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## Send students to the bush: academic

**Nick O'Donoghue**

PHARMACY schools should insist students take a compulsory rural clinical placement to give them a taste of life outside the major cities, according to an academic.

Professor of pharmacy at the University of Canberra Dr Gabrielle Cooper told *Pharmacy eNews* a mandatory regional placement could encourage students to go on and work in remote settings after graduating.

With Health Workforce Australia's (WHA's) decision to pull the plug on funding for clinical placements for pharmacy students, universities could take advantage of funding provided by the Pharmacy Guild to support students on placement in rural areas.

"Students should have a



**PLACEMENTS:** Students should be sent to rural areas for experience. compulsory rural placement," she said.

"We're very lucky, because out of the Guild-Government agreement there is good money from the Guild allocated to every pharmacy school to support pharmacy students on rural placements.

"There are two reasons I think we should do it. One, it actually exposes them to the experience and they actually might like it and two, it gives

them an insight into what it's like to be a patient in a rural environment."

The experience could also help ease fears some students may have about how they would be accepted in remote communities.

"Often students have preconceived ideas of what a rural placement is going to be like and it might be based on their cultural attitudes.

"They may perceive they may not be accepted into a rural community if they're not white Anglo-Saxon and I think going there as a student where there is support for them may actually change their mind.

"Until they go there they don't actually realise that they are wanted because of the health experience that they contribute to that community," she said.

To comment [click here](#).

## Rapid weight loss gains results: study

**Jennifer Joseph**

ADVISING obese customers to follow a very low calorie diet may reduce the risk of heart disease, some cancers, as well as improve self-esteem, with study results revealing rapid weight loss is more effective in achieving target weight.

The research, conducted by the University of Melbourne and presented at The International Congress on Obesity (ICO), was based on a pilot study of 120 obese, but otherwise healthy adults, and compared the efficacy of a rapid or a gradual weight loss program in achieving target weight.

Participants were mostly female, averaged 50 years of age, had an average BMI of 35, an average body weight of 97kg and were required to lose at least 15 per cent of their body

weight (about 15-25kg) within their allocated time.

Over a 12-week period, participants were given bi-weekly dietary advice by a qualified dietitian with the aim to lose 2.5 per cent bodyweight per fortnight.

All participants replaced three meals a day with Optifast VLCD, a commercially available very low energy diet, with exercise advice provided to remain "on the curve".

Following weight loss, participants then reworked their program to replace one to three meals with Optifast and ensured total food intake was 800-1400 calories per day.

In the rapid weight loss group, 83 per cent achieved the required 15 per cent weight loss compared to 50 per cent in the gradual weight loss group, while overall average weight

loss in the rapid group was 13 per cent of body weight compared to nine per cent in the gradual group.

Compliance was also found to be a significant factor, with the retention rate in the rapid weight loss group 98 per cent compared with 85 per cent in the gradual weight loss group.

"Rapid weight loss can help with motivation and the rapid program is easier to follow as the diet is clear-cut and participants have fewer choices to make. For this reason more participants were able to achieve target weight in the rapid weight loss program compared to the gradual program," said researchers.

"This study has great potential to change current clinical practice with regards to weight loss in the treatment of obesity."

To comment [click here](#).

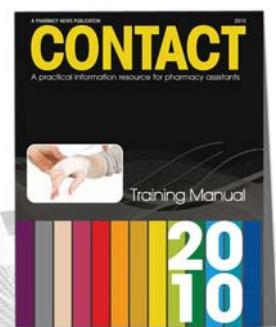
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# Pharmacy claims local business gong

**Nick O'Donoghue**

A FAMILY-RUN pharmacy in Sydney's inner west has won the area's top small business award for the first time.

After 22 years as the owner of the Burwood Plaza Amcal Chemist pharmacist George Bournazos and his wife Belinda received the best overall Inner West Small Business Award, while also picking

up the award for the region's top pharmacy.

Mr Bournazos believes the commitment to caring for patients, talking to them and providing "old-fashioned" pharmacy values helped them scoop the latest gong.

"Being a family business we understand the service required and the care we give to our customers... we still have old-fashioned values and we still

do medicines deliveries to our customers after hours," he said.

As a family owned and run business Mr Bournazos believes his customers feel secure in the knowledge that if there is a problem they are on hand to deal with the situation.

"You can't beat walking into a place when one of the owners is out there helping you... you can come in and you know what

you're going to get and if there's a problem you know it's going to be solved," he said.

Over the years customers at the pharmacy have become familiar with the Bournazos' daughters, Fiona and Sophia, who are now following in their father's footsteps, as Fiona is a pharmacist at Concord Hospital and Sophia is studying pharmacy.

To comment [click here](#).

## BRIEFS

### FLU SHOT REACTIONS IN CONFUSION

Febrile reactions to the child influenza vaccine were not detected in a timely manner because some reactions were notified to the TGA while others were notified to the state health department communicable diseases branch, a report commissioned by the WA minister of health has found.

Report writer and neurosurgeon, Professor Bryant Stokes, said it was disturbing that neither the state nor Commonwealth had put in the surveillance mechanisms recommended for pandemic vaccine by WHO, and he found it was inappropriate for the TGA to have both a licensing and surveillance role.

He recommended that vaccine surveillance be separated from the TGA and given to a separate body.

### GP SHORTAGE IN REMOTE AUSTRALIA

Rural patients are forced to wait up to six months to see GPs and specialists, while some have to travel up to 160 kilometres to see a doctor and 2000 kilometres to access cancer

services, a report has found.

Rural Doctors' Association of Queensland president Dan Halliday said the system is underfunded by at least \$1 billion a year.

### MENTAL HEALTH SERVICES COSTING MORE

More than 21 million mental health-related prescriptions were subsidised under the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) in 2008-09, costing the Australian Government over \$742 million, an Australian Institute of Health and Welfare report shows.

The majority of the cost was for antipsychotics and antidepressants, while the Australian Government paid \$666 million in benefits for Medicare-subsidised mental health services in 2008-09, reflecting an annual average increase of nearly 27 per cent since 2004-05.

National recurrent expenditure on all mental health related services in Australia in 2007-08 was estimated to be \$5.3 billion, with 60.5 per cent came from state and territory governments, 36 per cent from the Australian Government.

## COMMENTS

### OVERSUPPLY MYTH [\(LINK\)](#)

I am finding a similar experience to the one Rhonda White has related. There are plenty of pharmacists available in the cities and everyone else is struggling to get them. Those who do often find they will leave after a relatively short time when a offered a city job.

The slack in the cities can be taken up through pharmacists going to the non-big city locations plus pharmacies employing pharmacists to provide services, government funded plus others that add value and certainly cover outlay. Also, the additional pharmacist time should be used to increase service levels in the pharmacy through customer engagement, not cranking out scripts.

Put another way - any surplus pharmacists time should be used in delivering non-traditional (script processing) activities and services that add value to the customer experience. Think outside the square.

**Bruce Annabel**

I'm not sure what information Kos Sclavos reads. I recently had an email forwarded to me from our area health network. It was from one of the schools of pharmacy requesting

help with student placement as they were having difficulty placing their students.

**Helen Croft**

I registered at the end of 2009 in WA my friend and I could not find any permanent place. This is not misleading information. There is no need to collect any extra data, the fact is an oversupply of pharmacists is real.

**Eddy**

### PHARMACY UNDER ATTACK [\(LINK\)](#)

Good advice from a forward thinking school I'd say. It's not about there being no internships now, but about no internships when they've finished the uni course in four plus years.

**Jaye**

### SCRIPT RIGHTS [\(LINK\)](#)

In response to James Smithurst, pharmacists are one of the few professionals that still offer free advice so before you criticise pharmacists for simply running a business (shock horror that includes selling product) you should take a look at where you would be without pharmacists available twelve hours a day year round.

**Name withheld**