



August 2019

The CCPG's vision is enabling inspired and successful pharmacy. We aim to achieve this by leading Canterbury Community Pharmacies in the pursuit of excellent healthcare for our communities. We want to ensure pharmacists are core, valued members of the primary care team and able to deliver an enhanced range of evidence-based health services to improve patient outcomes.

Membership

CCPG Membership

Purpose:

CCPG activity and operating costs are funded through collection of membership fees and funding from the CDHB.

There are two levels of membership:

- Full membership – open to community pharmacies and business owners
- Associate membership – open to pharmacists and interns

'Full' Membership

The CCPG membership offering includes but is not limited to:

- Advocacy to national and local pharmacy service agreements
- Involvement in local multidisciplinary pharmacy service developments
- Regular updates on relevant and meaningful information to pharmacy owners and practising pharmacists
- Opportunities to engage in health system wide learning, development and support opportunities
- Access to web based data and information on www.ccp.org.nz

The fee for Full members is \$500+GST per year. To date this has been paid in two six monthly instalments of \$250+GST. The invoicing periods are in April and September each year.

'Full' membership is attributed to pharmacies, pharmacy owners, and their employees. Pharmacist employees may wish may join independently as an associate member.

Association Membership

This is an opportunity for you to invest in your career. With your assistance, we have a stronger voice to lobby locally for more professional services. More professional services lead to better job satisfaction, continuing relevant professional education and meeting ongoing recertification (competence) requirements.

Associate membership is **free** for pharmacists currently employed by a pharmacy with full membership. For pharmacists not currently employed by a pharmacy with Full membership the fee for Associate members is only \$50+GST per year with invoices being sent out in September.

To apply for **membership** you can:

Complete the form on the next page and send by:

Post to: Canterbury Community Pharmacy Group
PO Box 741, Christchurch 8140

Fax to: 03 365 5977 / Email: admin@ccpg.org.nz



Canterbury Community Pharmacy Group

Billing Process

Full membership is billed six monthly and is currently \$250 +GST per six months.

For pharmacists not entitled to free Associate membership the cost is \$50 per annum and is billed once a year.

The CCPG management team will notify the Pegasus Accounts staff if there are any changes to membership, such as changes to fees, new members or cessation of membership.

Cessation of Membership

Any member may resign by giving written notice to the Secretary and shall be deemed to have given written notice of resignation to the Secretary, if the member ceases to be registered as a Pharmacist with the Pharmacy Council of New Zealand.

A Member may have their membership terminated in the following way:

a) If, for any reason whatsoever, the Committee is of the view that a Member is breaching the Rules or acting in a manner inconsistent with the purposes of the Society, the Committee may give written notice of this to the Member ("the Committee's notice").

Further information is outlined in the Rules of Canterbury Community Pharmacy Group Incorporated.

If you would like to know anything more about becoming a member of CCPG, please contact our General Manager: Aarti Patel.

Executive Committee:

Maria McIntyre (Chair)

Kezia Buttle (Deputy Chair)

Rhys Gardiner (Secretary Treasurer)

Simon Church

Georgia McLean

Chris Wilkinson

Alex De Roo

Jeremy Grooby

General Manager:

Aarti Patel

aarti.patel@ccpg.org.nz

CCPG Administrator:

Ivette Paul

ivette.paul@ccpg.org.nz



CCPG Membership application

Name _____

Address _____

Email address _____

Home phone number _____

Work phone number _____

Fax number _____

Pharmacy _____

Area of practice: Community Hospital Other

Please advise us of any special interests, skills or experience you have (tick as many as apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Medicine Use Review (MUR) | ⇒ <input type="checkbox"/> Tick if trained | ⇒ <input type="checkbox"/> Tick if accredited |
| <input type="checkbox"/> Improving discharge from hospital | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Services to older persons in care facilities | <input type="checkbox"/> Addressing waste | |
| <input type="checkbox"/> Services to older persons in the community | <input type="checkbox"/> Health funding | |
| <input type="checkbox"/> Improving information on admission to hospital | <input type="checkbox"/> Communication | |
| <input type="checkbox"/> Shared health records | <input type="checkbox"/> Working with other health professionals | |
| <input type="checkbox"/> Rural health services | <input type="checkbox"/> Educating the public about medicines | |
| <input type="checkbox"/> Prescribing scope of practice | <input type="checkbox"/> Competence | |
| <input type="checkbox"/> Medicines Therapy Assessment | <input type="checkbox"/> Dispensing efficiently | |
| <input type="checkbox"/> Anticoagulant monitoring | <input type="checkbox"/> Adherence/compliance | |
| <input type="checkbox"/> ECP ⇒ <input type="checkbox"/> Tick if accredited | <input type="checkbox"/> Weight management | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Peer group and support | |
| <input type="checkbox"/> Smoking cessation | <input type="checkbox"/> Vaccinations | |
| <input type="checkbox"/> Cardiovascular disease | | |
| <input type="checkbox"/> Other..... | | |

How would you like to see Pharmacy in Canterbury/West Coast develop over the next 5 years?

Are you interested in being involved? Yes No

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Completed forms: Post **Attn CCPG**, PO Box 741, Christchurch 8140
 Fax **Attn CCPG**, 03 365 5977
 Email admin@ccpg.org.nz Web www.ccp.org.nz