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EBOS upbeat on Chemist Warehouse

EBOS says it is preparing for its "next wave of growth" in the 2019/20 financial year, after commencing its new exclusive pharmaceutical distribution agreement with Chemist Warehouse on 01 Jul.

Releasing the company's annual results yesterday (PD breaking news), EBOS CEO, John Cullity (pictured), said the last 12 months had set the stage for expansion.

"We commenced operation in two brand new facilities in Brisbane and Sydney, providing further warehouse capacity.

"We also moved to 100% ownership of TerryWhite Chemmart, signed the Chemist Warehouse Group pharmaceutical contract and retained Blooms The Chemist, one of our largest independent pharmacy group customers.

"These were all great outcomes for our Community Pharmacy division," he enthused.

The company's Healthcare division contributed the lion's share of the business, with total revenue of NZ\$6.5 billion, compared to the Animal Care operations which turned over about \$382m.

Cullity cited "solid growth" within the Australian business, with Healthcare revenue declining by 3.5% or \$183 million.

"However excluding the impact of the reduction in hepatitis C sales and the impact of PBS price reforms, revenue growth was +5.2%," he said.

Revenue growth in community pharmacy, excluding hepatitis C and PBS reforms, was 3%.

EBOS maintained its market leading positions in both the Australian and New Zealand Institutional Healthcare markets, Cullity said, delivering further earnings growth which was assisted by a boost in sales of specialty medicines.

"The group's acquisition of Warner & Webster, which has operations in both Victoria and South Australia, has grown our share of the medical consumables market," Cullity noted.

The Consumer Products division also performed well, with revenue growth of 4.9% which partly reflected the acquisition of the Quitnits head lice brand.

EBOS Consumer Products also recently commenced operations as



the exclusive specialist distribution partner for the Philips Avent product portfolio in Australia.

Cullity said he was pleased the recent CSO Review conducted by the Health Department in Australia had recognised the importance of the wholesale sector.

"The financial stability of the industry is at a critical juncture, with wholesalers being significantly impacted by PBS reforms," he said, with hopes the issues will be resolved as part of the negotiation of the 7th Community Pharmacy Agreement.

Spring spotlight

PHARMACY suppliers wanting to participate in the upcoming **Pharmacy Daily** Spring Spotlight need to place bookings as soon as possible.

The special feature includes an image, product or service summary and call to action - to take this opportunity to showcase your spring products to the industry call 1300 799 220 or email advertising@pharmacydaily.com.au.

Echuca robber

VICTORIAN Police are seeking public assistance to help investigate a pharmacy robbery which took place in Echuca earlier this week.

According to an official report, police were called to the business on Hare Street after reports of a robbery at 8.55am on 20 Aug.

"It's understood an unknown male entered the business and threatened staff members before stealing a large quantity of pharmaceutical drugs," the police said.

Last seen running south on Hare St and then turning left onto Pakenham St, the man is described as being between 35 and 45 years old, wearing a large green jacket, a hoodie, gloves and sneakers.

Nobody was injured during the incident, with police urging reports to 1800 333 000.

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New MHRA chief

DR JUNE Raine has been announced as the interim Chief Executive of Britain's Medicines and Healthcare products Regulatory Agency (MHRA), with the appointment effective from 20 Sep.

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Paracetamol up-scheduling

THE Therapeutic Goods Administration yesterday confirmed an earlier decision which will see modified-release paracetamol move from Schedule 2 to S3, with the changes to now become effective from Jun 2020.

The ruling applies to paracetamol in modified-release (MR) tablets or capsules containing 665mg or less of paracetamol, including items such as Panadol Osteo.

The decision noted consideration of concerns expressed that pharmacists would not be able to exert sufficient controls against the purchase of MR paracetamol for suspected problematic or inappropriate use, in view of the experience with codeine and other S3 products.

“Notwithstanding the important role of the direct involvement of pharmacists in consumer education, in making my decision I took into account that up-scheduling to S3 may also act to reduce some impulsive intentional overdose due to placing additional barriers to sales,” said the Health Department Delegate.

The draft decision had suggested a 01 Oct 2019 implementation date, but this has now been delayed until next Jun to allow sponsors to carry out all of the regulatory, manufacturing, transportation and distribution steps necessary to comply with the proposed changes.

NZ strike

PHARMACISTS and pharmacy technicians in New Zealand’s Canterbury region are currently on strike, walking off the job yesterday over a long-running pay dispute.

The four day action involves almost 100 staff who said they were upset after having not received a formal pay offer from their South Island employer after more than a year of negotiations.

They’re seeking a 9% increase over three years.

Pharmacy set for taxi-style deregulation?

STEVE Flavel (pictured), Founder and Team Leader of the Independent Pharmacies of Australia, has contributed this opinion piece which **Pharmacy Daily** has reproduced in full.

Flavel is the owner of Woody Point Pharmacy in Qld.

We welcome your contributions - to submit them for consideration email to info@pharmacydaily.com.au.

***WE’VE** all heard the coined term ‘corporate greed’. Unfortunately, nothing could be more evident than in the world of Community Pharmacy.*

The Queensland Parliamentary Inquiry into Community Pharmacy ownership has found several “grey areas” where it is clear that many pharmacy owners are exploiting the system, having pecuniary interests in more than the legally permitted number of pharmacies in each state, hidden carefully by complex corporate structures and trusts.

I’m not just talking large corporate pharmacies, but also every pharmacy owner who is deliberately blurring the lines of their pharmacy ownership with corporate/trust structures that they are invested in, which appears most commonly in the realm of marketing groups.

Could it be that the very marketing groups that we thought would save us and allow us to compete with the other marketing groups down the road are at the very heart of what is killing this industry?

Personally, the answer I have come to believe each time I see the catalogues, the discount signs and the claims of 50%, 60% off, who in their right mind could think anything but a resounding “of course it bloody well is”.

Each and every one of these marketing groups is directly profiting from the marketing, the sales, the bulk buys and the ‘clipping of the ticket’ for each



deal they have negotiated for their members yet pass through their pockets on the way.

If that’s not the case, why then are these groups posting record increases in revenue each year?

Community pharmacy in Australia has reached a point of crossroads as to our future.

Either we as pharmacy owners support the initiative of the Parliamentary Inquiry and accept our responsibilities of pharmacy ownership ensuring we have no more pharmacies than what can allow us to be present with our finger on the pulse of each pharmacy we have an interest in, or we face the very real risk of watering down the very rules we have been striving so hard to protect for so many years.

With greedy pharmacy owners hiding behind corporate trusts especially those aided by certain marketing groups none of us can be surprised to find our pharmacy industry going down the same path as what has happened to the taxi industry.

It’s time to take a hard look at ourselves and what we want

pharmacy as a future to be in this country.

To save their own industry, some pharmacy owners might just have to toe the line and trim their illegal interests in their excessive number of pharmacies.

Is that not a small price to pay for genuine integrity in this industry? Do we want pharmacist only ownership or not? Do we want our future to be in our hands or in corporate hands? Do we want to answer to a board of directors or do we want to answer to ourselves as professional pharmacy owners working in our own community pharmacies as we should be?

The choice is ours to make today. At this crossroads of pharmacy ownership future, now is the time to support the initiative of the Parliamentary Inquiry and actually enforce the rules we have fought so many years to have in effect.

YOUR thoughts?

Let us know by emailing the **Pharmacy Daily** team on info@pharmacydaily.com.au.

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Pharmacy Daily



Dispensary Corner

A CURE for asthma, depression, headaches, aggression and insomnia?

It exists, and you can purchase it from British homoeopaths Ainsworths.

However, the story gets better - the remedy comes all in the form of a pill, made from none other than ground-down fragments of the Berlin Wall - exactly where we'd have thought you'd find a cure, if you ask us.

The "medication" is made by grinding down pieces of the Wall and diluting it multiple times with lactose, water and alcohol.

The company, which has held royal warrants for almost 40 years, is charging up to £114 (AU\$204) for a large bottle of the pills.

Edzard Ernst, Emeritus Professor of Contemporary Medicine at Exeter University, told *The Telegraph*, producers believe the tablets convey a "spiritual force" capable of bringing people together.

"Homeopaths do not believe it is a pharmacological action, but it is a sort of vital force that is acting," he said.

"The vital force, the spiritual force that was in the Berlin Wall, the intention...is in the remedy."

If you're looking to buy the product, you can score a 1g vial of lactose pills for £4.20 (AU\$7.53), or you can pay in excess of AU\$200 for 1,000ml in liquid potency (23% alcohol).

Believe it or not, the firm which produces it makes no medical claims about the treatment.

Another rural doc shortage

A REGIONAL NSW politician has declared a "crisis" due to a shortage of doctors working in district hospitals across the state which was threatening the health and safety of rural and regional residents.

Dr Joe McGirr, member for Wagga Wagga, spoke of the issues in Parliament earlier this week, saying there had been a reported loss of 50 doctors over the last six months in the Riverina area alone.

"Patients with chronic health conditions are even questioning whether they can remain in their homes or whether they should uproot and move from their communities," he said.

While McGirr's warning centred on hospital medical staff, the alert also comes amid warnings from the Pharmacy Guild of Australia (PD yesterday) highlighting changes to the country's working visas, which are likely to further exacerbate doctor workforce shortages.

"The need for pharmacists to work closer with GPs to relieve the burden is more apparent now than it has ever been," the Guild said.

Guild National President, George Tambassis said the issue highlighted the importance of

collaboration with doctors.

"Worsening doctor shortages are only going to leave patients worse off...allowing pharmacists to work more closely with GPs will free up doctors to spend more time with their patients and treating complex issues," he said.

"Particularly in regional and outer suburban areas, which will be worst affected by growing doctor shortages, it makes sense to allow pharmacists to offer more health services to meet the needs of their communities," Tambassis added.

He noted that Australia had fallen behind the UK and Canada, where pharmacists are allowed to practise at their full scope to prescribe and treat a range of common ailments which had improved access to health services for patients, reduced waiting times and reduced health system costs.

McGirr also cited the changes to immigration processes which have limited overseas-trained doctors' ability to work in some rural areas.

He urged the Government to explore the possible expansion of the current NSW Health hospital workforce to help address gaps in services, saying it was a "critical concern for my electorate".

Baby book trial

THE Australian Digital Health Agency has confirmed trials of a Child Digital Health Record next year, with the aim of creating a national approach to harmonising data in paper-based baby books.

Events Calendar

WELCOME to *Pharmacy Daily's* events calendar, opportunities to earn CPE and CPD points.

If you have an upcoming event you'd like us to feature, email info@pharmacydaily.com.au.

05 - 07 Sep: Pharmacy Connect; Hilton Hotel, Sydney; for details and to register visit: www.pharmacy-connect.com.au

09 Oct: 2019 Annual Conference & 20th Annual Industry Awards; Doltone House, Sydney; register here: www.cmaustralia.org.au

11 - 13 Oct: Pharmacy Assistant National Conference; Sofitel Brisbane Central; for more info and to register see: www.pharmacyassistants.com

27 - 30 Oct: Pharmacy Alliance Members' Forum; Pullman Cairns International; early bird ends 31 Aug: www.pharmacyalliance.com.au

14 - 16 Nov: SHPA Medicines Management 2019 (MM2019); GCCEC, Gold Coast; early bird registrations close 16 Sep: www.mm2019shpa.com



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Jobs of the Week

- **Pharmacist (2nd)** - Coffs Coast, NSW (Job# 200032987)
Coastal beachside pharmacy needs switched-on new reg / exp. Pharmacist.
- **Pharmacist Manager** - Central QLD (Job# 200033057)
\$150k salary + accom; friendly country town with welcoming reputation.
- **Pharmacist** - Flinders Ranges and Eyre Peninsula, SA (Job# 200033054)
Long-standing team; 38hr roster with alt. Saturday's; Rental assistance.

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