

## Guild's roadmap under attack

Mark Gertsakis

A STRATEGIC plan for the development of pharmacy services being prepared by the Pharmacy Guild of Australia has come under attack from the union for employee pharmacists.

The development of *The Roadmap – the Strategic Direction for Community Pharmacy*, announced at the APP conference last week by Guild president Kos Sclavos, has been branded a "road to nowhere" by Geoff March, president of the Pharmacy Division of APESMA.

Mr March predicted the plan – which promised to look into available research in order to highlight opportunities in developing new pharmacy services and expanding existing ones – would not include the input from other pharmacy

groups, consumers and other health professionals.

"We have the Guild on another frolic of its own in proposing a paper about how they, and of course only they, will develop a blueprint for the future of pharmacy," Mr March said.

"Are we going to have the ridiculous situation where one special interest group decides it will produce its own report and ignore the opinions of everybody else?"

Mr March called on the Guild to declare their level of support for the white and green papers that had previously been prepared by the Pharmaceutical Society of Australia.

Mr Sclavos said the roadmap would bring to the table programs already proven to work.

"White papers and green papers are great and they should

occur but we have a window of opportunity to implement programs now," Mr Sclavos told *Pharmacy eNews*.

"There is a big difference between our document and those documents, which don't end up translating to paid services for pharmacists on the ground.

"Show me a white paper in another country and how that has translated to paid services for pharmacists. Whereas what the Guild is developing is a systematic step-by-step document that pharmacy can submit.

"At the moment, we as the pharmacy profession, don't have any documents we can submit. That's the difference between the Guild's document and any other document that has been prepared."

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## CVD drugs prescribed more in regional areas

PEOPLE living in regional Australia are buying cardiovascular medications at a higher rate than their counterparts in major cities, according to a new report released today.

The Australian Institute of Health and Welfare (AIHW) study found that supply of drugs for cardiovascular disease (CVD) was generally highest in inner and outer regional areas, reflecting the poorer cardiovascular health outside major cities.

"The reasons for these patterns are hard to identify – the relationships between cardiovascular disease, remoteness, seeing a doctor, and supply of CVD medicines are complex," said John Woodall,



**HEART COUNTRY:** More CVD drugs are prescribed in regional areas than cities.

from the institute's cardiovascular, diabetes and kidney unit.

"One constant we found in our study was that GPs prescribe cardiovascular medicines in a similar pattern across Australia, whether they are based in major cities, regional or remote areas."

More than 70 million

prescriptions for cardiovascular drugs were dispensed to 3.8 million Australians through the PBS in 2007–08, the report revealed.

Indigenous Australians in remote areas had significantly higher rates of CVD deaths and hospitalisations than other Australians, the report found, and were highly reliant on Section 100 arrangements for their supply of cardiovascular drugs.

Up to one third of CVD drugs were supplied through Section 100 in remote areas, AIHW found.

When it came to lipid-lowering cholesterol drugs, however, AIHW found that rates of supply were highest in the cities.

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## ASMI backs pharmacists in doctor training plan

OVER-THE-COUNTER drug makers have called on the Federal Government to address GP shortages by redirecting the treatment of some minor ailments to pharmacies.

In response to a plan announced by the Government this week to train thousands of new GPs, executive director of the Australian Self Medication Industry (ASMI), Juliet Seifert, said a self care program in pharmacies would make "serious inroads" into GP shortages.

"In the face of a severe national shortage of GPs, it makes sense to look at what people can do to take greater personal responsibility for their health through improved diet, exercise and self care of minor ailments," Ms Seifert said.

"Additional GP places are much-needed but we also need to look at how we can address the unsustainable demand for health services that threatens to outstrip future GP capacity and overrun health budgets."

Ms Seifert said the Government's plan would not actually see more doctors available for "a number of years", while a pharmacy self care program would "produce results in a relatively short period of time".

"ASMI is right," Pharmacy Guild of Australia president Kos Sclavos said.

"At a time when the Government is intent on getting maximum value for the dollars taxpayers put into the health system, it makes sense to utilise the skills and knowledge of Australia's most accessible health professionals in 5,000 community pharmacies."

Pharmaceutical Society of Australia president Warwick Plunkett, who yesterday called for pharmacists to also be given more financial support, said directing treatment of minor ailments to pharmacies would free GPs up to focus more on serious ailments.

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### BRIEFS

#### TGA APPROVES AVASTIN

The Therapeutic Goods Administration has approved Avastin (bevacizumab) as a single agent for the treatment of patients with grade IV glioma whose disease has relapsed or progressed after standard therapy, drugmaker Roche announced today.

A humanised monoclonal antibody, Avastin is the first biologic and angiogenesis inhibitor available in Australia to treat patients with grade IV glioma.

Roche said it was working to secure PBS listing for the drug but has also implemented an Avastin Access Program that placed a ceiling on the number of treatments a patient would have to pay for.

#### NURSE PRESCRIBING GO-AHEAD

Legislation to give nurse practitioners and midwives the power to write out PBS subsidised prescriptions is finally set to come into force after being approved in the Senate yesterday.

Under the new law, however, nurses wishing to prescribe PBS drugs will have to have collaborative arrangements with doctors in place.

"The fact that nurse practitioners in Australia have not been able

to assist their patients to their full scope of practice outside the hospital setting because of funding and pharmaceutical subsidy restrictions has been a nonsense," Australian Practice Nurses Association president Anne Matyear said.

#### DIOVAN VS STARLIX

People with impaired glucose tolerance and cardiovascular disease can significantly reduce the incidence of diabetes if they take Diovan (valsartan) but not if they take Starlix (nateglinide), according to new research.

The latest *New England Journal of Medicine* has detailed findings of a study which seems to back the use of Diovan, an angiotensin-receptor blocker (ARB), over the meglitinide class antidiabetic, Starlix.

Researchers concluded that taking Diovan – along with lifestyle changes – led to a 14 per cent reduction in the incidence of diabetes after five years of use but did not reduce the rate of cardiovascular events.

However, taking Starlix neither reduced the incidence of diabetes nor cardiovascular events after five years of use, the study found.

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