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### Today's issue of PD

Pharmacy Daily today features four pages of news, plus a full page from Pharmacium, and the March MIMS Monthly Update.

### Design your space

PHARMACIUM will create work spaces that reflect your working style and improve efficiencies throughout your pharmacy, with a focus on dispensary operations. See page five for details.

### Spotlight on rural pharmacy at APP

THE rural pharmacy forum at APP2026 on 12 Mar will explore the unique challenges faced by communities outside major cities in accessing health care. With a strong focus on translating ideas into tangible action, panellists will discuss how addressing these challenges is essential to shaping the health and wellbeing of every Australian, regardless of where they live.

## Standards review kicks off

WORK on reviewing and updating the National Competency Standards Framework for Pharmacists in Australia has now started, with the first program advisory group meeting taking place yesterday.

Commissioned by the Australian Health Practitioner Regulation Agency (Ahpra), through the Pharmacy Board of Australia, the review is critical to modernising the standards that underpin safe, ethical, and effective pharmacist practice.

The standards outline the integrated knowledge, skills, and attributes required across a pharmacist's career, and with the previous review completed in 2016, it comes at a critical time, with rapid changes in the health and pharmacy landscape.

Chair of the review's project advisory group, Associate Professor Fei Sim, reflected on the importance of the competency standards for the profession.

"This review is timely and considers contemporary pharmacy practice and the evolving needs of the profession to serve our patients, communities, and health system," Assoc Prof Sim said.

"As pharmacists' scope of practice

continues to evolve, the revised framework reflects the professional expectations of modern pharmacy practice," she explained.

"The profession owns the Competency Standards, and the Competency Standards exist to serve the profession.

"We look forward to working closely with relevant stakeholders, including all pharmacy organisations, pharmacists across all areas of practice and consumer bodies, to ensure pharmacists remain supported in maintaining competence, planning meaningful CPD, and continuing their professional development throughout their careers."

The first program advisory group meeting brought together a diverse and experienced representation of pharmacists, educators, students, researchers, First Nations and consumer organisations looking to shape the future of pharmacy practice.

Assoc Prof Sim encouraged all pharmacists to engage in the process by completing a survey that will inform the development of the first draft of the review.

The survey will remain open until 17 Apr 2026, and is available [HERE](#).

### Crackdown on unregistered HCPs

TWO healthcare practitioners (HCPs) were recently fined for illegally working when unregistered, with a third fine issued to an employer for failing to check if the practitioner was registered.

A radiographer provided mobile radiography services at four aged care facilities while unregistered, with his employer, Mobile X-Ray Services, also fined.

In a separate case, a nurse who worked unregistered at two regional health services in NSW was fined and sentenced to a 12-month community corrections order.

Ahpra CEO Justin Untersteiner said patient safety depends on practitioners meeting the requirements for registration and employers ensuring that registration is current.

"It is unacceptable for any health practitioner to engage in work when they are not registered," Untersteiner said.

"We expect employers to also hold their employees to account to help protect the public," he concluded.

# 1 week to go until APP2026!

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## Tech takes front seat at TWC



**THE** annual TerryWhite Chemmart Conference, *Shaping the Future of Care*, kicked off on Mon with more than 1,000 pharmacists, pharmacy owners, retail managers and industry professionals gathering for the three-day event.

The conference provides a platform to share the brand's strategic priorities and execution plans for the year ahead, spanning digital innovation, CareClinic and full scope programs, customer experience, retail excellence and business support.

Featured at the conference was the unveiling of the TerryWhite Chemmart "showcase pharmacy" in Tewantin, Queensland, in partnership with pharmacy owner Tanya Maloney (pictured).

The future-focused pharmacy includes an enhanced CareClinic model supporting full-scope services and private consultations, digital assets, robotics and a 24/7 click-and-collect service.

The first day also covered the network's transition to Oexa's Light, a next-generation integrated bookings and professional practice platform, purpose-built to support the expanding scope of pharmacist practice (PD 27 Feb).

Yesterday, delegates heard about the network's AI integration with

Heidi Health's medical scribe and care partner.

Between Heidi and Light, the network will benefit from "an end-to-end digital ecosystem that connects bookings, service delivery, clinical recording and prescribing into one cohesive experience", the network stated.

"As the role of the pharmacist continues to evolve, we have a responsibility to equip our network with tools that make delivering care easier, safer and more efficient," said Michael Beaumont, general manager of TerryWhite Chemmart.

"Our partnership with Oexa to launch Light laid the foundation for a modern, integrated clinical platform," he explained.

"Integrating AI through Heidi Health is the next step - supporting pharmacists with intelligent workflows that reduce administrative burden and allow more time for meaningful patient interaction."

"Digital innovation at TerryWhite Chemmart is not about technology for its own sake - it is about improving the experience for both our pharmacists and our patients, and ensuring our network is ready for the future of care."

The conference wraps up tonight with its HEART Awards Gala. KB



## Scope in focus

Professor Trent Twomey

**THE** Australian Pharmacy Council review of accreditation standards is the single biggest opportunity we have to shape the next generation of pharmacists, and with it, the future of community pharmacy in Australia.

For too long, pharmacy education has lagged behind the reality of contemporary practice.

Community pharmacies are delivering vaccinations, providing contraception and treating UTIs.

We're supporting aged care residents, conducting medication reviews, and handling increasingly complex primary care presentations.

Yet the pathways supposed to prepare graduates for this work remain fragmented, inconsistent and, in some areas, outdated.

If we want pharmacists practising at full scope, safely and confidently, we need accreditation standards that guarantee graduates are job ready from day one - that is the benchmark the public deserves.

Pharmacy degrees must reflect how pharmacists practise.

That means earlier and more frequent hands-on learning, with students fully trained to prescribe, dispense, administer and review medicines, and provide the services patients already rely on.

Accreditation standards must require core capability in digital health, clinical documentation, secure messaging, decision support tools and the emerging influence of AI in practice.

These are no longer optional skill sets - they are fundamental to safe, modern care.

We need to see a Masters Extended model, with intern training embedded in the degree.

By 2028, all pharmacist competencies should be built into university programs so graduates can enter the workforce ready to practise, without duplication or delay.

A single, integrated training pathway will ensure national consistency.

Employers will know what skills a graduate brings, students will know what is required, and the profession will finally have a coherent, end-to-end, education framework.

Diversity matters too, and a strong profession must reflect the communities it serves, including students from rural and regional areas, culturally diverse backgrounds, and those historically underrepresented in health education.

And for First Nations students, culturally safe learning environments must be an explicit accreditation requirement, not an aspiration.

If this review delivers what the profession and patients need, we will see graduates who are not only clinically competent but practice ready, confident and capable of delivering at the top of their scope from day one.

That is the future the Guild is advocating for - and the future patients deserve.

Now is the time to set a standard that drives capability, not constrains it.

*Professor Trent Twomey is the national president of the Pharmacy Guild of Australia.*

## READY FOR THE Z DISPENSE CHALLENGE AT APP?

Fastest Times				
Rank	Dispenser	Time	Accuracy	Final Time
1	HERMIONE	00' 14" 500	100%	00' 14" 500
2	HARRY	00' 20" 000	100%	00' 20" 000
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## AMS in community pharmacy - webinar

**WHILE** community pharmacies play a pivotal role in outpatient antibiotic use, antimicrobial stewardship (AMS) in this setting remains fragmented and less developed than in hospitals.

Dispensing data, prescribing records, point-of-care testing results and patient-level information can help inform how pharmacists triage patients, audit antimicrobial use, and optimise therapy.

Pharmacists can learn about using data-driven approaches to strengthen AMS in their business with this recording of an International Pharmaceutical Federation (FIP) webinar on the topic.

It features a panel of experts from Australia, Lebanon, the UK and Qatar and runs for approximately 90 minutes.

Access the webinar [HERE](#).

## Blooms celebrates 130th store in Douglas

**BLOOMS** the Chemist has opened its 130th store, with the local community of Douglas coming together on Sun to celebrate the pharmacy's new chapter as part of the network.

The well-loved business has operated in Douglas in Townsville for over a decade, but re-opened on the weekend as a new Blooms The Chemist pharmacy.

"We are honoured to be recognised as the 130th Blooms pharmacy store in the network and to have the opportunity to celebrate this with our loyal community on our Open Day," said pharmacist-owner Amanda Baker (pictured).

The open day included a range of family-friendly activities such as face painting, a colouring-in competition and goodie bags for attendees.

Community members were able to receive free blood pressure and blood glucose testing, reinforcing Blooms' ongoing focus on providing

accessible healthcare services.

There was also a sausage sizzle to help raise funds for Angel Paws, a local charity that helps rehome displaced animals.

The event took place on Clean Up Australia Day, with the Blooms Douglas team using the occasion to demonstrate its commitment to the environment and sustainability.

Baker said that shared values around environmental responsibility was one of the primary factors in the decision to join the Blooms network.

"Our Douglas team is passionate about the environment, through participating in initiatives such as Pharmacycle and Clean Up Australia Day," she explained.

"Being part of a network that not only supports business growth but also actively champions sustainability was incredibly important to us," she added.

The store offers Pharmacycle blisterpack recycling and soft plastic recycling through TerraCycle.



"Community pharmacies play a vital role not only in healthcare delivery but also in reducing environmental impact," explained Ursi Kernan, Pharmacycle's account manager for Blooms The Chemist.

"Blooms The Chemist Douglas has shown genuine leadership in sustainability, embedding recycling initiatives into everyday practice and making it easy for customers to participate," Kernan continued.

"Their commitment sets a strong example for pharmacies across Australia," she concluded. *KB*

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Dive into our latest podcast episode featuring **Deb Hawthorne**, Consultant Pharmacist of the Year and Chair of PSA's Consultant Pharmacist Community of Special Interest - "My Journey to Rural Health Leader".

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## Dispensary Corner

**IS SOMEONE** you know suffering from wi-fi sickness?

How about 5G sensitivity or wind turbine syndrome?

Maybe not, but you've probably heard of them - and possibly given a little eye-roll.

These so-called technosomatic syndromes arise when "non-specific anxiety and physical symptoms have been misattributed to a novel, invisible technology that is poorly understood by the public", according to a paper published last week in the *New Zealand Medical Journal*.

The syndrome can be traced back to the late 19th century, with "telephone tinnitus", "railway spine" and "bicycle face".

The latter postulated that anxiety and prolonged facial grimacing while trying to balance on a bike could lead to nervous exhaustion and permanently alter women's facial structure (men were somehow protected from the scourge of bicycle face).

The authors noted that this misinformation was spread largely by doctors writing in mainstream media, giving credibility to unfounded fears.

Today, thanks to the great democratisation of media, anyone with an interesting idea can spread it far and wide.

The role of health professionals now, the authors said, is to acknowledge anxieties around new technology, rather than dismiss them, and use the example of bicycle face to explain the long history of such anxieties as a cultural, rather than medical, phenomenon.

# PRODUCT SPOTLIGHT

Suppliers wanting to promote products in this feature should email [advertising@pharmacydaily.com.au](mailto:advertising@pharmacydaily.com.au)

## SunSeal SPF50+ sunscreen - the world's only second-skin sunscreen

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**Website:** [CLICK HERE](#) for more information.



## Mag-Sup powder - a better way to absorb magnesium

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## New Products

- **Belantamab mafodotin (rch) (Blenrep)** is a humanised immunoglobulin G1 kappa monoclonal antibody conjugated with a cytotoxic agent, maleimidocaproyl monomethyl auristatin F (mcMMAF). Belantamab mafodotin binds to cell surface B cell maturation antigen and is rapidly internalised. Once inside the tumour cell, the cytotoxic agent (cys-mcMMAF) is released, disrupting the microtubule network, leading to cell cycle arrest and apoptosis. The antibody also enhances recruitment and activation of immune effector cells, killing tumour cells by antibody-dependent cellular cytotoxicity and phagocytosis. Apoptosis induced by belantamab mafodotin is accompanied by markers of immunogenic cell death, which may contribute to an adaptive immune response to tumour cells. *Blenrep is indicated for the treatment of adults with relapsed or refractory multiple myeloma in combination with bortezomib and dexamethasone in patients who have received at least one prior therapy and in combination with pomalidomide and dexamethasone in patients who have received at least one prior therapy including lenalidomide.* Blenrep powder for infusion contains belantamab mafodotin 70 mg or 100 mg and is available in packs of 1 vial.
- **Glofitamab (rch) (Columvi)** is a bispecific monoclonal antibody that binds bivalently (with high avidity) to CD20 expressed on the surface of B cells and monovalently to CD3 in the T-cell receptor complex expressed on the surface of T cells. By simultaneous binding to CD20 on the B cell and CD3 on the T cell, glofitamab mediates the formation of an immunological synapse with subsequent potent T-cell activation and proliferation, secretion of cytokines, and release of cytolytic proteins that results in the lysis of CD20-expressing B cells. *Columvi in combination with gemcitabine and oxaliplatin with obinutuzumab pretreatment is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) not otherwise specified who are not candidates for autologous stem cell transplant. Columvi monotherapy with obinutuzumab pretreatment has provisional approval for the treatment of adult patients with relapsed or refractory DLBCL after two or more lines of systemic therapy.* Columvi concentrate for infusion contains glofitamab 2.5 mg per 2.5 mL or 10 mg per 10 mL and is available in packs of 1 vial.
- **Sotatercept (Winrevair)** is a recombinant activin receptor type IIA-Fc (ActRIIA-Fc) fusion protein. It is an activin signalling inhibitor that binds to activin A and other TGF- $\beta$  superfamily ligands. As a result, sotatercept improves the balance between the pro-proliferative (ActRIIA/Smad2/3-mediated) and anti-proliferative (BMPRII/Smad1/5/8-mediated) signalling to modulate vascular proliferation. In rodent models of pulmonary arterial hypertension (PAH), a sotatercept-csrk analogue reduced inflammation and inhibited proliferation of endothelial and smooth muscle cells in diseased vasculature. These cellular changes were associated with thinner vessel walls, reversal of right ventricular remodelling, and improved haemodynamics. *Winrevair is indicated for the treatment of adults with PAH in World Health Organization functional class II or III, in combination with standard therapy. Efficacy has been shown in idiopathic and heritable PAH, PAH associated with connective tissue disease, drug or toxin-induced PAH and PAH associated with congenital heart disease with repaired shunts.* Winrevair powder for injection contains sotatercept 45 mg or 60 mg and is available in packs of 1 or 2 vials of powder plus 1 or 2 prefilled syringes of diluent.

## New Presentations

- **Aripiprazole (monohydrate) (Abilify Maintena Pre-Filled Syringe)** is now available as a powder and solvent for prolonged release injection presented in a prefilled dual chamber syringe containing aripiprazole 300 mg or 400 mg powder (front chamber) plus solvent (rear chamber) in packs of 1 syringe.
- **Brimonidine tartrate (Alphagan P 1.0)** is now available in a 0.1% (1 mg/mL) ophthalmic solution in a 5 mL bottle.
- **Influenza virus vaccine, split virion, trivalent (inactivated) (Fluzone)** is now available and indicated for use in adults and children 6 months and older for active immunisation of influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine.

## New Indications

- **Darolutamide (Nubeqa)** is now also indicated as monotherapy for patients with metastatic hormone-sensitive prostate cancer.
- **Guselkumab (Tremfya)** is now also indicated for the treatment of paediatric patients (6 years of age or older) with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy.
- **Iptacopan (hydrochloride monohydrate) (Fabhalta)** is now indicated for the treatment of adult patients with complement 3 glomerulopathy.
- **Pegcetacoplan (Empaveli)** is now indicated for the treatment of adults and adolescents aged 12 to 17 years with C3 glomerulopathy or primary immune-complex membranoproliferative glomerulonephritis.
- **Tretinoin (ReTrieve Cream)** is now indicated for the treatment of acne vulgaris, in particular forms where comedones, papules and pustules predominate in patients 12 years of age and older. It is not generally effective in most cases of severe pustular or nodulocystic acne.

## New Contraindications

- **Bivalirudin (trifluoroacetate) (Bivalirudin ARX)** is now contraindicated in patients with acute gastric or duodenal ulcer; cerebral haemorrhage; severe cerebrospinal trauma; diabetic or haemorrhagic retinopathy; and proximal use of spinal/epidural anaesthesia.
- **Metronidazole (Rozex Cream and Rozex Gel)** is now contraindicated in patients with Cockayne syndrome.
- **Posaconazole (Noxafil and Noxafil Concentrated Injection)** is now contraindicated for concomitant use with rivaroxaban and apixaban.
- **Tretinoin (ReTrieve Cream)** is now contraindicated in women of childbearing potential who are not using effective contraception correctly during treatment and for 1 month after discontinuation of treatment.

*This list is a summary of only some of the changes that have occurred over the last month.  
Before prescribing, always refer to the full product information.*