

8.00 am - 9.00 am	<b>REGISTRATION &amp; INDUSTRY ENGAGEMENT</b>			
9.00 am - 11.00 am	<p><b>GRAND BALLROOM</b></p> <p><b>OPENING PLENARY: Pharmacists in 2023: unlocking your opportunities</b> Join us as the scene is set for <b>PSA19</b> and our journey towards 2023. The PSA President, Dr Chris Freeman, will outline PSA's bold vision for pharmacists over the next 4 years as detailed in the <i>Pharmacists</i> Buckle up and hear the Federal Health Minister (TBC) outline the Government's broad health agenda and the role pharmacists will play. The PSA Excellence Awards will be announced during this flight. <i>Speaker: Dr Chris Freeman, PSA President, Federal Health Minister</i></p> <p><b>PSA Excellence Awards</b></p> <p><b>Keynote: Pharmacists protecting patients: the Canadian experience</b> <i>Speaker: Melissa Sheldrick</i> 250,000 Australians are hospitalised each year as a result of medication errors, inappropriate medicine use and drug interactions. At least half of these hospital admissions could have been prevented. While in flight, listen to Melissa Sheldrick, a passionate patient advocate for medicine safety, speak from personal experience about the devastating consequences of medicine errors. Melissa lost her 8-year-old son as a result of a tragic medicine error. She is now an advocate for medication-related incident reporting, which forms part of the Canadian continuous medicine quality and improvement program. After completing this activity a pharmacist should be able to: • Recognise emerging issues and trends in pharmacy practice globally • Identify the role pharmacists can play in ensuring safe use of medicines and improving health outcomes • Discuss the importance of pharmacovigilance, and pharmacists being accountable and responsible for medicine safety. <b>Competencies (2016) addressed:</b> 1.4, 1.5, 1.6, 4.3</p>			

in 2023: unlocking your opportunities report. Chris will focus on medicine safety, remuneration and funding, workforce development and emerging roles for pharmacists in various practice settings.

1. Medicine Safety
2. Community Pharmacy
3. Care Teams
4. Prescribing
5. Transitions of care
6. Health hubs
7. Workforce development
8. Funding
9. Rural and remote
10. Research and Evaluation
11. Digital transformation



11.00 am - 11.30 am	<b>MORNING TEA - Grand Ballroom 1 and 2 - Exhibition Hall</b>			
11.30 am - 1.00 pm	<p><b>GRAND 1</b></p> <p><b>ROLES, RECOGNITION &amp; REMUNERATION</b></p> <p><b>Pharmacists in 2023: For patients, for the profession, for the health system</b> Hop on board the future of pharmacy, Flight 2023. Come and hear PSA National President Dr Chris Freeman, PSA ECP Board Director Lauren Burton and 2018 Excellence Award winner John Jackson discuss PSA's <b>Pharmacists in 2023: For patients, for our profession, for Australia's health system</b>. They will discuss what it means for pharmacist roles, recognition and remuneration and how pharmacists and PSA can elevate pharmacy to new altitudes by empowering the pharmacy workforce. After completing this activity, a pharmacist should be able to: • Discuss the potential opportunities for pharmacists to practice to their full potential to improve the health outcomes of Australians. <b>Competencies (2016) addressed:</b> 1.4, 4.1, 4.3 <i>Dr Chris Freeman, Lauren Burton and Graeme Smith</i></p>	<p><b>GRAND 2</b></p> <p><b>THERAPEUTIC MASTERCLASS</b></p> <p><b>Heart failure management in primary care</b> This masterclass will provide an overview of the NHFA/CSANZ Heart Failure Guidelines and how to apply the guidelines using case scenarios. It will explore the role of the pharmacist in a collaborative model to deliver patient-centered care, optimise medicine management and improve health outcomes for patients with heart failure. After completing this activity a pharmacist should be able to: • Discuss the NHFA/CSANZ Heart Failure Guidelines and the implications in pharmacy practice • Discuss the application and implementation of evidence-based practice guidelines, such as the heart failure guidelines, into practice • Describe the role of pharmacists in supporting people with heart failure to effectively manage their medicines, including medication titration • Discuss opportunities for pharmacists to improve the health outcomes of people with heart failure, such as reducing hospital admissions • Explain the role of pharmacists in the collaborative care team and shared care planning to deliver person-centered care and optimise medication management for people with heart failure. <b>Competencies (2016) addressed:</b> 1.1, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2, 3.1, 3.2, 3.3, 3.5 <i>Professor Andrew Sindone</i></p>	<p><b>WHARF 1 &amp; 2 (DOWNSTAIRS)</b></p> <p><b>INDUSTRY MATTERS</b></p> <p><b>Increasing medicine access through pharmacists: Appendix M and beyond</b> In the last 10 years, Australians have had increasing access to primary health care through allied health services, like pharmacy. However, the number of potentially preventable hospital admissions has not significantly changed. With the expanding scope of pharmacy practice, opportunities to improve patients' access to timely treatment and increase their self-management of minor ailments are emerging. This session will take off and explore the pharmacist's role in prescribing and improving access to, and safe use of medicines. The introduction of Appendix M into Scheduling Policy Framework will be discussed as well as how the reclassification of medicines can impact patient care and how pharmacists can equip themselves for a changing health system. After completing this activity a pharmacist should be able to: • Discuss future opportunities to improve patients' access to medicines in Australia • Identify further development needs to prepare for pharmacist prescribing in minor ailments • Discuss changes in the Scheduling Policy Framework for Medicines and Chemicals to improve access to medicines, including the consideration of adding 'Appendix M' <b>Competencies (2016) addressed:</b> 1.1, 1.3, 1.4, 3.1, 4.1, 4.2 <i>Jane Cook, Dr Shane Jackson, Julie Viatos and Lisa Nissen</i></p>	<p><b>WHARF ROOMS 3, 4 &amp; 5 (DOWNSTAIRS)</b></p> <p><b>GENERATION PHARMACY</b></p> <p><b>PSOTY Grand Final</b> It's time for lift off for the Pharmacy Student of the Year (PSOTY). This award recognises and celebrates outstanding pharmacy students by showcasing their counselling skills. This year's finalists used social media to demonstrate their skills in patient education and primary health care. <b>Learning objectives:</b> • Recognise the importance of being able to communicate effectively with a person when providing medication information • Describe how to actively listen, empathise and engage with the consumer • Describe key non-verbal factors impacting communication <b>Competencies (2016) addressed:</b> 2.3</p>

1.00 pm - 2.00 pm	<b>LUNCH - Maritime Ballroom - Exhibition Hall</b>			
2.00 pm - 3.30 pm	<p><b>Funding pharmacy services: Consumer perspectives and key funders</b> Let's fly high and explore what consumers expect from pharmacy services and how these services can be sustainably funded. Hear a panel of experts discuss the clinical governance principles for pharmacy service. Settle in to hear how these principles can be used to shape new pharmacy services, and improve existing pharmacy services to assure the delivery of safe, effective and high-quality pharmacy services. After completing this activity, a pharmacist should be able to: • Recognise the expectations of consumers around pharmacy service delivery. • Identify opportunities for funding of existing and future pharmacy services. • Outline the importance of clinical governance in improving the quality of patient care. <b>Competencies (2016) addressed:</b> 1.1, 1.4, 3.3, 3.5, 4.3 <i>Dr Chris Freeman, Penny Shakespeare, Emeritus Professor Charlie Benrimoj and Leanne Wells</i></p>	<p><b>Osteoarthritis masterclass</b> This masterclass will unpack the 2018 RACGP Guideline for the management of knee and hip osteoarthritis. Hear how pharmacists can collaborate with other healthcare professionals to deliver the best possible patient-centered care. After completing this activity, a pharmacist should be able to: • Describe the aetiology of osteoarthritis and the treatment pathways for management, including pharmacological and non-pharmacological interventions • Apply management pathways based on patient suitability to ensure optimal and safe use of medicines • Recommend treatment options according to best-practice and evidence-based guidelines considering the suitability and risk profile of a person with osteoarthritis • Discuss the evidence behind concurrent use of oral paracetamol with topical non-steroidal anti-inflammatory drugs • Discuss how pharmacists as a part of the greater multidisciplinary team can collaborate with other health care professionals to deliver patient-centred care. <b>Competencies (2016) addressed:</b> 1.1, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2, 3.1, 3.2, 3.3, 3.5 <i>John Bell, Dr David Hunter, Matthew Williams and Helen Benson</i></p>	<p><b>Digital Health Innovations</b> Travel into the world of digital health innovations. With innovative technology and software being developed, this sessions explores how pharmacists can implement digital health applications into practice to improve Australians' health outcomes. Join our panel members from Australian Digital Health Agency, Fred Health, and Medadvisor to explore how pharmacists can optimise a person's medication management and safety using novel technologies. Learn how these technologies can improve person-centred care by facilitating the development of improved collaborative networks with the wider healthcare team. It will also explore novel technologies or applications, such as electronic prescriptions, and how this will impact pharmacy practice and improve patient access to medicines. After completing this activity, a pharmacist should be able to: • Discuss application of novel application in digital health that can improve and optimise patient's medicine management • Describe how the implementation of digital health applications will impact pharmacy practice • Explore opportunities for pharmacists to collaborate with the broader healthcare team to provide person-centered medicine management and care. • Discuss how digital health applications can support clinical-decision making to improve patient's health outcomes. <b>Competencies (2016) addressed:</b> 1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 3.1, 3.2, 3.3, 4.2, 4.3 <i>Danny Agnola, Robert Read, Paul Naismith and Leonora O'Brien</i></p>	<p><b>Pharmacy Shark Tank</b> Are you willing to swim with the sharks? Dive down into the Pharmacy Shark Tank to pitch your killer idea to some sharp-toothed leaders and investors. Whether it be a product, program, process, technology or invention that hasn't been created – this is your opportunity to think big and take ideation a step closer to production! The sky's the limit! PSA are seeking innovative ideas and solutions to addressing unmet clinical needs and advancing patient care and pharmacy practice – across all settings! The best submission will be selected by the Shark Tank Review Committee to present their concept or innovation to the 'sharks' in front of a captive audience at PSA19. Each finalist will have 10 minutes to present their concept followed by 5 minutes of questions from the sharks and live audience. The sharks will consist of industry leaders, strategists and investors. Each Shark will decide what pitch they choose to invest their money in and there will also be a People's Choice award at the event. All winners will be announced at the conclusion of the event. <i>Winners can use their prize money to advance their innovation and move a step closer to it becoming a reality.</i> After completing this activity a pharmacist should be able to: • Identify innovations that address unmet clinical needs, solve an existing challenge related to health or patient care, or enhance the practice of pharmacy across various settings. <b>Competencies (2016) addressed:</b> 2.1, 4.3</p>

3.30 pm - 4.00 pm	<b>AFTERNOON TEA - Maritime Ballroom - Exhibition Hall</b>			
4.00 pm - 5.30 pm	<p><b>The medicines safety imperative: How do we take this forward in Australia?</b> <b>Moving up to a higher altitude</b>, hear a panel of experts debate how pharmacists, as medicines experts, can improve the safe use of medicines. Unsafe medicine practice and medicine errors are a leading cause of medication-related harm across the world. In Australia, medicine-related hospital admission has been estimated to be 2-3% of all hospital admissions. The <i>PSA's Medicine safety: Take care</i> report highlights the \$1.4 billion annual cost of medication-related issues to the Australian health care system. After completing this activity, a pharmacist should be able to: • Recognise medicine safety as a National Health Priority Area where pharmacists can contribute to improve the health of Australians • Outline the opportunities for pharmacists to improve the safe use of medicines such as coordinating pharmacovigilance programs • Employ strategies to improve medicine safety practices by pharmacists in all practice settings. <b>Competencies (2016) addressed:</b> 1.1, 1.4, 3.3, 3.5, 4.3 <i>Dr Chris Freeman, Melissa Sheldrick, Paul Naismith and Leonora O'Brien</i></p>	<p><b>COPD masterclass</b> This masterclass will have us soaring to new heights with a discussion about the first triple-therapy combination containing a LABA, LAMA and ICS for maintenance treatment of severe COPD. We will explore how a more simplified dosing regimen may lead to improved adherence and better health outcomes, including fewer exacerbations. Also where this combination fits into the COPD treatment paradigm. After completing this activity, a pharmacist should be able to: • Discuss current therapies for the management of COPD • Describe the evidence behind triple-therapy combinations in COPD and their place in therapy • Recommend treatment options according to best-practice and evidence-based guidelines • Discuss how a simplified dose regimen can lead to improved adherence and health outcomes for people with COPD • Discuss the role of the pharmacist in supporting people with COPD to ensure safe and optimal use of their medicines, including inhaler technique. <b>Competencies (2016) addressed:</b> 1.1, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2, 3.1, 3.2, 3.3, 3.5 <i>Dr David Freiberg</i></p>	<p><b>Keeping ahead of the drug development pipeline</b> Novel therapies, including medicines, continue to be developed as our knowledge of illnesses and medical conditions evolve. This session discusses the impact of novel therapies on pharmacy practice and the healthcare system. The opportunities for pharmacists to be embedded in the drug development process to improve the quality and safe use of medicines will also be discussed. After completing this activity, a pharmacist should be able to: • Describe the role of the pharmacist in advancing the drug development cycle • Discuss how industry pharmacists have a pivotal role in improving the quality use of medicines • Describe the knowledge and skills required to support a career in industry today. <b>Competencies (2016) addressed:</b> 1.1, 1.4, 4.1 <i>Diana Nazemian-Pour and Dr Anna Lavelle</i></p>	<p><b>Thought leadership: Finding the keys to unlock your opportunities</b> <b>Will the real medicine expert please stand-up?</b> You're already called a medicine expert, right? Well yes... and no. Perception is reality and the hard truth is that too few pharmacists are getting the recognition and remuneration they deserve. This session will equip pharmacists – regardless of their area of speciality or employment – with the skills and confidence to better engage with their patients, peers and employers as medicine experts. Come on pharmacists let's fly skywards and discuss changes in patient expectations and how pharmacists can leverage their personal brand. We will look at how employing communication and behavioural economic strategies can influence patient behaviour and change their perceptions. After completing this activity, a pharmacist should be able to: • Use behavioural change to achieve positive outcomes through effective communication • Describe the changes in patient expectations and how this impacts a pharmacist's career • Identify opportunities to improve a pharmacist's personal and professional brand • Reframe a pharmacist's experience in new ways to drive career growth and exert influence • Change the experience patients receive to drive additional revenue and generate loyalty. <b>Competencies (2016) addressed:</b> 2.3, 2.4, 4.1 <i>Kathy Rhodes and Adam Long</i></p>

5.30 pm - 7.00 pm	<b>Welcome Reception - Maritime Ballroom</b>		<b>FELLOWS DINNER - L'Aqua (Gold Room)</b>	
7.30 pm - 9.30 pm	<b>EARLY CAREER PHARMACIST TIKI TOUR PARTY - Cafe del Mar</b>			

**SATURDAY 27 JULY 2019**

7:30 am - 8:45 am **WHARF ROOM 3, 4 & 5**

**PSA MEMBER ONLY BREAKFAST SESSION: Funding Pharmacists in 2023: Roles, recognition and remuneration report**  
*Dr Chris Freeman, Dr Shane Jackson, Belinda Wood*



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

9.00 am - 10.20 am **GRAND BALLROOM**

**OPENING PLENARY: Keynote address: Alan Russell Oration: Kurt Fearnley AO**

Please listen, this is Kurt Fearnley, AO speaking! Let Kurt inspire you to look for innovative opportunities within your own practice setting. With the rapid changes in healthcare, there are tremendous opportunities to enhance the role of the pharmacist in improving healthcare.

**After completing this activity, a pharmacist should be able to:**

- Discuss the changing healthcare landscape in Australia
- Identify the opportunities pharmacists have in utilising their unique skills and expertise to improve health outcomes

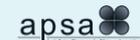
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**PSA Intern of the Year Award**

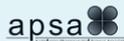




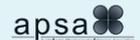
10.20 am - 10.40 am **MORNING TEA & INDUSTRY ENGAGEMENT**

10.40 am - 11.20 am	GRAND 1	GRAND 2	WHARF 1 & 2	WHARF ROOMS 3, 4 & 5
	<b>EMPOWERING PHARMACISTS: Clinical Update</b>	<b>EMBEDDING PHARMACISTS: Emerging Roles</b>	<b>ENABLING THE FUTURE – RESEARCH IN PRACTICE: From bench to bedside</b>	<b>EQUIPPING PHARMACISTS: Service and Screening</b>
	<p><b>Inflammatory bowel disease: Digesting the evidence</b></p> <p>More than 80,000 Australians live with Inflammatory bowel disease. This session will cover the pathophysiology, diagnosis and treatment options for Crohn's disease and ulcerative colitis. Learn how to provide information and support your patients with IBD and their families and carers to ensure safe and effective medicine management.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Describe the pathophysiology and diagnosis of inflammatory bowel disease, including Crohn's disease and ulcerative colitis</li> <li>• Identify treatment options for inflammatory bowel disease and their place in therapy</li> <li>• Discuss the role of the pharmacist in providing patient education about inflammatory bowel disease and support safe and effective medicine management in patients living with these conditions.</li> </ul> <p>Competencies (2016) addressed: 1.1, 1.5, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6</p> <p><i>A/Prof Susan Connort</i></p>   	<p><b>Collaborative prescribing</b></p> <p>Non-medical prescribing has been introduced in several countries such as UK, Canada and New Zealand, with prescribing privileges being granted to health practitioners other than doctors, including pharmacists. With recent consultations being conducted by the Pharmacy Board of Australia, pharmacist prescribing is imminent. Learn how collaborative prescribing models can be implemented across health sectors.</p> <p>This session explores the potential benefits of pharmacist prescribing, and outlines the results of a PSA survey of pharmacist attitudes towards prescribing. A collaborative model to improve patient care, improve access to medicine and optimise medicine management will be discussed.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Describe the role of the pharmacist in collaborative prescribing</li> <li>• Discuss the benefits of collaborative model of prescribing between pharmacists and prescribers</li> <li>• Discuss the potential barriers to pharmacists co-prescribing and how pharmacists can overcome these.</li> </ul> <p>Competencies (2016) addressed: 1.1, 1.4, 1.5, 1.6, 2.2, 3.6, 4.1, 4.3</p> <p><i>Dr Shane Jackson</i></p>   	<p><b>PSA APSA Research: Enabling Research in Practice</b></p> <p>Come and hear leading Australian researchers discuss how community pharmacists can become involved in research without the need for large research grants. This session explores the importance of research in pharmacy practice and how pharmacists can translate research into their practice.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Describe how community pharmacist can be involved in research that translate into practice.</li> </ul> <p>Competencies (2016) addressed: 1.4, 5.2, 5.3</p>   	<p><b>Diabetes self-monitoring: Accuracy and clinical decision making</b></p> <p>Using positive and appropriate language is vitally important when engaging with people with diabetes and can influence the outcome of how they manage and monitor their blood glucose. Innovative technologies are opening up new opportunities for pharmacists to better support the self-monitoring of blood glucose by people with diabetes.</p> <p>During this session, pharmacists will learn how to communicate effectively with people with diabetes and achieve the most accurate measurement from blood glucose meters. Current NDSS products will be discussed and the accuracy of blood glucose measuring devices will be reviewed. The discussion will also circle around the clinical implications of inaccurate blood glucose levels.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Identify people with diabetes using deregistered products from the NDSS product schedule and recommend an alternate product</li> <li>• Employ appropriate language when engaging with people with diabetes to influence positive outcomes and empower self-monitoring of their blood glucose</li> <li>• Explain techniques used to improve blood glucose monitoring and the clinical implication of inaccurate blood glucose levels</li> <li>• Discuss how innovative technologies can be used to support self-monitoring of blood glucose and clinical decision making</li> </ul> <p>Competencies (2016) addressed: 1.5, 2.1, 2.2, 2.3, 3.1, 3.3, 3.6, 4.1</p> <p><i>Kirily Chambers and Jayne Lehmann</i></p>   

11.20 am - 11.40 am **INDUSTRY ENGAGEMENT**

11.40 am - 12.20 pm	<p><b>Allergies and rhinitis: Nothing to sneeze at</b></p> <p>With a multitude of available management options, pharmacists are well-placed to provide appropriate primary care to patients presenting with allergic rhinitis and other symptoms associated with seasonal allergies.</p> <p>This session will review the role of intranasal corticosteroids as first-line therapy in moderate/persistent allergic rhinitis, and current gaps in treatment for patients with persistent allergic rhinitis.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Describe the causative agents and pathophysiology of allergic rhinitis</li> <li>• Describe current pharmacological preventative and treatment measures available, including both antihistamines and intranasal corticosteroids, and their use as first and second-line agents based on severity and persistence of allergic rhinitis</li> <li>• Describe lifestyle modifications and non-pharmacological approaches to preventing and managing allergic rhinitis</li> <li>• Demonstrate the proper and effective use of intranasal sprays</li> <li>• Discuss when patients may require referral to a GP for further investigation and management</li> </ul> <p>Competencies (2016) addressed: 1.1, 1.5, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6</p> <p><i>Dr Bandana Saini</i></p>   	<p><b>The pressing need for pharmacists in mental health</b></p> <p>The pharmacists' role in mental health is wide ranging and spans different sectors and settings. However, pharmacists often find conversations around mental health challenging. Pharmacist can play a key role to support the growth and transformation of new and existing mental health services. Secondly, pharmacists have the knowledge and skills to provide advice and support as part of a multidisciplinary mental health care team.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Describe the role pharmacist can play as part of a multidisciplinary teams in primary mental health care</li> <li>• Describe the pharmacists' role in supporting quality use of medicines, including strategies to improve medicine adherence and antipsychotic polypharmacy, and shared decision making</li> <li>• Identify the barriers and facilitators to the implementation of mental health pharmacy services with a focus on training needs and mental health stigma</li> <li>• Recognise the challenges in providing support for people at risk of suicide</li> <li>• Describe the pharmacists' roles in suicide prevention and assessment.</li> </ul> <p>Competencies (2016) addressed: 1.1, 1.4, 1.6, 2.1, 3.1, 3.2, 3.6</p> <p><i>Dr Claire O'Reilly</i></p>    	<p><b>PSA APSA Research: Medicines Scheduling and Accessibility</b></p> <p>This session explores how research influences medicine scheduling and accessibility. It will explore how research can support rescheduling decisions to make medicines more accessible via pharmacists.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Describe the expanding role of pharmacists in primary care.</li> </ul> <p>Competencies (2016) addressed: 1.1, 1.4, 1.5, 3.5, 5.3</p>    	<p><b>Data analytics in the digital age: Maximising outcomes for growth</b></p> <p>In the digital age, integration of data analytics is becoming unavoidable for pharmacies to remain competitive in an environment where customer experience, responsiveness and personalisation are key. This session will unpack how to use data insights that pharmacies are generating every day to highlight opportunities, savings and revenue possibilities, as well as managing price disclosure.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Discuss the basics of data integration and the implications for patient care</li> <li>• Explain the types of data being generated from pharmacy operations, and the rules and restrictions regarding privacy of data in Australia</li> <li>• Discuss what types of insights data analysis can offer, and how to procure such insights</li> <li>• Recognise the implications of data insights for patient care and business profitability.</li> </ul> <p>Competencies (2016) addressed: 4.2, 4.3, 4.4, 4.5</p> <p><i>Mike Da Gama</i></p>    
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12.20 pm - 1.20 pm **LUNCH & INDUSTRY ENGAGEMENT**

1.20 pm - 2.00 pm	<p><b>The Skin Microbiome: Managing the practical treatment of eczema and psoriasis</b></p> <p>Skin conditions, like eczema and psoriasis, are commonly seen by pharmacists as part of primary care. The skin microbiome plays a major role in maintaining skin health and protecting the skin from disease. This session will zero in on the role of the skin microbiome, how it can become imbalanced and its relationship to skin conditions such as eczema and psoriasis. It will also highlight how pharmacists can assist in the management of eczema.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Identify the microorganisms that commonly colonise the skin</li> <li>• Identify key factors that alter the composition of the skin's microbiome and its link to skin disorders such as eczema and psoriasis</li> <li>• Discuss how the skin's microbiome can vary depending on location, such as dry, moist and sebaceous sites.</li> <li>• Discuss practical advice to assist patients manage skin conditions such as eczema and psoriasis</li> <li>• Recognise when to refer a patient with a skin disorder to a GP.</li> </ul> <p>Competencies (2016) addressed: 1.1, 1.5, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6</p> <p><i>Dr Philip Tong</i></p>    	<p><b>Pharmacists in general practice: PHN engagement and the workforce incentive program</b></p> <p>The pharmacist is a natural fit in the general practice team. Specific knowledge of medicine management will help patients, doctors and the wider practice team. The Australian Medical Association (AMA) is right behind this initiative and strongly advocates for a non-dispensing pharmacist in general practice who can help improve medication safety and health outcomes for patients.</p> <p>This session explores opportunities for the integration of pharmacists into general practice clinics, with the aim of improving health outcomes, and reducing fragmentation of care and medicine misadventure. The session will introduce pharmacists to Primary Health Networks (PHNs), which were established to increase the effectiveness of medical services for patients, and the Workforce Incentive Program, which will provide targeted financial incentives for allied health professionals to work in general practice clinics.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Describe the benefits of integrating pharmacists into general practice clinics</li> <li>• Collaborate with general practitioners, practice nurses and other members of a general practice team for the benefit of patients and the healthcare team</li> <li>• Identify networking organisations and emerging incentive programs that will support the implementation of pharmacist integration into general practice clinics.</li> </ul> <p>Competencies (2016) addressed: 1.1, 1.4, 1.5, 1.6, 2.2, 3.6, 4.1, 4.3</p> <p><i>Dr Kean-Seng Lim and Helen Benson</i></p>   	<p><b>PSA APSA Research: Management of Chronic Respiratory Conditions in Primary Care</b></p> <p>This session discusses how translational research supports embedding pharmacists in collaborative care team to improve health outcomes for Australians with chronic respiratory conditions.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Identify opportunities to embed pharmacists in a collaborative care team to positively influence health outcomes in people with chronic respiratory conditions.</li> </ul> <p>Competencies (2016) addressed: 1.4, 1.5, 4.3, 5.3</p>   	<p><b>HbA1c: The impact of accuracy, language and screening</b></p> <p>Pharmacy HbA1c monitoring represents an important avenue for people living with diabetes to conveniently improve understanding of their long-term glycaemic maintenance. It helps pharmacists target their self-care and therapeutic advice, and identify those people who may benefit from referral to a medical practitioner for follow up.</p> <p>Understanding of the accuracy of the HbA1c measurement forms a vital part of delivering person-centered care that facilitates the most desirable long-term outcomes. Language used by health professionals and family members can be inaccurate and harmful and reflect unrealistic ideas about diabetes. Language can also influence outcomes.</p> <p>During this session, pharmacists will learn about the role of HbA1c monitoring in long-term health outcomes for people living with diabetes, the impacts of inaccurate HbA1c measurement, effective language to use when discussing diabetes with people.</p> <p><b>After completing this activity, pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>• Counsel people living with diabetes on the clinical implications of their HbA1c levels on their health outcomes.</li> <li>• Discuss the clinical implications for inaccurate HbA1c measurements on delivering person-centered care and self-care management advice.</li> <li>• Use appropriate language when discussing diabetes that aligns with the Diabetes Australia Position Statement, a new language for diabetes, improving communications with and about people with diabetes, to positively influence health outcomes.</li> </ul> <p>Competencies (2016) addressed: 1.1, 1.3, 2.1, 3.6, 4.2</p> <p><i>Debbie Rigby</i></p>    
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	GRAND 1	GRAND 2	WHARF 1 & 2	WHARF ROOMS 3, 4 & 5
	EMPOWERING PHARMACISTS: Clinical Update	EMBEDDING PHARMACISTS: Emerging Roles	ENABLING PHARMACISTS – RESEARCH IN PRACTICE: From bench to bedside	EQUIPPING PHARMACISTS: Service and Screening
2.00 pm - 2.20 pm	<b>INDUSTRY ENGAGEMENT</b>			
2.20 pm - 3.00 pm	<p><b>Nutritional psychiatry: Co-prescribing in mental health</b></p> <p>Management of mental health issues is complex and predominantly managed using pharmacotherapy and behavioural therapy. The co-prescription of key nutrients and the role of dietary interventions in supporting mental health is an emerging therapeutic area.</p> <p>Evidence about the Mediterranean diet, along with more recent emerging evidence on key nutrients, is identifying that good nutrition is essential for reducing chronic low-grade inflammation, oxidative stress to supporting mitochondrial function and maintaining brain plasticity (in particular BDNF); all factors that have direct negative impact on mental health status.</p> <p>This session aims to empower pharmacists to engage with people about their nutritional status and discuss the relationship between their nutrition and mental health status. Twelve nutrients that are associated with positive mental health will be discussed along with evidence-based nutritional recommendations as adjunct therapies to support mental health.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe the relationship between nutrition and nutritional supplementation and their action in mental health conditions</li> <li>Identify evidence-based dietary recommendations including nutritional supplementation to support pharmacotherapy in psychiatric conditions</li> <li>Identify foods that are particularly high in key nutrients to effect positive outcomes in mental health conditions</li> <li>Discuss the influence of the biological pathways of inflammation, gut microbiome and the immune system on mental health.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.5, 2.1, 2.2, 2.4, 3.1, 3.2, 3.3, 3.5, 3.6</p> <p><i>Dr Elizabeth Steels</i></p> 	<p><b>After hours care: Supercare pharmacies and beyond</b></p> <p>Superman famously said '<i>there is a superhero in all of us, we just need the courage to put on the cape</i>'. During this session, 24-hour access to pharmacy services will be discussed. Pharmacists will hear how Supercare pharmacies are providing 24/7 service to their communities ensuring timely access to medicines and health care after hours.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe the service requirements for a pharmacy to become a Supercare pharmacy</li> <li>Discuss the impact of extending access patients can have to medicine advice by providing an after hours service</li> <li>Discuss how afterhours pharmacy services have impacted the health outcomes in their communities.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.4, 1.5, 1.6, 2.2, 3.6, 4.1, 4.3</p> <p><i>Jane Mitchell</i></p> 	<p><b>PSA APSA Research: Adapting and Enhancing Pharmacist Roles</b></p> <p>This session explores the barriers and enablers to adapting pharmacy practice to allow pharmacists to practice to their full scope of practice. It will explore strategies for enhancing pharmacy practice.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <p>Identify strategies to facilitate the professional development of pharmacists to practice to their full scope of practice.</p> <p><b>Competencies (2016) addressed:</b> 1.4, 1.6, 2.1, 4.1, 4.3, 5.3</p> 	<p><b>Behavioural interventions for enhanced diabetes management</b></p> <p>The demanding and complex self-management of diabetes can often impact the emotional wellbeing of people living with diabetes and their ability to self-manage. This results in sub-optimal therapy outcomes and diabetes-related complications.</p> <p>This session equips pharmacists with the skills and confidence to better engage people with diabetes especially those who may be experiencing issues. It will discuss how pharmacists can support, educate and empower people's self-management of their diabetes, especially those who inject their medicine multiple times a day.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Recognise people experiencing diabetes-related distress, requiring behavioural interventions</li> <li>Identify the most appropriate questions to engage people with diabetes and be responsive to their needs</li> <li>Describe how psychosocial care can be integrated into pharmacy practice to optimise the health outcomes and improve quality of life of people with diabetes</li> <li>Explain how to work with people with diabetes to drive behavioural change and implement support strategies to achieve positive outcomes.</li> </ul> <p><b>Competencies (2016) addressed:</b> 2.1, 2.2, 2.3, 3.1, 3.2, 3.6, 4.1</p> <p><i>Juliet Richards</i></p> 
3.00 pm - 3.20 pm	<b>AFTERNOON TEA &amp; INDUSTRY ENGAGEMENT</b>			
3.20 pm - 4.00 pm	<p><b>Biologics in hyperlipidaemia management</b></p> <p>Statin therapy has long been the mainstay treatment for hypercholesterolaemia. In some populations, current therapeutic options for hypercholesterolaemia are unable to effectively reduce LDL levels even at the maximum dose, and can be unsuitable due to adverse effects. With the introduction of novel monoclonal antibodies for use in Australia for the management of hypercholesterolaemia, the use of biologics in this area presents new opportunities for patient care.</p> <p>This session dives deep into gaining an understanding of these novel biologics and their place in therapy, and will discuss the role of the pharmacist in managing people on these medicines.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe prevalence of familial hypercholesterolaemia and atherosclerotic conditions in Australia</li> <li>Describe the place of biologics in therapy for people with hypercholesterolaemia, including proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors</li> <li>Discuss the mechanism of PCSK9 inhibitors and their effect on lowering LDL-cholesterol levels in different population groups</li> <li>Discuss the safety and tolerability of PCSK9 inhibitors in clinical practice, including adverse drug reactions and drug interactions.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6</p> <p><i>A/Prof David Sullivan</i></p> 	<p><b>Unlocking the aged care opportunity for pharmacists</b></p> <p>With an ageing population, the demand for specialised treatment services in aged care will increase.</p> <p>This session explores the initial results from the Royal Commission into Aged Care Quality and Safety and the role of the pharmacist in improving health outcomes and the safe use of medicines in older people. The discussion will explore opportunities for placing pharmacists into residential care to improve the quality use of medicines in a high-risk population for medicine misadventures. The evidence from pharmacist-led medicine review in reducing medicine-related issues in residential care and improving the safe use of medicines in older Australians will also be reviewed.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Discuss how pharmacist-led medicine review can improve quality and safe use of medicines in patients living in residential care</li> <li>Discuss emerging evidence supporting the implementation of pharmacists into aged care services</li> <li>Identify opportunities for pharmacists to improve the safe use of medicines for older people living in aged care facilities</li> <li>Collaborate with the other health professionals to deliver patient-centered medicine management in older Australians.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.4, 1.5, 1.6, 2.2, 3.6, 4.1, 4.3</p> <p><i>Dr Janet Sluggett and Dr Mark Naunton</i></p> 	<p><b>PSA APSA Research: Cultural Considerations in Pharmacy Practice</b></p> <p>Australia is one of the most culturally diverse countries in the world with almost 400 different languages spoken. This session explores innovative ways a pharmacist can address challenges associated with communicating with people from cultural and linguistically diverse backgrounds to improve health outcomes.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <p>Describe communication techniques to engage patients from cultural and linguistically diverse background.</p> <p><b>Competencies (2016) addressed:</b> 1.4, 2.1, 2.3, 3.1, 3.6, 5.3</p> 	<p><b>Enhancing the role of pharmacist immunisers in asthma and COPD</b></p> <p>With only 35% of adults living with COPD and asthma receiving a flu vaccine and irregularly visiting a GP, there is a great opportunity for pharmacists to decrease the burden of both communicable diseases and enhance respiratory management.</p> <p>This session supports pharmacists in their delivery of immunisation services, and clinical interventions as well as working as apart of a collaborative care team. During this session, clinical knowledge and skills to identify individuals at risk of vaccine-preventable diseases in the presence of the co-morbidities, asthma and COPD will be reviewed.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Identify people at risk of contracting vaccine-preventable disease or those who would benefit from vaccination to prevent exacerbation of their concurrent illness, such as asthma and COPD</li> <li>Discuss the role of the pharmacist as a part of the wider healthcare network in preventing communicable diseases and reducing vaccine-preventable disease in Australia</li> <li>Describe strategies the pharmacist can implement to enhance uptake of vaccines and increase public awareness of vaccinations</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.3, 2.1, 3.6, 4.2</p> <p><i>Dr Julianne Bayliss</i></p> 
4.00 pm - 4.20 pm	<b>INDUSTRY ENGAGEMENT</b>			
4.20 pm - 5.00 pm	<p><b>Evidence-based complementary medicine approach to pain</b></p> <p>Holistic pain management has become very topical since the codeine up-scheduling in early 2018. This session explores an integrative approach to joint and back pain management, including the use of complementary medicines (CMs). Pharmacists will be presented with the evidence behind the use of CMs as a part of an integrative approach to pain management. They will be advised on how to counsel patients with pain about the safe use of CMs to improve long-term health outcomes.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Identify the current complementary medicine options in pharmacy for the management of joint and back pain</li> <li>Identify an integrative approach to managing the conditions of joint and back pain</li> <li>Demonstrate how to use complementary medicines indicated for joint and back pain.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 2.3, 3.1, 3.2, 3.3, 3.6</p> <p><i>Bobby Mehta</i></p> 	<p><b>Pharmacists working with Aboriginal health services: Closing the Gap</b></p> <p>Pharmacists are integral to enhancing the quality use of medicines within health services delivering health care to Aboriginal and Torres Strait Islander people. Aboriginal Health Services (AHS) operate under varied governance models, providing a wide range of primary healthcare services. Specific programs to address both the access to medicine and the quality use of medicines vary depending on rurality and the governance structures of the AHS. Medicine management programs are delivered by both community pharmacy and increasingly by practice pharmacists.</p> <p>This session raises the awareness of specific barriers to optimum medicine use within the context of Aboriginal health, showcases innovative models of practice to address these barriers and identifies the emerging models where pharmacists are contributing to improved health outcomes.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe the governance model for an Aboriginal Community Controlled Health Service</li> <li>Develop an awareness of the programs that enhance access to and quality use of medicines within Aboriginal Health Services</li> <li>Identify opportunities for pharmacists to increase their involvement with Aboriginal Health Services.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.6, 2.1, 2.2, 3.6, 4.2, 4.3</p> <p><i>Megan Tremlett, Hannah Loller and tMike Stephens</i></p> 	<p><b>PSA APSA Research: The Expanding Role of Pharmacists within Hospitals</b></p> <p>This session explores opportunities to expand the role of the pharmacist within the hospital system to improve health outcomes and safe use of medicines.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <p>Identify opportunities to embed pharmacists in clinical care teams within hospitals.</p> <p><b>Competencies (2016) addressed:</b> 1.4, 1.5, 3.5, 5.3</p> 	<p><b>Building your healthcare network to support business and community health</b></p> <p>With a changing market, finding ways to gain new patients and keep loyal consumers is challenging. During this session learn how to support and potentially grow your business and improve health outcomes in the community. Strategies to network with other healthcare providers, improving referrals from within your community will be reviewed. There will be a look at how healthcare providers can collaborate to improve the health outcomes of their community by providing integrated and person-centered care.</p> <p><b>After completing this activity a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Collaborate with other healthcare providers to increase the safe and optimal use of medicines, and improve health outcomes in the community</li> <li>Build a referral system to increase collaboration across the health team to deliver person-centered care</li> <li>Discuss strategies to build networks with other healthcare providers and within the community.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.6, 2.1, 2.2, 2.3, 2.4, 3.6, 4.1, 4.2, 4.3, 4.4</p> <p><i>Rachel Dienaar</i></p> 
7.00 pm onwards	<b>GALA DINNER - GRAND BALLROOM</b>			

	GRAND 1	GRAND 2	WHARF 1 & 2	WHARF ROOMS 3, 4 & 5
	EMPOWERING PHARMACISTS: Clinical Update	EMBEDDING PHARMACISTS: Innovative Practice	ENABLING PHARMACISTS: Focused forums	EQUIPPING PHARMACISTS: Clinical Care Masterclass
9.00 am - 9.40 am	<p><b>Pharmacists as a key health care contacts for worried families with regurgitating, crying, and constipated infants</b></p> <p>During this session, the discussion will focus on infant regurgitation, colic and constipation. The latest treatment guidelines will be reviewed and role of pharmacists in infant wellbeing and supporting parents discussed.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Identify changes in the primary healthcare environment</li> <li>Explain the relevance of the pharmacist as a key healthcare contact for worried families with regurgitating, crying and constipated infants</li> <li>Discuss the short and long-term impact that regurgitation, infant colic, and constipation has on the wellbeing of the child and family</li> <li>Recall diagnostic criteria for infant regurgitation and be aware of red flag symptoms in children with regurgitation</li> <li>Reflect on the current standard of care for children with regurgitation in Australia</li> <li>Support decision making of parents based on the latest guidelines for the treatment of regurgitation.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.3, 1.5, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6, 5.3</p> <p><i>Dr Thomas Ludwig</i></p>  	<p><b>Expanding our roles within a Health Hub Pharmacy model</b></p> <p>Pharmacists have expanded their roles in to delivering a variety of health services to their community. There has been a strong shift towards health service delivery in primary health care based on the accessibility of community pharmacists. This session goes full throttle into discussing the opportunities for community pharmacists to improve the health outcomes of Australians medicine safety and medication management.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Identify areas of improvement within a pharmacist's scope of practice to enable the delivery of expanded healthcare services</li> <li>Discuss the community pharmacist's role as a primary healthcare provider in improving the access to health care within Australia</li> <li>Identify healthcare services that could be implemented to support or screen at-risk populations to improve health outcomes.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.4, 1.5, 1.6, 3.1, 3.6, 4.3</p> <p><i>Emeritus Prof Charlie Benrimoj</i></p> 	<p><b>The rural health imperative: Rural pharmacist forum</b></p> <p>Access to health care across Australia should be equal, whether you live in a rural, remote or metropolitan area. Many pharmacists working in rural or remote locations find it very rewarding especially as they have the unique opportunity to contribute to building stronger rural health by improving access to health care. This forum focuses on building a stronger rural health sector. It provides pharmacists working in rural and remote settings with the opportunity to meet, network and share their experiences. It will explore how pharmacists can prepare for and respond to natural disasters such as droughts, floods or bush fires. Challenges and lessons learnt that could improve pharmacists' support for their community during these times will be a focus. This session will cover how pharmacists can collaborate with other health professionals to deliver culturally-appropriate, person-centred care in rural settings.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Discuss strategies to prepare and respond to natural disaster in rural and remote areas to support communities during these times</li> <li>Discuss new opportunities for pharmacists working in rural and remote locations</li> <li>Employ practices to deliver culturally-appropriate care to a diverse population</li> <li>Discuss how rural pharmacists can engage and collaborate with other health professionals to improve health outcomes in Australians living in rural and remote areas.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 2.1, 2.4, 4.1, 4.3</p> <p><i>James Hewison, Selina Taylor, Jessica Burrey, Fred Hellqvist and Sam Keitaanpaa</i></p>	<p><b>Aged care: From deprescribing to dementia</b></p> <p>Older Australians were identified in the PSA Medicine Safety report to be at significant increase risk of medicine-related harm. In a retrospective cohort study, 42% of older people discharged from hospital were prescribed at least one inappropriate medicine as defined by the Beers Criteria. Prescribing in older people comes with unique challenges.</p> <p>Pharmacists have a pivotal role in ensuring that older people use medicines safely and optimally. During this masterclass, the changes in clinical appropriateness and effectiveness of medicines in people as they age, and the challenges of appropriate prescribing in older people will be discussed.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Discuss the evidence available for appropriate use of medicines in older people</li> <li>Describe the changes in clinical appropriateness and effectiveness of medicines used in older people</li> <li>Identify common medicines that should be reviewed for appropriateness when used in older people</li> <li>Discuss approaches to optimise safe prescribing and medicine use in older people</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.5, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.6, 4.2</p> <p><i>Dr Amy Page</i></p> 
9.40 am - 9:50 am	<i>Power break</i>			
9.50 am - 10.30 am	<p><b>The evolution of hepatitis C management</b></p> <p>Over the last decade, hepatitis C treatment has evolved with fewer people dying from hepatitis C-related causes. Australia is leading the world in providing access to medicines for people with hepatitis C. However, it is estimated that fewer than 50% of people living with hepatitis C are accessing these potentially life-saving medicines.</p> <p>During this session, new antiviral medicines will be discussed including their role in changing how hepatitis C is managed in Australia and improving the health outcomes for people living with hepatitis C.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe new antiviral medicines for hepatitis C, including mode of action, place in therapy and adverse effects</li> <li>Discuss how new antiviral medicines have impacted hepatitis C management in Australia</li> <li>Apply knowledge of new hepatitis C therapies to increase awareness of hepatitis C and treatment options available.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.3, 1.5, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6, 5.3</p> <p><i>Dr Jacqui Richmond</i></p>  	<p><b>Anaphylaxis: The partnership approach in pharmacy</b></p> <p>Allergic conditions are one of the fastest growing chronic conditions in developed countries. Australia is no exception with hospital admissions following anaphylaxis doubling in the last decade. Anaphylaxis is a life-threatening condition where careful monitoring and management is pivotal. Pharmacists, as medicines experts, are highly accessible and readily available to opportunistically engage with people in the community at risk regarding their anaphylaxis management strategies.</p> <p>This session explores current treatment and management paradigms for anaphylaxis. The essential role of pharmacists in engaging with people at risk of anaphylaxis and educating and encouraging them to optimise their anaphylaxis management will be reviewed. Opportunities for pharmacists to improve the management of anaphylaxis will also be explored.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>List the most common presentation of anaphylactic shock and common triggers</li> <li>Discuss the current management protocol for anaphylaxis shock, and strategies to avoid triggers</li> <li>Recognise common co-conditions that present with anaphylaxis and describe treatment options available, taking into account the anaphylactic condition</li> <li>Discuss how anaphylaxis may change recommended treatment protocols</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.4, 1.6, 2.1, 3.1, 3.2, 3.6</p>  		 
10.30 am - 11.00 am	<i>MORNING TEA Maritime 1, 2 &amp; 3 and Foyer with PSA stand</i>			
11.00 am - 11.40 am	<p><b>Beyond undetectable: New paradigms for HIV treatment</b></p> <p>The experience of people living with HIV in Australia has changed significantly in the last decade with improvements in antiretroviral therapies. In addition, the course of the epidemic is changing with the introduction of pre-exposure prophylaxis (PrEP). With effective HIV treatment improving the life expectancy of people living with HIV and allowing zero risk of transmission, HIV is now considered a life-long chronic health condition.</p> <p>This session explores the challenges facing pharmacists in providing health care to people with HIV as they age and manage health risks associated with long-term antiretroviral therapy.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe the current state of the HIV epidemic and identify the key milestones that have changed the course of the epidemic in Australia</li> <li>Discuss the evidence behind HIV 'treatment-as-prevention'</li> <li>Discuss the meaning of undetectable viral load and the impact this has on the risk of transmission</li> <li>Discuss contemporary HIV issues in Australia including the considerations of aging with HIV</li> <li>Identify health risks associated with long term use of antiretroviral therapy</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.3, 1.5, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6, 5.3</p> <p><i>Prof Don Smith</i></p>  	<p><b>MRS GRACE: Medication Regimen Simplification Guide for Residential Aged Care</b></p> <p>Residents of aged care facilities, and people receiving aged care services in their own homes, have increasingly complex medication regimens and are at risk of medication misadventure.</p> <p>This session will focus on the Medication Regimen Simplification Guide for Residential Aged Care (MRS GRACE) tool to identify opportunities to simplify medicine regimens. Evidence showing the benefits of this promising new tool will be reviewed.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe the MRS GRACE tool and its place in practice</li> <li>Discuss evidence supporting MRS GRACE as an effective tool for health practitioners to simplify medicine regimens in older Australians</li> <li>Identify people that may benefit from medicine regimen simplification and how to initiate conversations with stakeholders to facilitate this.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.5, 3.1, 3.2, 3.3, 3.5</p> <p><i>Dr Janet Sluggett</i></p> 	<p><b>Future Leaders: ECP Forum</b></p> <p>Hear from Australia's future pharmacy leaders as they discuss key topics important to Early Career Pharmacists (ECPs).</p> <p>This forum includes discussions about the growing and emerging roles for pharmacists, opportunities for ECPs and tips and tricks for navigating the pharmacy profession. The latest healthcare issues will be discussed and how pharmacists are well placed to make a valuable contribution. This interactive session aims to inform and inspire you as you fly high and build a rewarding and satisfying career in pharmacy.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Discuss the current issues impacting pharmacy practice and how PSA is supporting and working with ECPs to address these</li> <li>Discuss prospective career progression and professional development opportunities for ECPs</li> <li>Describe the role of the ECPWG and how the ECPWG empowers ECPs to influence pharmacy practice</li> <li>Describe how ECPs can be involved to influence and advocate for the pharmacy profession leading to positive outcomes for pharmacists by 2023.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 2.1, 2.4, 4.1, 4.3</p> <p><i>Lauren Burton, Sam Keitaanpaa, Jennifer Culverson, Deanna Mill, Benjamin Coghlan, Angelica Lagoda</i></p>	<p><b>Collaborative care case study: Lower back pain</b></p> <p>Lower back pain (LBP) is one of the most common musculoskeletal complaint seen in Australia. It is often self-limiting, but for significant number of adults it can develop into persistent and disabling symptoms greatly impacting quality of life.</p> <p>During this masterclass the role of the pharmacist in a multidisciplinary team collaborative care model for the management of LBP will be discussed. Pharmacological and non-pharmacological management of acute LBP will also be reviewed.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe prevalence of lower back pain (LBP) in Australia and the potential causes</li> <li>Describe the role of the pharmacist in a collaborative care model to provide people with LBP person-centered care</li> <li>Discuss pharmacological and non-pharmacological treatment options to improve the health outcomes for people with LBP</li> <li>Identify communication strategies to positively influence a person's perception and behaviour to improve a person's self-management of LBP.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.5, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.6, 4.2</p> <p><i>Joyce McSwan and Ian Harris</i></p>
11.40 am - 11.50 am	<i>Power break</i>			
11.50 am - 12.30 pm	<p><b>The building blocks for biologics and biosimilars</b></p> <p>This session will unpack how biotechnologies have evolved and the use of biological medicines. The development of biosimilar medicines and their role in the Australian healthcare system will also be covered. Referenced biological and biosimilar medicines will be compared including their structural compositions, scientific manufacturing processes and clinical testing.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe the scientific process of manufacturing and clinically testing of biological medicines.</li> <li>Describe the difference between the referenced biological medicine and the biosimilar medicines, including molecular structure, manufacturing and clinical testing.</li> <li>Counsel patients on biological medicines and increase awareness of the role of biosimilars in healthcare systems</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.3, 1.5, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6, 5.3</p> <p><i>A/Prof Sue Kirsia</i></p>  	<p><b>Being MedicineWise in Mental Health</b></p> <p>It is estimated that 8.6 million Australians will experience a common mental health disorder in their lifetime. Mental health disorders vary in severity and duration, and can have a significant impact on a person's physical, emotional and social health.</p> <p>This session aims to dive deeper into the pharmacist's role in supporting people with mental health disorders. Including their role in providing patient education and medicine management optimisation to improve health outcomes.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe common barriers to people with mental health disorders accessing evidence-based treatments and optimising treatment outcomes</li> <li>Discuss the role of pharmacists in communicating expectations of antidepressants and supporting patients to achieve adequate treatment trials and appropriate maintenance treatment</li> <li>Identify resources to support pharmacist learning and patient engagement in treatments for anxiety and depression.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.4, 1.6, 2.1, 3.1, 3.2, 3.6</p> <p><i>Adj A/Prof Steve Morris</i></p>  		



	GRAND 1	GRAND 2	WHARF 1 & 2	WHARF ROOMS 3, 4 & 5
	EMPOWERING PHARMACISTS: Clinical Update	EMBEDDING PHARMACISTS: Innovative Practice	ENABLING PHARMACISTS Focused forums	EQUIPPING PHARMACISTS: Clinical Care Masterclass
12.30 pm - 2.00 pm	SIT DOWN LUNCH & CLOSING PLENARY - Dr Chris Freeman			
2.00 pm - 2.40 pm	<p><b>Latest medical interventions in weight management</b></p> <p>Weight management involves making healthier choices and adopting life-long behavioural changes that positively impact a person's health outcomes. It will explore how pharmacist can be supporting people of all sizes and weight to make healthier choices and adopt behaviours that positively impact their health outcomes. It will also explore the role of pharmacotherapies used in weight management and how pharmacist have a pivotal role in ensuring the safe and effective use of these medicines.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe medicines currently available to treat obesity including their modes of action, administration and adverse effects.</li> <li>Review the current evidence for use of pharmacotherapy in weight management programs.</li> <li>Discuss the importance of lifestyle and a reduced kilojoule diet in weight management.</li> <li>Discuss the role of pharmacists in supporting people to manage their weight.</li> <li>Identify when pharmacists should refer people with weight management issues to a general practitioner.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.3, 1.5, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6, 5.3</p> <p><i>Prof John Dixon</i></p>  	<p><b>Glaucoma: Pharmacists, role in saving sight for glaucoma patients</b></p> <p>Approximately 1-in-50 Australians will develop glaucoma in their lifetime with around 50% of people with glaucoma going undiagnosed. Early detection and personalised risk calculation could improve health outcomes of people at risk of developing glaucoma. This session explores the role of the pharmacist in identifying people at the greatest risk of developing glaucoma and referring them for further follow-up. It will explore how pharmacists can use tools such as the Glaucoma Australia risk calculator in their practice to help identify people at risk of developing glaucoma.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Identify people at-risk of developing glaucoma and would most benefit from glaucoma screening</li> <li>Describe process to implement screening tools such as the Glaucoma Australia risk calculator to assist in the identify patients at risk</li> <li>Discuss how early risk stratification for developing glaucoma could improve health outcomes in people at risk.</li> <li>Discuss the role of the pharmacists in preventative health to identify people at risk of developing glaucoma using tools such as the glaucoma risk calculator</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.4, 1.6, 2.2, 3.1, 3.6, 4.3</p> <p><i>Annie Gibbons</i></p>  	<p><b>Maximising medicine management: Accredited pharmacist forum</b></p> <p>With the creation of the Royal Commission into Aged Care and initiation of 7CPA negotiations, accredited pharmacists may have more opportunities to positively impact the safe and quality use of medicines in the Australian community.</p> <p>This forum explores how to improve medication management during the transition of care and how accredited pharmacists can be involved. Drug Use Evaluation audits in residential aged care facilities and the pharmacist's role in medicine safety and pharmacovigilance will be discussed. Deprescribing, de-diagnosis and de-intensification in older people, key differences and how they impact medicine management will be explored. This forum also provides an update on the current issues affecting accredited pharmacists and an opportunity for accredited pharmacist to network and share their experiences.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe the role of accredited pharmacists in medicine safety and pharmacovigilance, especially during transitions of care</li> <li>Discuss the differences of deprescribing, de-diagnosis and de-intensification in older people and how they impact medicine management</li> <li>Identify opportunities for accredited pharmacists to be embedded in practice settings that allow them to improve medicine safety and management.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 2.1, 2.4, 4.1, 4.3</p> <p><i>Dr Stephen Carter, Dr Amy Page, Robyn Suanders and Prof Debra Rowett</i></p>	<p><b>Medicinal cannabis: Indications, interactions &amp; patient care</b></p> <p>Medicinal cannabis use in Australia can be confusing for patients and healthcare professionals alike. This masterclass aims to unpack the current status of medicinal cannabis in Australia. It will include an update on the state and territory legislation for medicinal cannabis. The current evidenced based indications for prescribing medicinal cannabis, including where to source protocols for initiation/indication, dosage, administration, usage, patient education will be identified. Learn about the resources currently available to order pharmaceutical medicinal cannabis. Be confident in dispensing medicinal cannabis and providing patient education on medicinal cannabis. Also, discuss when medicinal cannabis may not be appropriate to dispense and what appropriate actions to take if faced with this situation.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe the relevant state and territory regulations on medicinal cannabis</li> <li>Discuss current evidenced-based indications for prescribing medicinal cannabis, including where to source information and resources</li> <li>Describe steps for dispensing medicinal cannabis and what to do if medicinal cannabis is prescribed off-label</li> <li>Provide patient education on medicinal cannabis including administration, indication and adverse effects.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.5, 2.1, 2.2, 2.3, 2.4, 3.1, 3.2, 3.3, 3.6, 4.2</p>
2.40 pm - 2.50 pm	Power break			
2.50 pm - 3.30 pm	<p><b>Bacterial vaginosis: New S3 management</b></p> <p>Bacterial vaginosis is the most common vaginal infection worldwide. It is linked to increased risk of pre-term births, miscarriages, and the transmission and acquisition of sexually transmitted infections. This session unpacks a new therapy in the treatment and management of bacterial vaginosis. During this session, get an overview of bacterial vaginosis including diagnosis, pathophysiology and available treatment options.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe pathophysiology and diagnosis of bacterial vaginosis</li> <li>Identify treatment options for bacterial vaginosis and their place in therapy, including novel therapies</li> <li>Discuss the role of the pharmacist in providing patient education and supporting the safe and effective use of medicines in patients with bacterial vaginosis.</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6</p> <p><i>Dr Therese Foran</i></p> 	<p><b>Oral anticancer treatments: The role of the community pharmacist</b></p> <p>The number of oral cancer treatments is growing and these are increasingly being dispensed in community pharmacies. The role of community pharmacists providing oral cancer treatments is expanding. Critical errors have occurred during the prescribing, dispensing and self-administration of oral cancer treatments. Community pharmacists are ideally placed to intervene and help reduce these errors from occurring. This session emphasises the need for pharmacists to be vigilant and deliver safe treatment to people with cancer who are receiving oral treatment.</p> <p><b>After completing this activity, a pharmacist should be able to:</b></p> <ul style="list-style-type: none"> <li>Describe the increasing complexities of oral anticancer treatments, including, adverse effects, toxicity and monitoring requirements</li> <li>Counsel people with cancer on the safe use of anticancer treatments, including dose, administration, handling and disposal</li> <li>Discuss the role of the community pharmacist in improving safe and optimal use of oral anticancer treatments</li> <li>Identify resources available for pharmacists and people with cancer taking anticancer treatments</li> </ul> <p><b>Competencies (2016) addressed:</b> 1.1, 1.4, 1.6, 2.1, 3.1, 3.2, 3.6</p> <p><i>Julia Shingleton</i></p>  	 	 