



PHARMACY GUILD
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Pharmacy Guild of New Zealand

Contact

Pharmacists: A crucial team player in the MS puzzle

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Pharmacists often play a critical role in managing comorbidities since the focus areas of MS treatment are typically managed by GPs or specialists, says **Amanda Rose, National Manager of the Multiple Sclerosis Society of New Zealand.**

Multiple Sclerosis (MS) is a chronic and progressive neurological condition that affects millions of people globally. It is the most disabling non-traumatic condition for young people worldwide, with over 4,100 people in New Zealand being diagnosed.

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Women are three times more likely to be affected than men, and surprisingly, the average age of diagnosis is 38. In New Zealand, there are currently eight disease-modifying therapies available, making MS a highly treatable disease.

However, despite the availability of therapies, the incidence and prevalence of MS are growing each year, with approximately 134 New Zealanders being diagnosed annually. Unfortunately, the numbers of people with MS, particularly Māori, Pasifika and rural communities, are likely to be underrepresented due to access issues, complexities of the condition, and a bias assuming MS is the most unlikely diagnosis.

Obtaining a diagnosis of MS can be a lengthy process, as symptoms are often presented and treated individually. It's only when multiple symptoms occur that the puzzle pieces are put together to form a diagnosis. The delay between symptom onset and diagnosis is currently 4.5 years, which can increase the likelihood of inflammatory activity and have long-term impacts on irreversible disease progression and disability. Therefore, Multiple Sclerosis New Zealand is committed to reducing this delay, and pharmacists can play a key role.

MS is characterised by multiple areas of scarring on the brain, spinal cord, or optic nerves known as scleroses, lesions, or plaques. When the immune system attacks the central nervous system (CNS), it causes damage to nerve fibres and the myelin sheaths that insulate them. Patients may refer to this as an attack, exacerbation, or relapse. During a relapse, patients can experience a diverse range of symptoms, including fatigue, vision problems, numbness, neuropathic pain, spasticity, cognitive difficulties, and depression.

When sclerosis occurs, the body initiates a repair process on the affected nerve fibres and myelin sheaths. Following which, a patient's symptoms may disappear entirely or lead to lasting impairment or disability. MS can be classified as relapsing or progressive based on its behaviour. As a pharmacist, you can work with patients to manage their symptoms while ensuring they are receiving the appropriate treatment.

MS brain health

Time is a crucial factor in managing Multiple Sclerosis. Early diagnosis and referral to a specialist can significantly maximise brain health and enhance the lives of people with MS. Pharmacists have a critical role to play in identifying and managing MS, both for those not yet diagnosed and those already living with the disease. Pharmacists can help to piece together the complex puzzle of MS and determine whether the symptoms are related to the condition or not.

Disability cannot be reversed, but early treatment with effective anti-inflammatory disease-modifying therapies (DMTs) can protect brain health and improve outcomes for people with MS. Therefore, general practitioners (GPs), primary care providers (PCPs), and pharmacists, who are usually the first to encounter people with symptoms suggestive of MS, play a critical role in establishing a timely diagnosis and referring patients promptly to a neurologist.

Symptoms of MS

MS symptoms vary widely among individuals, and there is no universal pattern that applies to everyone. Both men and women may experience different symptoms at different times. Optic neuritis, a visual problem, is one of the more apparent early signs of MS, as opposed to more ambiguous neurological symptoms such as numbness and tingling. However, it is not safe to assume that these symptoms indicate MS, as not all individuals who experience them will receive an MS diagnosis.

How to support and manage MS symptoms

If you are interested in learning more about Multiple Sclerosis, contact your local MS Society. Community MS Advisors are happy to give education and support to everyone impacted by MS, including those providing support. By increasing our knowledge, we can improve our ability to help. If your customers haven't already done so, you can recommend that they get in touch with their local MS Society for personalised support.

Multiple sclerosis is now a highly treatable disease – however, it can be difficult to diagnose. MS Brain Health, a global initiative, endorsed by MSNZ, have developed a short guide to help recognise key symptoms of MS. Pharmacists can play a crucial role, referring people back to their GP where necessary. Your contribution is vital in the ongoing shared care, support and monitoring of people with MS.

Read the full guide at bit.ly/brain_health_guide.

It is important to remember that in MS, similar to many other diseases, time matters at every stage of the disease – by minimising delays in diagnosis and referral to a specialist, you can help to maximise brain health and improve the lives of people with MS.

For further information on Brain Health, Time Matters see bit.ly/Brain_Health_Report.

CE COLUMN

Guild Chief Executive, Andrew Gaudin, reflects on our approach to sector advocacy, which continues to enable community pharmacy to make a positive difference.



This has never been more evident than with the government's recent decision to fully remove the \$5 co-payment as part of this year's Budget, from 1 July 2023.

This was a significant and welcome move, following our strong advocacy over the past five years, working closely with government Ministers and key officials, as well as raising awareness of the need for co-payment removal with opposition MPs and the wider public.

Our tireless approach to help this government decision has been based on a positive collaborative approach, comprehensive policy analysis and advice, and support from an expert political advocacy advisor. Our own detailed knowledge of the government's policy and fiscal decision-making processes has also been critical in effecting this change through Budget 2023.

We have received the following acknowledgement for our ongoing sector advocacy work from Hon Dr Ayesha Verrall:

"I acknowledge the Pharmacy Guild's many years of advocacy to get the pharmaceutical co-payment removed. I know how many people this decision will help, and I'm so pleased to have had your support in making it happen. I look forward to continuing this positive engagement with the Guild and community pharmacy sector into the future."

This change is an excellent cost-of-living measure that will return around \$150 million each year into the back-pockets of New Zealanders. It will also ensure that all New Zealanders can access the vital medicines they need without the cost barrier – regardless of where they live. This will enable improved health and wellbeing outcomes and lower hospital admissions, through increased medicine adherence.

Ultimately, this will deliver annual taxpayer savings, with avoidable hospital admission costs being greater than co-payment income. It will also support a more sustainable and resilient health system, which will help maintain our current diverse network of accessible community pharmacies across New Zealand.

Please be assured that our unrelenting sector advocacy continues with opposition leaders and health spokespersons to ensure that this excellent government decision remains in place.

GUILD HQ UPDATE

Latest advocacy and member resources

Meeting with Te Whatu Ora to address our NAAR process concerns

Following letters from our lawyers about our significant concerns with last year's NAAR process, we met with Te Whatu Ora to progress solutions. They have agreed to change the way meetings are run to ensure representation is recognised. This means the largest provider representatives will speak first, with the Guild leading discussion. Te Whatu Ora also offered to meet with the Guild following the first NAAR meeting to ensure the changes agreed to have adequately addressed our concerns.

Diversity and inclusion policy

We have developed a template diversity and inclusion policy for members to implement in their pharmacies, available at bit.ly/diversity_template. The policy includes principles, purpose and scope, definitions of diversity and inclusion, what your pharmacy will do and what you expect from staff, and helpful resources and support.

Submission: The 70th meeting of the Medicines Classification Committee (MCC)

We provided feedback on submissions to MCC to reclassify ibuprofen 400 mg, trimethoprim, flurbiprofen, glecaprevir and pibrentasvir (Maviret), naproxen, and bilastine. We also provided feedback on agenda items including paracetamol (liquid formulations), zinc, the National Immunisation Schedule, and objections to low-dose cannabidiol from the 69th meeting of the MCC.

Submission: COVID-19 antivirals – the role of molnupiravir

We recommended that molnupiravir not be removed from the funded schedule, and that no changes be made to the eligibility criteria for the further supply of molnupiravir until such time as an alternative to Paxlovid was made available. We believe that molnupiravir, when appropriately supplied, still has a role to play in reducing the length of hospital stays, preventing mortality and relieving pressure on primary health.

Submission: Pharmac proposal for changes to the way PAH treatments are funded

We are supportive of the proposed changes and believe it will facilitate timely access to appropriate funded medicines for people living with Pulmonary Arterial Hypertension (PAH) and streamline the administrative process around these medicines for clinicians.

All these submissions can be found on our website at bit.ly/Guild_submissions.

The role of community pharmacists in self-care

Community pharmacists can play a critical role as advocates for self-care, says **Dr Mudassir Anwar, University of Otago Senior Lecturer in Pharmacy Practice.**



Self-care, as defined by the World Health Organization, is the ability of individuals, families and communities to promote health, prevent disease and maintain health, and to cope with illness and disability with or without the support of a healthcare provider.

Self-care refers to a set of practices and behaviours that individuals engage in to promote their physical, mental, and emotional well-being. It involves taking an active role in one's own health and well-being by engaging in activities that promote relaxation, stress reduction, and overall health.

Self-care practices can include a variety of activities, such as getting enough sleep and rest, eating a healthy diet, engaging in regular physical activity, practicing stress-reducing activities, taking time for hobbies and activities that bring joy and relaxation, through to managing one's own ill health either by self-medicating or by seeking out professional help, such as therapy or counselling, when needed. Self-care practices can vary from person to person and may change over time depending on individual needs and circumstances. The goal of self-care is to promote overall health and well-being, reduce the risk of illness and disease, and improve quality of life.

Self-care practices can vary from person to person and may change over time

As highly accessible healthcare professionals, pharmacists are in a unique position to provide information, advice, and support to patients regarding self-care practices. Pharmacists can help patients to understand the importance of self-care, which includes adopting healthy lifestyle behaviours, monitoring their health, and taking appropriate actions to prevent and manage common health problems. They can also provide guidance on the proper use of over-the-counter medicines and other healthcare products.

By encouraging self-care practices, pharmacists can help patients to take control of their health and prevent or manage many common health conditions. This can lead to improved health outcomes, better quality of life, and reduced healthcare costs. Moreover, pharmacists can advocate for self-care in their communities by collaborating with other healthcare professionals, such as physicians and nurses, to promote healthy behaviours and provide education on self-care practices. They can also engage with local community organisations and participate in health fairs and other community events to raise awareness of self-care.

Although community pharmacists are well-positioned to serve as advocates for self-care, considerable obstacles still exist in the way of them reaching their full potential. The literature suggests that pharmacists themselves are a key impediment to adopting behaviours that would assist self-care and self-medication. Similarly, the reluctance of other healthcare professionals from giving more authority to pharmacists prevents them from making active contributions to patients' self-care.

Lack of remuneration for extended services, limited support from authorities, insufficient time, and lack of privacy due to the unavailability of consultation rooms have been reported as other prominent barriers to pharmacists' involvement in self-care. Therefore, sincere efforts to overcome these challenges are warranted. A multifaceted approach that involves education, collaboration, and the use of technology might help boost the involvement of pharmacists in self-care. By working together, healthcare professionals can help to promote self-care and improve patient outcomes.

Enhancing professional services in pharmacy

Martin Lewis, Guild Senior Advisory Pharmacist talks about the introduction of offering more professional services via community pharmacies, to alleviate winter pressures on the health system.



With the global trend of pharmacies becoming the primary point of contact in a consumer's healthcare journey, there is a renewed focus on the role of professional services, such as reCare's Early Care or Te Whatu Ora's Minor Ailment Scheme.

Pharmacists must embrace this clinical future and prepare for a significant paradigm shift.

The governments recently announced minor ailment service aims to provide children under 14, community service card holders, Māori, and Pacifica patients access to pharmacist care for specific minor ailments, including necessary medicines, at no cost. The intention is to reduce waiting times for these individuals and others in need of more complex care.

However, the pharmacy sector must think beyond this initiative and establish itself as an indispensable cornerstone of healthcare and possibly breaking the funding shackles. One way to achieve this is by positioning pharmacies as providers of professional healthcare services, whether they are government or privately funded, such as Early Care.

To successfully implement privately funded services in a pharmacy, the following steps should be considered:

1. **Identify the services:** These may align with your pharmacy's specialty or differ from what other pharmacies in the community typically provide.
2. **Develop a plan:** This may involve devising new workflows, training staff, allocating resources, and potentially procuring equipment or software to support the services.
3. **Determine pricing:** Set competitive prices for the services by researching what other pharmacies charge for similar offerings.
4. **Promote the services:** Utilise marketing materials within the pharmacy, leverage social media platforms, and engage with local healthcare providers to raise awareness.
5. **Provide quality service:** Continuously collect feedback and make improvements to ensure the service meets the needs of your customers.



Privately funded services in a pharmacy offer several benefits:

- Improved public health
- Increased revenue – this is particularly advantageous for independent pharmacies facing competition from larger chains
- Increased foot traffic
- Increased customer loyalty – customers are more likely to return to a pharmacy that provides comprehensive services
- Enhanced reputation.

It is important to ensure that the introduction of a new privately funded services in your pharmacy doesn't place undue pressure on your team. Do this by:

- Utilising technology to automate services, such as an automated medicine dispensing system, to free up staff time
- Integrating the services into existing workflows, where possible, to optimise staff efficiency
- Using scheduling, booking services and patient management software, such as text reminders and electronic task management software, to free up valuable pharmacist and staff time
- Providing customers with educational materials regarding service usage and availability, enabling them to schedule appointments that do not conflict with staff availability.

Implementing privately funded services in your pharmacy can provide financial benefits, while also improving public health outcomes. Providing additional services can attract more customers and enhance the pharmacy's reputation within the community. By automating some of the services, making use of technology solutions and integrating them into existing workflows, the pharmacy can offer additional services without adding extra workforce pressures.

Asthma and community pharmacy

Pharmacist Kyley Kerse, Clinical Project Manager at the Medical Research Institute of New Zealand, talks about asthma research into community pharmacies.



The Medical Research Institute of New Zealand, with the support of PSNZ and an NZPERF grant, is taking asthma research into community pharmacies via the Pharmacy Research Network (PRN).

The PRN utilises trained research pharmacists to conduct study visits, offering pharmacists the opportunity to participate in research as part of their everyday community pharmacy practice. By utilising the accessibility of pharmacists and their existing relationship with their customers, pharmacists can recruit participants, including in rural areas who would not normally have the opportunity to participate in research. The PRN Asthma Pilot will investigate pharmacist-led implementation of the AIR therapy approach.

The 2020 Global Initiative for Asthma (GINA) guidelines extended the SMART principals by recommending anti-inflammatory reliever (AIR) therapy in the form of budesonide/formoterol as a standalone reliever, a maintenance inhaler, or both maintenance and reliever. SMART encapsulates step 2 and 3 of the AIR therapy steps: Step 2 being low dose ICS/LABA maintenance and reliever, and step 3 medium dose ICS/LABA maintenance and reliever, with asthmatics stepping through the AIR steps (1,2,3) according to their level of Asthma Control, stepping up when they require greater control and to reduce the risk of exacerbations, and down to the lowest required step after a period of maintained control.

Participants enter the study at AIR step 1: inhaled ICS/LABA combination inhaler for when required use only. Throughout the pilot, pharmacists will assess the participants asthma control, their inhaler technique and corresponding AIR step, with the ability to titrate dosing via the AIR steps in response to the patient's control. For this pilot, AIR step titration is implemented via a standing order with the study GP. We currently have one pharmacy site with multiple pharmacists available to provide the service and one general practice clinician overseeing the titration between AIR steps. All participants will use Symbicort Turbuhaler as a standalone inhaler.



This study would not be possible without the involvement of participants GP's, and this working relationship between pharmacists and GPs in patient management is instrumental in an asthma patient care. Previous studies within the PRN have demonstrated community pharmacists are able to recruit a representative proportion of Māori participants in research with our most recently published PRN study for moderate to severe eczema recruiting 25% of participants identifying as Māori, up from over 13% recruited for a herpes simplex study within the network at our inception. Māori and Pacific peoples experience significant barriers to accessing healthcare and by increasing the opportunities for them to engage in research activities, the data collected is able to provide meaningful outcomes relative to the study population.

Bringing opportunities to communities to participate in research, with researchers – in this case pharmacists – already known to patients, research results are more representative of the needs of the communities. With patients finding it increasingly challenging to access their GP at the onset of an asthma exacerbation, adding patient asthma management tools to a pharmacist's tool belt would enable earlier intervention by stepping up and down through the AIR steps. This gives patients greater ownership of their asthma control, and in families where there are multiple members with asthma, education around inhaler technique allows the whole family to benefit from the research involvement.

For further reading, email newsletter@pgnz.org.nz.

Your pharmacy's digital health check-up

Samantha Howarth, Chief Revenue Officer at Storbie, talks about areas to review as part of your pharmacy's digital health check-up.



When was the last time you searched your own pharmacy name online? What perception of your business do the results form? How does your pharmacy present in the places your community are spending their time on the internet?

Your pharmacy on Google

A strong presence on Google helps your pharmacy to be found by your local community for the services and products you offer, and helps your business reach a wider audience beyond your regular customers. Potential customers can easily find the pharmacy's location and opening hours, making it easier for them to plan their visits.

When assessing your pharmacy's presence on Google, you want your business to be visible at the top of the first page of search results. This applies when searching your pharmacy business name as well as for the services and products you have available.

Your pharmacy website on mobile and desktop

More and more people use their mobile devices to access the internet. Websites that are designed to work well on mobile ensure that your customers can easily access the information they need from your website on their phone. Customers and Google both prioritise mobile-friendly websites for their good user experience.

If you already have a website for your pharmacy, bring it up on your mobile phone and assess the experience as objectively as you can. Is it easy to navigate? Can you read the home page, or does it require you to zoom in? Could it be better?

Your pharmacy on Facebook

Facebook is one of the most widely used social media platforms, making it a perfect tool for engaging with your community about what's happening in the pharmacy. An active Facebook page enables you to share timely updates about services availability, promotions, and patient education topics. A consistent posting schedule about a variety of topics builds trust in your community and shows potential new customers that you are an expert in your field.



How do you get on with maintaining your pharmacy's Facebook page – is it something someone in the pharmacy is responsible for overseeing or is it a bit haphazard? What perception of your business do the content types and post frequency create?

A presence on other social media sites

While Facebook is an essential social media platform for a community pharmacy, there are other sites that you could consider having a presence on. The platforms you choose to be present on should be selected based on where your customers spend their time online, and only where you have the capacity to maintain them. Check out Instagram, LinkedIn, and YouTube.

What social media platforms is your pharmacy on? Does your presence on these platforms do your business justice, or should you be focusing your maintenance efforts elsewhere?

Pharmacy reviews

Do you know what your customers are saying about your pharmacy online? When was the last time you checked?

Reviews on platforms such as Google and Facebook provide valuable feedback from customers and impact the pharmacy's reputation. Positive reviews can attract new customers and build trust, while negative reviews can harm the pharmacy's reputation and drive customers away. Reviews, both good and bad, provide a great opportunity to engage with your community about their experience dealing with your business.

Download Storbie's 5-step beginners guide to assessing your pharmacy online: bit.ly/storbie_assessment.

Dealing with directing of patients

The Guild has compiled information to help members respond to patients being directed towards specific pharmacies, and how to discourage these incidents from occurring in your area.



The increased uptake of NZePS has coincided with a resurgence of complaints from member pharmacies regarding patients not being offered a choice of where (and how, e.g., home delivery) they collect their prescriptions, with some patients feeling coerced into getting their prescriptions from specific pharmacies.

Types of direction

The following are examples of types of direction that pharmacies are experiencing, this list is not exhaustive.

- A medical practice/GP/member of staff suggesting that a patient should use a particular pharmacy.
- Allowing or influencing a patient to believe that the level of care they receive from their medical practice could be influenced by their choice of pharmacy.
- Recommending that the patient collects a prescription from a certain pharmacy which is not the pharmacy that the patient had chosen and/or regularly visits.
- Manipulating the prescription management process in favour of a particular pharmacy, including, but not limited to, offering a pharmacy privileged access to prescriptions generated by the medical practice.
- Allowing or influencing a patient to believe that there is a price difference involved in obtaining medicine from a specific pharmacy (whether it's true or not).
- Ignoring a patient's freely stated choice of pharmacy.
- Misrepresenting a medical practice's relationship with a pharmacy.
- Showing a lack of candour when providing information about dispensing and pharmacies (including, for example, making unsubstantiated or misleading claims about a particular pharmacy).
- Failing to be transparent about a financial relationship between a medical practice and a pharmacy.

Try to amicably resolve the issue after determining the cause

Approaching someone who is directing – general advice

- In the interest of professionalism and good relations we would always recommend having a friendly discussion with the practice manager or owner of the medical practice in question before taking any further steps. There are always two sides to a story.
- Try to establish if it is a single staff member or a practice-wide issue, whether it was a one-off occurrence or an internal policy that led to the direction, or if the medical practice/staff member at the medical practice might be directing patients due to a specific cause or incident at the pharmacy.
- Try to amicably resolve the issue after determining the cause.
- Once you have had an open, honest discussion with the medical practice, if you have not achieved anything, understand that the relationship might already be compromised/impacted, and take further steps by sending a letter to the medical practice (see our template) and asking the medical practice to display a poster (see our template). You can also ask surrounding medical practices to display the poster and display it in your own pharmacy.

The template letter and poster are available on our website at bit.ly/patient_direction

Good faith

Adrienne Scott, Employment Relations Specialist talks about what 'good faith' means, how it looks in day-to-day interactions with your people, and what can happen if the duty of good faith is breached.



You may have heard the phrase 'good faith'. Although it sounds simple, good faith is a broad concept and applies to everything that happens in an employment relationship. Getting it right is important – without good faith, relationships can quickly break down, causing knock-on effects on your people and your business.

What is the duty of good faith?

The duty of good faith is defined in the Employment Relations Act 2000 and is made up of three key elements that apply to employers, employees, and unions involved in the employment relationship:

- Not acting in a misleading or deceptive way towards each other
- Being responsive and communicative with each other
- For employers, before making a decision that could affect an employee's employment, they must give affected employees enough information to be able to understand the proposed changes and a proper opportunity to comment before a decision is made.

What does good faith look like at work?

Good faith is wider than the legal definition. To act in good faith, you and your employees need to show mutual respect and treat each other fairly using common sense. Acting in good faith at work means:

- Treating each other with respect
- Raising issues in a fair and timely way
- Responding to issues or concerns quickly and addressing any uncertainty
- Keeping an open mind, listening to each other, and being prepared to change opinions about a particular situation or behaviour (e.g., hearing from your employee about an issue before you decide they are in the wrong)
- Acting honestly, openly, and without hidden motives (for example, not using a restructuring process to 'manage out' a difficult employee)



- For employers, working through a fair process when you're considering making changes that could affect someone's employment (e.g., explaining the changes you're proposing to make and the reasons for this, and hearing from the person before you make any decisions)
- Giving each other relevant information ahead of when it is needed and as soon as possible
- Working constructively and positively together
- Being fully honest with each other.

Breaches of good faith

Acting in good faith is a legal obligation, but it also makes good business sense. It sets you and your people up to have great relationships – and research shows that employees who feel fairly treated and connected to their employers are more engaged and productive.

This creates some great outcomes for your business, for example, being able to deliver great levels of service to your customers and having the kind of workplace that attracts and holds onto the best employees. When the duty of good faith is breached, your relationship with your people can suffer and this may result in lower engagement, higher rates of absence, and reduced productivity.

There can also be more formal consequences for not acting in good faith. Employees can raise a claim if they feel their employer hasn't acted in good faith towards them. If the employee successfully argues that their employer has breached good faith, the Employment Relations Authority or the Employment Court can impose financial penalties.

We're here to help

Every employment relationship is different so if you have any questions about acting in good faith in a particular situation, contact the Guild's HR advice line.

Legal ownership changes

Anson Lam, at Moore Markhams, talks about residential property ownership transfers and rollover relief.



The bright-line test, introduced back in 2015, looks at whether a residential property sold fell into the bright-line period. If a residential property was sold or disposed of during the bright-line period, and no exemption is available, the seller must return the gain on sale as taxable income.

For properties acquired post 27 March 2021, the bright-line period was extended to 10 years. The change from what was previously five years, made it more difficult for owners who wish to transfer their residential properties within their family group (e.g., from themselves to a family trust) due to the tax implications on the transfer if it falls within the bright-line period.

Inland Revenue has widened the rollover relief for certain transfers between family and close relationships to alleviate any unfair tax treatment. Previously, the rollover relief was only available for property transferred under relationship property agreement.

The following applies to legal ownership changes on residential properties from 1 April 2022:

- Transfers to or from look-through companies (LTCs)
- Transfers to or from partnerships
- Certain transfers to or from qualifying family trusts (also known as rollover trusts)
- Certain transfers of land subject to the Te Ture Whenua Māori Act 1993 and transfers as part of settling Treaty of Waitangi claims.

Full rollover relief is available to the transferee if the amount received for the transfer of the property is equal to or less than the transferors' acquisition cost. The transferee (being the new legal owner) is treated as acquiring the property at the same time and same price as the transferor or previous owner. The clock for the bright-line test does not reset. The transferor is deemed to have disposed the property at cost and hence no bright-line tax to pay on transfer.



Interest limitations

The rollover relief for the bright-line test from 1 April 2022 also extends the relief provided to the interest limitation rules. Therefore, loans and interest deductions on the property available to the transferor are also available to the new owner provided the criteria are met.

Co-ownership structure

The bank of mum and dad is New Zealand's fifth largest home lender. Unfortunately, Inland Revenue has confirmed that there will be no rollover relief available for parents who co-own a residential property with their children and later transfers their share to the children. Therefore, care must be taken on the timing of when the transfer takes place to avoid tax implications on the disposal of their share in the property within the bright-line period.

If you are unsure if a transfer of your property would qualify for the rollover relief, I suggest you discuss with your tax advisor and seek clarification before you initiate any transfer of your residential properties.

Bright-line period

The bright-line test applies to the following timeframes and income tax will be payable on the gain on sale of property.

Property purchased date	and property sold within:
1 October 2015 and 28 March 2018 inclusive	Two years
29 March 2018 and 26 March 2021 inclusive	Five years
After 27 March 2021	Ten years

Marketing rules for pharmacies

Your pharmacy must invest in marketing activities every year if you want to capture, convert and retain your share of customers, says retail consultant and pharmacist, John Saywell.



To replace any lost customers and grow your business you should budget to spend at least 2% of total turnover on marketing.

The annual Markhams survey shows that most pharmacies spend just one quarter of this amount, so it is no wonder that owner-operated pharmacies are losing market share to the corporate chains. If you are not a member of a branded pharmacy group then you should use these rules to prepare your own annual marketing plan.

Logo and branding

If these are more than 10 years old – then your first investment should be to pay a professional designer to prepare an update of your image.

Signage

Your pharmacy's external and interior signage should reflect the quality and professional positioning of your business. For extra impact, extend your branding to the pharmacy vehicle and carpark signs.

Online

Your online branding is an increasingly important 'front door' to your pharmacy. Your website and social media pages need to make a great first impression. They must be up-to-date, and they should tell a story about the unique personality of your business. Carry this branding through to your email signature too.

Printed material

Your pharmacy's image needs to be strong and consistent across your labels, bags, receipts, invoices, letterhead and business cards. Everything needs to include your pharmacy's logo, colours and type style for instant recognition.

Do more of what works

When it comes to your advertising, don't be tempted by novel, unproven subject matter. The best return on your advertising will come from spending on your most popular products and services.

Your pharmacy's biggest-selling retail areas are the ones that will be easiest to grow. If your pharmacy has a successful natural health, gifts, cosmetics or skin care category then this should be featured in your advertising.

Identify the top-selling brands in each area and approach these suppliers for professional advertising copy and support.

Target your audience: Who are they? Where are they? What are they interested in?

Identify the most common suburbs, gender, age group, ethnicity and socio-economic status of your customers. This will help you to target your marketing spending. Employ a media consultant who can help you to use key words and online audience filters to advertise to these segments using social media and Google.

Use your customer database

A customer loyalty club incentivises your customers to provide their contact details and opt-into regular communications. Emails to your existing customers will be your most cost-effective new media tool. Employ a professional digital marketing company to send regular, personalised emails to your database.

Instore matters most

No matter how clever your marketing plan is, what matters most is the value you provide to customers when they are in your pharmacy. Unless your staff are trained to maximise the customer experience in these instore 'moments of truth', much of your advertising will be wasted.

HR tools

The Guild offers a great range of tools and resources to help members with HR/staffing matters. These are available on our website and include:

- 0800 HR advice line
- Children's Act resources – guide, checklists, SOPs
- Employment agreement templates
- FAQs – Mondayisation, rest and meal breaks, unions, work visas
- Policy templates – bullying, code of conduct, IT
- Guides – restructure and redundancy, managing medical incapacity, trial or probation periods, Holidays Act, managing discipline and dismissal, parental leave, performance management, recruitment
- Template job descriptions
- Annual remuneration survey

Visit our website to access these tools and more:

pgnz.org.nz/members1/business-tools/staff-hr-tools