

OFFICIAL

SA Health

SA
Community
Pharmacy
Oral
Contraceptive
Pill (OCP)
Resupply
Services

Management
Protocol

April 2024



Government
of South Australia

SA Health

Authorisation

Community Pharmacy Oral Contraceptive Pill Resupply Services

In accordance with the *Community Pharmacy Oral Contraceptive Pill Resupply Services Scheme* as determined by the Minister for Health and Wellbeing by notice in the [Gazette](#) on 9th April 2024, registered pharmacists who have successfully completed training may resupply specified oral contraceptive pills without a prescription to eligible patients for the purpose of contraception.

Definitions and Acronyms

ACP	Australasian College of Pharmacy
Ahpra	Australian Health Practitioner Regulation Agency
BMI	Body mass index
COCP	Combined oral contraceptive pill
DVT	Deep vein thrombosis
GP	General Practitioner
HCP	Healthcare practitioner
HPI-I	Healthcare Provider Identifier-Individual number
LARC	Long-acting reversible contraception/contraceptive
MHR	My Health Record
OCP	Oral contraceptive pill
PBS	Pharmaceutical Benefits Scheme
POP	Progestogen only pill
PRASA	Pharmacy Regulation Authority of South Australia
PSA	Pharmaceutical Society of Australia
STI	Sexually transmitted infection
TGA	Therapeutic Goods Administration
UKMEC	UK Medical Eligibility Criteria
VTE	Venous thromboembolism

OCP Resupply Management Protocol

This protocol provides a framework for pharmacists authorised to resupply an approved oral contraceptive to eligible patients, under the *Community Pharmacy Oral Contraceptive Pill (OCP) Resupply Services Scheme*.

This protocol should be read and used in conjunction with relevant professional practice standards and evidence based clinical guidelines, in particular advice contained within the *Therapeutic Guidelines* and *Australian Medicines Handbook*, and [The Faculty of Sexual & Reproductive Healthcare \(FSRH\)](#) guidance. This protocol is based upon these evidence-based guidelines.

Services

Community Pharmacy OCP Resupply Services will provide timely access to advice, assessment and provision of approved OCPs. The services will increase options available for consumers and are complementary to medical practitioner or other authorised prescribing healthcare practitioner management of contraception. It is also complementary to the existing [PBS emergency supply rule](#) and [Continued Dispensing arrangements](#).

Conditions

Pharmacist

- > The pharmacist providing services has an unconditional general registration with the Australian Health Practitioner Regulation Agency (Ahpra).
- > The pharmacist must comply with all relevant legislation, Ahpra and the Pharmacy Board of Australia's Code of Conduct, and the expected standards of ethical behaviour of pharmacists towards individuals, the community and society.
- > Prior to providing services, the pharmacist must have successfully completed approved training as referred to in **Appendix 1**, and must maintain eligibility to provide services, including any ongoing training and professional development.

Pharmacy

- > Community pharmacies registered by the Pharmacy Regulation Authority of South Australia (PRASA) may participate in the scheme.
- > The pharmacy must have an area suitable to maintain confidentiality of the consultation, i.e., have a screened or private consulting area that:
 - Ensures patients' privacy and confidentiality, including visual and auditory privacy.
 - Has sufficient space to allow the presence of the patient, a carer if required, the pharmacist, and relevant equipment and documentation.

Patient eligibility

Age range

Patients aged 17 to 40 years:

- > Eligible for resupply of one original manufacturer's pack of OCP at any one time, with additional resupply permitted for up to a maximum of 12 months' supply of the OCP in total.
- > The pharmacist must be satisfied that the supply is appropriate on each occasion.
- > The medical review date with the medical practitioner or other authorised prescribing healthcare practitioner must be considered at each resupply, to ensure that the resupply only allows for the continuation of the OCP within the 2-year period (see below *Review of OCP*).

Patients aged 41 to 50 years:

- > Eligible for resupply of one original manufacturer's pack of OCP only – one resupply is permitted and the patient should be referred for review by their medical practitioner or other authorised prescribing healthcare practitioner.

OCP history

OCP initiated by a medical practitioner or other authorised prescribing healthcare practitioner, and the patient has a history of stable continuous use of the requested OCP for a minimum of 2 years, prior to resupply through community pharmacy.

Verification of the requested OCP can be confirmed by sighting a previous prescription, OCP pack, or other physical and/or electronic dispensing records and My Health Record.

Pill breaks

The pharmacist must ascertain whether use of the OCP has been continuous. If a pill break has occurred for:

- > **Less than 2 weeks:** Resupply of the OCP may occur.
- > **More than 2 weeks, but less than 4 weeks:** Resupply of 1 month of the OCP may occur with referral to their usual medical practitioner or other authorised prescribing healthcare practitioner.
- > **One month or more*:** Do not resupply OCP. The patient should be referred to their usual medical practitioner or other authorised prescribing healthcare practitioner.

If a patient frequently takes pill breaks, pharmacists should exercise their professional judgement and consider referring the patient to explore alternative contraception options, e.g., long-acting reversible contraception (LARCs).

*Note: The risk of venous thromboembolism (VTE) with the combined oral contraceptive pill (COCP) is highest in the first year of use, and particularly in the first 3-4 months after commencement. The level of risk returns, if the patient misses taking the COCP for 1 month or more.

Review of OCP

Patients should have a thorough review of their OCP use by their medical practitioner or other authorised prescribing healthcare practitioner at least once every 2 years.

OFFICIAL

Approved OCPs

- > The pharmacist must only resupply approved OCPs as listed in **Appendix 2**.
- > Pharmacists are not permitted to initiate or change therapy.
- > **Supply of COCPs with a high estrogen dose (50 micrograms of ethinylestradiol or equivalent) is not permitted. Supply of COCPs containing estetrol or mestranol is not permitted.**
- > The approved OCPs are only sold or supplied to eligible patients in accordance with relevant professional practice standards and guidelines, and this Management Protocol.
- > Supply, packaging and labelling of the approved OCPs is in accordance with the requirements in the *Controlled Substances Act (1984)* and the *Controlled Substances (Poisons) Regulations 2011*.
- > The pharmacist must not sell or supply the OCPs in a quantity that exceeds one original manufacturer's pack of the OCP.

Clinical documentation and communication

- > The pharmacist must make a clinical record, and a record in a pharmacy dispensing system regarding the supply of any OCPs under these services.
- > The pharmacist is required, to make and keep (at the pharmacy where the patient consultation occurred) a comprehensive clinical record of the consultation and of any treatment provided, in accordance with relevant legislation and professional responsibilities. The record must include:
 - Sufficient information to identify the patient.
 - The name of the pharmacist who undertook the consultation and their Healthcare Provider Identifier-Individual (HPI-I) number.
 - The date of the consultation.
 - Information relevant to the patient's treatment (e.g. patient's medical history, adverse drug reactions).
 - Any clinical opinion reached, and actions taken by the pharmacist.
 - Details of the OCP supplied to the patient (generic name, form, strength and quantity).
 - Any information or advice given by the pharmacist to the patient in relation to any proposed treatment.
 - Details of any referrals made to a medical practitioner or other healthcare practitioner.
 - Any consent given by a patient to the consultation, supply of medication, treatment proposed, and sharing of information with their medical practitioner or other relevant healthcare practitioners or services.
- > Where a patient has a My Health Record, the pharmacist must ensure the details of the OCP supply are uploaded to My Health Record, unless requested otherwise by the patient.
- > The pharmacist must offer a record of the service to the patient. This may include a copy of the checklist completed by the pharmacist during the consultation. The patient may choose to share this with their medical practitioner or other healthcare practitioners. Where possible, the patient should be actively encouraged to provide the consultation summary (patient

OFFICIAL

checklist/outcome) to their medical practitioner, in order to have the episode of care recorded within their personal medical record at the medical practice.

- > Following consent by the patient, the pharmacist may share a record of the supply and consultation with the patient's usual treating medical practitioner or medical practice, where the patient has one.
- > Pharmacists will ensure continuity of care and use their professional discretion to refer the patient to health professionals or services where appropriate, and where eligibility criteria are not met. This includes immediate referral with relevant patient information when required.
- > Pharmacists must, at the request of the Minister for Health and Wellbeing, provide data on the scheme periodically (for monitoring and evaluation purposes).

Consultation fees

- > Pharmacists may charge a consultation fee for the service, in addition to the cost of any medicine that is supplied.
- > Pharmacists should ensure that the patient understands the costs involved when offering the service.

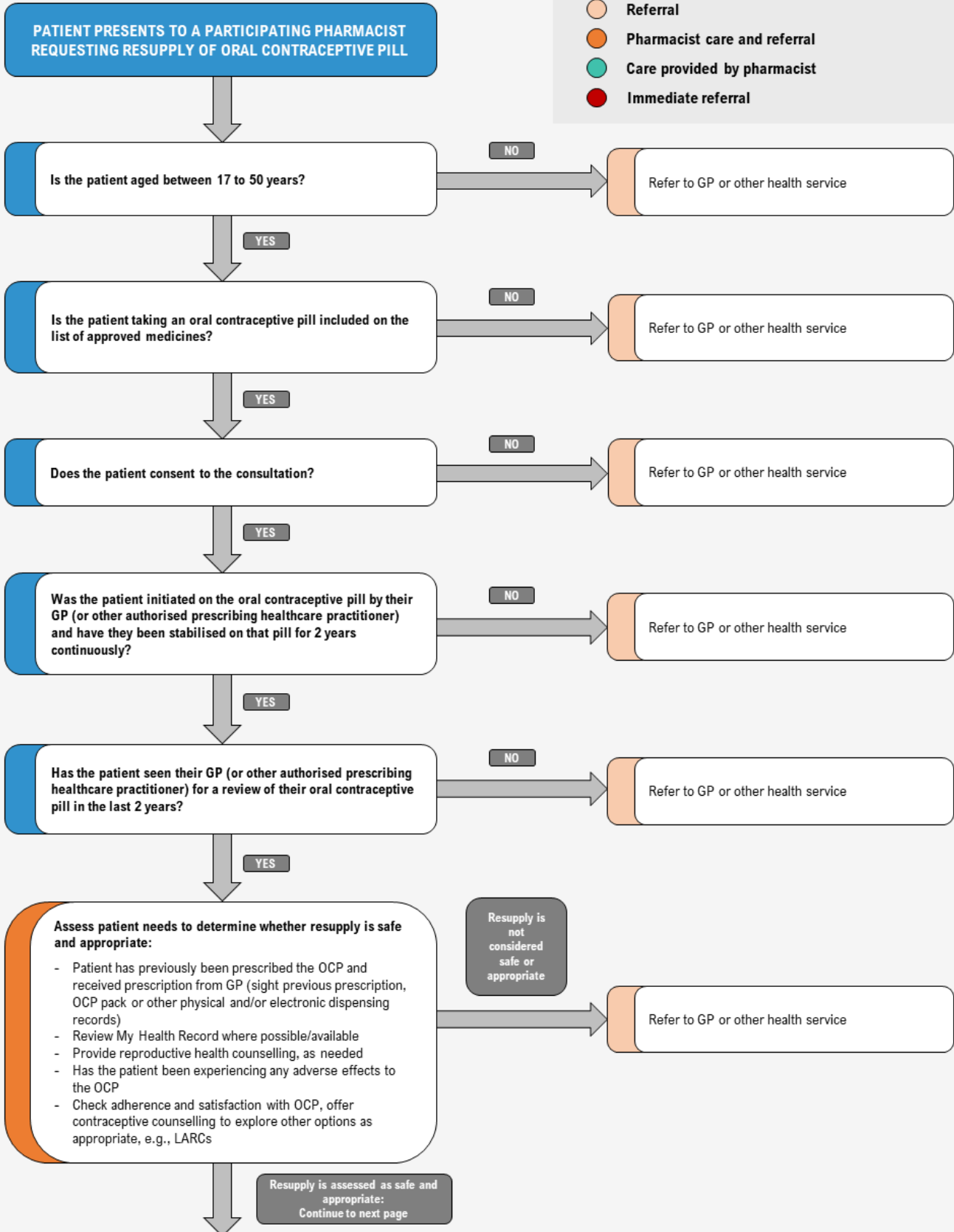
Cultural safety

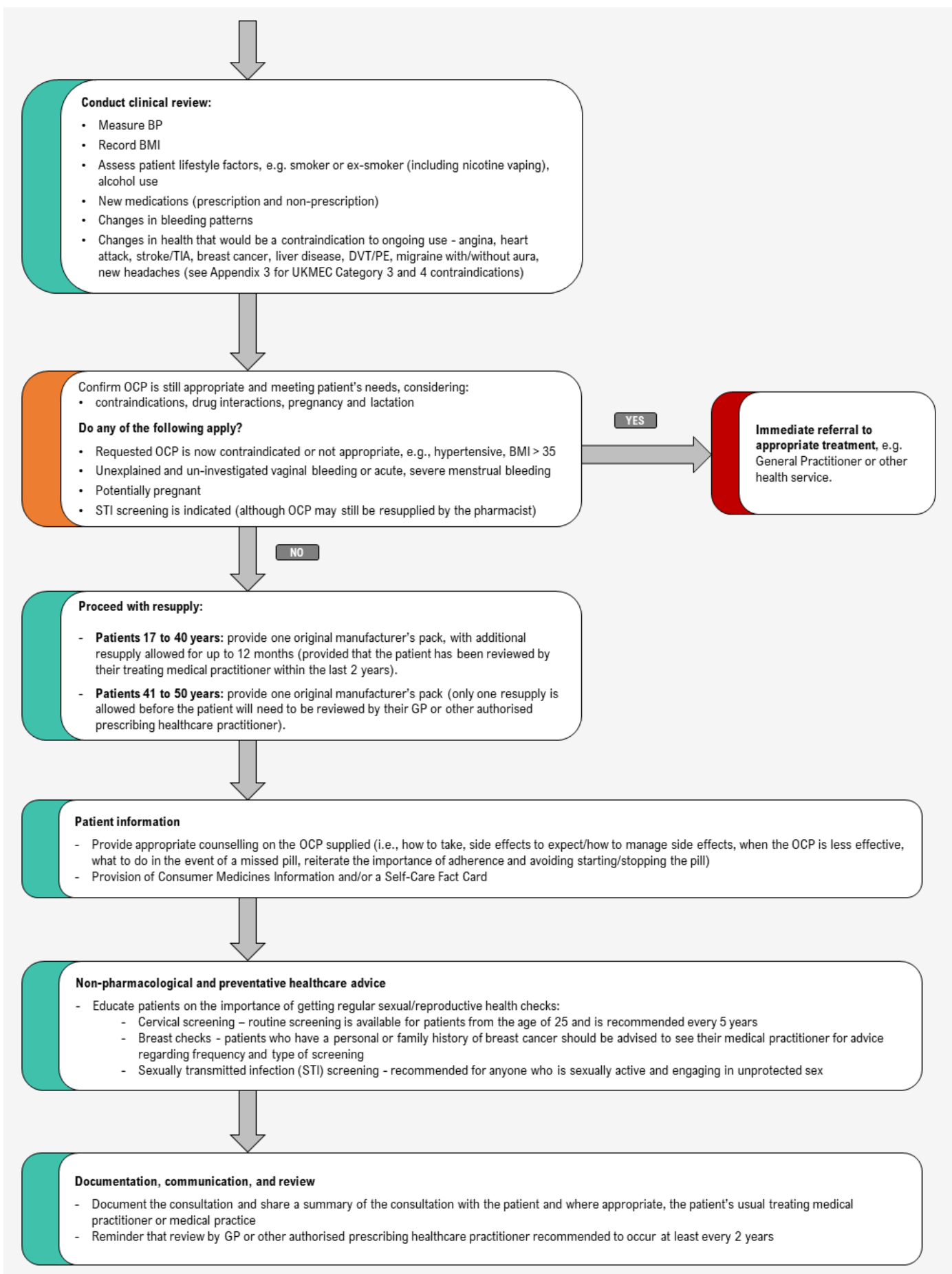
Pharmacists must complete cultural safety and gender diversity training relevant to their place of practice, reflect on their competency and provide the service in ways that are inclusive, culturally safe, sensitive, and responsive (see Appendix 4 for suggested training and other resources).

Clinical Flow Chart

Community Pharmacy OCP Resupply Services Clinical Flow Chart

- Preliminary Inquiries/Follow up
- Referral
- Pharmacist care and referral
- Care provided by pharmacist
- Immediate referral





Supplementary Information

This supplementary information provides additional guidance and information to be used together with the clinical flow chart, guidelines and other resources. This information assists pharmacists in facilitating delivery of a safe and quality service.

Young people

- > Patients younger than 17 years of age are to be confidentially referred to a general practitioner or a sexual health clinic.
- > Pharmacists should consider their professional responsibilities in this age group including consideration of child protection concerns.

People over 50 years of age

- > The choice of contraceptive should be reconsidered at age 50 and at menopause and these patients should be referred to their treating practitioner.

Transgender, gender diverse and non-binary people

- > These services are inclusive of transgender, gender diverse, intersex or non-binary people assigned and/or presumed female at birth - current gender identity does not impose any restrictions on methods of contraception that may be used; the same considerations apply for choosing safe and effective contraception, including personal characteristics, existing medical conditions and current medicines.
- > Pharmacists may refer individuals assigned and/or presumed female at birth who are at risk of pregnancy to a general practitioner or specialist sexual health services, if not already engaging with these services, to ensure that they receive comprehensive and culturally safe sexual healthcare that is tailored to their individual needs.
- > SHINE SA offers a range of sexual health services for people who are intersex, gender diverse, and of all sexualities, with information available at: [Sexual & Gender Diversity - SHINE SA](#).

Patient history

As per the Clinical Flow Chart, sufficient information must be obtained from the patient to assess the safety and appropriateness of resupply of the OCP. The My Health Record should be reviewed where appropriate and available. The patient history should include:

- > Age
- > Pregnancy and breastfeeding status
- > Body Mass Index (BMI)*
- > Blood Pressure (BP)*
- > Smoking status** (there is an increased VTE risk in smokers 35 years and older)
- > Current medications, including adherence and satisfaction with OCP
- > Drug allergies/adverse effects, including any adverse effects of OCP

OFFICIAL

- > Prior use of contraceptives, tolerability, and adverse effects
- > Any unexplained and un-investigated vaginal bleeding or acute, severe menstrual bleeding
- > Any headaches indicative of migraines
- > Underlying medical conditions, including new or recently diagnosed medical conditions (see UK Medical Eligibility Criteria (UKMEC) 3 and 4, Appendix 3), which may:
 - Be a contraindication to hormonal contraception, e.g., migraine with aura (Patients with a UKMEC Category 3 or 4 condition are not eligible for resupply and require referral. See Appendix 3 for UKMEC Category 3 and 4 criteria.)
 - Impact on contraceptive effectiveness and choice

***BMI and Blood Pressure**

The pharmacist should measure blood pressure (BP) and calculate BMI to determine the patient's suitability for continuing their OCP and record this information in their clinical software program. Note that a single elevated BP reading is not enough to classify an individual as hypertensive (note that activity immediately prior to consultation should also be taken into consideration) and a second BP reading should be taken at the end of the consultation. If BP remains elevated, the patient should be referred to a medical practitioner for further assessment and selection of an appropriate contraceptive method. BMI should be calculated on the first presentation, and professional judgement exercised regarding whether BMI needs to be recalculated on subsequent presentations (i.e., consider length of time between presentations, changes in body weight).

****Nicotine vaping**

The following recommendation regarding vaping and medical eligibility for hormonal contraception has been issued by Family Planning Alliance Australia: 'Until further evidence is available, vaping with nicotine is considered equivalent to cigarette smoking in relation to the medical eligibility criteria (MEC) for contraceptive use. As it is not possible to determine equivalency of exposure between vaping and smoking, any vaping in those aged 35 years and older will be MEC 4 (i.e. absolutely contraindicated) for use of combined hormonal contraception.'

Refer to medical practitioner or other authorised prescribing healthcare practitioner when:

Pharmacists should refer patients to a medical practitioner (or sexual health clinic) if:

- > Younger than 17 or over 50 years of age
- > Not currently taking and wants to restart an OCP
- > Request is for a different OCP than that stabilised on or a different type or contraception, e.g., a LARC
- > Requested OCP is not on the protocol medicines list
- > Requested OCP is now contraindicated or not appropriate, e.g., hypertensive, BMI >35
- > Headache history is suggestive of migraines
- > Unexplained and un-investigated vaginal bleeding or acute, severe menstrual bleeding
- > Potentially pregnant
- > STI screening is indicated (although OCP may still be resupplied by the pharmacist)

OFFICIAL

- > If drug interactions are identified

As per usual pharmacist practice under professional standards and codes (see Appendix 4), communicate sufficient, timely information about the patient to enable the continuing safe care.

Patient information and counselling

Where a patient is prescribed an oral contraceptive, they should be provided with comprehensive counselling and be given supporting written information (e.g., Consumer Medicines Information (CMI)) when required, regarding:

- > Instructions for use
- > Side effects to expect, and how to manage these side effects
- > What to do in the event of a missed pill and emergency contraception options available if required
- > Importance of adherence, and avoiding stopping/starting the pill
- > When to seek further care from their medical practitioner or other authorised prescribing healthcare practitioner:
 - the signs of VTE and what to do if it is suspected
 - the importance of reporting new or worsening mood-related symptoms to the pharmacist and usual medical practitioner
 - if health screening is indicated

Presentations to the community pharmacy for oral contraceptive resupply provide an important opportunity to engage patients in preventative healthcare, such as screening and education, and referral to a medical practitioner where appropriate. Patients should be provided information about and be encouraged to make an appointment for the following screening:

- > Cervical screening – routine screening is available for people from the age of 25 and is recommended every five years
- > Breast checks – people who have a personal or family history of breast cancer, should be advised to see their medical practitioner for advice regarding frequency and type of screening
- > Sexually transmitted infection (STI) screening – recommended for anyone who is sexually active and engaging in unprotected sex

Only oral forms of contraception are available for resupply. Pharmacists may also discuss the use of LARCs with patients when appropriate, as per the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) recommendations. See [Long Acting Reversible Contraception \(LARC\) - Consensus Statement \(ranzcog.edu.au\)](https://www.ranzcog.edu.au/long-acting-reversible-contraception-larc-consensus-statement) for further information.

Review

This Management Protocol will be reviewed on a regular basis as required.

Appendix 1 - Training requirements

Prior to providing services, pharmacists must have successfully completed one or more of the approved competency-based training programs on contraception delivered through a higher education institution accredited by the Tertiary Education Quality and Standards Agency or an accredited continuing professional development program, that meets the Australian Pharmacy Council's Standards for Continuing Professional Development Activities.

Current approved training:

Pharmaceutical Society of Australia Contraception Essentials online training module

[Training Plan: Contraception Essentials - SA \(psa.org.au\)](https://www.psa.org.au/training-plan/contraception-essentials-sa)

Australasian College of Pharmacy Oral Contraceptives: a comprehensive training course for pharmacists

[Oral Contraceptives: a comprehensive training course for pharmacists \(acp.edu.au\)](https://www.acp.edu.au/oral-contraceptives)

Appendix 2 – Approved Medicines

Sale or supply must comply with the *Community Pharmacy OCP Resupply Services Scheme* as determined by the Minister for Health and Wellbeing by notice in the [Gazette](#) on 9th April 2024 and SA *Community Pharmacy OCP Resupply Services – Management Protocol*.

The service authorises the supply of combined oral contraceptive pills (COCPs) and progestogen only pills (POPs) containing:

1. Permitted estrogens
 - a. Ethinylestradiol (40 micrograms or less)
 - b. Estradiol
2. Permitted progestogens
 - a. Levonorgestrel
 - b. Norethisterone
 - c. Drospirinone
 - d. Nomegestrol
 - e. Desogestrel
 - f. Dienogest
 - g. Gestodene
 - h. Cyproterone

COCPs with a high estrogen dose (50 micrograms of ethinylestradiol or equivalent) are not permitted to be supplied through this service, as they are not routinely recommended for contraception because of the unacceptable risk of VTE.

COCPs containing estetrol or mestranol are not permitted to be supplied through this service.

See tables 1 and 2 for more detail.

OFFICIAL

Table 1: Combined oral contraceptive pills available through the SA Community Pharmacy OCP Resupply Service

Estrogen dose (micrograms)	Progestogen dose (micrograms)	Brand name examples (not exhaustive)
Monophasic oral formulations: Low estrogen dose		
ethinylestradiol 20	drospirenone 3000	Bella, Brooke, Yana, Yaz
ethinylestradiol 20	levonorgestrel 100	Femme-Tab ED 20/100, Lenest 20 ED, Loette, Microgynon 20 ED, Micronelle 20 ED
estradiol 1500	nomegestrol 2500	Zoely
Monophasic oral formulations: Standard estrogen dose		
ethinylestradiol 30	desogestrel 150	Madeline, Marvelon
ethinylestradiol 30	dienogest 2000	Valette
ethinylestradiol 30	drospirenone 3000	Brooklyn, Isabelle, Petibelle, Yasmin, Yelena
ethinylestradiol 30	gestodene 75	Minulet
ethinylestradiol 30	levonorgestrel 150	Eleanor 150/30 ED, Evelyn 150/30 ED, Femme-Tab ED 30/150, Lenest 30 ED, Levlen ED, Microgynon 30 ED, Micronelle 30 ED, Monofeme, Nordette, Seasonique
ethinylestradiol 35	cyproterone 2000	Brenda-35 ED, Chelsea-35 ED, Diane-35 ED, Estelle-35 ED, Jene-35 ED, Juliet-35 ED, Laila-35 ED
ethinylestradiol 35	norethisterone 500	Norimin
ethinylestradiol 35	norethisterone 1000	Brevinor-1, Norimin-1
Triphasic oral formulation		
phase 1 (6 pills): ethinylestradiol 30 + levonorgestrel 50 phase 2 (5 pills): ethinylestradiol 40 + levonorgestrel 75 phase 3 (10 pills): ethinylestradiol 30 + levonorgestrel 125		Logynon ED, Trifeme, Triphasil, Triquilar ED
Quadriphasic oral formulation		
phase 1 (2 pills): estradiol valerate 3000 alone phase 2 (5 pills): estradiol valerate 2000 + dienogest 2000 phase 3 (17 pills): estradiol valerate 2000 + dienogest 3000 phase 4 (2 pills): estradiol valerate 1000 alone		Qlaira

Table 2: Progestogen only contraceptive pills available through the SA Community Pharmacy OCP Resupply Service

Progesterone dose	Brand name examples
norethisterone 350 mcg	Noriday
levonorgestrel 30 mcg	Microlut
drospirenone 4 mg	Slinda

Appendix 3 – Contraindications to resupply

The *Therapeutic Guidelines - Contraception* indicates a range of contraindications and precautions for combined hormonal contraception and progestogen-only oral contraception. These are based on the UK Medical Eligibility Criteria (UKMEC) and include conditions in Table 3 and 4 (not an exhaustive list).

For a full list of UKMEC 3 and UKMEC 4 classified conditions, see:

[UKMEC April 2016 \(Amended September 2019\) - Faculty of Sexual and Reproductive Healthcare](#)

[UKMEC April 2016 Summary Sheet \(Amended September 2019\) - Faculty of Sexual and Reproductive Healthcare](#)

Combined Oral Contraceptive Pill (COCP)

Table 3: Contraindications to resupply of the COCP

UKMEC Category 3 and 4 contraindications, and other conditions that require immediate referral
<ul style="list-style-type: none"> • Current or previous history of breast cancer (including carriers of known gene mutations associated with breast cancer) • Migraine with/without aura • Current or past history of ischaemic heart disease, stroke or transient ischaemic attack • Aged 35 years or older and current smoker or recently quit smoking (including nicotine vaping*) in the last 12 months • Hypertension (systolic blood pressure 140 mmHg or higher, or diastolic blood pressure 90 mmHg or higher), including adequately controlled hypertension • Hypertension, with vascular disease • Complicated valvular or congenital heart disease • Cardiomyopathy with impaired cardiac function • Atrial fibrillation • Current or past history of VTE or a first-degree relative with a VTE (provoked or unprovoked) under the age of 45 years • Positive antiphospholipid antibodies • Known thrombogenic mutations, e.g. factor V Leiden, prothrombin mutation, Protein S, Protein C, antithrombin deficiencies • Prolonged immobilisation • Severe (decompensated) cirrhosis • Hepatocellular adenoma or malignant liver tumour • Body mass index (BMI) 35 kg/m² or more • Diabetes with nephropathy, retinopathy, neuropathy or other vascular disease • Gall bladder disease (medically treated or current) • Undiagnosed mass/breast symptoms (only if the condition is pre-existing and the COCP is initiated) • Multiple risk factors for cardiovascular disease (such as smoking, diabetes, hypertension, obesity, and dyslipidaemias) • Past COC related cholestasis • Organ transplant - Complicated: graft failure (acute or chronic), rejection, cardiac allograft vasculopathy • Acute viral hepatitis, or flare (only if the condition is pre-existing and the COC is initiated)

*As per Australian consensus guidelines

OFFICIAL

Breastfeeding and postpartum risks have been excluded from Table 3 due to the requirement for a 2-year history of continuous OCP use to be eligible for this service.

Progestogen only oral contraceptive pill (POP)

Table 4: Contraindications to resupply of the POP

UKMEC Category 3 and 4 contraindications, and other conditions that require immediate referral
<ul style="list-style-type: none">• Current or previous history of breast cancer• Unexplained vaginal bleeding (suspicious for a serious condition) before investigation for the cause• Severe (decompensated) cirrhosis• Hepatocellular adenoma or malignant liver tumour• Ischaemic heart disease, stroke or transient ischaemic attack (TIA) that develops during use

Appendix 4 - References

Professional Practice Standards and Codes of Conduct

Pharmaceutical Society of Australia Professional Practice Standards 2023, version 6

<https://www.psa.org.au/practice-support-industry/pps/>

Australian Health Practitioner Regulation Agency – Shared Code of Conduct

[Australian Health Practitioner Regulation Agency - Shared Code of conduct \(ahpra.gov.au\)](https://www.ahpra.gov.au/Shared-Code-of-Conduct)

Clinical Guidelines

The Faculty of Sexual and Reproductive Healthcare – UK Medical Eligibility Criteria for Contraceptive Use:

[UKMEC April 2016 \(Amended September 2019\) - Faculty of Sexual and Reproductive Healthcare \(fsrh.org\)](https://www.fsrh.org/ukmec/)

The Faculty of Sexual and Reproductive Healthcare – UKMEC Summary Table: Hormonal and Intrauterine Contraception:

[UKMEC April 2016 Summary Sheet \(Amended September 2019\) - Faculty of Sexual and Reproductive Healthcare \(fsrh.org\)](https://www.fsrh.org/ukmec-summary-table/)

The Faculty of Sexual and Reproductive Healthcare – Combined Hormonal Contraception Clinical Guideline:

[FSRH Clinical Guideline: Combined Hormonal Contraception \(January 2019, Amended October 2023\) - Faculty of Sexual and Reproductive Healthcare](https://www.fsrh.org/combined-hormonal-contraception/)

The Faculty of Sexual and Reproductive Healthcare – Progestogen-only Pills Clinical Guideline:

[FSRH Clinical Guideline: Progestogen-only Pills \(August 2022, Amended July 2023\) - Faculty of Sexual and Reproductive Healthcare](https://www.fsrh.org/progestogen-only-pills/)

Sexual and Reproductive expert group. Sexual and Reproductive Health. eTG complete. Melbourne, Australia: Therapeutic Guidelines

<https://www.tg.org.au>

Australian Medicines Handbook (online). Adelaide: Australian Medicines Handbook Pty Ltd; March 2024.

<https://amhonline.amh.net.au/>

Other resources

UKMEC Calculator:

[UKMEC Calculator](https://www.fsrh.org/ukmec-calculator/)

Pharmaceutical Society of Australia Women's Sexual and Reproductive Health:

[Women's sexual and reproductive health \(psa.org.au\)](https://www.psa.org.au/women-sexual-reproductive-health/)

STI Guidelines

Australian STI management guidelines for use in primary care

<https://sti.guidelines.org.au/sexual-history/>

Approved Pharmacist Contraception Training

Pharmaceutical Society of Australia Contraception Essentials online training module

[Training Plan: Contraception Essentials - SA \(psa.org.au\)](#)

Australasian College of Pharmacy Oral Contraceptives: a comprehensive training course for pharmacists

[Oral Contraceptives: a comprehensive training course for pharmacists \(acp.edu.au\)](#)

Other Relevant Training - Cultural safety

PSA resource on providing resources to Aboriginal and Torres Strait Islanders

ppaonline.com.au/wp-content/uploads/2019/01/PSA-Guide-to-Providing-Pharmacy-Services.pdf

Pharmaceutical Society of Australia Deadly pharmacists foundations training course

[Training Plan: Deadly pharmacists foundation training course \(psa.org.au\)](#)

Feedback and Complaints Checklist

[Australian Health Practitioner Regulation Agency - Checklist for practitioners handling feedback and complaints \(ahpra.gov.au\)](#)

Consumer Information

Better Health Channel 'Oral contraceptive pills':

<https://www.betterhealth.vic.gov.au/health/healthyliving/contraception-choices#oral-contraceptive-pills>

Better Health Channel 'Safe sex':

[Safe sex - Better Health Channel](#)

Shine SA:

[Contraception Options - SHINE SA](#)

[The Pill | SHINE SA | Combined Oral Contraceptive Pill](#)

[Progestogen-Only Pill - SHINE SA](#)

[Emergency Contraception - SHINE SA](#)

Jean Hailes contraception fact sheet:

<https://www.jeanhailes.org.au/resources/fact-sheets/contraception>