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Pharmacists want funds too: PSA

Mark Gertsakis

PHARMACISTS need similar support to the millions being invested by the Federal Government into the training of new doctors, the Pharmaceutical Society of Australia (PSA) has urged.

Federal Health Minister Nicola Roxon yesterday announced a \$632 million funding boost over the next 10 years to train an extra 5,500 GPs and 680 specialists, as well as provide 5,400 pre-vocational GP training places, effectively doubling the numbers of practitioners in these positions.

"There cannot really be a

bigger priority than funding the lifeblood of the system, which is our doctors," Ms Roxon told Sky News yesterday.

However, according to PSA president Warwick Plunkett, the Government should not neglect other primary care professions, such as pharmacists.

"The decision to boost the ranks of doctors and encourage people to become GPs is a very positive first step in improving the health care scheme and, indeed, in implementing the health care reforms which are the basis of the Government's agenda," Mr Plunkett said.

"But other professions, like pharmacy, which are

similarly pivotal to the primary health care team, must not be forgotten. There also needs to be a focus given to the needs of these professions so that the effectiveness and sustainability of the primary health care team model is assured."

Mr Plunkett said the Government needed to offer more financial support to attract pharmacists to rural and regional areas, and make sure they were able to operate there effectively.

"The very unique needs of pharmacists in these areas must be recognised and acted upon by the Government," he said.

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Breast cancer chemo drug Taxotere PBS listed

A CHEMOTHERAPY drug for women with early stage breast cancer has been approved for PBS listing, making Australia the first country in the world to provide a nationwide subsidy for the therapy.

Treatment with Taxotere (docetaxel) in combination with cyclophosphamide will be listed on the PBS on 1 April less than a year after the drug was approved by the Therapeutic Goods Administration.

A maximum of four cycles will be subsidised by the Government – a regimen which now costs

patients between \$8,000 and \$9,000.

According to manufacturer Sanofi-aventis, a phase III trial involving 1,016 patients with operable early-stage breast cancer showed that the Taxotere cyclophosphamide combination improved survival rates by 81 per cent, as opposed to a 75 per cent improvement rate when patients took a doxorubicin cyclophosphamide combination.

Oncologist Dr Arlene Chan, from the Mount Hospital in Perth, said the availability of Taxotere cyclophosphamide

combination on the PBS was important because it was a non-anthracycline chemotherapy treatment.

"Cardiotoxicity has been recognised as a serious complication of some chemotherapy treatments such as doxorubicin," Dr Chan said.

"Having an effective chemotherapy treatment that is not associated with heart problems is an important treatment advance, particularly for women with an underlying heart problem."

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Agreement branded a missed opportunity

Mark Gertskis

THE impending Fifth Community Pharmacy Agreement has been branded a missed opportunity to further the role of the profession.

Speaking at this year's APP conference on the Gold Coast, Pharmaceutical Society of Australia president Warwick Plunkett expressed doubts that the agreement between the Federal Government and the Pharmacy Guild – which is still pending an official signature – would boost the professional standing of pharmacists.

"Our actions don't match the rhetoric," Mr Plunkett told delegates.

"The biggest opportunity for the profession to advance lay within the grasp of this current agreement process but, for a whole series of reasons, I don't think we're going to grasp that opportunity once again.

"While I'm not privy as to what's exactly in the agreement or where negotiations are up to, I don't have

any strong faith that there's going to be a significant move forward in terms of that professional track we would like to be on."

Mr Plunkett said the funding model for community pharmacy needed an overhaul.

"We have to move our focus from where we've been to where we ought to be and start looking around to see what else we can find in terms of pockets of remuneration," he said.

"The current remuneration model is outdated. The profession has moved beyond thinking of itself purely in the supply mode. I don't think anyone sees that as our future.

"We have to look at other ways of getting remunerated – and it doesn't have to be just from the Government. We're not being particularly innovative."



BRIEFS

NZ EXPANSION BID

Pharmacists in New Zealand have staked a claim to an increased role in primary health provision in light of findings by the country's government that primary health organisations (PHOs) were struggling to meet community needs.

"With over 900 community pharmacies throughout New Zealand, community pharmacists are the health professionals that patients see most often," Pharmacy Guild of New Zealand chief executive Annabel Young said.

"They are well-placed to step into the gaps where PHOs are struggling to meet key health indicators. Pharmacists are medicines experts who are trained to assess a patient's condition and recommend safe and effective treatments – without an appointment."

PLAVIX WARNING IN THE US

The Therapeutic Goods Administration (TGA) said it was evaluating new data in relation to a decision by US regulators to add a boxed warning to anti-blood

clotting drug Plavix (clopidogrel).

The US Food and Drug Administration (FDA) has warned that Plavix could be less effective in people who cannot metabolise the drug to convert it to its active form.

The FDA recommended that doctors considered a different treatment for "poor metabolisers", estimated at between two and 14 per cent of the US population.

The TGA said the evaluation was expected to be finished "shortly".

TV TIME MACHINE

Pharmacists in Britain are working on a new BBC documentary series looking at the practice of pharmacy in the Victorian era.

Professor Nick Barber from the School of Pharmacy at the University of London will recreate the role of a Victorian pharmacist in period dress and surroundings, testing out remedies and medicines popular at the time.

"This is a great opportunity to communicate some fascinating facts about pharmacy to a wide audience," he said.

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Promotion beckons for pharmacy's rising star

THE Queensland branch president of the Pharmaceutical Society of Australia (PSA), Lisa Nissen, has had her pharmacy research endeavours rewarded with an academic promotion.

The current PSA national vice president will become Associate Professor of Quality Use of Medicines (QUM) at the University of Queensland, where she has been a senior lecturer.

The 2008 Pharmacist of the Year and Young Pharmacist of the Year in 2002, Assoc Prof Nissen has focused her research on QUM in the wider community and the expansion pharmacists' roles, in particular pharmacist



PROMOTED: Associate Professor Lisa Nissen.

prescribing and the expansion of pharmacy practice into other cognitive service delivery areas such as diabetes, asthma and pain.

"Quite coincidentally, the announcement of my Associate Professorship closely follows the move by the Queensland branch to new premises at the Pharmacy Australia Centre of Excellence in Brisbane," Assoc Prof Nissen said. "So for the Queensland branch of PSA, and for me as branch president, these are very exciting and significant times."

In 2007, Assoc Prof Nissen was awarded a National Prescribing Service grant to

develop a learning module on interprofessional education focusing on QUM.

That same year, she won the University of Queensland Excellence in Teaching Award as well as receiving a Fellowship from the university's Faculty of Health Sciences for contribution to interprofessional learning.

She has been a member of the national PSA board since 2008 and was last year named the body's national vice president.

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COMMENTS

PHARMACISTS IN GENERAL PRACTICE ([LINK](#))

I have been a sort of practice manager, consultant pharmacist and general dog's body in my wife's general practice for almost 30 years.

I have assisted with wound care, making sure that the vaccination fridge has been cleared of out-of-date stock. The same is needed if samples are held in the practice. Pharmacists are used to checking expiries in the dispensary environment. I have administered IM vaccinations, for example influenza vaccines (under her direct authority), but I strongly believe a suitably qualified pharmacist can and should administer vaccines.

HMRs, DMAS and other innovative screening tools – transdermal haemoglobin, oximetry, actigraphy and simple sleep screenings – are performed. As current research is showing around 40 per cent of type 2 diabetics have some form of sleep

disordered breathing, more focus needs to be placed on this area of practice.

I call myself a "consultant pharmacist practitioner in sleep health". The only problem is that the patient has to pay full out-of-pocket fees with no Medicare or private health insurance rebates being available. Some reimbursement exists for homeopathy and naturopathy but not consultant pharmacist services, which I think is a pity.

Most of the above services are done gratis to assist my wife and to improve that general efficiency of the practice.

David Nolte

Pharmacists in general practice and medication management reviews all point the way for community pharmacy in the future – consultant pharmacy services. As soon as all health care professionals recognise and accept

that this service is needed in the general community, then the logistics of how these consultant pharmacy services are accessed really becomes the main hurdle.

The key point in all of this debate is that this service cannot remain restricted to any particular health sector. In the case of the "pharmacists in general practice" proposal, this is just one way that these consultant pharmacy services can be accessed. It is not the only way and nor should it be.

All you have to do is go to a patient's house and have a look at their medicine cabinet to see the myriad prescription medicines, OTC medicines, vitamins, herbal teas, foreign-based internet medicines that exist to realise that some of these items would be missed in a medication-only profile review conducted in a general practice setting. The consultant pharmacist would need to have adequate training across a

broad range of health areas to sort through a cupboard like that.

Consultant pharmacy services should also be accessible in a retail community pharmacy setting in exactly the same way that a nurse conducts a baby clinic session on any given day. I would imagine most customers/patients would appreciate very much this sort of service from their own chemist. Most pharmacists that I know are too busy dispensing or running a business to spare the time needed to conduct a medication review with their own customers so it makes sense to dedicate the time and space to someone who can.

Is the future and purpose of pharmacy about medication compliance, or health prevention/education, or medication reviews, or specialist health advice/services, or adjunct treatment with complimentary medicines? That's an easy one to work out.

Manuel Pippas