of the following has not been identified as a facilitator for successful screening in PDST?
- Entrepreneurial and leadership orientation, and having someone to champion it
  - Proactive involvement of the whole team, including non-pharmacist staff
  - Pharmacist capacity
  - Simply placing brochures on the counter

SESSION: 4.30pm-5pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: What's the solution for superbug infections in wound care?</b>	30 mins	Nural Cokcetin	G2018006A16	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 4.2, 5.1, 6.1, 6.2, 7.1  <b>2016:</b> 3.1, 3.5	<ol style="list-style-type: none"> <li>Describe the properties of medical honey</li> <li>Identify the benefits of medical honey</li> <li>Recognise the use of medical honey</li> </ol>
<p>Questions</p> <ol style="list-style-type: none"> <li>How are the medicinal properties of honey best utilised? <ol style="list-style-type: none"> <li>As a topical application, such as a wound treatment</li> <li>As a systemic application to treat internal infections</li> <li>As a food to lower cholesterol or improve diabetes</li> <li>Trick question, honey is only good as a topping on toast!</li> </ol> </li> <li>What makes honey an attractive wound treatment option? <ol style="list-style-type: none"> <li>Provides a moist healing environment</li> <li>Protects against infections</li> <li>Reduces inflammation and wound odour</li> <li>All of the above</li> </ol> </li> <li>What property of honey is most useful for treatment of eczema? <ol style="list-style-type: none"> <li>Antibacterial activity</li> <li>Anti-inflammatory activity</li> <li>Debriding activity</li> <li>All of the above</li> </ol> </li> </ol>						

4. What property of manuka honey makes it a good antibacterial?
  - a. High concentration of sugar
  - b. Low pH, acidic
  - c. Production of hydrogen peroxide
  - d. Methylglyoxal (MGO) from the floral source
  - e. All of the above
  
5. Why is manuka honey the most commonly used medical-grade honey?
  - a. It is produced in the largest quantities
  - b. It has a special type of antibacterial activity that is stable for long periods
  - c. It is the one that we know most about
  - d. All of the above
  
6. What is the difference between medical-grade honey and regular manuka honey?
  - a. Certain level of antibacterial activity
  - b. Sterile and appropriately packaged as a wound care product
  - c. Registered with regulatory bodies and/or carries CE marking
  - d. All of the above
  
7. What wounds/conditions can be treated with honey?
  - a. Acute wounds, such as a cut or scrape
  - b. Chronic wounds, such as diabetic leg ulcers
  - c. Eczema and acne
  - d. Surgical wounds and burns
  - e. a and b only
  - f. a, b, and d only
  - g. All of the above
  
8. Why should medicinal honey have a place in wound care?
  - a. Antibiotics are becoming less effective, and we need new treatment options
  - b. Honey has many wound healing properties
  - c. Increasing prevalence of wounds due to aging population, and higher occurrences of obesity, diabetes, and surgeries means wounds will be a significant burden
  - d. Honey is easily accessible, we can just use it straight from the pantry without visiting a doctor
  - e. a and b only
  - f. a, b and c only
  - g. All of the above

SESSION: 5pm-5.30pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Clinical Bites: Nutritional rickets – all call to action</b>	30 mins	Craig Munns	Vitamin D facilitates calcium absorption from the gut. The primary source of vitamin D is skin exposure to UVB in sunlight, with less than 10% of vitamin D coming from dietary sources. Despite being preventable, there has been a resurgence of vitamin D deficiency in Australia and an increase in cases of paediatric hypocalcaemia and rickets. Maternal vitamin D levels dictate foetal and newborn vitamin D.

## Cultural Responsiveness in Community Pharmacy

Venue: Meeting room 8

SESSION: 1.30pm-3.15pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Cultural Responsiveness in Community Pharmacy</b>	1 hour 45 min	Nicole Turner	This interactive session is relevant for all pharmacists across the country. Indigenous Allied Health Australia (IAHA) will be running an interactive session as an introduction to Cultural Responsiveness. This session will enable participants the opportunity to ask questions and be guided on practical skills to implement within their workplace in working with Aboriginal and Torres Strait Islander people. IAHA's comprehensive framework will be introduced and covers culturally responsive health care, its' relation to governance, call to action and why it's needed to transform relationships and improve health and wellbeing outcomes.

## Rural Pharmacy Forum

Venue: Meeting room 8

SESSION: 3.30pm-5.30pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Rural Pharmacy Forum</b>	2 hours	Lucy Walker Adam Phillips	G2018006A18	Group 1: 2	<b>2010:</b> 2.1, 3.1, 3.2, 3.3, 3.4  <b>2016:</b> 2.4, 4.3, 4.4, 4.5, 4.6, 4.7	<ol style="list-style-type: none"> <li>1. Identify the challenges surrounding recruiting and retaining an effective rural pharmacy workforce.</li> <li>2. Recognise the fair and sustainable resources available to uphold a quality workforce in a rural setting.</li> </ol>



## FRIDAY 4 MAY 2018

### Guild Member (Proprietor) Only Breakfast: Industry Update

Venue: Pavilion Ballroom, The Star

SESSION: 7am-8am	DURATON	SPEAKER	SESSION OUTLINE
<b>Guild member only breakfast: Industry Update</b>	1 hour	George Tambassis	This interactive Q&A session will provide attendees with the opportunity to pose questions to Guild National President, George Tambassis and other Guild officials. Open to Proprietor Guild Members only.

### Personal & Professional Development stream

Venue: Arena 1A

SESSION: 8.30am-9.25am	DURATON	SPEAKER	SESSION OUTLINE
<b>Panel: State of the Industry</b>	55 mins	Lindsay Forrest Mark Hooper Shane Jackson Allan Tillack Wes Cook George Tambassis	Join our industry's main players who will explore current issues and discuss the complexity of the current industry environment.

SESSION: 9.25am-9.40am	DURATON	SPEAKER	SESSION OUTLINE
<b>Keynote Address</b>	15 mins	Hon Catherine King	Keynote address by The Hon Catherine King MP, Shadow Minister for Health and Medicare.

SESSION: 10am-10.45am	DURATON	SPEAKER	SESSION OUTLINE
<b>Education session: Fighting Alzheimer's Disease – how pharmacy can help</b>	45 mins	Ita Buttrose	Alzheimer's disease is the most common form of dementia, representing 70% of all cases. Join Dementia Australia's National Ambassador Ita Buttrose as she discusses ways to reduce people's risk of Alzheimer's disease and other dementias, the challenges faced by carers, and strategies to help people manage dementia and live the best life possible. The role of pharmacy in fighting dementia will be also explored.

SESSION: 10.45am-11.30am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Education Session: Across the counter - customer loyalty and the pharmacy</b>	45 mins	Adam Posner	G2018006B2	Group 1: 0.75 Group 2: 1.50*	<b>2010:</b> 2.1, 3.1, 3.3, 3.4, 8.1  <b>2016:</b> 2.1, 2.3, 4.3, 4.4, 4.5, 5.3	<ol style="list-style-type: none"> <li>1. Describe what is important to customers when choosing a pharmacy</li> <li>2. Recognise the dimensions of loyalty</li> <li>3. Discuss the actions in a pharmacy that lead to loyal customers</li> <li>4. Identify the key ingredients in a loyalty program</li> </ol>
<p><b>Questions:</b></p> <ol style="list-style-type: none"> <li>1. What do customers rank as most important when deciding which pharmacy to visit on a particular day, according to the 2018 research study 'Across the Counter – Customer Loyalty &amp; the Pharmacy'? <ol style="list-style-type: none"> <li>a. Convenient location</li> <li>b. Efficient service from pharmacy staff</li> <li>c. Access to advice from the pharmacist</li> <li>d. Personalised service from pharmacy staff</li> <li>e. Access to a wide range of health and beauty products</li> </ol> </li> <li>2. To be 'brilliant at the basics', pharmacies should ensure they can offer: <ol style="list-style-type: none"> <li>a. Advice &amp; personalised service</li> <li>b. Wide product range</li> <li>c. Speed of service</li> <li>d. Relevant pricing strategy</li> <li>e. All of the above</li> </ol> </li> <li>3. Which of the following is NOT one of the 11 dimensions of loyalty? <ol style="list-style-type: none"> <li>a. I recommend the brand/business to other people</li> <li>b. I purchase more over the longer terms from that brand/business compared with similar competitor options</li> <li>c. I trust the brand/business with my information</li> <li>d. I make only one category purchase from that brand/business</li> <li>e. I purchase more often over the longer term from that brand/business compared with similar competitor options</li> </ol> </li> <li>4. Which of the following action was ranked highest by consumers as likely to make them loyal (or more loyal) to one pharmacy over another in the 2018 research study 'Across the Counter – Customer Loyalty &amp; the Pharmacy'? <ol style="list-style-type: none"> <li>a. Their communication to me is relevant and personalised</li> <li>b. They offer value for money</li> <li>c. They make my experience easy</li> <li>d. They make me feel as if they really know me</li> <li>e. They offer me rewards</li> </ol> </li> </ol>						

5. What are the 3 ingredients for best-in-class loyalty programs?
- Simple, Personal, Convenience
  - Safe, Personal, Valuable
  - Simple, Practical, Convenience
  - Simple, Personal, Valuable
  - Safe, Practical, Valuable

SESSION: 1pm-1.55pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Education session: It's not what you say...</b>	55 mins	Allan Pease	Join international body language expert Allan Pease, who will reveal the practical skills and techniques required to achieve business objectives and success. Allan will present new ideas and theories from the world of body language to assist you in learning how to motivate your team, and will reveal how you and your staff can develop verbal and non-verbal communication skills to give your pharmacy a competitive edge.

SESSION: 2pm-3pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Education session: Current management considerations of iron deficiency – an update</b>	1 hour	Ian Fraser Cecilia H.M. Ng	Iron deficiency (ID) is the most common dietary deficiency worldwide, especially in women due to regular blood (and iron) loss through menstruation. Heavy menstrual bleeding (HMB) is the most common gynaecological symptom and a key risk factor for ID and iron deficiency anaemia (IDA). As ID without anaemia is now recognised as being just as important as IDA, effective management of ID is critically important in several situations, including pre-pregnancy, before major surgery and for conditions such as inflammatory bowel disease, chronic kidney disease, chronic heart failure and HMB.

SESSION: 3.30pm-4.15pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Education session: Stress and emotional wellbeing – what pharmacists need to know about complementary medicines</b>	45 mins	Liesl Blott	Stress and emotional wellbeing are commonly seen health complaints in pharmacies, with an Australian survey revealing that 72% of Australians feel stress has at least some impact on their physical health, and that 64% feel that stress affects their mental health. Pharmacists are ideally placed to provide advice to patients on the evidence-based, safe and appropriate use of complementary medicines. This session will demonstrate how to better engage your patients and start a conversation about managing stress and supporting emotional wellbeing.

SESSION: 4.15pm-5pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Education session: Privacy and/in your pharmacy: complacency is not an option</b>	45 mins	Melanie Drayton Catherine Bronger	With a greater public focus on breaches of privacy and data, it is vital for those working in community pharmacy to know and understand how Australia's privacy laws work and how it affects them. This session will provide essential information on adhering to the Australian Privacy Principles and implementing 'good privacy practice', including how to develop a privacy policy and train staff of their privacy obligations, when and how to seek consumer consent to use their personal information, and what to do when there has been a breach of privacy.

SESSION: 5pm-5.30pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Education Session: Osteoporosis and the role of the pharmacist</b>	30 mins	Greg Lyubomirsky	G2018006B5A	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 1.5, 2.1, 2.2, 7.3  <b>2016:</b> 1.5, 2.2 2.3, 2.4, 3.5	<ol style="list-style-type: none"> <li>1. Recognise the role pharmacy can play in the treatment of Osteoporosis</li> <li>2. Identify when Calcium or Vitamin D supplementation may be required due to low dietary intake.</li> <li>3. Understand the impact of poor bone health in Australia</li> </ol>
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>1. What percentage of patients who come to hospital with a minimal trauma fracture are then investigated for osteoporosis? <ol style="list-style-type: none"> <li>a. 10%</li> <li>b. 20%</li> <li>c. 30%</li> <li>d. 40%</li> </ol> </li> <li>2. How many people will have fractures in Australia in 2018? <ol style="list-style-type: none"> <li>a. 100,000</li> <li>b. 120,000</li> <li>c. 160,000</li> <li>d. 200,000</li> </ol> </li> <li>3. How can pharmacy help with osteoporosis? <ol style="list-style-type: none"> <li>a. Advice on bone health maintenance</li> <li>b. Provide information about osteoporosis treatments and the importance of compliance</li> <li>c. Provide advice to patients on risk factors and post fracture pain management.</li> <li>d. All of the above</li> </ol> </li> <li>4. What is the recommended dose for Calcium when dietary intake is low? <ol style="list-style-type: none"> <li>a. 100-200mg per day</li> <li>b. 200-300mg per day</li> <li>c. 1000mg per week</li> <li>d. 500-600mg per day</li> </ol> </li> <li>5. What is the best time of year to test Vitamin D levels? <ol style="list-style-type: none"> <li>a. Start of Summer</li> <li>b. End of Summer</li> <li>c. Start of Winter</li> <li>d. End of winter</li> </ol> </li> </ol>						

## Clinical & Business Session Stream

Venue: Meeting room 5-7

SESSION: 8.30am-9am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: Breaking barriers of incontinence</b>	30 mins	Lyn Rohweder	G2018006B6	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 1.3, 2.1, 2.2, 6.1, 6.2, 8.1  <b>2016:</b> 2.1, 2.3, 2.4, 3.1, 3.2, 3.6	<ol style="list-style-type: none"> <li>1. Outline lifestyle management tips to manage urinary incontinence.</li> <li>2. Identify the types of incontinence affecting Australians.</li> <li>3. Describe the role pharmacists play in educating consumers to choose the right product and what referrals are available to consumers</li> </ol>
<p><b>Questions:</b></p> <ol style="list-style-type: none"> <li>1. Approximately how many Australians experience incontinence? <ol style="list-style-type: none"> <li>a. 2.5 million</li> <li>b. 500,000</li> <li>c. 4.8 million</li> <li>d. 6.3 million</li> <li>e. 320,000</li> </ol> </li> <li>2. Identify 3 types incontinence: <ol style="list-style-type: none"> <li>a. Overflow, Stress, Involuntary</li> <li>b. Transient, Stress, Urge</li> <li>c. Pelvic, Overactive, Urge</li> <li>d. Overactive, Urge, Involuntary</li> <li>e. Irregular, Stress, Urge</li> </ol> </li> <li>3. Name a lifestyle tip you can give your customers to help manage incontinence? <ol style="list-style-type: none"> <li>a. Pelvic floor exercises</li> <li>b. Reduce fluid intake</li> <li>c. Manage their weight</li> <li>d. Eat more fibre</li> <li>e. All of the above</li> </ol> </li> <li>4. What is the CAPS payment value that eligible customers can receive each year? <ol style="list-style-type: none"> <li>a. Over \$5,000</li> <li>b. Over \$500</li> <li>c. Over \$1,000</li> <li>d. \$100</li> <li>e. \$350</li> </ol> </li> </ol>						

5. Over half the female population with incontinence are:
- Over 90
  - Over 80
  - Over 70
  - Under 50
  - Under 20

SESSION: 9am-9.30am	DURATON	SPEAKER	SESSION OUTLINE
<b>Clinical Bites: Improving long term outcomes in kidney transplant recipients – the role of community pharmacy</b>	30 mins	Alan Parnham	Whilst short-term patient and graft outcomes continue to improve after kidney transplantation, improving longer-term outcomes remains a challenge. This session will discuss the key issues on the long term care of transplant recipients, identify potentially modifiable risk factors post transplantation, and discuss practical recommendations from current evidence-based, best practice guidelines (focus on improving adherence).

SESSION: 10am-10.30am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Business Bites: Value Stream Mapping your dispensary – the hands-on 'how to' guide</b>	30 mins	John Koot	G2018006B8	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 2.7, 3.1, 3.3, 3.4 <b>2016:</b> 4.3, 4.3, 4.4, 4.5, 4.6, 4.7	<ol style="list-style-type: none"> <li>Understand the traditional concept of efficiency and the different types of efficiency.</li> <li>Describe the concept and primary aim of the Lean principle</li> <li>Describe the purpose and key steps of a Value Stream Map</li> </ol>

**Questions:**

- Which of the following statements best describes the concept of resource efficiency?
  - Resource efficiency is a direct measure of volume multiplied by number of resources and relevant time to complete a required process.
  - Resource efficiency focuses on function and throughput time rather than process capacity and volume.
  - Resource efficiency focuses on capacity and volume rather than throughput time and takes into consideration the value from each particular function or resource
  - Resource efficiency is a direct measure of the number of resources taken to complete a defined process or task within a specified time.
- Which of the following statements best describes the concept of flow efficiency?
  - Flow efficiency is calculated based on capacity processed in minimal work time
  - Flow efficiency is calculated based on work time measured against resource capacity and total volume
  - Flow efficiency is calculated based on the actual work time measured against the customer perception of wait time
  - Flow efficiency is calculated based on the actual work time measured against the total work and wait time
- Which of the following statements best describes the Lean principle?
  - Lean is about improving the efficiency of a process, with the key focus of increasing profitably
  - Lean is about improving the efficiency of a process, with the key focus of providing customer satisfaction and doing so profitably
  - Lean is about eliminating 'waste' in a process and undertaking any necessary resource reductions to do so more profitably
  - Lean is about reviewing the current workflow and analysing each resource efficiency

4. Which of the following statements is not true in describing Value Stream Mapping?
- Value Stream Mapping is a useful tool used to identify the flow of product and information within a process
  - Value Stream Mapping can be used as a basis for creating a process improvement action plan
  - The Value Stream Mapping process comprises of four key steps and is best undertaken as a team exercise
  - A Value Stream Map has four key elements; a process map, information flow plan, a data graph and a timeline
5. Which of the following should be taken into consideration when reviewing a current state Value Stream Map?
- Parts of the process that have poor performance, parts of the process with poor resource efficiency and areas where resource reductions would benefit profits
  - Work time, total number of resources available in the pharmacy and current profitability
  - Parts of the process that have poor performance, areas that have long handovers and parts of the process with bottlenecks and hold ups
  - Resource efficiency, flow efficiency and lean process principles

SESSION: 10.30am-11am	DURATON	SPEAKER	SESSION OUTLINE
<b>Clinical Bites: The role of the community pharmacist in the treatment of insomnia</b>	30 mins	Simon Frenkel	Many factors contribute to insomnia and sleep disorders, and pharmacists are often on the front line to help patients find the appropriate treatment. This session will review the current understanding of insomnia and the role.

SESSION: 11am-11.30am	DURATON	SPEAKER	SESSION OUTLINE
<b>Clinical Bites: The management of dermatological conditions</b>	30 mins	Khen Meng Kon	This session will review the management of dermatological conditions and what to consider when recommending skincare. The outcome of this session is to provide delegates with simple strategies that can be employed to maintain, improve or treat dermatological conditions with the ultimate goal of improving quality of life for patients.

SESSION: 11.30am-12pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: Optimal management of allergy in pharmacy</b>	30 mins	Jessica Tattersall	G2018006B11	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 1.3, 2.1, 2.3, 4.2, 6.1, 7.3  <b>2016:</b> 2.1, 2.2, 2.3, 3.1, 3.2, 3.5	<ol style="list-style-type: none"> <li>Recognise symptoms of allergic rhinitis</li> <li>Identify common causes of allergic rhinitis</li> <li>Identify co-existing medical conditions for allergic rhinitis sufferers</li> <li>Recognise the appropriate treatment guidelines for allergic rhinitis</li> <li>Demonstrate the correct technique for using an intranasal corticosteroid spray</li> </ol>

- Questions:**
- People with allergic rhinitis have an increased risk of developing or having sub – clinical asthma  
True / False

2. Which of the following is not a symptom of allergic rhinitis
  - a. Sneezing
  - b. Unilateral nasal obstruction
  - c. Nasal itch
  - d. Itchy eyes
  - e. Runny nose
  
3. The following are all common causes for allergic rhinitis except
  - a. House dust mite
  - b. Grass pollen
  - c. Mould
  - d. Cigarette smoke
  - e. Cat dander
  
4. Which class of anti – allergy medication has the strongest evidence for first line treatment in patients over 12 with suspected allergic rhinitis
  - a. Oral non-sedating antihistamine
  - b. Intranasal corticosteroid
  - c. Saline rinses
  - d. Oral decongestant
  - e. Intranasal antihistamine
  
5. Topical intranasal corticosteroids should
  - a. Always be directed toward the nasal septum
  - b. Always be sniffed in after spraying
  - c. Be applied in an “X” formation directed toward the lateral wall
  - d. Never be used continuously
  - e. Recommend only after trial of oral antihistamine

SESSION: 12pm-12.30pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: Pathophysiology of functional gastrointestinal disorders (FGID) – implications for patient management</b>	30 mins	Gerald Holtmann	G2018006B12	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 4.2, 4.3, 6.1, 6.2, 6.3, 7.1, 7.2, 7.3  <b>2016:</b> 3.2, 3.3, 3.5, 3.6	<ol style="list-style-type: none"> <li>1. Describe the definitions and diagnosis of FGID/IBS</li> <li>2. Discuss the signs and symptoms of FGID</li> <li>3. Identify medications and treatments used for FGID.</li> </ol>



### Questions

1. Which out of the following is a false statement regarding Rome Criteria for diagnosis of FGIDs?
  - a. Symptom based diagnosis
  - b. Last updated in 2016
  - c. Used mainly for Clinical research and pharmaceutical trials
  - d. Gold standard for diagnosis of IBS in clinical practice
  
2. Which of the following is not a typical symptom associated with FGIDs?
  - a. Loose/frequent stools which alter with time
  - b. Symptom brought on by food intake
  - c. Unexplained Iron deficiency anaemia
  - d. Specific food sensitivities
  
3. Which of the following is a possible pathophysiologic concept in FGIDs?
  - a. Alterations of GI motility
  - b. Alterations in visceral sensory function
  - c. Disorders of the gut-brain axis
  - d. All the above
  
4. Which if the following statements regarding FGIDs is false?
  - a. Overlap is uncommon between FGIDs involving upper and lower gut (e.g. functional dyspepsia(FD) and IBS)
  - b. The response rate of Placebo in FGIDs is 30-40%
  - c. Comorbid anxiety and depressive disorders are highly prevalent in patients with FGIDs
  - d. Acute enteric infections frequently precede the onset of IBS-D or other FGIDs
  
5. Which antidepressant has been most successfully used in IBS treatment?
  - a. Selective serotonin reuptake inhibitors (SSRIs)
  - b. Serotonin norepinephrine reuptake inhibitors (SNRIs)
  - c. Monoamine oxidase inhibitors (MAOIs)
  - d. Tricyclic antidepressants (TCAs)

SESSION: 2pm-2.30pm	DURATION	SPEAKER	SESSION OUTLINE
<b>Business Session: Data – its value to your pharmacy</b>	30 mins	Ross Gallagher	Data is your pharmacy's most important digital asset. How you use and value your data determines the success of your business and the health of your customers. This session will explore the impact your data has on your business, your revenue, and your connection with your customers. Learn how to track, analyse and improve your business's performance using the data you curate, discover the ways your data informs your patient interaction and builds customer loyalty, and find out how your pharmacy influences the health journey of your customers through your data in the wider health industry.

SESSION: 2.30pm-3pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Clinical Session: How big is our wee problem? The role for pharmacists in helping patients with incontinence</b>	30 mins	Jenny King	Incontinence is an embarrassing and often socially debilitating condition affecting 1 in 4 Australians. But did you know that there are many management options available? Learn about the realities of incontinence for patients, and about the role pharmacists can play in helping some of these patients better manage their condition.

SESSION: 3.30pm-4pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Business Bites: To join a franchise, or not to join a franchise?</b>	30 mins	Feras Kareem	Join pharmacist proprietor, Feras Kareem, as he discusses the Community Pharmacy vs Retail Pharmacy model and the pros and cons of joining a franchise. Feras has been involved with a number of pharmacy brands including Blooms the Chemist, Chemworld, Pharmacy 4 Less and Priceline Pharmacy as well independent pharmacies. Having owned and operated pharmacies of all shapes and sizes over two decades, Feras will share his experiences.

SESSION: 4pm-4.30pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Business Bites: Armed robberies – are you prepared?</b>	30 mins	Christie Boucher Holly James	Pharmacies are increasingly being targeted for armed robberies – for both drugs and money. This session will provide practical information on how to minimise the risk of your pharmacy becoming the target of an armed hold-up, how to respond to minimise the risk of harm to staff and customers should an armed hold-up occur, and what to do in the immediate aftermath of an armed hold-up.

SESSION: 4.30pm-5pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	Learning objectives
<b>Clinical Bites: To take probiotic, or not to take probiotic?</b>	30 mins	Anders Henriksson	G2018006B16	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 2.1, 6.1, 6.2, 6.3, 7.1, 7.3  <b>2016:</b> 2.3, 3.2, 3.5, 3.6	1. Identify the important stability factors of probiotics 2. Recognise probiotic complexities and terminology in clinical trials

#### Questions

- What will cause the greatest losses in viable count of freeze-dried probiotics?
  - Cold temperatures
  - High moisture
  - Oxygen free environment
  - Low water activity
- Which dose of probiotics is most often used in clinical trials investigating possible effects on health?
  - 1-20 x 10<sup>9</sup> CFU/day
  - 1-20 x 10<sup>7</sup> CFU/day
  - 1-20 x 10<sup>6</sup> CFU/day
  - 1-20 x 10<sup>5</sup> CFU/day

3. What is the abbreviation CFU stand for?
  - a. Culture forming unit
  - b. Culture foundation unit
  - c. Colony forming unit
  - d. Colony full unit
  
4. What is the most important factor for ensuring that probiotics are stable on the shelf (ambient conditions)?
  - a. Special fermentation conditions during production of probiotics
  - b. A unique method of encapsulating probiotics
  - c. Quality of packaging and desiccant to protect against ambient atmospheric conditions
  - d. Gas flushing at bottling of probiotic capsules
  
5. In taxonomy, what does Lactobacillus and acidophilus represent (first and second name)?
  - a. Lactobacillus is the family and acidophilus is the species name
  - b. Lactobacillus is the genus and acidophilus the species name
  - c. Lactobacillus is the species and acidophilus is the sub-species name
  - d. Lactobacillus is the order and acidophilus is the class

SESSION: 5pm-5.30pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: The gut microbiome development in the first 1000 days</b>	30 mins	Misa Matsuyama	G2018006B17	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 6.1, 6.2, 6.3, 7.2  <b>2016:</b> 3.1, 3.2, 3.3, 3.6	<ol style="list-style-type: none"> <li>1. Describe the natural bacteria that found in the human body</li> <li>2. Identify the role of the natural flora of the human intestinal system</li> <li>3. Recognise issues affecting the human body's natural flora balance</li> <li>4. Discuss issues affecting the different stages of the first 1000 days of the establishment of microbiota establishment</li> </ol>

- Questions**
1. Microbiota is defined as:
    - a. The collection of genomes of the microbes.
    - b. The total collection of microbial organisms within a community.
    - c. The total number of microbes in the body.
    - d. Bacteria that promotes the growth of beneficial intestinal microorganisms
  
  2. The role of gut microbiota in human health can influence:
    - a. Vitamin synthesis
    - b. Fermentation of dietary fiber
    - c. Intestinal epithelial barrier function
    - d. All of the above

3. Microbiota can be influenced by:
  - a. Genetics
  - b. Diet
  - c. Disease
  - d. Drugs
  - e. All of the above
  
4. Pioneer microbes play a part in:
  - a. Immune tolerance
  - b. B cell stimulation
  - c. The cell balance
  - d. a & c are both correct
  - e. All of the above
  
5. Neonatal gut microbiota composition is directly influenced by the following except:
  - a. Emergency or elective caesarean
  - b. Season of conception
  - c. Intrapartum antibiotics
  - d. Gestational age
  - e. All of the above affect Neonatal gut microbiota

## SATURDAY 5 MAY 2018

### Breakfast Education: Creating a mentally healthy workplace – why it matters

Venue: Garden Terrace Marquee, Northern Terrace

SESSION: 7am-8.15am	DURATON	SPEAKER	SESSION OUTLINE
<b>Breakfast Educational: Creating a mentally healthy workplace – why it matters</b>	1 hour 15 mins	Elise Apolloni Kay Dunkley Ruth Markham Curtis Ruhnau	Healthy workplaces promote mental health and wellbeing. They are positive and productive, and get the best out of everyone in the workplace. The well-being of your team members is closely linked to business success, when you have a happy and healthy team, your business performs better. Join us for this important panel discussion around why investing in creating a more mentally healthy workplace provides a positive ROI and is beneficial to everyone.

### Personal & Professional Development Stream

Venue: Area 1A

SESSION: 8.30am-9.30am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	LEARNING OBJECTIVES	LEARNING OBJECTIVES
<b>Education Session: The case for change – why biosimilars make sense</b>	1 hour	Paul Cornes	G2018006C1	Group 1: 1.0 Group 2: 2.0*	<b>2010:</b> 4.1, 4.2, 4.3, 5.1, 6.1, 6.2, 6.3, 7.1, 7.2, 7.3  <b>2016:</b> 3.1, 3.2, 3.3, 3.5, 3.6	<ol style="list-style-type: none"> <li>Describe biosimilars and issues surrounding ensuring quality, safety and efficacy</li> <li>Discuss confidence around switching between different brands</li> <li>Recognise process of prescribing therapeutic oncology biosimilars</li> </ol>
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>In recent surveys – how confident have oncologists and haematologists in Europe and the USA been in recommending that cancer patients can safely use a biosimilar version of a therapeutic cancer biologic medicine such as trastuzumab or rituxumab?               <ol style="list-style-type: none"> <li>Majority confident – more than 90% feel biosimilars will be as safe and effective as the original reference drug</li> <li>Split 50:50 – with as many confident as not confident</li> <li>Majority are NOT confident in using a biosimilar</li> <li>None of the above.</li> </ol> </li> <li>When switching a cancer patient from a reference biologic to a biosimilar – how great is the risk of an increase in adverse events?               <ol style="list-style-type: none"> <li>No significant difference expected – the risks of switching are in proportion to the risks of not switching brands</li> <li>The risks are greater when switching occurs</li> <li>The risks are less when switching occurs</li> <li>None of the above</li> </ol> </li> </ol>						

3. How many clinical studies of switching have now been made?
- <10
  - 10–20
  - 21–30
  - 31–40
  - >40
4. How should biologic medicines be named when prescribing in Europe?
- The International Non-Proprietary Name (INN) is sufficient – as with generic medicines
  - Both the INN and the brand name should be used
  - The INN and a random 4-letter suffix should be used
  - None of the Above
5. How good is pharmacovigilance in Europe at identifying each brand when an adverse event is reported for a drug when biosimilars are available?
- <25%
  - 25-50%
  - 51-75%
  - 76-95%
  - >95%

SESSION: 10am-11am	DURATON	SPEAKER	SESSION OUTLINE
<b>Panel Session: Discovering a super cure for pharmacy employees' financial ailments</b>	1 hour	Nicole Pedersen-McKinnon Greg Everett Helen O'Byrne	This panel discussion will explore the social and environmental barriers pharmacy employees face in growing a nest egg, and what solutions are available to change the current situation.

SESSION: 11am-11.45am	DURATON	SPEAKER	SESSION OUTLINE
<b>Ann Dalton Address: From tokenism to leadership – women in decision making roles.</b>	45 mins	Catherine Bronger Helen O'Byrne Lucy Walker Rhonda White	Diversity covers a broad range of segments – gender, ethnicity, sexuality and so on. Male dominant boards and committees is a universal phenomenon. As an industry how do we move to ensure that boards and committees more equitably represent the audience they serve? What can be done to ensure voices are heard? Does the answer lie in quotas, targets and mentoring schemes or deeper change management tactics? Join our panel as they discuss these themes and issues.

SESSION: 1pm-1.55pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Education Session: The common cold in children and adults</b>	55 mins	Ronald Eccles	G2018006C2	Group 1: 1.0 Group 2: 2.0*	<b>2010:</b> 5.1, 6.1, 6.2, 6.3, 7.1, 7.3  <b>2016:</b> 3.1, 3.2, 3.3, 3.5, 3.6	<ol style="list-style-type: none"> <li>1. Describe signs, symptoms, pathophysiology and treatments of the common cold</li> <li>2. Discuss evidence surrounding carrageenan</li> <li>3. Discuss origins, use and benefits of carrageen as a treatment for the common cold</li> </ol>

#### Questions

1. The local symptoms of common cold such as blocked nose, sore throat and runny nose are caused by:
  - a. Peroxides released from leucocytes
  - b. The mediators bradykinin and prostaglandins
  - c. Release of local hormones
  - d. Antibodies
  - e. Cytokines
2. Which type of carrageenan has been shown in clinical trials to have antiviral efficacy against common cold viruses
  - a. Lambda-carrageenan
  - b. Iota-carrageenan
  - c. Kappa-carrageenan
  - d. Kelta-carrageenan
  - e. Alpha-carrageenan
3. Carrageenan is believed to exert its antiviral activity by:
  - a. Causing the formation of antibodies
  - b. Increasing the activity of leukocytes
  - c. Binding to the viruses
  - d. Causing the release of antiviral mediators
  - e. Reducing cellular pH
4. Carrageenan is commonly found in which of the following foods?
  - a. Potatoes
  - b. Milk
  - c. Ice cream
  - d. Red meat
  - e. Bread

5. Carrageenan is an extract of:
- Sea water
  - Sea weed
  - Echinacea
  - Pelargonium
  - Fish oil

SESSION: 2pm-2.30pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Clinical Session: Medicinal cannabis – what’s next?</b>	30 mins	Tony Hall Lisa Nissen Debbie Rigby	This session will provide background on the pharmacology and role of the endocannabinoid system, the known safety, side effects and efficacy of medicinal cannabis, and the status of clinical trials. Plans for a pharmacy education program to assist pharmacists understand the current regulations will also be discussed.

SESSION: 2.30pm-3pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Education Session</b>	30 mins		Session details will shortly be available on the conference website at <a href="http://www.apconference.com">www.apconference.com</a>

SESSION: 3.30pm-4.15pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Pharmacy Guild 90th Anniversary: The Great Debate</b>	45 mins	Affirmative Team: Toni Riley John Bronger Natalie Willis Negative Team: Wendy Phillips Trent Twomey Catherine Bronger	To mark the 90th anniversary of the Pharmacy Guild – to celebrate the achievements of the past, while also looking forward to the challenges and opportunities in the future – this session will feature a university style debate on the proposition: “Things were better in the old days”. Two teams of advocates, a mixture of experienced and revered senior Guild figures plus newcomers to Guild advocacy, will debate the proposition in a no-holds-barred verbal wrestle. The debate will be moderated by Greg Turnbull, who has vowed to crack the whip if any speaker throws the switch to bland, and the winners will be decided by the audience.



SESSION: 4.15pm-5pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Education Session: Starting a clinical consulting practice in your pharmacy – how to contract with medical providers and payers</b>	45 mins	Donnie Calhoun	G2018006C3	Group 1: 0.75 Group 2: 1.50*	<b>2010:</b> 1.2, 1.3, 2.1, 2.3, 2.6, 6.1, 6.2, 6.3, 7.1, 7.2, 7.3  <b>2016:</b> 1.1, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.6, 4.1, 4.2, 4.3	<ol style="list-style-type: none"> <li>1. Describe the American Models of Clinical Community Pharmacy</li> <li>2. Identify the differences between Credential and Privilege services in the American Models of Clinical Community Pharmacy</li> <li>3. Recognise what services are billable in the American Model of Clinical Community Pharmacy</li> <li>4. Discuss the Community Pharmacy Enhanced Services Network (CPESN) model offered by the American Models of Clinical Community Pharmacy</li> <li>5. Describe the potential issues associated with contracting with other Health Care providers</li> <li>6. Identify the key features in marketing the American Models of Clinical Community Pharmacy</li> </ol>
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>1. Which one of the following services is not a clinical community pharmacy model in America? <ol style="list-style-type: none"> <li>a. The Washington State Model</li> <li>b. Medicare</li> <li>c. The CPESN</li> <li>d. The Cash Model</li> </ol> </li> <li>2. Which of the following statements is incorrect? <ol style="list-style-type: none"> <li>a. Credentialing is a process that documents and demonstrates that the health care professional has attained the credentials to provide certain patient care services within the scope of care in a particular setting</li> <li>b. There are two types of credentialing processes - simple and complex</li> <li>c. Privileging is the process by which a health care organization grants privileges to a health care provider to perform a specific scope of patient care services within that organization</li> <li>d. Provider organisations do not credential and privilege their providers</li> </ol> </li> <li>3. Select the service which is not billable through the American model of Clinical Community Pharmacies? <ol style="list-style-type: none"> <li>a. Prescription dispensing</li> <li>b. Drug therapy monitoring/management</li> <li>c. Ordering and interpreting labs</li> <li>d. Administration</li> <li>e. Collaborative Practice</li> </ol> </li> <li>4. Which one of the following statements is not offered by CPESN network pharmacies <ol style="list-style-type: none"> <li>a. Have a clear focus on interventions that change patient behavior which leads to improved health outcomes</li> <li>b. Have experience necessary to provide medication optimization activities and other enhanced services</li> <li>c. Have a collaborative approach with other health care team members who are held jointly accountable</li> <li>d. No support for the patient's understanding of medication administration and special storage instructions</li> </ol> </li> </ol>						

5. What are the key Payor messaging in today's market?
  - a. One size does not fit all
  - b. Listen to (and understand) the Payor's pain points
  - c. Emphasize your situational adaptability & readiness
  - d. Be prepared with an "ask"
  - e. All of the above

## Clinical / Business Session Stream

Venue: Meeting rooms 5-7

SESSION: 8.30am-9am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: Differential diagnosis of the Red Eye</b>	30 mins	Jason Holland	G2018006C4	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 1.2, 1.5, 2.1, 6.1, 6.2, 6.3, 7.1, 7.3, 8.1  <b>2016:</b> 1.1, 1.4, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6, 5.3	<ol style="list-style-type: none"> <li>1. Identify the tear film structure and function of the eye</li> <li>2. Identify the differential diagnosis of the red, sore eye in pharmacy</li> <li>3. Recognise the signs and symptoms of the red, sore and dry eye</li> </ol>

### Questions

1. Which of the below statements correctly describes the human tear film?
  - a. Two layers, mainly aqueous
  - b. Three layers, mainly mucin
  - c. Three layers, mucin/aqueous/lipid
  - d. One homeostatic layer
  
2. What percentage of Dry eye patients are likely to benefit from a lipid containing eye drop?
  - a. 50%
  - b. 85%
  - c. 22%
  - d. 10%
  
3. Signs and symptoms commonly seen with Bacterial Conjunctivitis are:
  - a. Diffuse red eye, pussy discharge, eyelids stuck together
  - b. Watery eye, mild redness greatest inferior, mild vision loss/increased glare
  - c. Itchy eyes, eyelid puffy, mucous/stringy discharge, mildly red greatest in the nasal canthus
  - d. Localised redness, deep pain, no discharge, vision normal
  
4. Signs and symptoms of Allergic Conjunctivitis are:
  - a. Diffuse red eye, pussy discharge, eyelids stuck together
  - b. Watery eye, mild redness greatest inferior, mild vision loss/increased glare
  - c. Itchy eyes, eyelid puffy, mucous/stringy discharge, mildly red greatest in the nasal canthus
  - d. Localised redness, deep pain, no discharge, vision normal

5. Signs and symptoms of Viral Conjunctivitis are:
- Diffuse red eye, pussy discharge, eyelids stuck together
  - Watery eye, mild redness greatest inferior, mild vision loss/increased glare
  - Itchy eyes, eyelid puffy, mucous/stringy discharge, mildly red greatest in the nasal canthus
  - Localised redness, deep pain, no discharge, vision normal

SESSION: 9am-9.30am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites:</b> <b>The treatment of acute pain</b>	30 mins	Hartley Atkinson	G2018006C5	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 1.3, 2.1, 2.2, 6.1, 6.2, 6.3  <b>2016:</b> 1.5, 2.1, 2.3, 2.4, 3.1, 3.2, 3.6	<ol style="list-style-type: none"> <li>Describe the analgesia efficacy measures</li> <li>Identify Australian opioid problems and potential solutions</li> <li>Recognise pain treatment options and their efficacy</li> </ol>

#### Questions

- What is the measurement range for the Visual Analogue Pain scale (VAS)?
  - 0 – 4
  - 1 – 10
  - 0 – 10
  - 1 – 4
- Recorded accidental opioid overdose deaths increased by what percentage from 2001- 2005 to 2011 – 2015?
  - 10%
  - 60%
  - 25%
  - 50%
- How many deaths in 2011 to 2015 were associated with pharmaceutical opioids?
  - 985
  - 656
  - 5412
  - 2145
- What are the current OTC pain treatment options in Australia?
  - Solo Oral Agents: Paracetamol, Ibuprofen, Diclofenac, Aspirin, Naproxen
  - Oral Combo Agents: Paracetamol + Ibuprofen; Paracetamol + Caffeine
  - Topical Agents: Diclofenac, capsaicin
  - All of the above

5. Combination therapy increases efficacy. Which one of the following statements is correct?
- Paracetamol 1000mg + Codeine 60mg improves SPID by 4.2% over paracetamol only
  - Paracetamol 1000mg + Caffeine 130mg improves TOTPAR by 10% over paracetamol only
  - Paracetamol 1000mg + Ibuprofen 300mg lowers the AUC of VAS by 20% over paracetamol and ibuprofen only
  - Paracetamol 1000mg + Codeine 30mg improves SPID by 4.2% over paracetamol only

SESSION: 10am-10.30am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Business Bites: Maximising the sale price of your pharmacy in the current market</b>	30 mins	Frank Sirianni	G2018006C6	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 3.1, 3.3  <b>2016:</b> 4.3, 4.4, 4.5	<ol style="list-style-type: none"> <li>Describe pharmacy valuation principles</li> <li>Recognise the current market for Australian pharmacy sales</li> <li>Identify how to maximise sale price of a pharmacy</li> </ol>

#### Questions

- Using the “Capitalisation of future maintainable earnings” approach for pharmacy valuations means that the higher the capitalisation rate, the?
  - The lower the value for a pharmacy for any given level of adjusted Net Profit for valuation purposes
  - The more desirable the pharmacy
  - The higher the value for a pharmacy for any given level of adjusted Net Profit for valuation purposes
  - The less risk is associated with the pharmacy
- To calculate the estimated Future Maintainable Earnings (FME) for a pharmacy, valuers generally add back the following expense items (choose most appropriate answer)?
  - Expenses which are capital in nature (e.g. Depreciation & Leases)
  - Personal Expenses (e.g. Motor Vehicle, Personal Phones, Travel, etc.)
  - One-off or non-continuing items
  - All of the above
- Frank mentioned five factors driving the current market for pharmacy business sales. Which of the following was not one of those factors?
  - Current low level of interest rates
  - Demand – significant number of buyers for most locations
  - Positive press about pharmacy in the general and pharmacy media
  - Limited supply of pharmacies for sale
- To maximise price when selling your pharmacy, Frank suggested you should (choose most appropriate answer)?
  - Set a realistic price
  - Put your loans to the side (not relevant to price)
  - Commit to the process
  - All of the above

5. A key factor in the value of pharmacies is the transferability of income to a new owner. Transferability is driven by (choose most appropriate answer)?
- Limited reliance on the pharmacy business owners
  - Having a competent and reliable management and pharmacy team in place
  - Great technology and pharmacy systems in your pharmacy
  - Any or all of the above

SESSION: 10.30am-11am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPENTENCY STANDARDS	LEARNING OBJECTIVES
<b>Business Bites: Not just a rubber stamp - the importance of due diligence in the pharmacy buying process</b>	30 mins	Peter Saccasan	G2018006C7	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 3.1, 3.3  <b>2016:</b> 4.3, 4.4	<ol style="list-style-type: none"> <li>Describe the importance of due diligence when purchasing a pharmacy</li> <li>Identify the key issues associated with the purchase of a pharmacy and how they impact on the price</li> </ol>
<b>Questions</b> <ol style="list-style-type: none"> <li>What is 'Due Diligence'? <ol style="list-style-type: none"> <li>An audit of the business numbers</li> <li>A detailed review of the information provided on a business for sale</li> <li>A check on the lease</li> <li>A review of wages</li> </ol> </li> <li>What is the relationship between business profit and value of the business? <ol style="list-style-type: none"> <li>Profit divided by capitalisation rate = business value</li> <li>There is no relationship</li> <li>Business profits is 50% of the business value</li> <li>Business value is 50% of the business profit</li> </ol> </li> <li>To review the business profits, a due diligence can examine – <ol style="list-style-type: none"> <li>A breakdown of sales to understand what the sources of revenue are</li> <li>Expense levels to ensure that profit is determined after appropriate business expenses</li> <li>The lease for the business to ensure that there are no hidden costs or issues</li> <li>All of the above</li> </ol> </li> <li>Large increases in sales should be carefully examined because they might – <ol style="list-style-type: none"> <li>Be due to an increase in prescriptions</li> <li>Accepted as being due to good growth in the business and strategies by the current owner</li> <li>Be examined for underlying reasons including the prevalence of High Value Drugs or high sales volume to just a small group of customers</li> <li>Be discounted and revised downwards in all cases</li> </ol> </li> </ol>						

5. Adjustments to wages made in business profiles should be examined because –
- The vendor may be trying to eliminate real wages costs that will be ongoing and the owner has reduced ongoing wages in error
  - No, they should be accepted because the owner knows the business
  - No, they should be ignored because it is a normal adjustment to make
  - None of the above

SESSION: 11am-11.30am	DURATON	SPEAKER	SESSION OUTLINE
<b>Clinical Bites: Opportunities for patient-centric analgesic recommendations in pharmacy</b>	30 mins	Joyce McSwan	The pain landscape is ever-changing. What is constant is the intervention that pharmacists provide to patients. This session will discuss managing analgesic recommendations in the pharmacy in line with recent changes, as well as preparing the pharmacy for new opportunities with Pain MedsCheck.

SESSION: 11.30am-12pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Business Bites: Thriving in the Amazon era</b>	30 mins	Robert Read	Whilst the highly anticipated launch of Amazon in Australia is set to radically change consumer shopping habits, it will also pose a significant threat to local retailers. To futureproof your pharmacy in this fast moving digital age you must deliver an exceptional customer experience including convenient shopping options such as 'Click & Collect' and delivery, excellent customer service, and a range of health services relevant to the customer. This session will reveal how you can neutralize the threat of online retailers such as Amazon so that your pharmacy can thrive.

SESSION: 12pm-12.30pm	DURATON	SPEAKER	SESSION OUTLINE
<b>Clinical Bites: Topical management of the nose and sinuses</b>	30 mins	Larry Kalish	Are you doing enough to help your customers manage their nasal and sinus symptoms? This session will provide pharmacists with an understanding of their role in the management of moderate to severe nasal and sinus congestion. Practical tips to help improve the outcomes for patients dealing with the effects of congestion will also be presented.

SESSION	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
12.30pm-1pm	30 mins	Raymond Schwartz	G2018006C10	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 4.1, 4.2, 4.3, 6.1, 6.2, 6.3, 7.1, 7.3  <b>2016:</b> 3.1, 3.2, 3.3, 3.5, 3.6	1. Describe a holistic approach to migraine management 2. Discuss treatment options available for treatment of migraine

### Questions

1. According to the AHS/AAN Migraine prevention guidelines (2012) which is not a Level A (established as effective) medication for migraine?
  - a. Na Valproate
  - b. Metoprolol
  - c. Carbamazepine
  - d. Topiramate
  
2. Which drug/drug type can be used for acute management of a migraine?
  - a. Tryptan
  - b. CGRP
  - c. Prochlorperazine
  - d. All of the above
  
3. According to "The International Classification of Headache Disorders, 3rd edition":
  - a. Tension-type headaches are classified by frequency
  - b. Tension-type headache are classified by severity of symptoms
  - c. Tension-type headache are classified by cause of the headache
  - d. All of the above
  
4. A holistic approach to treating headaches include
  - a. Treating breakthrough headache
  - b. Mindfulness relaxation strategies
  - c. Botox
  - d. Lifestyle modifications
  - e. All of the above
  
5. In practice, when treating migraines:
  - a. Presence of evidence does not mean that a drug works in the individual
  - b. Natural medicines have a place in treatment with some therapies having established as effective
  - c. Absence of evidence does not mean that a therapy does not work in the individual
  - d. All of the above

SESSION: 2pm-2.30pm	DURATION	SPEAKER	SESSION OUTLINE
<b>Clinical Bites: New options for IBS management</b>	30 mins	Joanna McMillan	This session will cover new research in the clinical setting of IBS and outline new options available for avoiding and managing symptoms.

SESSION 2.30pm-3pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
<b>Clinical Bites: Healthy ageing and the importance of protein</b>	30 mins	Jane Winter	G2018006C12	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 1.3, 2.1, 6.1, 6.2, 6.3, 7.1  <b>2016:</b> 2.1, 2.3, 3.1, 3.3, 3.6	<ol style="list-style-type: none"> <li>Describe the specific nutritional issues and needs associated with aging</li> <li>Identify risk factors for under-nutrition</li> <li>Recognise some simple strategies to improve nutritional status</li> </ol>

#### Questions

- What BMI range is associated with lowest mortality for an older adult:
  - 18.5-24.9
  - 20-25
  - 23-32
  - >25
- The RDI for protein for adults  $\geq 70$  years of age is:
  - Twice that of younger adults
  - 25% higher than for younger adults
  - The same as for younger adults
  - Less than for younger adults
- Changes to nutritional requirements with age include:
  - Increased energy requirements
  - Increased iron requirements
  - Reduced B group vitamin requirements
  - Increased calcium and vitamin D requirements
- The combination of reduced muscle mass and strength is known as:
  - Sarcopenia
  - Malnutrition
  - Frailty
  - Cachexia
- A suggested strategy to ensure maximum protein utilisation is:
  - Have most protein intake at one main meal
  - Graze on small quantities of protein throughout the day
  - Spread protein over the day aiming for 25-30g at each meal
  - Have some protein at least once per day



SESSION 3.30pm-4pm	DURATION	SPEAKER	SESSION OUTLINE
<b>Clinical Bites: Considering the patient journey - maintaining adherence for biologic patients</b>	30 mins	Saxon Smith	The road which a patient travels in order to access some biologic medicine can be a long and arduous one. A better understanding of the patients' journey and helping to manage their condition is therefore an important role for pharmacists. This session will discuss key considerations to assist you to better understand, manage and support better outcomes for your patients. Legislative insight and disease state considerations will also be explored.

SESSION 4pm-4.30pm	DURATION	SPEAKER	SESSION OUTLINE
<b>Business Bites: How to make your business premises a super investment</b>	30 mins	John Lethbridge	Investing in property through superannuation is an extremely complex process. Getting this strategy right can set you well and truly on your way to financial freedom, but getting it wrong can have catastrophic results. Whether you are still on your journey to pharmacy ownership, are a current owner, or already have your commercial property within super, this presentation will step you through the 'do's' and the 'don't's' ...and provide you with some food for thought along the way.

SESSION 4.30pm-5pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
<b>Business Bites: Dispensing prescribed restricted substances - what to do if you are faced with an official enquiry or a demand is made against you</b>	30 mins	Gilbert Yeates	G2018006C15	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 1.1, 1.2, 1.4, 2.2 <b>2016:</b> 1.1, 1.2, 1.3, 1.6, 2.4	<ol style="list-style-type: none"> <li>1. Explain the trends in formal complaints against pharmacists in the pharmacy</li> <li>2. Understand the effect of providing an apology to a consumer</li> <li>3. Describe how to respond to an incident</li> <li>4. Describe how to handle a demand from a consumer</li> </ol>

#### Questions

1. With regard to the number of pharmacists involved in a formal enquiry in 2016-17 compared to the 2015-16, which one of the following is correct?
  - a. There was a 13% decrease in the number of pharmacists involved in an enquiry
  - b. There was a 37% decrease in the number of pharmacists involved in an enquiry
  - c. There was approximately the same number of pharmacists involved in an enquiry
  - d. There was a 13% increase in the number of pharmacists involved in an enquiry
  - e. There was a 37% increase in the number of pharmacists involved in an enquiry
2. With regard to possible explanations for the trend in formal complaints, which one of the following is least likely?
  - a. Changes in the public's perception of the profession
  - b. The increasing number of prescriptions being dispensed as evidenced by latest PBS statistics
  - c. It is claimed that Australian society is more litigious compared to the previous century
  - d. The availability of technology to assist in the reporting process
  - e. Degree of concern irrespective of any actual outcome

3. With regard to providing an apology to a consumer, which ONE of the following responses is least appropriate?
  - a. I realise this has caused you distress
  - b. It is clear that something went wrong
  - c. I'm sorry for what has occurred
  - d. It could have been worse
  - e. I will advise your doctor of the incident
  
4. With regard to responding to an incident, which one of the following responses is least likely to be effective in minimising negative consequences for a pharmacist?
  - a. Notifying the proprietor at the time of the incident
  - b. Recording the incident in the pharmacy's incident reporting system
  - c. Providing an apology to the patient or family
  - d. Attempt to rectify the error if possible and appropriate
  - e. Contact Professional Indemnity provider once notified by the regulator
  
5. With regard to dealing with a demand, which ONE of the following is least accurate?
  - a. A demand can be made for non-financial actions
  - b. A demand only applies to tangible impacts such as lost wages
  - c. A proprietor can personally settle a claim and seek later reimbursement from the insurer
  - d. Claims for reimbursement of associated medical costs are common
  - e. Referral of any demand to the indemnity insurer is vital

## SUNDAY 6 MAY 2018

### Our Communities: Harm Minimisation

Venue: Meeting rooms 5 & 6

SESSION 9am-9.45am	DURATION	SPEAKER	SESSION OUTLINE
Partial opioid agonists long acting injection	45 mins	Angelo Pricolo	Treatment options with partial opioid agonists could drastically change with the introduction of long acting partial opioid agonists. The daily pharmacy visit could change to a monthly visit which will have ramifications for the pharmacist, doctor, patient and the interaction between the three.

SESSION 9.45am-10.30am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
Navigating different dose forms of naloxone	45 mins	Jacinta Johnson	G2018006D1B	Group 1: 0.75 Group 2: 1.50*	<b>2010:</b> 4.2, 6.1, 6.2, 6.3, 7.2, 7.3  <b>2016:</b> 3.1, 3.2, 3.3, 3.5, 3.6	<ol style="list-style-type: none"> <li>Describe the pharmacology of naloxone and it's role is preventing opioid overdose death</li> <li>Identify patients who may benefit from take home naloxone</li> <li>Counsel for safe and effective use of take home naloxone</li> <li>Compare different formulations of take home naloxone</li> </ol>

#### Questions

- Naloxone works by:
  - Binding to the receptor, blocking the receptor from agonist
  - Increasing the breakdown of the opioid breakdown and minimise the risk of overdose
  - Displaces the opioid from the receptor, to mitigate the response
  - Binding to morphine so that it can be metabolised as an inactive agent
- Which of the following is an indicator of risk for opioid overdose?
  - Legitimate need for opioid analgesia in patient with history of substance abuse
  - Prescribed high dose ( $\geq 100$  mg morphine equivalent) or long-acting opioids
  - Concurrent use of other CNS depressants
  - a & b are both correct
  - All of the above
- When counselling patients it is important that they understand how overdose may present. Which is not a common sign of opioid overdose?
  - Snoring or gurgling noises
  - Hyperactivity
  - Possible vomiting
  - Blue lips or fingertips
  - Irregular/shallow breaths or no breathing at all

4. When comparing naloxone doses the following is incorrect?
- Two x 2 mg IN doses, 3 min apart = Five x 400 mcg IM doses, 3 min apart.
  - Within the first ten minutes, 2 mg IN = 400 mcg IM
  - Between ten and sixty minutes, 2 mg IN = 800 mcg IM
  - Between ten and sixty minutes, 2 mg IN = 400 mcg IM
5. In the USA, naloxone has assisted with:
- 26 000 successful reversals reported over 18 years
  - 26 000 successful reversals reported over 1 year
  - 18 000 successful reversals reported over 10 years
  - 18 000 successful reversals reported over 18 years

SESSION 11.00am-11.45am	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
<b>Our addiction to pleasure</b>	45 mins	David Jacka	G2018006D1C	Group 1: 0.75 Group 2: 1.50	<b>2010:</b> 1.3, 2.1, 2.3, 6.3, 7.2  <b>2016:</b> 1.1, 2.1, 2.3, 2.2, 3.1, 3.2, 3.6	<ol style="list-style-type: none"> <li>Recognise the stigma associated with drug use</li> <li>Understand the difference between drug 'use' and drug 'dependence'.</li> <li>Recognise Risk Factors for problematic drug use.</li> <li>Identify the barriers for an adolescent 'user' to seek treatment</li> </ol>

#### Questions

- Which one of the following is not a result of stigma associated with drug use?
  - Discrimination
  - Low self esteem
  - Social inclusion
  - Prejudice
- Which of the following would be considered 'user' rather than 'dependent'?
  - Suffer from withdrawal
  - Loss of control
  - Narrowing use of social repertoire
  - Occasional use of substance
- Which of the follow would generally not be considered a risk factor for 'problematic drug use'?
  - Psychological factors
  - Emotional factors
  - Race
  - rebelliousness
- What would be a barrier for a 'drug dependent' adolescent seeking help?
  - Both B, C & D
  - Poor health seeking behaviour

- c) Exaggerated by adversarial relationship with police
- d) 'Users' are unsure of entry requirements and what they eligible for.

SESSION 11.45am-12.15pm	DURATION	SPEAKER	SESSION OUTLINE
<b>Harm reduction for people who inject drugs – safer injecting from the frontline</b>	45 mins	William Wood	Injecting drug use (IDU) is a major public health issue with estimates indicating that 16 million people inject drugs world-wide. IDU is a significant vector for BBV transmission, a major cause of morbidity and mortality and a major public health issue. Stigma and discrimination and lack of access to injecting equipment and knowledge about safer using is a major contributor to ongoing harm in people who inject drugs (PWID). This presentation will cover the major harms and complications associated with injecting drugs and discuss principles of 'safer injecting' to reduce harm in this population, including injecting technique, types of equipment and filtration of drugs.

SESSION 12.15pm-1pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
<b>Minimising harm with prescription opioids</b>	45 mins	Jacinta Johnson	G2018006D1E	Group 1: 0.75 Group 2: 1.50*	<b>2010:</b> 4.2, 4.3, 5.1, 6.1, 6.2, 6.3, 7.1, 7.2, 7.3  <b>2016:</b> 3.1, 3.2, 3.3, 3.5, 3.6	<ol style="list-style-type: none"> <li>1. Explain the evidence pertaining to the relative efficacy of different analgesics in certain conditions, to promote best prescribing practice</li> <li>2. Describe trajectories associated with pharmaceutical opioid misuse and recognise ways to minimise risk of progression to problematic opioid use</li> <li>3. Implement strategies to reduce opioid-related harm in patients using and/or misusing opioids</li> </ol>

**Questions**

1. Which of the following statements is correct?
  - a. Opioids should be avoided in migraine and only used when other drugs are not tolerated or needed.
  - b. Doses of Codeine 30mg or higher are recommended for migraine
  - c. Paracetamol and Oxycodone is the most effective preparation for post-operative analgesia 6
  - d. Both a and c are correct
  - e. Both b and d are correct
  
2. The following statements about opioid misuse trajectories is correct?
  - a. 80% of patients who misuse opioids go on to use heroin
  - b. 20% of patients on opioids for chronic pain develop an opioid disorder
  - c. 20-30% of patients who prescribed opioids for chronic pain misuse them
  - d. b and c are correct
  - e. a and b are correct
  
3. Which of the following is not a strategy that can help to improve opioid use outcomes?
  - a. Reduce the dose of opioids with use of benzodiazapines

- b. Provision of take home naloxone
  - c. Provision of opioid substitution pharmacotherapy
  - d. Use of pregabalin or gabapentin based on patient tolerance
  - e. Both a and d
4. Which of the following statements is correct?
- a. Number of PBS opioid prescriptions increased 15-fold from 500,000 in 1992 to 7.5 million in 2012.
  - b. 25% of patients on opioids for chronic pain develop an opioid use disorder
  - c. Hospitalisations for prescription opioid poisoning increased more than double from 1998 to 2009, now exceeds heroin hospitalisations.
  - d. a and c are correct
  - e. All of the above

SESSION 1pm-1.30pm	DURATION	SPEAKER	SESSION OUTLINE
Panel Discussion	30 mins		Panel Discussion: Session details will shortly be available on the conference website at <a href="http://www.appconference.com">www.appconference.com</a>

## The Pharmacy Guild of Australia: Working Toward Pharmacy 2025

Venue: Meeting rooms 7 & 8

SESSION 9am-10.30am	DURATION	SPEAKER	SESSION OUTLINE
7CPA Interactive Survey	1 hour 30 mins	George Tambassis Trent Twomey David Quilty	With the 6CPA nearing the end of its third year, the Guild is now focused squarely on the negotiation of the 7CPA for community pharmacy. In this highly interactive session, Guild National President George Tambassis, Executive Director David Quilty and 7CPA Negotiating Lead Trent Twomey will ask participants for their input on the critical issues that will frame the 7CPA, from dispensing to medication management and broader primary care. This is a chance to have your say on the 7CPA using interactive technology, as well as putting your views directly to the Guild's senior leaders.

SESSION 11am-12.30pm	DURATION	SPEAKER	SESSION OUTLINE
Community Pharmacy 2025 Project (CP2025)	1 hour 30 mins	Nigel Lake John Sheehy David Bruce Christine Chalmers	The Guild is undertaking a major strategic planning project into the future of community pharmacy, known as CP2025. The purpose of CP2025 is to lay down a realistic vision and roadmap for community pharmacies. CP2025 is being led by the Guild's National Council with input from Pottinger, a global advisory firm with significant experience providing strategic and financial advice across a variety of sectors, and Orima, Australia's leading provider of end-to-end research. In this session, representatives from Pottinger and Orima will present on the future of community pharmacy and what it means for you, whether you're a business owner, a pharmacist or part of the industry.

## Management & Operations: Customer Service

Venue: Meeting room 9

SESSION	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
9am-9.30am						
<b>The Customer Experience Index – what are customers saying about your pharmacy?</b>	30 mins	Jill Power Annie Green	G2018006D3	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 2.5, 3.1, 3.3, 3.4  <b>2016:</b> 1.3, 1.5, 4.2, 4.3, 4.4, 4.5, 4.7	<ol style="list-style-type: none"> <li>1. Describe what the Net Promoter Score and its application to business</li> <li>2. Discuss the customers thought process and impacts on choice</li> <li>3. Recognise trends in the community pharmacy landscape</li> <li>4. Recognise ways of promoting professional services</li> </ol>
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>1. Net Promoter Scores are calculated using the formula of: <ol style="list-style-type: none"> <li>a. <math>(\text{highest } \\$ \text{ spend}) / (\text{highest } \\$ \text{ spend} + \text{lowest } \\$ \text{ spend})</math></li> <li>b. <math>(\text{number of promoters as percentage}) - (\text{number detractors as percentage})</math></li> <li>c. <math>(\text{Sum of the total of how likely you would be to recommend the pharmacy}) / (\text{total possible score})</math></li> <li>d. <math>(\text{Number of returning customers}) / (\text{total number of customers})</math></li> </ol> </li> <li>2. In community pharmacy customers choose where they shop based on: <ol style="list-style-type: none"> <li>a. Attractors such as Process and People and Retainers such as products and premises</li> <li>b. Attractors such as process and premises and Retainers such as products and people</li> <li>c. Attractors such as products and premises and Retainers such as process and people</li> <li>d. Attractors such as products and people and Retainers such as process and premises</li> </ol> </li> <li>3. According to findings from the presenters experience which of the following is not a common request that customers want: <ol style="list-style-type: none"> <li>a. Pharmacist readily accessible</li> <li>b. To be recognised by name</li> <li>c. Pharmacist choosing the brand of medication that is given</li> <li>d. Knowledgeable and caring staff</li> </ol> </li> <li>4. Which service was most recognised service offered by pharmacy's: <ol style="list-style-type: none"> <li>a. Blood Pressure Testing</li> <li>b. Vaccinations</li> <li>c. Diabetes Service</li> <li>d. Dose Administration Aids</li> </ol> </li> <li>5. Which of the following is considered a strategy for promoting professional services: <ol style="list-style-type: none"> <li>a. Train your staff on the services that are offered as well as how recommend them to patients</li> <li>b. Ensure your private consultation room is well signed, clean and free of clutter</li> <li>c. Signage – internal and external signage displaying what services that are offered.</li> </ol> </li> </ol>						

d. All of the above

SESSION 9.30am-10am	DURATION	SPEAKER	SESSION OUTLINE
<b>Customer service – turning customers into advocates</b>	30 mins	Amanda Stevens	In the new era of retails and in a landscape as competitive as pharmacy, the customer experience is often the key differentiator and has the ability to turn any pharmacy business from good to great. This session will explore the psychology of advocacy and how your frontline staff can impact the engagement, spend, loyalty and ultimate financial outcomes of a pharmacy business.

SESSION 10am-10.30am	DURATION	SPEAKER	SESSION OUTLINE
<b>Building a customer-focused culture</b>	30 mins	Adrian Searle	It is easy to say you are a “customer-focused” business, but another thing for each team member to live by this every day. This session will discuss the key elements required to embed ‘customer orientation’ into the fabric of your pharmacy, including role modelling, role playing, recognition and rewards and, most importantly, your pharmacy’s hiring and firing processes.

SESSION 11am-12pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
<b>Social media: how to ‘like’ the good and manage the bad</b>	1 hour	Tina Scrine Amanda Seeto	G2018006D6	Group 1: 1.0 Group 2: 2.0*	<b>2010:</b> 1.1, 2.2, 2.4, 3.1  <b>2016:</b> 1.2, 1.3, 2.4, 4.2, 4.3, 4.4, 4.6, 4.7	<ol style="list-style-type: none"> <li>1. Demonstrate an understanding of the use of social media including how a business can benefit from its strategic use.</li> <li>2. Understand how to manage the risks associated with the use of social media.</li> <li>3. Demonstrate an understanding of how to deal with employees who make inappropriate posts on social media</li> </ol>

**Questions**

1. What is social media?
  - a. The social pages in the newspaper
  - b. A form of media used for social interaction including Facebook, Twitter, LinkedIn
  - c. Using email to communicate with staff and customers
  - d. All of the above
2. What are the steps in developing a social media strategy?
  - a. Research and analyse; develop strategies; establish rules; allocate resources; implement; and review
  - b. Promote the pharmacy and brand; and network and communicate with customers/patients, staff, the community and the industry.
  - c. Plan and consult; research and define terms; draft policy; implement policy; review and evaluate



- d. All of the above
3. What are the recommended elements of a social media policy?
- Policy statement and details of to whom the policy applies and when
  - Acceptable and unacceptable use and consequences for non-compliance
  - Details the strategies that will be used by the business/pharmacy to benefit from social media
  - Both a and b
4. What are recommended methods for dealing with employment related risks of social media?
- Implement, maintain and enforce a social media policy
  - Train employees on how to use social media
  - Prohibit employees from interacting with each other on social media
  - All of the above
5. What should an employer do when faced with an allegation that an employee has posted a derogatory comment about their manager on their Facebook page
- Investigate the allegation and if the investigation reveals the alleged misconduct has in fact occurred advise the employee their employment is terminated.
  - Investigate the allegation, convene an interview with the employee who is alleged to have engaged in the misconduct and put the allegations and evidence to the employee; give the employee an opportunity to respond to the allegations; consider their response and take disciplinary action if appropriate
  - If the employee is pregnant, the employee's employment is protected so no disciplinary action can be taken
  - Terminate the employee immediately without notice

SESSION 12pm-12.30pm	DURATION	SPEAKER	ACCREDITATION CODE	CPD CREDITS	COMPETENCY STANDARDS	LEARNING OBJECTIVES
<b>From tweens to baby boomers: marketing to women</b>	30 mins	Mel Kettle	G2018006D7	Group 1: 0.5 Group 2: 1.0*	<b>2010:</b> 2.1, 3.1, 3.4, 8.1 <b>2016:</b> 2.3, 4.3, 4.4, 5.3	1. Recognise why it is important to market to women 2. Describe the social proof of social media 2. Describe what is required to create moments of magic
<b>Questions</b>						
1. How much in terms of global spending are women responsible for?						
<ol style="list-style-type: none"> <li>\$20 billion</li> <li>\$100 billion</li> <li>\$20 trillion</li> <li>\$100 trillion</li> </ol>						
2. What percentage of Australian women use social media?						
<ol style="list-style-type: none"> <li>23%</li> <li>52%</li> <li>67%</li> <li>79%</li> </ol>						

3. What are three examples of social proof?

- a. Testimonials, customer ratings, media release written by you
- b. Testimonials, customer ratings, influencer mums
- c. Testimonials, your blog, influencers
- d. Your Facebook page, customer ratings, influencer mums

4. What percentage of purchasing decisions are made by women?

- a. 20%
- b. 50%
- c. 70%
- d. 90%

5. What do you need to do to create moments of magic?

- a. Memorable, repeatable and relevant
- b. Memorable, challenging and relevant
- c. Average, repeatable and relevant
- d. Unimportant, repeatable and trivial