

Today's issue of PD

Pharmacy Daily today features three pages of industry news, plus a full page from **Dispense Assist**.

National appoints new CFO

FINANCE executive Brigid Hughes has been appointed Chief Finance Officer for National Pharmacies, starting with the group this week.

Hughes, who hails from Adelaide, has worked in senior leadership roles across multinational, ASX-listed and privately owned consumer-facing companies, including fast-moving consumer goods and retail, and has spent two decades working in the UK.

"It's a privilege to join a respected, South Australian-founded organisation with such deep roots in the community," Hughes said.

APC public consultation EOI

THE Australian Pharmacy Council (APC) has announced that the expression of interest (EOI) to participate in the public consultation forums for the Pharmacist Capability Framework is now open.

The framework is to be used for accreditation and general registration purposes, with the APC engaged by the Pharmacy Board of Australia to develop it (**PD** 27 Mar).

It will describe the capabilities of a newly registered pharmacist and underpin the future education of pharmacists, ensuring they can adapt to a changing environment.

Preliminary consultations with key stakeholders were held in May-Jun 2025, and will now be followed by four public forums in Nov 2025.

Forums will be held in Melbourne, Adelaide, Brisbane and online.

These forums will enable stakeholders to provide input into the development of the framework, and the APC will review all EOIs received to ensure that a wide range of groups and

individuals can contribute.

Public consultation papers, including the draft framework, will be published on APC's website in early Nov.


The EOI to participate in the public forums will be open until Fri 26 Sep 2025, and invitations will be issued from early Oct 2025. **KB**

More details can be found **HERE**.

Leqembi in EU

AUSTRIA and Germany will become the first markets in the European Union to launch Alzheimer's drug Leqembi (Icanemab, Eisai).

The TGA knocked back Eisai's application to register the anti-amyloid monoclonal antibody in Australia (**PD** 04 Mar), citing safety and efficacy concerns.




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R210725aS3v1.0 Ask your pharmacist about this product. Always read the label and follow the directions for use. Read the warnings before purchase. *Primary insomnia is insomnia without an underlying medical cause or any other clear cause.





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Reference: 1. <https://compliance.health.gov.au/artg/search=melatonin> cited 09/05/2025.

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Learn more on **page four**.

AI to help fill gap

THE Australian Government has awarded \$3 million of funding to a new innovative platform tackling respiratory diseases with AI.

Under the Cooperative Research Centres Projects (CRC-P) program, the cash injection will support Diag-Nose.io in developing RhinoMAP, an AI-powered biomarker platform for respiratory disease.

The tool aims to fill a critical gap in how respiratory diseases like asthma, sinusitis and chronic obstructive pulmonary disease (COPD) are monitored and treated, with a recent study showing 40-50% of patients do not achieve adequate treatment response.

RhinoMAP uses protein biomarkers from a nasal fluid sample and combines them with patient-reported data to deliver a real-time picture of airway inflammation, while AI algorithms will enable clinicians to track whether high-cost treatments like biologics are working before current tools would show results.

"New drugs...are expensive and slow to show results, which often lead to clinical uncertainty, lower patient adherence, and sub-optimal use of healthcare resources," said Diag-Nose.io CEO and co-founder, Eldin Rostom.

"RhinoMAP is like a radar...it reveals whether inflammation is escalating, stable, or resolving to help clinicians course-correct or stay the path with confidence."

Board guidelines consultation

THE Pharmacy Board of Australia has released draft *Guidelines for pharmacists on the safe provision of pharmacy services including medicines and advice* for public consultation.

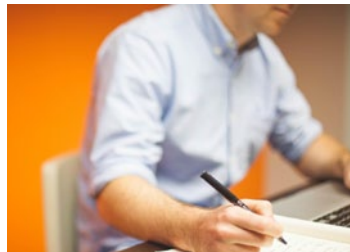
As part of its review, the Board proposes to retire a range of guidelines, while updating and revising the remaining guidelines so they are more contemporary, relevant and outcomes focused.

The guidelines were last reviewed in 2015.

Changes include consolidating the existing four separate guidelines into a single document; removing guidance that duplicates guidelines published by professional organisations, such as the Pharmaceutical Society of Australia (PSA); and removing guidelines that address areas not within the remit of the Board, such as training requirements for pharmacy technicians and assistants.

Another significant change is removing the guideline that mandates a list of reference texts for all pharmacists, with the Board arguing that the texts may not all be relevant or necessary to a given pharmacist's specific role.

However, the Board notes that state and territory pharmacy



premises regulators may have a list of mandatory references that must be kept at a pharmacy as part of licensing requirements.

The Board has also removed guidelines related to premises requirements, when working with allied health professionals, for example, and guidelines about equipment.

Guidelines around workload have shifted their focus from inputs to outputs, acknowledging changes in dispensary workflow arising from advances in technology.

It has also removed guidance on dose administration aids (DAAs), pointing to guidance provided by other organisations.

Pharmacists and others are invited to submit feedback either by completing an online survey, or by email, by 13 Oct 2025.

More details, including the consultation pack, are **HERE**. *KB*

Arrotex teams up with Bayer on OCs

ARROTEX Pharmaceuticals and Bayer Australia have announced a strategic partnership under which Arrotex will assume sales, marketing and distribution responsibilities for Bayer's established portfolio of oral contraceptive brands in Australia.

The agreement brings together Bayer's heritage and expertise in women's healthcare with Arrotex's extensive reach across Australia's retail pharmacy network, enabling broader, more consistent access to Bayer's products, Yaz (drospirenone/ethinylestradiol) and Yasmin (drospirenone/ethinylestradiol).

Both products were listed on the PBS from 01 Mar (**PD** 10 Feb), and the new partnership reflects a commitment on both sides to

protecting and increasing access to the oral contraceptives.

"We are proud to partner with Bayer to expand the availability and visibility of its established oral contraceptive portfolio in Australia," explained Arrotex's Chief Commercial Officer, Hayley Tamborini.

"Our mission is to ensure that the PBS listing translates to real-world access."

Matthew Donnison, GM of Strategic Partnerships at Arrotex, observed that the partnership means the brands can benefit from Arrotex's commercial expertise and ability to engage with pharmacists across the country, ensuring more Australian women can access the medicines reliably, locally and affordably.

Plant-based period pain relief

AUSTRALIAN research has shown support for the efficacy of an oral, plant-based formulation derived from the *Khaya senegalensis* (KS) tree for treating menstrual pain and premenstrual syndrome (PMS) symptoms, including psychological distress.

KS has been traditionally used in Western herbal medicine to help relieve dysmenorrhoea and mild symptoms associated with PMS, such as mild anxiety.

Eighty-four women experiencing menstrual pain and distress were supplemented 3g daily with the KS preparation or placebo for one menstrual cycle.

Changes in menstrual pain and other symptoms of menstrual distress were examined through daily ratings and validated self-report questionnaires.

Compared to placebo, the KS preparation was associated with greater reductions in the primary outcome measure of daily menstrual pain ratings (46% reduction for KS vs 20% for placebo) and reductions in overall menstrual distress (36% vs 12% respectively).

The KS preparation was well-tolerated and there were no significant safety signals.

"Menstrual health has been under-served for too long," said lead investigator and MD of Clinical Research Australia, Dr Adrian Lopresti.

"This study highlights the potential of a non-hormonal preparation to offer dual-action benefits - reducing physical discomfort while supporting aspects of psychological wellbeing associated with PMS, such as mood changes and anxiety."

The study authors noted that more research over a longer duration than one menstrual cycle is needed to determine long-term safety and efficacy.

Read the paper **HERE**.



Dispensary Corner

PHARMACIES across Seoul have become somewhat of a tourist hotspot, and it is all thanks to a trending social media topic - "Korea glow-up".

Online platforms like TikTok and Instagram have been abuzz with users hailing the benefits of Korean skincare, with posts highlighting the irresistible combination of affordability and visible results.

The so-called K-beauty craze, which has been building over the last few years and is fuelled by viral clips showing dramatic before-and-after transformations, is inspiring global travellers to flock to Korean pharmacies to buy these miracle products.

Unlike duty-free outlets or department stores, pharmacies offer the specialised derma cosmetics and clinical skincare items that are often featured on social media under hashtags like "Korea glow-up".

According to *Times of India*, some Korean pharmacists are reporting that up to 90% of customers are tourists, often showing screenshots from social media posts in search of specific beauty products.

Statistics from the Seoul Tourism Foundation reflect the trend, with foreign visitor spending on beauty services in 2024 reaching A\$40.4 million - up 231% compared to 2019.



Risks posed by AI in healthcare

OPINION

Medtech consultant Ivor Campbell (pictured) shares insights into some of the issues around artificial intelligence (AI) in healthcare.

Got an opinion or experience to share? Let us know in up to 400 words via email to info@pharmacydaily.com.au.

THE rise of AI-powered health apps that claim to diagnose conditions in real time is transforming how we approach healthcare.

From symptom checkers to wearable ECG monitors and AI stethoscope apps, these tools promise early diagnoses and personalised healthcare at our fingertips, empowering users with real-time insights into their health.

But as these technologies become more sophisticated, a critical question emerges: are they genuinely helpful, or do they introduce new dangers - and what happens when they go wrong?

For many people, these tools offer unprecedented access to medical insights, reducing the need for frequent GP visits and enabling earlier interventions.

The potential benefits are significant - AI can process vast amounts of data far more quickly than a human doctor, identifying patterns that might otherwise go unnoticed.

For patients in remote or underserved areas, AI diagnostics could be life changing: a smartphone app that detects atrial fibrillation or diabetic retinopathy can bridge gaps in healthcare access where few medical professionals are available.

Yet, for all their promise, AI health tools come with serious risks, and one of the most pressing concerns is misdiagnosis.

AI models are only as good as the data they're trained on, and if that data is flawed or incomplete, the results can be dangerously inaccurate.

A study by Stanford Medicine found that some AI diagnostic tools performed well in controlled lab settings, but faltered in real-world scenarios, where patient diversity and environmental variables introduced unpredictability.

False positives and false negatives are another major issue - an AI app that incorrectly reassures a user that their chest pain is harmless could delay critical treatment, while one that falsely flags a benign mole as malignant might trigger unnecessary anxiety and even medical procedures.

Unlike human doctors, AI lacks the ability to contextualise symptoms - it does not know if a patient has a history of health anxiety or if their symptoms align with common, non-threatening conditions.

Regulation is another grey area.

Should AI diagnostic apps be classified as medical devices, subject to the same rigorous testing as traditional diagnostics?

In many jurisdictions, the answer is unclear.

Beyond accuracy, AI tools raise thorny ethical and legal questions.

If an AI app provides faulty advice that leads to harm, who is liable - the developer? The healthcare provider endorsing it? The user who trusted the results?

Legal frameworks have yet to catch up with these scenarios, leaving patients and providers in uncertain territory.

Data privacy is another major concern, with many AI health apps collecting sensitive personal information - if this data is mishandled or breached, it could



be exploited by insurers, employers or malicious actors.

Then there is the psychological impact, where the ease of self-diagnosis can fuel 'cyberchondria' - a modern form of health anxiety where users obsessively research symptoms, often convincing themselves of worst-case scenarios.

Unlike a doctor who can offer reassurance, an AI tool may simply present probabilities, leaving users spiralling into unnecessary fear.

So, where does this leave us - will AI doctors replace general practitioners, or will they remain assistive tools?

The most likely scenario is a hybrid model - AI handling routine diagnostics and data analysis while human doctors focus on complex cases, patient communication and emotional support.

The challenge for regulators, developers, and healthcare providers is to strike a balance - harnessing AI's potential while safeguarding against its pitfalls.

Robust validation, transparent algorithms, and clear accountability frameworks will be essential.

Patients, too, must approach AI diagnostics with caution, using them as supplements - not substitutes - for professional medical advice.

Ivor Campbell is Chief Executive of Snedden Campbell, a recruitment consultant for the global medical technology industry.



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