Carlene McMaugh (00:01):

Welcome to the AJP Podcast, a podcast for pharmacists by pharmacists, where we discuss current events, relevant topics, and emerging issues in pharmacy practise. I'm your host, Carlene McMaugh, and together with the AJP I'm bringing you the opinions, experiences and expertise of pharmacists across the profession. Each episode offers insightful perspectives on the issues that matter most to us as pharmacists. Please like, rate and subscribe so you never miss an episode and we hope you enjoy the podcast. Thank you for your time today on the Australian Journal of Pharmacy Podcast. Can I ask you to introduce yourself to the audience please?

Sally Cairnduff (00:42):

Yes. Hi, Carlene. Thank you firstly for the invitation to participate in the podcast for Australian Journal Pharmacy. My name is Sally Cairnduff. I'm a pharmacist and I've been fortunate to be practising now for 19 years and a very long time ago I graduated from Latrobe University, Bendigo. And in that time I've worked mostly in community pharmacy in the CBT of Melbourne and now in the regional area of Wonthaggi, Victoria.

Carlene McMaugh (01:23):

So you're currently working in Wonthaggi Miners Pharmacy?

Sally Cairnduff (01:27):

Yeah, that's right. I've been here now for over 10 years and I'm the general manager of Wonthaggi Miners Dispensary and it's a non-for-profit pharmacy that's dedicated to improving the health and wellness of our community here.

Carlene McMaugh (01:48):

So the pharmacy has a 100-year legacy. Wonthaggi Miners Dispensary was founded by miners for miners in 1922. How does that cooperative spirit still influence the way you serve the Gippsland community today?

Sally Cairnduff (02:04):

I think our cooperative spirit shows up very clearly at miners dispensary when we think about what we do with the profits from the pharmacy. So profit is not the goal in itself. Instead, we're more interested in supporting our community and improving their health and wellbeing. So it's a little bit different to other pharmacy models where all funds are either reinvested into the pharmacy to improve access and quality of care or donated to community initiatives. So it's a very rewarding area to work in that regard. So when we talk about reinvesting in the pharmacy, we have a beautiful facility here. So we have a purpose designed DAA room. So we're very lucky. The girls in the Webster packing area have all the latest equipment, which means we can make changes and provide that service to our patients.

(03:15):

That means we can provide that service to our patients in a professional manner. We also have a delivery service, so because we're not - for-profit, we can afford to buy a vehicle. And that is obviously been very helpful for our patients who have mobility issues and that improves access to care. And as I said, we also do donations to the community. Some examples are we've recently donated equipment to our local hospital. So the midwifery department received some jaundice metres, which can reduce the amount of blood testing that we need to do on infants. And we also provided funds for a nurse on stick, which is equipment they use in the emergency areas. So having these profits go into donations means we can

support the community in tangible ways. And I think that really reflects the cooperative principle that the pharmacy has had since 1922. When the pharmacy does well, the community also does well.

Carlene McMaugh (04:25):

So if we're defining joy for profit in an industry often squeezed by a 60-day dispensing and rising costs, how does a not - for-profit model redefine what success looks like?

Sally Cairnduff (04:37):

That's an interesting question. We do look at traditional financial metrics, but probably what is more meaningful to us is looking at the health outcomes that we see in our community. So one example that I can give is the administration of medicines at this pharmacy last year. We delivered over 5,000 injections and that's in a town where it's not unusual to wait for a GP for four to six weeks. So I think having timely access to that service must have had a significant impact on our local health and that's something the pharmacists here and our entire team take a lot of pride in. Another example that I could give where I feel the team experiences joy for profit would be the provision of our diabetes education service. We employ a diabetes educator once a week and she's here to see patients at no cost if necessary.

(05:45):

Certainly if patients do have referrals, we do use them, but it's a free service for the community designed to pick up people who would normally be missed by the health system. And that has been really rewarding for the team. I know our educator prides herself in knowing that she's found people in the community who have diabetes, who if it wasn't for her interventions and minor dispensary service, these patients wouldn't have access to health treatments and be even aware that they have diabetes. So I think that's a really good example of where we get joy from profit as well. So the aim for us is not really to make money, it's more to have a modern accessible health destination where our patients feel comfortable coming in when they're unwell and that will help them to improve their wellbeing. So the joy comes from knowing the work that we do makes a real difference.

Carlene McMaugh (06:49):

So you've mentioned reinvesting in care and that you mentioned that profits go back into the community. Can you share a specific health initiative or local project that was made possible because of the business structure?

Sally Cairnduff (07:02):

Look, we regularly donate in lots of areas of the community. So we support arts groups, sporting clubs, health organisations like the hospital donations that I was talking about recently, and also educational initiatives. So I feel that those services wouldn't have been possible if we didn't have the non-for-profit structure. When you have a community that's supported by connection and activity and education and culture, that is obviously beneficial to us and to the community as a whole. So I feel that the donations we do to a wide range of groups help us to reinvest in care plus the professional services that we do as well are also about reinvesting in the care of the community.

Carlene McMaugh (08:00):

Unlike a standard loyalty card, your pharmacy offers a formal membership for single or families. How does this change the relationship between the pharmacist and the patient?

Sally Cairnduff (08:12):

I think you've hit the nail on the head there, Carlene. The membership model that we have really does impact the patient/pharmacy relationship. Our members actually own the business so that makes them feel invested in the pharmacy and therefore the patients tend to have a lot of loyalty and trust in their pharmacists and their healthcare team. And that means they're open to advice, which obviously then would have better healthy outcomes for our community. So I think in that way, the membership model really benefits the community and it's different to other pharmacies. We do have the traditional sort of membership advantages such as discounts on over-the-counter medicines and we do have bonus points like other loyalty programmes, but that also can help build loyalty and profitability, which can then be contributed back to the community in various ways.

Carlene McMaugh (09:22):

When you're looking at affordability versus sustainability, your mission is affordable healthcare. How do you balance keeping prices low for the community while maintaining a modern high tech pharmacy like your automated dispensing system?

Sally Cairnduff (09:38):

I think we've been able to still provide affordable healthcare and yet ensure that business is sustainable possibly through the loyalty of our customers. So we have a very high membership base, that means we can operate on volume rather than high margins. We've also found that focusing on professional services has helped the sustainability of the model because there is a lot of funding coming through now for services. And I think the combination of high volume and large number of services has meant that the business is profitable and we can still give back to the community.

Carlene McMaugh (10:29):

With regards to scope of practise, with the shift towards pharmacist prescribing and extended scope, how is Wonthaggi Miner's pharmacy positioning itself to lead in the Gipsland region?

Sally Cairnduff (10:41):

I think our board have had a wonderful vision towards expanded scope. They first put in three consulting rooms at this pharmacy in 2016. Those consulting rooms are absolutely flat chat with services and so we now have plans for another two, so that will be five consulting rooms. And in that regard, the board have been very visionary in making sure we have the right services that we need and that has then obviously enhanced the profitability of the business. So they are well positioned for the expanded scope. Unfortunately, Victoria, where we're located is somewhat behind other states, but we have implemented the Victorian Department of Health Chemist Care Now programmes and I feel they have benefited the community and we look forward to the further expansion of these services and I believe we're ready. The board have also committed to funding pharmacists for the training that's required.

(11:49):

So the costs involved there are anything from 10 to $12,000 and all our pharmacists, whether you are casual, part-time or permanent will have access to those funds. So that's another way the board is planning for expanded scope. So it's very exciting here. We're all looking forward to expanding our knowledge and providing more services to our community.

Carlene McMaugh (12:16):

So with regards to the specialised services, you offer everything from CPAP programmes to diabetes education. Which service has seen the most impact in terms of patient outcomes recently?

Sally Cairnduff (12:30):

Probably for us, oh, it's hard to say. Certainly I think as I touched on before, I think the vaccines because we do such a large number would've had a large impact on the community. Also, the UTI service gets quite a lot of use here because GPs are hard to get into and I think it's a new service and a lot of patients are not aware of it. So when they come in and they are able to be prescribed an antibiotic and given a more advanced service than in the past, I think the patients leave quite impressed and quite satisfied. So that service has been highly used along with the vaccinations. The other service that I think would've had a large impact would've been our sleep study and sleep CPAP programme. We do have a dedicated consult room, which means patients can be treated and can do sleep studies in their home rather than the hospital setting.

(13:35):

And that has a huge impact on accessibility to the health service because possibly another way if we weren't doing the studies is that they would have to go to a hospital and they're less likely to take it up. And we find when patients have had their diagnosis and they require a machine and they're using the machine, it has such a significant effect on their life. They are very grateful. I think that is another service that is particularly impactful because the amount of gratitude we get from people who just did not realise they were experiencing such poor health and now they're obviously feeling so much better. So I think that's another service that's had a big impact.

Carlene McMaugh (14:22):

So when we're looking at technology versus in technology and tradition, you've integrated automated dispensing and digital script apps into a hundred-year-old brand, was there any culture shock for the community or did they embrace the modernization?

Sally Cairnduff (14:39):

That is an interesting question, Carlene. I actually believe that our members and our customers and patients have responded really well to technology. We first put a dispensing machine, a robot in the pharmacy in the early 2000s, and that was when they were very new. And so our members have come to expect a high level of technology at this store. So we are now onto our second robot and it's obviously a lot better than the first one was from the 2000s. So I think they've embraced technology well and it's part of delivering that high speed service to the customers and they appreciate that. So I think they're used to minus dispensary having technology. And when it comes to things like, for example, we use the MedAdvisor app for patients ordering prescriptions and obtaining reminders of when their scripts are ready. The patients are very tech savvy.

(15:49):

I note that as our community's getting older, the people who can use technology are getting older as well. So I find that most of the patients have taken it on quite well and we think technology is not something newer here. I think that's something we've always embraced to provide a high level of care and making things more efficient and accessible for our patients. So I believe our patients have embraced technology quite well.

Carlene McMaugh (16:24):

When we're looking at mental health and rural care, being in a regional area, what unique challenges do your pharmacists face that those in metropolitan big box pharmacies might not see?

Sally Cairnduff (16:36):

Having worked in the CBD for many years and now being in a rural regional area, there is a big difference. We do actually serve a lot of patients that are actually farmers and they have a wait and see approach. And I think often when people come in, their medical conditions may have progressed a lot further than what you might see in the CBD where I was originally. So often our patients, I believe, need quite urgent care straightaway. So we do regularly refer people to emergency because possibly they haven't looked after their health as well as their city counterparts or we might refer them to a GP and we are lucky that the Gippsland Primary Health Network actually funds a free telehealth GP service in our area. So we do use that regularly to combat those issues. I suppose the other obvious difference is many of our pharmacists actually commute from Melbourne, we don't have pharmacists living in one FAGI who work here.

(17:52):

We have nine pharmacists on the team, two of us live in one FAGI, but everyone else is from outside. So the team are especially dedicated because they actually commute every day and I'm surprised at how resilient they are and how committed they are, but I think at the end of the day, the work is fulfilling because they are able to do professional services and are working beyond just dispensing. Plus they're seeing the benefits of their work going back to the community through donations and education sessions, et cetera. So that's why we're able to obtain those pharmacists, but they really are quite amazing commuting and keeping the pharmacy going in this area. So I think that's probably a main difference is that a lot of the workforce are commuting each day.

Carlene McMaugh (18:47):

When you're looking at the future of independent pharmacy, for other independent pharmacy owners who are listening, who are struggling with the business side of pharmacy, what can they learn from the dispensary co-op model?

Sally Cairnduff (19:00):

I think what the main thing that I would stress to other pharmacy owners would be keep up the professional services. The funding and services is increasing and the profit you get may not be immediately visible in a traditional budget, but the true value comes from the way the services lift the business overall. It creates a loyalty that goes far beyond any individual transaction. So I find that when I'm modelling financially a new service that we might put in, it might not look very flash on paper. It might even look like you might be at a loss when you consider the wages for that pharmacist and what they're going to get back directly in fees, but it has a wider impact and boosts the business overall, which is beneficial. So I think it's important not to get tied down looking at specific budgets and just thinking, if I put this service in, it will drive customers into my pharmacy and we will be better off.

(20:10):

And that's something we've been able to do in our model because we're not needing to support our families at home with the profit of the pharmacy. So we've been able to test that model and it really does work.

(20:26):

I think it's also important to invest in your pharmacists. Competitive wages, flexible hours and ongoing education are crucial. And when you support in that area, you will get a loyal, motivated workforce and they will do those extra services and go the extra mile for their patients, which is really good to se. So I think it's important to make sure that we are investing in our pharmacists. I also think our model demonstrates that it is worthwhile in supporting your local community. The donations, outreach programmes, education initiatives, they all create goodwill and brand awareness and that then in turn can result in profits for the pharmacy owners. I know we certainly present to community groups such as schools and other health organisations. So we present to the Parkinson's group, the cardiovascular and

diabetes support groups. And I think these initiatives are well worth doing and the profits come back to you with increased loyalty and increased customer numbers.

(21:43):

And I think the community appreciates the activities and that just enhances your customer base. So I believe the cooperative approach shows when a pharmacy invests in people, invests in professional services, invests in the community, it builds a sustainable, trusted valu business. And to me, that is the future of independent pharmacy.

Carlene McMaugh (22:11):

So the pharmacy profession is currently facing high burnout. How does minor dispensary culture keep its staff connected to the joy of the job?

Sally Cairnduff (22:22):

It's true. Being a pharmacist can be very stressful at times and definitely can lead to burnout and it can feel like it's difficult to have holidays. I think a lot of that is getting easier at the moment. A lot of locums are more accessible than they were say throughout COVID or even prior to COVID. I believe there is a bigger locum working force and pharmacists are more supported in that area. So I would stress to any pharmacist in a regional area, take the time off and get a locum in and the rewards will be there in the end for you. So I think avoiding burnout, like having adequate leave is really important and just making sure your pharmacists are practising at full scope because that will bring joy to their work and may help with burnout. So support them to pursue their education and that will then help them have more meaningful interactions with their patients, which then will help them enjoy work more.

(23:30):

So I think the way that we avoid burnout is make sure we take our holidays, make sure we're pursuing education and that will ultimately ensure that we enjoy the work that we do. So I think as long as we can see the impact we have on individuals in the community, our sense of purpose will ensure that we keep enjoying our profession.

Carlene McMaugh (24:01):

Is there anything that you would like to add that I haven't asked you?

Sally Cairnduff (24:07):

I suppose it's worth noting that there are a number of other non-for-profit pharmacies. They exist in all states of Australia and they all have programmes where they contribute back to the pharmacy via improved health services or direct donations to various community projects and it's worth keeping an eye out for them. It's a rewarding area of pharmacy to work in and you always feel like you're making a difference and it's a really good model to be a part of.

Carlene McMaugh (24:46):

Thank you so much. Thank you for tuning in to this episode of the AJP Podcast by pharmacists for pharmacists. We hope you found the conversation valuable and relevant to your everyday practise. If you enjoyed the episode, please like, subscribe and share it with your colleagues. Be sure to follow us on X, formally Twitter, to stay up to date and join the conversation by leaving a comment on the AJP website. Your feedback helps shape future episodes and your support keeps us connected as a profession. Until next time, take care and keep making a difference in healthcare.