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Tax break for doctors should be for all

Nick O'Donoghue

PHARMACISTS HAVE criticised the Government for giving doctors working in remote areas tax break on incentive payments while putting barriers in the way of others.

Chair of the PSA's RuralSIG Karalyn Huxhagan, who works in Andergrove, Queensland, described the decision to exempt rural doctors from a 46.5 per cent upfront PAYE tax on incentive payments, as a return to the "Wooldridge years".

Ms Huxhagan called for the tax concession to be given to pharmacists and other health care professionals working in remote areas of the country.

"This is an incentive that would be most welcome by all the health

professionals working in rural health.

"It should never be singled out for doctors. They give incentives to encourage people to work in these areas and then they put barriers up.

"To truly deliver better health outcomes in rural and remote Australia these kind of programs should be rolled out to all the health professionals working in these areas," she said.

Speaking to *Pharmacy eNews*, executive director of the National Rural Health Alliance, Gordon Gregory, called for "greater equivalence" across the health professions in rural areas after taxes on incentive payments to doctors were scrapped.

"If indeed the docs are getting some remission of tax on

incentives paid to them, then we would certainly agree that they should be made available to equivalent incentives provided to all other health professions including pharmacists [working in rural areas]," he said.

Under the Government's **Rural Pharmacy Maintenance Allowance**, rural pharmacists can receive incentive payments of more than \$40,000 depending on the level of Pharmaceutical Benefits Scheme (PBS) and Repatriation PBS claimable prescriptions they process and how remote their pharmacy is.

Pharmacists in the most remote parts of the country could see incentive payments from Medicare Australia cut by more than \$18,000 a year after tax.

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Legislation changes lead to PSA code review

Jennifer Joseph

GAPS in the current Code of Professional Conduct are being assessed as part of a review by the Pharmaceutical Society of Australia (PSA).

A Code Review Working Group, chaired by Dr Shane Jackson, and a panel of expert advisors have been established to update the **current code** following changes in legislation, changes to the health care landscape, and the evolution of professional pharmacy practice.

National president of the PSA, Warwick Plunkett, said the revision was timely given the changing environment of the profession.

"The review of PSA's code is important in the context of its inclusion in the health professions' code which will apply to pharmacists under the national



NEW CODE: PSA president Warwick Plunkett. registration scheme," Mr Plunkett said.

"The code is also one of the requirements that approved pharmacists must comply with in dispensing prescriptions for pharmaceutical benefits."

At its first meeting the working group said it believed the way forward was to revamp the current code into a simpler code of ethics' articulating the core

values of the profession and supported by additional guidance documents.

The working group - which will be looking at codes of overseas pharmacy organisations as well as codes of other health professions in Australia to help inform its work - is considering how a revised code can be implemented for the entire pharmacy profession.

Mr Plunkett said the review will complement the work currently being led by PSA through the review of the Professional Practice Standards as well as the Competency Standards.

"Further down the track there will be an open consultation period during which we will be inviting comments from interested parties within and outside of the profession," he said.

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Low dose combination therapy prevents type-2 diabetes

Nick O'Donoghue

NEW RESEARCH shows a low dose treatment with rosiglitazone and metformin is effective at preventing patients with impaired glucose tolerance from developing type-2 diabetes.

Published in the *Lancet*, the study found the combination treatment resulted in a significant reduction in the progression to diabetes in patient involved in the double blinded randomised trial.

Researchers involved in the Canadian Normoglycemia Outcomes Evaluation (CANOE) study reported traditional lifestyle interventions have been disappointing in preventing people from developing type-2 diabetes.

"The CANOE trial clearly

showed that combining half the maximum dose of rosiglitazone with metformin results in a significant reduction in the progress to diabetes.

"Traditional efforts at lifestyle interventions at a health-care professional level have been disappointing, and many have suggested that community-based or societal-based programmes similar to antismoking campaigns are needed.

"Pharmacologically, there seem to be equally effective interventions; however, concern with adverse effects and long-term safety might have resulted in slow adoption of these strategies.

"Thiazolidinediones, in particular, are very effective in reducing the development of

type-2 diabetes in individuals with IGT or IFG, or both, with an approximate 60 per cent reduction in the relative risk of conversion to type-2 diabetes," the study reported.

The trial included 207 patients with impaired glucose tolerance, who were randomly assigned to receive either a placebo or the combination treatment made of rosiglitazone (2mg) and metformin (500mg) twice daily for a median time of 3.9 years.

Results showed just 14 of the 103 people who received the combination treatment developed type-2 diabetes compared with 41 of the 104 in the placebo group.

Researchers noted medication compliance (taking at least 80 per cent of assigned medication) was 78 per cent in the metformin

and rosiglitazone group and 81 per cent among those receiving the placebo.

The trial's findings that traditional lifestyle interventions have not worked contradict the results of a six month study of a Weight Watchers group program.

The study published in the *American Journal of Lifestyle Medicine* found people who attended at least two thirds of the session not only lost weight, but also significantly reduced fasting glucose and insulin levels.

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