AUTUMN 2018

MIMS matters

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It's Autumn 2018 already! We've hit the ground running…

Welcome to our first Edition of MIMS Matters for 2018. It's already Autumn and we are closing in on the completion of the first quarter of 2018 with Easter celebrations not too far away.

As mentioned in our last Newsletter, the team at MIMS Australia, MIMS New Zealand and eHealthWise Services enjoyed the year end of 2017 by producing a record in terms of company performance. On the back of this success, we are delighted to bring you further news and updates plus reconfirm our focus on continuing to be the leading provider of drug and medicines information – our ongoing commitment to clinical and patent safety remains at the core of our business.

MIMS Introduced Drugs Banned in Sport Screening

Many Australians were glued to their television sets during February, cheering on our Winter Olympians. Meanwhile, the team across MIMS Asia Pacific finalised a new clinical decision support module suitable for the screening of drugs banned in sports based on the World Anti-Doping Agency (WADA) Prohibited Drugs List. This latest feature equips physicians with access to reliable drug information critical to help athletes avoid inadvertent positive results from using medications that contain prohibited substances.

The new enhancement in the MIMS Clinical Decision Support System provides added value to national sports committees and athlete management organisations, particularly during sporting events. It is currently available in English and was made available in Korean.

MIMS has been historically known for its drug reference publications. In recent times, I have commented in our MIMS Matters newsletters that MIMS has evolved to develop progressive digital solutions to empower doctors and healthcare communities to improve patient outcomes across the Asia Pacific region.

We are excited to contribute to healthcare technology that is integral to helping world class athletes achieve peak performance, reduce risk of injuries and avoid medication misadventures when it matters most.

This Issue...

Medicinal cannabis

The term cannabis refers to any plant in the genus Cannabis (***Cannabis sativa, C. indica, C. ruderalis***), and includes dried flowers and leaves (marijuana), seeds, extracts and resins. The cannabis plant is indigenous to central Asia and the Indian subcontinent. Cannabis has a long history of medicinal use in several cultures. The cannabis plant produces 60-100 chemicals called cannabinoids and some 300 non-cannabinoid chemicals. Cannabinoids are ligands for cannabinoid (CB) receptors in the body. CB_1 receptors are found primarily in the brain, while CB_2 receptors are predominantly in the immune system.

The best characterised cannabinoids in botanical marijuana are delta-9 tetrahydrocannabinol (THC), cannabidiol (CBD) and cannabinol (CBN). THC (a CB_1-agonist) is the principle cannabinoid responsible for the `high' and psychoactive effects produced by cannabis, and is the reason for its recreational use as an illicit drug. CBD does not activate CB_1 or CB_2 receptors itself, but interacts with other non-cannabinoid systems to modulate the psychoactivity of THC. CBN is mildly psychoactive (CB_2 > CB_1 receptor affinity).

The use of cannabis products derived from plants may involve exposure to a mixture of cannabinoids, potentially changing from crop to crop. Selective breeding has been used to modify the cannabinoid profile of cannabis plants, with strains used in medicine often bred for high CBD content, and strains for recreational use usually bred for high THC content or a specific chemical balance.

In NSW, Queensland, Victoria and Tasmania, possession and use of cannabis is a criminal offence.

South Australia, Western Australia, the Northern Territory and the Australian Capital Territory have decriminalised minor cannabis offences.

Medicinal cannabis is lawful when the cultivation, manufacture, prescribing and supply comply with all applicable Commonwealth, State and Territory laws. All other types of cannabis remain prohibited. People cannot legally grow their own cannabis for medicinal use.

Current limited evidence suggests that medicinal cannabis may be suitable to treat the following conditions: severe muscular spasms and other symptoms of multiple sclerosis; chemotherapy induced nausea and vomiting; some types of epilepsy with severe seizures; palliative care (loss of appetite, nausea, vomiting, pain); chronic pain.

Medicinal cannabis products must be legally produced and manufactured to appropriate quality standards. Examples of medicinal cannabis products include the following.

Nabiximols (trade name Sativex[1]) is a Cannabis extract containing THC and CBD, and is TGA approved for symptom improvement in multiple sclerosis.

Nabilone (US trade name Cesamet[2]) is a synthetic analogue of THC, and is US Food and Drug Administration (FDA) approved for chemotherapy induced nausea and vomiting in patients unresponsive to conventional antiemetics; in other countries such as Canada[3] it is used as an adjunct for chronic pain management.

Dronabinol (US trade names Marinol[4], Syndros[5]) is an oral synthetic form of THC approved by the FDA as an appetite stimulant for people with AIDS, and antiemetic for people receiving chemotherapy.

CBD is included under S4 (prescription only medicine) of the Poison Standard[6] when preparations for therapeutic use contain 2% or less of other cannabinoids found in cannabis.

Nabiximols, nabilone and dronabinol are listed under S8 (controlled drugs) of the Poison Standard[6].

Cannabis, nabiximols or tetrahydrocannabinols must be prescribed by an authorised medical practitioner[6].

Commonwealth approval to supply, and where necessary import, a medicinal cannabis product is granted by the TGA[7] (Special Access Scheme[8,9], Authorised Prescriber Scheme[10,11], clinical trials schemes[12]) and the Office of Drug Control (ODC)[13].

[1] **https://www.tga.gov.au/auspar/auspar-nabiximols**
[2] **https://www.accessdata.fda.gov/drugsatfda_docs/label/2006/018677s011lbl.pdf**
[3] **https://www.cadth.ca/nabilone-chronic-pain-management-review-clinical-effectiveness-safety-and-guidelines**
[4] **https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/018651s029lbl.pdf**
[5] **https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/205525s003lbl.pdf**
[6] **https://www.tga.gov.au/publication/poisons-standard-susmp**
[7] **https://www.tga.gov.au/access-medicinal-cannabis-products-steps-using-access-schemes**
[8] **https://www.tga.gov.au/form/special-access-scheme**
[9] **https://www.tga.gov.au/special-access-scheme-guidance-health-practitioners-and-sponsors**
[10] **https://www.tga.gov.au/form/authorised-prescribers**
[11] **https://www.tga.gov.au/authorised-prescriber-scheme**
[12] **https://www.tga.gov.au/clinical-trials**
[13] **https://www.odc.gov.au/about**

Neuroscience Research Australia (NeuRA) utilising MIMS Integrated to assist in medical research

Neuroscience Research Australia (NeuRA) is an independent, not-for-profit research institute based in Sydney, Australia. As a leader in brain and nervous system research, its goal is to prevent, treat and cure brain and nervous system diseases, disorders and injuries through medical research. In order to study the brain and nervous system, NeuRA hosts a 'research volunteers registry' that is dedicated to the recruitment of individuals who are interested in being involved in medical research. Through participation in imaging studies, psychological tests, fitness assessments, balance tests and intelligence tests, researchers at NeuRA are able to get a better understanding of normal and abnormal neural behaviour.

A proportion of these altruistic research participants also agree to donate their brain and spinal cord after death. By studying the brains of these individuals at post-mortem we can better understand how the brain changes as we get older and how this impacts on normal function.

As part of the research each year the donors are asked to complete a survey regarding their health status during life. They also provide permission for NeuRA to access their patient health summaries, including medication usage. In order to track this information, NeuRA have been generously provided complimentary access to MIMS Integrated, which is built into NeuRA databases and allows systematic recording and categorising a donor's medication use. Originally, this classification and coding was a massive manual task where MIMS references such as MIMS Online were "looked up" and the information was entered into the research database. The necessity to process the large amount of valuable research data produced by such a long-term study in a less labour intensive and faster way soon became apparent. MIMS Integrated Data, presented as relational data-tables, have now allowed for the study to batch recode the collected medicines data with ease, which allows for less manual effort in managing the information and frees up valuable research staff time.

This vital resource is currently being used by PhD candidate - Mr Andrew Affleck - to investigate how anti-hypertensive medication affects Alzheimer's and cerebrovascular pathology. Previous research suggests that anti-hypertensive usage may protect against dementia but the mechanism for this is unclear. Andrew's research will provide important information regarding the cellular changes that occur in the brains of individuals taking anti-hypertensive medication and identify a potential mechanism of action. All of this is expected to be a key influence to determine future medical practice. This, in turn, will make a real difference to our lives as we age.

Metro North Hospital Health Service signs new 3 year User Agreement with eHealthWise

eHealthWise

Australia's largest public health service has signed a new 3 year agreement with eHealthWise to use its THELMA solution to streamline hospital claims.

Executive Director and CEO of MIMS Australia, New Zealand and eHealthWise Services Robert Best said he is delighted to be working with the team at Metro North.

"The growing need for more customers to engage with our range of products and services, whether it be to drive billing and e-claiming efficiency, or to minimise patient risk at the point of care, continues to increase," Mr Best said.

"MIMS and eHealthWise provide a range of integration options to in excess of 80 different IT Vendor Partners. We look forward to implementing efficiencies that Metro North will gain from our solution focused systems".

Business Development Director of eHealthWise Stuart Davies said as part of a drive to streamline private patient billing, Metro North needed a comprehensive and easy to use electronic billing solution for privately insured patients.

"eHealthWise's award winning THELMA platform is the perfect fit for their organisation, and the solution drives billing efficiencies and revenue for the health service.

On conclusion of the successful pilot, eHealthWise worked with Metro North to achieve increased automation and integration with the hospital patient administration and billing system to enable end-to-end electronic billing of in-patient hospital claims to the private health funds via Medicare ECLIPSE.

This new billing functionality will allow Metro North billing staff to reduce the duplication and errors inherent in manual billing processes, and it also speeds up private patient claim payment times, and facilitates a large improvement in cash flow."

Medicines Management 2017, the 43rd SHPA National Conference

MIMS recently exhibited at the Society of Hospital Pharmacists of Australia (SHPA) National Conference held at the Sydney International Convention Centre. Attended by over 1100 delegates from around Australia and some overseas guests, we were treated to an inspiring and stimulating program with the headline of "DO MORE", with over 170 contributed posters, scientific papers and a series of entertaining and thought-provoking speakers.

With a consistent crowd of delegates at the MIMS stand, many got the opportunity to experience the "Don't Rush to Crush" version 2 in the eMIMS Cloud platform and in MIMS Online. This updated content provides knowledge to enable healthcare professionals to give medicines safely to people unable to swallow solid oral dose forms. Having this information at hand and at the point of care will ensure that patients receive their medicines in a manner that is safe and maintains medication efficacy. There is also advice on optimal preparation methods for medicines, as well as making healthcare professionals aware of any extra precautions that may be required.

There was also a focus on the upcoming changes to the Product Information Document. As hospital pharmacists, it was important to increase awareness of this program and other safety related updates to medicines information as mandated by the TGA. None of the delegates were aware of these changes and were all very grateful for this update. It is important that hospital pharmacists are able to conduct their work effectively, efficiently and safely. These changes may have come as a surprise to many of them once the newly reformatted Product Information Documents start to come through next year.

Overall the conference was a great success for MIMS as we were able to engage this important group of delegates on medication safety, patient safety, enhancing patient experience, mitigating risk and exploring sustainability in the context of rising costs and increased demand. It was also a wonderful opportunity to catch up with pharmaceutical company representatives, researchers, innovators and technology partners who all contribute to the hospital pharmacy ecosystem.

Access schemes made easier

As part of implementing the recommendations from the review into Medicines and Medical Devices Regulation (MMDR), the Therapeutic Goods Administration (TGA) has made it easier for health professionals to access unapproved therapeutic goods.

Changes to the Special Access Scheme (SAS) and Authorised Prescriber (AP) scheme came into effect on 1 July 2017.

Prior to the reforms to the SAS, health practitioners were required to obtain approval to import and/or supply unapproved therapeutic goods to patients who did not have a life-threatening condition or illness through the SAS Category B pathway. This meant that health practitioners had to submit an application to the TGA on an individual patient basis and wait for this to be approved before the therapeutic good could be supplied.

A new access pathway called SAS Category C has been created. This reform has established a list of goods deemed to have an established history of use along with their indications and the type of health practitioner authorised to supply these products for the respective indications. There are separate lists for medicines, medical devices and biologicals.

Through SAS Category C, eligible prescribers are not required to submit an application. Instead, they can supply the good for an indication on the list and then submit a notification to the TGA within 28 calendar days.

Unapproved therapeutic goods that are not on these lists can still be accessed via the SAS Category A notification pathway (for patients who have a life-threatening condition or illness) or the SAS Category B application pathway (for all other patients).

This change reduces the regulatory burden of the scheme by decreasing the number of applications that require approval through the SAS Category B pathway by about 50 per cent. This will allow the TGA to focus on assessments of unapproved therapeutic goods that pose greater risk, which in turn will help decrease the time taken to approve those applications.

Supporting these changes are new and revised guidance documents and resources to assist health professionals and sponsors. These resources, as well as further information about the SAS, can be found at **www.tga.gov.au/form/special-access-scheme**.

In relation to the AP scheme, the TGA has streamlined its processes by eliminating the duplication of work involved in evaluating the clinical justification provided by the medical practitioner. The clinical justification is submitted to a Human Research Ethics Committee (HREC) for approval or a specialist college for endorsement prior to applying to become an AP, so the TGA now relies on the expertise of those institutions.

The TGA has also increased the maximum duration of approval for goods that are deemed to have an established history of use to five years for medicines and biologicals, and two years for medical devices.

New and revised guidance documents and resources to assist health professionals, sponsors, HRECs and specialist colleges are available at **www.tga.gov.au/form/authorised-prescribers**.

MIMS Integrated - The ideal local medicines data source for Australian clinical software and electronic medical record platforms

MIMS Integrated is the MIMS knowledge you trust, integrated into your clinical software.

With close to twenty years of experience in working with clinical software partners, the MIMS Integrated offering is built around a focus of enabling simple integration across a wide variety of platforms

The MIMS Integrated suite of databases offers specifically Australian medicine content with a broad functional footprint. It provides rapid access to a range of highly sophisticated knowledge bases that, when embedded in your clinical software system, can identify when a medicine will interact with the patient's current medications, health conditions, or known allergies.

MIMS Integrated gives you the ability to make critical treatment decisions with today's vast range of medicines, with confidence, every step of the way. Our information gathering and packaging systems are established, verified and trusted in the local environment. Given our long heritage in the area of medicines information and decision support, the MIMS team follow consistent processes to maintain the quality of our products.

MIMS partners with software providers to give the end user access to current medicines information in real time, e.g. during a patient consultation the software would provide alerts where prescribed drugs may interact or may not be appropriate for the patient.

Our database product, **MIMS Integrated** is embedded in the partner's software and is currently utilised by software vendors in the Australian market working across both Primary Care and Acute Care settings. MIMS data forms an integral part of the software for prescribing, dispensing and administering of medicines to reduce medication errors and risk and enhance patient safety.

We understand that medication decision support systems aren't exactly 'plug and play', which is why we go beyond the development and maintenance of drug knowledge to focus on building problem-solving partnerships that have stood the test of time.

We have a strong presence in platforms that serve stakeholders across the health system, including:

- general practice
- community and area health services
- pharmacy
- hospitals
- ambulance services
- dentistry
- veterinary practice.

The MIMS database takes into account a multiplicity of uniquely Australian data sources, including:

- Therapeutic Goods Administration (TGA) approved product information
- Consumer Medicine Information
- Adverse Drug Reactions Advisory Committee (ADRAC) bulletins
- Australian Drug Evaluation Committee (ADEC) pregnancy classifications
- state-by-state poisons scheduling information for S8 products
- Pharmaceutical Benefits Scheme (PBS) status, pricing and number of repeats
- PBS Section 100 and Authority listing status
- brand and therapeutic group pricing premiums
- generic brand substitution alternatives
- our regularly updated bank of pill identification images
- approved dose ranges, pack sizes and presentations

MIMS local data sources also encompass:

- most approved over-the-counter (OTC) medications
- commonly used preparations of registered complementary medicines
- information from Australian-based manufacturers
- Australian licensees for brands marketed by other manufacturers internationally.

While the information base for the MIMS Integrated offering is collated in Australia, our data gathering resources are worldwide.

Our procedures to access, evaluate, cross-reference and code information are specifically tailored to the needs of the Australian market. The local data for MIMS Integrated is updated continuously and published monthly, ensuring currency of information and rapid response to market changes such as product recalls or revised pricing structures.

MIMS Integrated offers a proven, robust and trusted source of locally relevant medication and decision-making data. Utilising our Australian databases as part of a broader electronic medication record system will reduce implementation risks while facilitating uptake by individual and institutional users.

By enhancing collaboration and reducing unnecessary innovation, MIMS Integrated offers both immediate and strategic value in our common mission to improve health outcomes through IT.

If you want to develop a system that is powered by an intuitive, targeted and actionable medicines knowledge base that supports safer clinical decisions, promotes patient safety and better outcomes then you can be confident with MIMS Integrated.

And to our partners, we thank you for your ongoing support and feedback.

Advanced Professional Systems Pty Ltd - Medilink
Artemis IVF P/L
ASADA
Best Health Solutions
Best Practice Software
Citadel Health (Charm Health)
Clinic to Cloud Pty Ltd
Clintel Systems
CloudMed Software - Clarity
Communicare System Pty Ltd
Direct Control-Connect Direct P/L
Doctorware (Aust)-SmartRooms
DXC (MedChart)
Episoft
Equipoise International - TotalCare
Genie Solutions
Global Health – MasterCare EMR, PrimaryClinic
Godbar Software
HealthCare Software (HCS)
HealthEngine
Healthsoft Australia (RxONE)
Hellaned Pty Ltd -ClinicOne
Incisive Medical Systems
Intersystems
Intrahealth Systems Ltd
ISA Healthcare
JAM Software
Lane Cove General Practice
Leecare Solutions
MedAdvisor
Medical IT PTY LTD
Medical Objects
Medical Wizard
Mediclinic Software
MediFlex Pty Ltd
Meditech
MedNet Group
Medtech
Mountaintop Systems
MxSolutions
NPS MEDICINEWISE
Pen CS
Practice Management Software Company - GP complete
Promadis
Shexie
SmartClinics
Software for Specialists (S4S)
Stat Health Systems
Visual Outcomes
Webstercare
Z Software
Zedmed

Global Antimicrobial Resistance Surveillance System (GLASS) Report Early implementation 2016-17

Antimicrobial Resistance is on the lips of each and every health care professional not only in Australia but around the world. A recent report from the World Health Organisation (WHO) tells us the most commonly reported resistant bacteria were ***E. coli***, Klebsiella, ***Staph. aureus***, and ***Strep. pneumoniae***. There were huge variations in rates of antimicrobial resistance to commonly used antibiotics in different countries. This report was published in the Australian Association of Consultant Pharmacy and is certainly worth sharing again via MIMS Matters with all our subscribers and readers

"Antimicrobial resistance (AMR) is a critical public health issue globally. If we are to preserve human and animal health, policy interventions and global collaboration are vital to improve our understanding of AMR dynamics and to inform containment and mitigation strategies. On 22 October 2015 WHO launched the Global Antimicrobial Resistance Surveillance System (GLASS), the first global collaborative effort to standardise AMR surveillance. GLASS supports the strategic objective of WHO's Global Action Plan on AMR (GAP-AMR) to strengthen the AMR evidence base. GLASS provides a standardised approach to the collection, analysis, and sharing of AMR data by countries, and seeks to document the status of existing or newly developed national AMR surveillance systems. GLASS is supported by WHO Collaborating Centres, involving strong commitment from participating countries and close collaborations with AMR regional networks. In addition to the collection of data, GLASS helps to foster and strengthen national AMR surveillance systems in order to ensure the production of reliable information. Furthermore, GLASS promotes a shift from surveillance approaches based solely on laboratory data (isolate-based data) to a system that includes epidemiological, clinical, and population-level data. This approach has been shown to increase the understanding of the impact of AMR on human health and to enable better analysis and prediction of AMR trends ……

You can read the full report on our website in Articles under the Safer use of Medicines tab

Global antimicrobial resistance surveillance system (GLASS) report: early implementation 2016-2017. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Black triangle to promote adverse event reporting

The Therapeutic Goods Administration (TGA) is implementing a Black Triangle Scheme.

Commencing January 2018, the scheme is designed to help health professionals and patients to identify certain types of new prescription medicines, and to encourage the reporting of adverse events associated with their use. A similar scheme currently operates throughout the member states of the European Union, including the United Kingdom.

When a medicine or vaccine is first registered and made available in Australia, information about its safety and efficacy is usually available only from clinical trials. Clinical trials generally have strict inclusion criteria and relatively limited numbers of participants. This means it is common for new adverse events to be identified after new medicines are used more broadly in the population.

Accompanying text for PI: 'This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information in Australia. Healthcare professionals are asked to report any suspected adverse events at **www.tga.gov.au/reporting-problems**.'

The black triangle symbol, and accompanying text, will appear on Product Information (PI) and Consumer Medicines Information (CMI) documents of newly registered prescription medicines (with the exception of biosimilar medicines, generic versions of already-approved prescription medicines and seasonal influenza vaccines). It will also be used for all provisionally registered medicines, including those with a provisionally approved indication.

Additionally, other medicines may be included following approval of an extension of indication that is for:

- a significantly different condition; and/or
- use in a significantly different patient population.

The black triangle will also appear in TGA-related material, such as **Australian Public Assessment Reports for prescription medicines (AusPARs)**. Future work will be conducted to include the black triangle in other sources of medicine information.

For medicines included in the scheme, the black triangle will appear on the PI and CMI for five years, starting from the date of first supply.

For provisionally-registered medicines, the black triangle symbol will appear for a period of not less than five years. This will include the entire period of provisional registration, and may include a period of time following full registration. The duration following full registration will be determined during the evaluation of data to support full registration.

The black triangle does not denote that there are known safety problems, just that the TGA is encouraging adverse event reporting to help us build up the full picture of a medicine's safety profile more quickly. Adverse event reporting remains important for all products, including those without a black triangle.

For further information about the TGA's Black Triangle Scheme visit **www.tga.gov.au/black-triangle-scheme**.

NAPSA Congress 2018

Over 300 pharmacy students, from both Australia and New Zealand, descended upon Sydney from the 24th to the 28th January 2018 for the annual National Australian Pharmacy Students Association (NAPSA) Congress. As Sydney was appointed to be the host city, the NAPSA Board and the Sydney University Pharmacy Association (SUPA) together put on a magnificent event for delegates showing them the best of what Sydney has to offer.

Congress is an incredible event that offers education, networking opportunities, a trade show hall, and unforgettable social events to Australia's most motivated and enthusiastic pharmacy students! It offers amazing opportunities to hear from inspiring educational speakers, network and make friends with outstanding and like-minded students from all over the country, and see and learn about pharmacy and its associated industries!

MIMS attended the first of the educational days for Congress as well as sponsoring the inaugural NAPSA Congress panel discussion titled "The Future of Pharmacy". Students heard from innovative and thought-provoking pharmacy leaders discuss what the future of pharmacy can look like.

This session being the first one of the day, had all 300 students in attendance. The outgoing Dean of pharmacy Iqbal Ramzan was also present alongside Federal MP Emma McBride. The panellists included Emma McBride MP and the "Singing Pharmacists" duo Elise Apolloni and Natasha Jovanoska from Capital Chemist Wanniassa Canberra.

MIMS gave a small talk at the beginning of the panel reinforcing our support of the MIMS student program and highlighting the free access to eMIMS Cloud that has been granted as part of our agreement with NAPSA. Our belief in a grassroots approach and that "a better prepared student makes a more accomplished professional" was the driving force behind our support.

NAPSA Congress 2019 is to be held in Adelaide, South Australia. We look forward to continuing to support NAPSA and the great work and support they provide for pharmacy students.

MIMS Staff Profile

Caroline Walters
MIMS People and Culture Director

I am the MIMS People and Culture Director who has worked over the years across diverse industries and geographies. Originally based in London, I then moved to Singapore for four years and have now more recently moved to Australia. I am focused on strategic HR delivery for the APAC region. Have a proven track record in creating and implementing HR strategies that add value and address the business's strategic and commercial challenges. Proactive in building long lasting relationships with key stakeholders, networking to better understand the business needs whilst maximising the impact of strategic HR initiatives. Thoroughly enjoys working with dynamic, passionate individuals to create the best HR strategies to enhance the employee experience. Having worked at the Virgin head office under Richard Branson in London, I have been in the heart of an incredibly exciting forward thinking employee focused business empire, with that grounding as part of my DNA I hope to take that experience into other companies as my HR journey continues to grow.

How did you get started with HR?

Before I started out in HR I was a Child Protection Social Worker and when I decided to look for a new career move, the two areas of focus I wanted to try and keep were 1) working within a legal framework, and 2) being people focused. Thus a move across to HR seemed to tick these boxes. Thus I started a one year University CIPD study programme and at the same time did work experience at Virgin Management Ltd. I was extremely fortunate to get this work experience opportunity and the experience of working at Virgin could not have been more vastly different to the world of social work! As soon as I started out in HR I loved it, although I can't say that I found the CIPD a particularly interesting, challenging or hugely relevant training ground for the actual role.

What do you love most about your job?

I love employee relations and I feel I am at my best when everything is going so very wrong. I love looking at all the issues, understanding legally where we stand and what we should do next. It is like a giant jigsaw puzzle which I find very interesting. This area of work really pulls a management team together to work at their very best, although without saying stress levels during a time like this can be very high. The other element I have loved is working with some of the most inspiring, intelligent and hilarious business leaders, and for me this has been something I have been very fortunate to be a part of and you wish daily that a little bit of their magic could rub off on yourself.

What's a typical day at work for you like?

My typical day has changed hugely working in Singapore as compared to London. In London your role can be taken up with lots of employee relation elements, whereas in Singapore there is a different employee culture. Thus I feel I have been driven in Singapore to prove what HR can do more than ever before otherwise it is typically seen as a more back office function by the employee base. Thus it has been about culture creation, huge management training programs and brand awareness focus.

In Australia, what do you think is the biggest HR challenge facing most companies?

Probably the same world over but hiring talent and as we all know this should be the most rigorous and time given process, to ensure that you hire right, but as we all know in reality this is most often not the case.

In your opinion, do you think HR has succeeded in becoming a strategic business partner today? Or is there any room for improvement?

Without a doubt yes. This is how I see it, where HR is at the top working alongside the CEO, it is taken for granted by the employees that HR has metaphorically got their hands around the business. However to make this happen HR needs to be resourced sufficiently and have presence. In contrast, where this is not in place, these companies will not survive and be competitive. You only need to look at the most successful companies to see that this is where their focus is.

How do you think the HR function will evolve in the next five years?

At present there is a lot of talk about HR data analytics however for most companies using this to add value will not be an easy process but to be seen as a more strategic partner it is an area that should be given sufficient resources to achieve. I think it will also be focusing on brand values, culture creation and employee value propositioning, to achieve differentiation from other companies so that a business can hire the best within its means and then keep these guys motivated.

Complete the sentence:
I cannot imagine HR without smiling.

MIMS
100% pure knowledge

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