NZHPA Education Grant Report 2026 - PSA 2026 Sydney Conference



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I had the privilege of attending the Pharmaceutical Society of Australia (PSA) 2026 Annual Conference in Sydney, with support from NZHPA.

The conference featured over 40 clinical sessions, interactive workshops, and opportunities to connect with pharmacists across different areas of practice. Centred around belonging, connection, and purpose, the programme explored research, real-world practice, and opportunities to strengthen professional networks across Australia and New Zealand.

As a first-year pharmacist, my experience has primarily been within Rotorua Hospital, so attending this conference gave me valuable exposure to different pharmacy models, perspectives, and career pathways. It helped me consider where I would like to develop my practice while giving me knowledge to share with my team, including evidence-based approaches that could be applied to our daily work to improve patient outcomes.

Two sessions that particularly stood out to me were ‘Culturally and Linguistically Diverse Care’ and ‘T1DM: Early Action, Better Outcomes’.

Culturally and Linguistically Diverse Care

This panel included a healthcare consumer, rural GP, and nurse to discuss medication safety for culturally and linguistically diverse communities. A key focus was a new Australian medication safety report, which highlighted that 29% of people receiving subsidised medicines through the Pharmaceutical Benefits Scheme (PBS) were born overseas. Among PBS recipients with limited English proficiency, 45% were dispensed six or more medicines and 41% rated their health as fair or poor. These numbers stress the importance of clear communication and medication safety in a population where polypharmacy is common.

Although this report focused on Australia, its findings are also relevant to New Zealand as our own culturally and linguistically diverse communities face very similar inequities.

One key takeaway was how easily we can assume patients understand their medicines or feel comfortable asking questions. Language barriers, limited time, and family members interpreting through their own perspectives can all affect communication. Patients may also feel

uncomfortable asking questions or expressing concerns because they do not want to be a burden. This reinforced the importance of creating a safe space where patients feel heard and supported.

Practical recommendations included improving access to professional interpreters, completing medication reconciliations for these patients, and providing culturally appropriate medication information and health literacy resources. These are particularly important when managing complex medication regimens, as misunderstandings can contribute to medication-related harm and poorer health outcomes.

My favourite quote from the conference came from this session: “Actually listen – don’t just think you are.” It was a simple but powerful reminder that effective communication involves more than explaining information; it requires taking the time to understand each patient's perspective.

T1DM: Early Action, Better Outcomes

This session explored earlier intervention in type 1 diabetes (T1DM), including teplizumab, a monoclonal antibody approved in Australia to delay the onset of symptomatic T1DM by around two years in eligible patients. Many children are diagnosed following a diabetic ketoacidosis (DKA) event, which can be traumatic for both patients and their families. Screening for antibodies and monitoring can help identify T1DM earlier, reducing the risk of DKA at diagnosis and giving families more time to prepare for managing the condition. This highlighted how earlier intervention can improve not only clinical outcomes but also the experience of patients and their families.

The session also explored potential adjunctive therapies, including GLP-1 receptor agonists and SGLT2 inhibitors alongside insulin. Although clinical trial evidence remains limited, lived experiences within the T1DM community suggest these medicines may help stabilise glucose levels and reduce insulin requirements. One idea discussed was using prescription data to identify existing use in people with T1DM and help build a case for further clinical trials. I found this particularly interesting as it demonstrated how real-world prescribing data could help identify gaps in evidence and support future research.

Overall, this conference broadened my understanding of what pharmacy practice can look like and reinforced the value of learning from different perspectives. Both sessions highlighted the importance of looking beyond medicines alone, whether that means improving how we communicate with patients or exploring new approaches to treatment. I returned with new ideas, practical insights, and a stronger appreciation for the role pharmacists can play in improving patient care. I am grateful to NZHPA for supporting this opportunity and would encourage other pharmacists, particularly those early in their careers, to attend conferences and make the most of the connections and learning they offer.