



**continuing professional development**  
*supporting your lifelong practice as a  
current, informed and connected health professional*



# **Introductory Seminar in Paediatric Clinical Pharmacy Practice**

**Saturday 7 August 2010 – 9.00 am to 5.30pm**

*(registration commences 8.30am, 5.30pm drinks and nibbles)*

**The Jasper Hotel  
489 Elizabeth Street, Melbourne VIC**

## **PROGRAM AT A GLANCE**

This introductory paediatric seminar is designed for community and hospital pharmacists wanting to improve and update their knowledge of paediatric drug use and disease treatment. The focus is on paediatric therapeutics and practical aspects of paediatric drug treatment. Specialist pharmacists and paediatricians will present the sessions. As well as core subject lectures, there will be time available for discussion, and question and answer sessions.

Pharmacist competency units  
addressed include:

- 3.1 - Participate in therapeutic decision making
- 3.2 - Provide ongoing pharmaceutical management
- 3.3 - Promote rational drug use
- 5.1 - Consider requirements for preparing a product
- 7.1 - Retrieve information
- 7.2 - Evaluate and synthesise information

## **TOPICS**

- Practical Paediatric Pharmacokinetics and Pharmacology
- Paediatric Pharmacy Resources and References
- Cystic Fibrosis
- IV Fluid Therapy and Electrolytes in Children
- Childhood infections, immunisation, fever & analgesics
- Paediatric Medication Safety
- The logistics of paediatric pharmacy
- Ask the Paediatric Pharmacist – Q & A session
- Practical Eczema Management
- Breastfeeding and Medication Use - the effect on the infant

## **TUTORS**

**Leith Lilley**, BPharm MClIn Pharm – Pharmacy Business Development Manager, RCH  
**Christine Plover**, BPharm(Hons) MClInPharm - Senior Drug Information Pharmacist, RCH  
**Maria Chan**, BPharm MClIn Pharm – Senior Clinical Pharmacist, RCH  
**Courtney Munro**, BPharm GradCertPharmPract - Paediatric CF pharmacist, RCH  
**Antun Bogovic**, BPharm, DipFrontlineManagement - Deputy Director of Pharmacy, RCH  
**Noel Cranswick**, MBBS BMedSc FRACP – Paediatric Clinical Pharmacologist, RCH  
**Brian Lilley**, BPharm GradDipHospPharm MBA - Director of Pharmacy, RCH  
**Siobhan Andrews**, BPharm GradDipPharmPrac – Senior Manufacturing Pharmacist, RCH  
**Emma King** – Dermatology Nurse  
**Rodney White** - Monash Medical Centre

## **REGISTRATION**

The registration fee includes tuition, a comprehensive package of course reference materials, lunches and morning/afternoon teas. Course materials will be forwarded to participants several weeks prior to the seminar.

## **ACCREDITATION**

The material in this program (7 hours of content as Group 1 activity) has been accredited by SHPA as suitable for inclusion in an individual pharmacist's CPD plan as outlined in the SHPA CPD program at <http://cpd.shpa.org.au>. Participants will receive a certificate of attendance.

## **TRAVEL AND ACCOMMODATION**

Participants are requested to make their own arrangements for travel and accommodation **AFTER THEY RECEIVE CONFIRMATION OF A PLACE IN THE COURSE**. The Jasper Hotel is offering a corporate rate for seminar delegates. To make a reservation please call 03 8327 2777.

## **SHPA CONTACT DETAILS**

### **See overleaf for Registration Form**

The Society of Hospital Pharmacists of Australia ABN 54 004 553 806  
Mailing address: PO Box 1774 Collingwood 3066 Victoria Australia  
Office location: Suite 3, 65 Oxford Street Collingwood 3066 Victoria Australia  
T: 61 3 9486 0177 F: 61 3 9486 0311 E: [shpa@shpa.org.au](mailto:shpa@shpa.org.au) W: [www.shpa.org.au](http://www.shpa.org.au)



**SHPA is grateful for the ongoing support of Pharmaceutical Defence Limited (03) 9810 9900**

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## Registration Form

*(Please print clearly)***NAME AND CONTACT**

(Title (Ms/Mr/Dr etc) \_\_\_\_\_ Membership No: \_\_\_\_\_)

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone B/H ( ) \_\_\_\_\_ Facsimile B/H ( ) \_\_\_\_\_

Special Dietary Requirements \_\_\_\_\_

Current Position \_\_\_\_\_

**WORKPLACE**

Employer \_\_\_\_\_

*(name of hospital/institution/company/practice etc)***NUMBER OF YEARS EXPERIENCE**1-2 years 2-5 years 5-10 years more than 10 years **REGISTRATION FEES****Early Bird Rate**  
*(register by 25th June 2010)***Full Rate**  
*(after 25th June 2010)***SHPA Members:**\$286.00 *(includes \$26 GST)* \$319.00 *(includes \$29 GST)* **Non-Members:**\$429.00 *(includes \$39 GST)* \$462.00 *(includes \$42 GST)* 

**Upon payment of your registration fee, this Registration Form becomes a TAX INVOICE**  
**Acknowledgement of registration and a receipt will be forwarded within 6 weeks. If you do not receive acknowledgement, please contact SHPA.**

**Cancellation Policy***Cancellations received before 6 weeks prior to the event, will receive a full refund minus a handling fee of \$50.**Cancellations received between 6 weeks and 1 week prior to the event, will receive an 50% refund of the registration fee.**Cancellations received less than 1 week prior to the event will receive **NO REFUND**.**Substitutions can be made at any time.***PAYMENT DETAILS**

**TO ENSURE YOUR PLACE, PAYMENT MUST ACCOMPANY REGISTRATION**

Cheque enclosed *(payable to The Society of Hospital Pharmacists of Australia)* 

Please charge my credit card

Visa Mastercard *(please note Diners or Amex not available)*

Card No.

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Cardholder's Name: *(please print)* \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SHPA CONTACT DETAILS****Please Mail or Fax Your Registration Form to:**

The Society of Hospital Pharmacists of Australia ABN 54 004 553 806

PO Box 1774, Collingwood, Victoria 3066 Australia

Tel: (03) 9486 0177 Fax: (03) 9486 0311 Email: shpa@shpa.org.au Website: www.shpa.org.au

