WINTER 2015

MIMS matters

The American Dream of 21st Century Cures

A Crisis in Pharmaceutical Innovation

There are roughly 10 000 known diseases, with 7000 of them considered rare, but there are only treatments for 500. According to Dr Francis Collins, Director of the USA's National Institutes of Health, it now takes "around 14 years and $2 billion (US dollars) or more" to develop a new drug, and "more than 95% of (such) drugs fail during development".

A study in December 2013 (Deloitte and Thomson Reuters) examined newly introduced drugs from twelve pharmaceutical companies with large research and development budgets. The study found that it cost $1.3 billion (US dollars) to bring a newly discovered compound to market. However, the forecast sales for any new compound indicated the return on large research and development will be disappointing, and perhaps make no business sense. The average forecast for peak sales of an asset (branded medication) have declined by 43%, dropping from $819 million (US dollars) in 2010 to $466 million (US dollars) in 2013. It is very clear in the Deloitte and Thompson Reuters study that the high nominal prices of new drugs do not compensate for the smaller patient populations that they target.

One of the most dramatic transitions in the pharmaceutical industry is the decline of the 'blockbuster' drug. At the turn of the century blockbusters accounted for only 9.8% of growth, but five years later they accounted for 44.3%. Previous thinking was that focusing R&D efforts on blockbusters certainly involved huge costs, but that the investment was justified by multi-billion dollar sales and favourable government-supported pricing frameworks. In 2015 we can see that what the pharma industry considers favourable pricing is eroding, and that generics are now replacing the current stock of blockbuster drugs at a faster rate than new blockbusters can be developed and launched.

While the rate of health spending in developed countries remains moderate, one area in which prices appear to be increasing faster than they have in the past few years is that of very specialised drugs- those requiring the same large investment in R&D to produce a drug that will treat smaller patient populations. This leads, of course, to pressures on patients and governments to pay high costs in order to gain access to these drugs.

Something has to give. Ideas are flowing, promoting the best path forward as being a dramatic improvement in the productivity of pharmaceutical R&D, and of the current regulatory and business model.

A Path to Discovery, Development and Delivery

The Congress of the United States of America has conducted a comprehensive look into the cycle of cures – from discovery to development to delivery and back to discovery. A committee participated in a wide-ranging conversation with patients, providers, innovators, regulators and researchers from across the United States. The committee concluded that it is clear the Congress must take bold actions to accelerate the discovery, development and delivery of new drugs and cures if the United States is to maintain their stated position as the global leader in biomedical innovations. The committee argued that a strategy for 21st century cures is both a health and economic imperative for America.

For us in Australia, any American strategy to realise 21st century cures will have a major impact on our health system, and the health and wellbeing of our population.

The American Strategy

The (USA) Congress Committee proposes a number of areas in which to focus on systemic improvement. One key area of discussion

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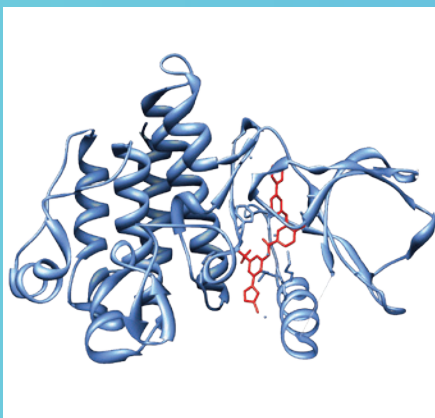
The American Dream of 21st Century Cures

A Crisis in Pharmaceutical Innovation (continued)



incorporates both treatment-providing clinicians and patient perspectives into the regulatory process to help address unmet patient medical needs.

In a perfect world, research and development dollars would flow towards the areas of highest need, where the severity or burden of disease was most pronounced. However, the current system in many ways discourages investment into therapies for scientifically complex diseases with longer development times. Submissions to the committee encouraged Congress to tackle this problem, as sectors of the pharmaceutical and biomedical industry believe that today's patent framework often makes it economically unviable to bring such therapies to market, even when they have shown early promise.

It was proposed that award grants and contracts could promote research into previously approved therapies, which could be repurposed to treat different conditions or diseases once the product's patent life and exclusivity periods have expired.

An additional proposal was that the investment assistance currently provided to stimulate the development and approval of new antibiotics could be expanded to further reward private investment for efforts to develop treatments for rare diseases.

It is acknowledged that, regardless of any incentives in place, new FDA-approved treatments would not reach patients soon enough unless the time it takes to conduct clinical trials is significantly shortened. It is believed that significant efficiencies could be gained by reducing the administrate burdens involved in setting up and running trials. Efficiencies will also be gained if researchers were permitted to better leverage the dramatic recent advancements in science and technology, which would provide the ability to weed out unsafe or ineffective compounds sooner. This, in turn, would allow the focus of resources into accelerating the development and approval of treatments with the greatest potential to patients, especially when they would address previously unmet medical needs.

Learning of the benefits and risks of a drug product does not end when the FDA (and in turn, the TGA) approves the medication for use to treat a certain condition or disease. Different uses for the medication are often discovered after its approval, and many times these are for completely different conditions and diseases. Innovative companies know more about their product than anyone. Non-contemporary legislation and processes that preclude these companies from responsibly communicating new developments by updating or producing new product information documentation do not best serve public health. Currently, there are rules and policies that restrict what drug developers may say about their own products, even when there is an overwhelming weight of evidence from clinical off-label use for products designed decades ago.

Since the current regulations for formal drug product information content were put into place, the way that medicine is practiced and delivered, as well as the way in which information is communicated, has fundamentally changed. There are proposals being developed that allow for the rationalisation of the rules in place, to formally allow scientific and medical developments to be proactively shared with clinicians and researchers, with appropriate safeguards, in order to optimise patient care.

Genomics and Analytics

Innovative drugs and devices that harness advances made in genomics and analytics have enabled researchers and providers to discover new ways to proactively diagnose and treat patients, in a more personalised manner, based on their unique set of circumstances. In order to optimise patient care and collaboratively discover the next generation of patient-centred solutions, real-world evidence-based data must be shared and put to work. The Congress is also discussing provisions that would establish a 21st century sharing framework for necessary data, be it drug evidence or other clinically relivent information. The current framework of providing medication product information limits the scale and flexibility that would be expected to be needed once more personalised medications become commonplace.

A New Point in Discussion

The American Congress's discussion of the needs for 21st century cures marks a new point in the path of improvement from the present crisis; however, the discussion is far from over. The committee is continuing a conversation that they feel is imperative in allowing the United States to maintain its standing as the world leader in biomedical innovation, and will make a meaningful difference in the lives of its citizens. If, and when, this work is reflected in new legislation in the United States, it would be expected that the benefits would also flow to us here in Australia.

A busy few days at APP

Gold Coast Convention Centre and Jupiters Hotel & Casino Broadbeach, Queensland

If you are interested in talking to a MIMS dispense partner, they are listed below

- CDC Systems
- Z Software
- Mountain Top
- Pharmacy Computer Solutions
- PharmacyPro
- MTS
- Webstercare
- POS Works*

With the date for APP already set for 2016, the Pharmacy Guild announced that APP 2015 smashed records with an incredible 5,448 people attending the event.

There was, as always, a serious side to the weekend, with seventy-plus national and international speakers contributing to the educational program.

Once again, this year MIMS was present both at the Australian Association of Accredited Pharmacists (AACP) Forum on the Wednesday and throughout the conference.

This year's AACP forum was designed to provide accredited pharmacists with the knowledge and skills to recommend cessation of prescribed medicines, particularly in elderly patients with multiple morbidities. MIMS has been a Gold Sponsor of the AACP for the last six years, and always value the time we are given to talk to our customers face-to-face. We are looking forward to Conpharm at the end of May and are proud to announce that for the first time, MIMS will sponsor the **AACP Consultant Pharmacist of the Year Award**. Now in its eighth year, this annual award continues to recognise and celebrate an outstanding contribution by an accredited pharmacist who is making a difference to patients' lives through the practice of consultant pharmacy. The award will be presented at Conpharm'15.

Having no stand during the event kept us moving, which proved rather trying as the MIMS team were carrying injuries; Dinah on crutches due to a run-in with two very large dogs on the beach, and Gillian with a crook back that kept sending her back to her room for a lie on the floor! Never being people who give up, we continued to meet with our partners and customers. We also attended plenaries and talks and enjoyed every minute.

Seeing so many MIMS partners exhibiting and demonstrating MIMS Integrated in their dispensing software was very thrilling. We now have eight dispensing and DAA partners.

We also launched the new eMIMSCloud in FREDNXT.

Although not quite ready for distribution, the new link to eMIMSCloud from FREDNxt is very exciting and marks the collaboration between two leading companies.

Another inspiring moment was presenting the MIMS Guild Pharmacy Intern of the Year Award. The winner, Luke Vrankovich from CHC Pharmacy in Coffs Harbour NSW, was described as an outstanding intern who has demonstrated patient-centered and innovative pharmacy practice. Anthony Tassone, President of the Victorian Branch of The Pharmacy Guild and one of the competition judges, said, "While the judging was incredibly difficult, Luke clearly stood out due to his passion for innovation and making a real difference to his local community".

Another MIMS partner busy on their stand was Unity Health, the supplier of our IMgateway drug/herb/food and supplements interactions.

The Interactions Database continues to expand and now includes over 780 interactions, with continuing addition of new and updated herb-drug interaction monographs. Recent additions include comprehensive advice on interactions between commonly consumed traditional medicines with a range of conventional medicines, including interactions between:

- St John's Wort and Ginkgo
- Grapefruit and pomegranate juice
- Vitamin C and caffeine
- Traditional Chinese and Indian medicines

*POS Works is not yet ready to launch their new dispensing software but are getting close.

Five State Winners Head to PSA15 and the title of MIMS PSA Intern of the Year 2014

CONGRATULATIONS

Laura Norman - NSW
Alexandria Pitris - Queensland
Philip Spyrou - SA/NT
Monica Sajogo - WA
Caitlin Duff - TAS
Brendon Wheatley - ACT

In each State and Territory, it has been a hard fought race as committed and engaged young intern pharmacists have been interviewed and judged to be the best of their year. From the bush, from the cities and from country towns all over Australia, five outstanding young pharmacists have told their stories and shared their vision of the future of pharmacy.

Each winner received a $2,000 grant to travel to and take part in PSA15.

The MIMS PSA Intern of the Year award celebrates the achievement of exceptional interns in developing skills for their professional careers. Engagement with their communities, to ensure they deliver relevant and needed services, has been the basis of each winner's outstanding contribution. The next step for each of the winners is further review by a panel of PSA experts and then a visit to PSA15, from 31 July to 2 August at the Sofitel Sydney, where the inaugural winner will be announced.

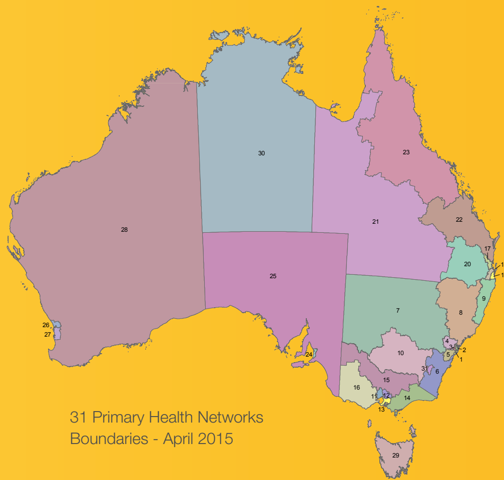
The conference will prove to be a perfect environment for the announcement to take place, with a focus on how pharmacists can develop their role as healthcare professionals and broaden their business and career.

The winner of the MIMS PSA Inaugural Intern of the Year Award will receive a prize of $4,000 for their future career development and continuing education.

Being able to support young, innovative pharmacists in this way is something that the MIMS team welcomes, as we are all working towards the safe use of medicines. We wish all the finalists good luck for the next round.

Applications for the MIMS PSA State Intern of the Year 2015 open in August 2015. For more information and details of how to apply, please contact Simon Carroll, Program Delivery Manager PSA.

Recent announcements of the successful tenders for the new Primary Health Networks


31 Primary Health Networks Boundaries - April 2015

The former Minister for Health and Minister for Sport, the Hon. Peter Dutton MP, announced the establishment of Primary Health Networks (PHNs) in May 2014. The plan was to rebuild local communities and enable better access to improved health services through PHNs. PHNs will aim to ensure that services across the primary, community and specialist sectors work together.

The 31 PHNs will replace the Medicare Locals set up by the previous government to ensure health dollars are used more efficiently. Health Minister Susan Ley said the successful applications to run the new PHNs had been selected following a thorough tender process.

The 31 new PHNs would cost almost $900 million and align with state Local Hospital Networks to ensure better integration between primary and acute care services.

General practice will be at the centre of this model, and PHNs are expected to align more closely with state and territory health network arrangements to ensure effective working relationships, and reduce duplication of effort.

Ms Ley said the government wanted to ensure Australians could access the right care, in the right place, at the right time.

“Primary Health Care networks form a core part of our plan,” she said in a statement.

Labor launched Medicare Locals in 2011 to better co-ordinate delivery of healthcare, making it easier for patients to negotiate the maze of services available.

A review commissioned by the coalition found a few high performing Medicare Locals but most were not fulfilling their intended role. They were scrapped in last year’s budget.

Ms Ley said many of the successful PHNs were consortia harnessing skills and knowledge from a range of sources, including health providers, universities, private health insurers and some of the more successful former Medicare Locals.

She said the new PHNs would concentrate on delivery of frontline services, not backroom bureaucracy, improving the overall operational efficiency of the network by 30%.

“Maintaining patient services, for example in mental health, must be a priority as transition plans are implemented and organisations are developed,” said Ms Ley in a statement.

However, Shadow Health Minister Catherine King said the government had opened the door for a fundamental attack on Medicare by awarding contracts for four PHNs to consortia involving private health insurers. She said that this gave private health insurers a direct say in primary health care in these areas, opening the way for interference in the relationship between doctors and patients and expanding their reach into general practice. “Allowing private health insurers to run PHNs is the first step towards a two-tiered health system with health insurance members able to jump the queue,” she said in a statement.

MIMS sees this bold foray into primary care, successful partnering with universities, medical groups and other companies as a new model of community services that will be locally relevant, accountable and responsive. This will be achieved through local health professionals’ involvement in clinical councils and consumer-led community advisory committees, to improve health outcomes with both public and private providers and develop innovative health solutions for people living in their communities. They will also provide practice support to individual general practices to encourage high quality service.

The MIMS partnership with federal initiatives already complements many of the performance indicators in its old and new forms of the Medicare Locals and PHNs, and will continue to work with and embrace this new direction of PHNs.

31 Australian Primary Health Networks:

http://www.health.gov.au/internet/main/publishing.nsf/Content/4C9001BF9137E111CA257D49000757AE/$File/PHN_boundaries_map_April2015.pdf

New South Wales - 10 PHNs

1. Central and Eastern Sydney
2. Northern Sydney
3. Western Sydney
4. Nepean Blue Mountains
5. South Western Sydney
6. South Eastern NSW
7. Western NSW
8. Hunter New England and Central Coast
9. North Coast
10. Murrumbidgee

Victoria - 6 PHNs

11. North Western Melbourne
12. Eastern Melbourne
13. South Eastern Melbourne
14. Gippsland
15. Murray
16. Grampians and Barwon South West

Queensland - 7 PHNs

17. Brisbane North
18. Brisbane South
19. Gold Coast
20. Darling Downs and West Moreton
21. Western Queensland
22. Central Queensland and Sunshine Coast
23. Northern Queensland

South Australia - 2 PHNs

24. Adelaide
25. Country SA

Western Australia - 3 PHNs

26. Perth North
27. Perth South
28. Country WA

Tasmania - 1 PHN

29. Tasmania

Northern Territory - 1 PHN

30. Northern Territory

Australian Capital Territory - 1 PHN

31. Australian Capital Territory

New look Interactions Checker in eMIMS Cloud

Faster input, more colour and a brand new allergy check; subscribers to eMIMS Cloud will have noticed some changes to the Interactions Checker.

Instead of automatically searching after each new drug is added to the search box, eMIMS Cloud will now wait until you have added all the drugs that you wish to check. This will speed up the time taken to add all of the medications when checking multiple drugs for complex medication reviews.

The interactions results table has also had a makeover, adding colour to the severity levels for a fast visual cue. The colour is continued in the interactions details pop-up. Clicking on an interaction will bring up a screen with the full details; on the left of the pop-up there is a colour coded navigation menu so that you can move easily between multiple interactions. The interaction details can still be printed, emailed or saved to PDF as before.

The most significant and exciting change to the Interactions Checker, however, is the addition of allergy checking. Users of MIMS Integrated products may previously have come across the allergy check, but this is the first time we have included it in a reference product. MIMS Allergy Check gives our users the ability to check a patient's medications against known allergies.

There are three types of alerts that can be triggered. The first is the self-check, which is based on checking if the patient has an allergy to the molecule being prescribed. For example, if the known allergy is entered as codeine, and a brand containing paracetamol and codeine is entered in the medications box, the allergy check will issue an alert.

The second type of alert is triggered by an allergy to a substance class, i.e. checking if the prescribed medication belongs to a class of drugs to which the patient is allergic. MIMS editors assign molecules to allergy substance classes; each substance class has one or more molecules assigned to it, and molecules may be assigned to multiple substance classes.

The third type of alert is triggered by cross-referencing substance classes. Sometimes if a patient is allergic to a certain class of products, they are also allergic to products in another class. These alerts are based on studies from primary literature sources with evidence that patients allergic to one class of products are also allergic to the other, for example, penicillins and cephalosporins - two classes of products known to have such cross-sensitivity.

We hope that users of eMIMS Cloud find allergy checking and the changes to Interactions Checker helpful and worthwhile. We will continue to work to enhance and improve our products.

MIMS | IMgateway

Drugs | Known Allergies

Medications:

Search Tips

X Cosopt Eye Drops | X Donepezil Generichealth... | X Diltiazem Hydrochloride

Known Allergies:

X Sulfasalazine

clear all | search

Please refer to Disclaimer

PDF A A

Interactions 2 | Allergies 1

Total Results: **1**

Molecule	Known Allergy	Interaction
Cosopt Eye Drops [Carbonic anhydrase inhibitors]	Sulfasalazine	Patient may be allergic to Cosopt Eye Drops [Carbonic anhydrase inhibitors] due to cross sensitivity with the known allergen Sulfasalazine. **References:** • Lexi-Comp Online: Misc. Sulfonamide Containing Compounds / Sulfa Antibiotics: Lexi-Drugs Online. Lexi-Comp, Inc, Hudson, Ohio, USA, Available from URL: http://www.crlonline.com [Access on 16/09/2014]

Safer and More Accountable Medicines Management in Residential Aged Care Facilities

Medications are core to the prevention and treatment of disease, improving the quality of life and increasing life expectancy in the aged. However, it is well documented that inappropriate medication management in residential aged care can lead to significant adverse effects on the health of the resident.

Most people in residential aged care facilities have been prescribed medicines that are taken daily. As we age, medicines are usually required to manage a number of different health conditions and chronic diseases. In this context, the term 'medicines' is likely to include a combination of prescription, non-prescription and complementary products, which leads to a complex medication management challenge for the operators of residential aged care facilities.

Australian studies of medication incidents involving the aged have found that the administration of the wrong medication or someone else's medications is common in care facilities. It is now well understood that the core contributors to this significant rate of medication administration errors in nursing homes were staffing issues. These issues include excessive staff workload, distraction, and staff not being aware of standard procedures or being unfamiliar with the resident. Currently one in four hospital admissions of the aged are directly related to medication issues. New software solutions will assist in reducing hospital admissions by reducing the errors that currently occur in residential aged care facilities.

MIMS is working with Australia's three leading developers of aged care specific clinical systems to help provide medication management software solutions. These solutions aim to eliminate repetitive manual administration, automatically aid staff with procedural and clinical support, and ensure each resident is positively identified at each medication administration. While the approaches taken by the three clinical solutions differ, each shares the common goal of dramatically reducing the risk of medication errors, and therefore, significantly promoting positive health outcomes for residents in aged care facilities.

Aged care software developers AutumnCare, Health Metrics and LeeCare have all recently developed a new generation of medication management applications, specifically designed to reduce medication errors by ensuring safe medication workflows are followed.

In each case, the solutions are powered by MIMS Integrated medication data, which includes the most up-to-date and comprehensive source of locally approved drug information, product images and the internationally referenced and clinically reviewed MIMS decision support modules.

NZ Gateway Goes Live

In April, MIMS NZ launched a new product to the hospital market, MIMS Gateway. Developed following extensive research with hospital staff, GPs and community pharmacists in NZ, MIMS Gateway has the capability of presenting valuable medicines information from a variety of sources in the one platform. This type of offering has not been available within NZ until now.

Recognising the need to access a number of medicines information resources/portals, MIMS Gateway is designed with the premise that useful content should be accessible through the one interface. The main benefit of this approach is that users do not need to remember a variety of URLs or tab between windows – they are able to access all the information in the one environment. An added benefit of this approach is that it allows clinicians, pharmacists and nurses to compare a variety of different information sources about a medicine in order to make the most informed clinical decision. The incorporation of local hospital guidelines and protocols means that these can be accessed efficiently at the time that a user is looking up information on a particular medicine.

MIMS Gateway core content includes MIMS medicines information, MIMS clinical decision support (Drug Interaction and Allergy modules), patient information resources, and medicines information from the NZ Formulary.

Initial feedback from hospital staff has been extremely positive, with increasing requests to incorporate more local information. Importantly, the design of MIMS Gateway has been architected to accommodate more and more resources over time, meaning that as hospitals' need for information grows, so can their version of MIMS Gateway. MIMS Gateway has been rolled out across NZ.

MIMS Enters the Global Corporate Challenge

Growing awareness of the health consequences of behaviours such as a sedentary lifestyle and prolonged sitting poses an issue for employers wishing to make a positive contribution to their employees' health and wellbeing. At MIMS we employ a large number of editors, all of whom have qualifications in medicine, pharmacy or science, and all of whom have a high level of health literacy. Yet, most of our staff spend prolonged periods sitting, focusing on providing the high quality editing that MIMS is known and trusted for.

As part of our 2015 Health and Safety programme, we wanted to trial ways in which we could facilitate our staff practicing healthy lifestyle behaviours. As part of this, we are trialling stand-up desks – which, in the short period of time they have been in use, have received very positive feedback. However, we were looking for a new way to encourage the team to be more active and to achieve a healthy level of activity. MIMS already subsidises gym memberships, but we were looking for something that provided more structure, reinforcement and feedback.

The Global Corporate Challenge (GCC) is an Australian developed programme that has been in operation since 2003. Created with the initial goal of encouraging people to be more active, the programme has received accolades for its strong scientific basis and for its engaging and innovative design that keeps people interested and supports behavioural change.

The keystone of the programme is teams of seven competing to achieve at least 10 000 steps per day, the recognised healthy activity level. The programme also encompasses elements such as nutrition and healthy sleep patterns. Teams compete with other teams from across the globe, and so can receive feedback on how they compare with others. Being part of a team encourages commitment to the programme, a sense of camaraderie and a higher chance of establishing long-term healthy lifestyle changes.

On May 27th, three teams from MIMS will enter the GCC for the first time. We are excited to be a part of this initiative, and hope that for all the participants it brings long-term lifestyle changes that are good for them, for our company and for the wider community.

To find out more, see www.gettheworldmoving.com

Ideas for Innovation

Innovations in healthcare benefit us all. Whether it is leveraging current technologies (think cloud computing and smartphones), designing novel medical device solutions or implementing closed loop medication management systems, the ultimate goal is to improve patient safety, reduce costs, and provide easier access to better healthcare. New ideas will ensure that healthcare continues to evolve, but the question is, where do these ideas come from?

According to Steven Johnson, good ideas are not simply the product of one "Eureka!" moment. Most ideas are formed, refined, discarded and reformed, a process that can be iterated over several years. They can float somewhere as a feeling or instinct and only become tangible when they come into contact with another idea, often from someone else. New and unexpected pathways of thinking can be forged when people of diverse experiences and viewpoints have the opportunity to come together and exchange ideas. If "chance favours the connected mind[1]", then it follows that innovations are more likely to be born out of sharing ideas and making connections.

The success of some of today's most innovative companies is often attributed to a shift in the way they manage their staff. Rather than determining their full workload, these companies now encourage employees to pursue projects they are curious or passionate about.

For instance, the internet giant Google has popularised the concept of "20 percent time", where their employees are able to spend up to one day per week working on their own projects or ideas for the benefit of the company. It has been reported that 50% of Google's products have come from this time[2], which shows that ideas can come from anywhere, and if given some time and resources, may become valuable. Working on side projects can also inspire solutions approached from a different point of view.

While not all ideas may appear relevant at first glance or ultimately bear fruit, it just may be that the right connection was not made at the right time with the right idea. There is no formula for creative thinking (or else we would all be best-selling writers or design the next whiz-bang, impossible-to-live-without gadget), and therein lies the challenge to be open to all ideas and make the best of them.

The MIMS Clinical Innovation team encourages ideas of all shapes and sizes, as we never know which ones will lead to something new. If you would like to share your ideas with us, please contact the team manager: Gillian.Swannick@mims.com.au

[1]http://www.ted.com/talks/steven_johnson_where_good_ideas_come_from?language=en

[2]http://royal.pingdom.com/2010/02/24/google-facts-and-figures-massive-infographic/

MIMS Staff Profile

Khal Sadiq
Editorial Assistant

What is your role at MIMS?

As an Editorial Assistant my main role is to assist the Managing Editor in coordinating the workflow of the editorial team.

This includes the registration of PIs and CMIs, and co-ordinating the PI editorial workflow for Australia.

I review the TGA website for updates to PIs and CMIs and alerts so that MIMS can ensure that our information about prescription medicines in Australia is current and correct.

I liaise with clients, pharmaceutical companies and other departments within MIMS and assist other editorial staff in query resolution, integrity checks and compiling checklists.

I also co-ordinate the IVS (Index of Veterinary Specialities) workflow and source updates from manufacturers.

What is your background?

I joined MIMS in January 2014.

I spent many years working for Pfizer in the U.K and also here in Australia. I have worked across the fields of Drug Safety, Safety & Risk Management, Pharmaceutical Sciences and also Regulatory Affairs. More recently here in Australia, I have had the opportunity to contract for various other Pharma and device manufacturing companies. This diverse experience has enabled me to learn about the Pharma industry and the life cycle of products from their conception, clinical trials and submission phases through to marketing, or from 'Lab to Market'

What do you enjoy the most about your role?

Firstly, the people here are great. They are a real pleasure to work with. When I started here over a year ago, I was made to feel very welcome from day one – MIMS Australia is an awesome place to work. People here have pride in what they do.

I am also the unofficial MIMS Editorial motivator/ party planner / Easter Bunny (yep, you read correctly)/ organiser/ co-ordinator, and I am always coming up with ideas and initiatives in order to raise a smile, boost morale and have fun. Some of these initiatives have included: Who's up for a curry?, The Krispy Kreme Doughnut Challenge and Thirst Fridays.

What do you enjoy outside the office?

I am a keen football (soccer) player and play regularly. My position is goalkeeper, and I have played for my local team for the past seven years now. I am also a qualified goalkeeping coach, and over the years have been able to train and coach youngsters and adults in improving their goalkeeping skills.

Some of my hobbies include cooking and binge watching programmes, such as American Pickers or The Big Bang Theory, walking my puppy Rolo along our local beach (where on Sundays, my son Roman and I like to hang out having brunch), or just relaxing on the beach with a good Bryant & May novel.

In my spare time, I am also continuing my lifelong search for the most delicious curry on the planet, and "Quero aprender a falar em português".

Upcoming Conferences

Conpharm 2015 Conference
Friday 29th May to Sunday 31st May
Park Hyatt Melbourne
https://www.aacp.com.au/about/conpharm
Come and see the MIMS team at this conference

Pharmaceutical Society of Australia – PSA15 Conference
Friday 31st July to Sunday 2nd August
Sofitel Sydney Wentworth
http://www.psa.org.au/psa15
Come and see the MIMS team at spot 22

HIC 2015 Conference
Monday 3rd August to Wednesday 5th August
Brisbane Convention & Exhibition Centre
http://www.hisa.org.au/hic2015

MIMS
100% pure knowledge

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