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## Pharmacy funding rethink required

**CURRENT** rural pharmacy funding models based on Australian Bureau of Statistics and Pharmaceutical Benefits Scheme data fail to recognise the vital non-dispensing services pharmacists in regional and remote locations provide, one owner believes.

Western Australian pharmacist, Joanne Loftus, told *Pharmacy Daily* her pharmacy in Northampton - more than 50km north of Geraldton - had seen funding through the Rural Pharmacy Maintenance Allowance (RPMA) plummet by \$7,500, under the Modified Monash Model for rural classification (MMM).

"The whole system needs reviewing," she said.

"The Government pulls all of its data to make these policy decisions based on ABS and also Medicare/PBS data.

"That would be wonderful if all

I did everyday was scripts, but I don't.

"I immunise, I treat minor wound care, I am constantly triaging the health of my patients with minor ailments so they don't overwhelm our local hospital and GP surgery.

"I provide mental health counselling- yes I do make some money from the sale of product but often it is a free service.

"Doing things for free does not pay the bills.

"The costs to employ another pharmacist are now out of reach for me."

Loftus said that in 16 years living in the town 10 doctors had come and gone, highlighting the need for the introduction of an employment incentive program for pharmacists and nurses to work in the bush, similar to the one offered to GPs.

"There needs to be a better way to deal with healthcare in rural



areas, especially when there is no GP," she said.

"The health outcomes for a person in a rural area are significantly poorer than those in metro areas.

"The Government should be supporting those healthcare professionals still left in town to help improve these statistics.

"If that means allowing pharmacists to also prescribe- well so be it."

### Super early birds get APP deal

**REGISTER** for the Australian Pharmacy Professional Conference 2021 (APP) by Mon to secure a super early bird discount.

See **page five** for more.

### ALP PA pay claims dishonest: Porter

**CLAIMS** that pharmacy assistants (PAs) will see their income cut under changes to workplace relations laws have been dismissed by Federal Minister for Industrial Relations, Christian Porter.

Speaking in the House of Representatives yesterday, Australian Labor Party (ALP) MP, Kristy McBain, said the Government's fair pay calculator showed "the Prime Minister's industrial relations changes will hurt cooks, PAs, shelf-stackers, aged care workers... and

butchers", saying the reforms would "allow wages to be cut".

Porter rejected the criticism saying the calculators "don't measure the honesty of the user", suggesting the opposition could "pretend that certain things exist... or pretend that something's going to happen that clearly isn't going to happen" and get the results they wanted.

However, he stressed the legislation would "achieve the effect of more job growth, better wages and better conditions" for workers on Award wages.

### Today's issue of PD

*Pharmacy Daily* today features three pages of news, plus full pages from:

- **Storbie**
- **APP 2021**

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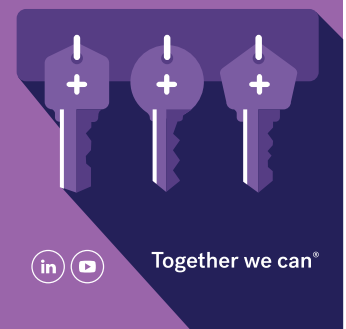
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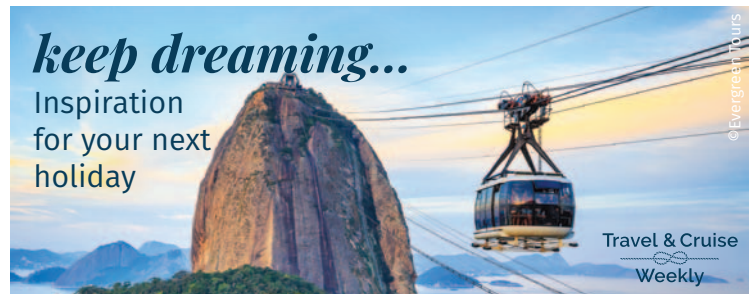
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## Pharmacy short-changed on COVAX

**PHARMACIST-TURNED** Federal MP, Emma McBride, is calling for an increase in remuneration for pharmacists who administer COVID-19 vaccines (COVAX).

Speaking earlier this week, McBride said she was pleased to see the Federal Government commit \$200 million to support the rollout of COVAX through community pharmacies (**PD** 01 Feb).

“While this is very welcome and I’m really pleased to see it, industry representative bodies have noted the clear recommendation from the *King Review* that indicated the need to ensure adequate funding for services that pharmacists provide outside PBS expenditure,” she said.

“Pharmacists, like general practitioners and other medical professionals, are required to adhere to the strict protocols to administer the vaccine to the community.

“GPs are concerned around the level of remuneration, and,



intuitively, pharmacists are concerned as well, particularly given that they must adhere to the same criteria and, as it stands currently, for less remuneration.”

Under a funding model agreed upon by the Federal Government and the Pharmacy Guild of Australia, pharmacies based in metropolitan areas will be eligible for payments of \$16 for the initial dose, and \$26 if they also administer the second dose, while

pharmacies in zones classified as a Modified Monash Model two (MMM2) or higher, will receive \$19 for the first dose and \$29 for the second.

Meanwhile GPs in MMM1 locations will receive \$55 for administering two doses of the vaccines to patients, with those in MMM2-7 zones earning \$64.90, with all practices eligible to claim an additional \$10 Practice Incentive Payment.

## Vax campaign missing plan

**ANNOUNCEMENTS** about the rollout of COVID-19 vaccines (COVAX) lack details of how they will be delivered, Australian Labor Party Senator, Kristina Keneally, believes.

“There is no plan,” she told the Senate yesterday.

“We have no idea about the online booking system—we have no idea.

“The GPs don’t have any idea of how they’re supposed to administer it.

“The pharmacists are waiting for the information about how they’re supposed to administer it.”



Health  
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## APPLICATIONS ARE NOW OPEN FOR APPOINTMENTS TO THE VICTORIAN PHARMACY AUTHORITY

The Hon. Martin Foley MP, Minister for Health is pleased to invite applications for appointment to the following three (3) positions on the Victorian Pharmacy Authority (Authority):

- Chairperson (for a registered pharmacist only)
- Pharmacist member (for a registered pharmacist only)
- Community member (only available to a person who is not a pharmacist)

These positions provide an exciting opportunity for suitably qualified, skilled and experienced individuals to contribute to the governance of the Authority and protection of the Victorian public.

These are paid, part-time Victorian Governor-in-Council appointments. The term of these appointments is up to three years from 1 July 2021.

The Victorian Government is committed to ensuring that government boards and committees reflect the composition of the Victorian community. This includes appropriate representation of women, regional Victorians, Aboriginal people, young Victorians, Victoria’s culturally diverse community, Victorians with disabilities and LGBTIQ Victorians. Recruitment will consider both merit and diversity during assessment to ensure that the Authority is high functioning and reflects Victoria’s diversity.

Applications close at 5:00 p.m. on Monday 22 February 2021.

To make your application please visit <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/Victorian-pharmacy-authority-appointments>

For enquiries, please contact **Eugene Bognar** at the Department of Health and Human Services on **0413 917 280**.

For more information about the Department of Health and Human Services visit [www.dhhs.vic.gov.au](http://www.dhhs.vic.gov.au) To apply online and for other DHHS and Victorian Government job opportunities please visit [www.careers.vic.gov.au](http://www.careers.vic.gov.au)

Police Checks form part of the Department of Health and Human Services recruitment process.

**The department promotes diversity and equal opportunity in employment and is committed to a more diverse workforce.**

If you are an Aboriginal or Torres Strait Islander applicant, or if you have a disability, and require advice and support with the recruitment process, please contact our Diversity Unit on [DiversityInclusion@dhhs.vic.gov.au](mailto:DiversityInclusion@dhhs.vic.gov.au)

The department is committed to the safety of its clients. The department takes a zero tolerance approach to abuse, including child abuse and abuse of people with disability. Departmental employees are required to comply with all legal requirements including the Child Safe Standards to keep children safe from harm and abuse.



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Pharmacy Daily

## Education needed as CBD goes S3

**PHARMACISTS** may theoretically be able to provide low-dose medicinal cannabis products to patients over-the-counter (OTC), but it could be “years rather than months” before any are listed on the Australian Register of Therapeutic Goods (ARTG), an industry expert warns.

MedReleaf Executive Director, Nathan Davis, told *Pharmacy Daily*, that there was a need for pharmacists and other health professionals to receive greater education about existing prescribing pathways for patients who may be eligible to use the medicines through the Special Access Scheme (SAS), following the scheduling shift for low-dose cannabidiol.

Davis urged pharmacists to “engage with prescribers” to ensure they “know where to direct patients” who may benefit from



treatment using medicinal cannabis.

In a post on LinkedIn, Davis said he’d had number of calls from pharmacists following the 01 Feb down-scheduling move.

“It’s being reported in the mainstream media [and] patients are already contacting pharmacies about this... [which is] only creating further frustration,” he said.

“The biggest piece of the puzzle is still missing, a product still needs to be registered... this takes time.”

Davis advised pharmacists to download the Therapeutic Goods Administration’s ‘How to access medicinal cannabis’ infographic, as a tool to assist them with any enquiries they may receive about CBD medications.



### Dispensary Corner

**IMAGINE** if coronavirus was all just a bad dream.

That’s the situation (sort of) faced by a teenager in the UK, who has emerged from a 10-month coma with no knowledge whatsoever of COVID-19 or the pandemic.

19-year-old Joseph Flavill was hit by a car while walking in Staffordshire on 01 Mar 2020, the *Guardian* reports.

He suffered a traumatic brain injury but is now slowly starting to recover.

However, that’s been fairly difficult (and confusing) because his family is unable to be by his bedside due to Britain’s strict coronavirus restrictions.

Adding to the irony, the teenager actually contracted a case of COVID-19 during his recovery from the accident.

**AUTHORITIES** in Taiwan have relented over a fine imposed on a man for breaching COVID-19 restrictions, after it emerged that he had been kidnapped.

Local media reports the victim returned from a visit to Hong Kong in Oct, and commenced the 14-day home quarantine period at a friend’s home.

However unfortunately that friend owed someone a substantial sum of money, and debt collectors arrived at the house the next day and in a case of mistaken identity, beat him up and kidnapped him.

Officials issued a \$5,000 fine for leaving isolation, but the penalty has been withdrawn because he was forced to breach quarantine against his will.

### Pharmacists get pandemic bonus

**PHARMACISTS** in Northern Ireland are set to receive a once-off £500 payment in recognition of their efforts during the COVID-19 pandemic, *Chemist and Druggist* reports.

Northern Ireland Health Minister, Robin Swann, said the bonus would be given to health and social workers, including pharmacists.

“There are no words to properly convey what health workers have done for us,” he said.

“We will never be able to repay that debt.”

Pharmacists’ Defence Association Director, Paul Day,

said the organisation had been in discussions with Government officials to have the payment extended to all pharmacy staff.

Belfast-based pharmacy owner, Peter Hamilton, said the payment was an acknowledgement of the hard work of pharmacy workers who have kept their doors open to patients throughout the pandemic, while other health professionals opted to reduce their opening hours for patients.

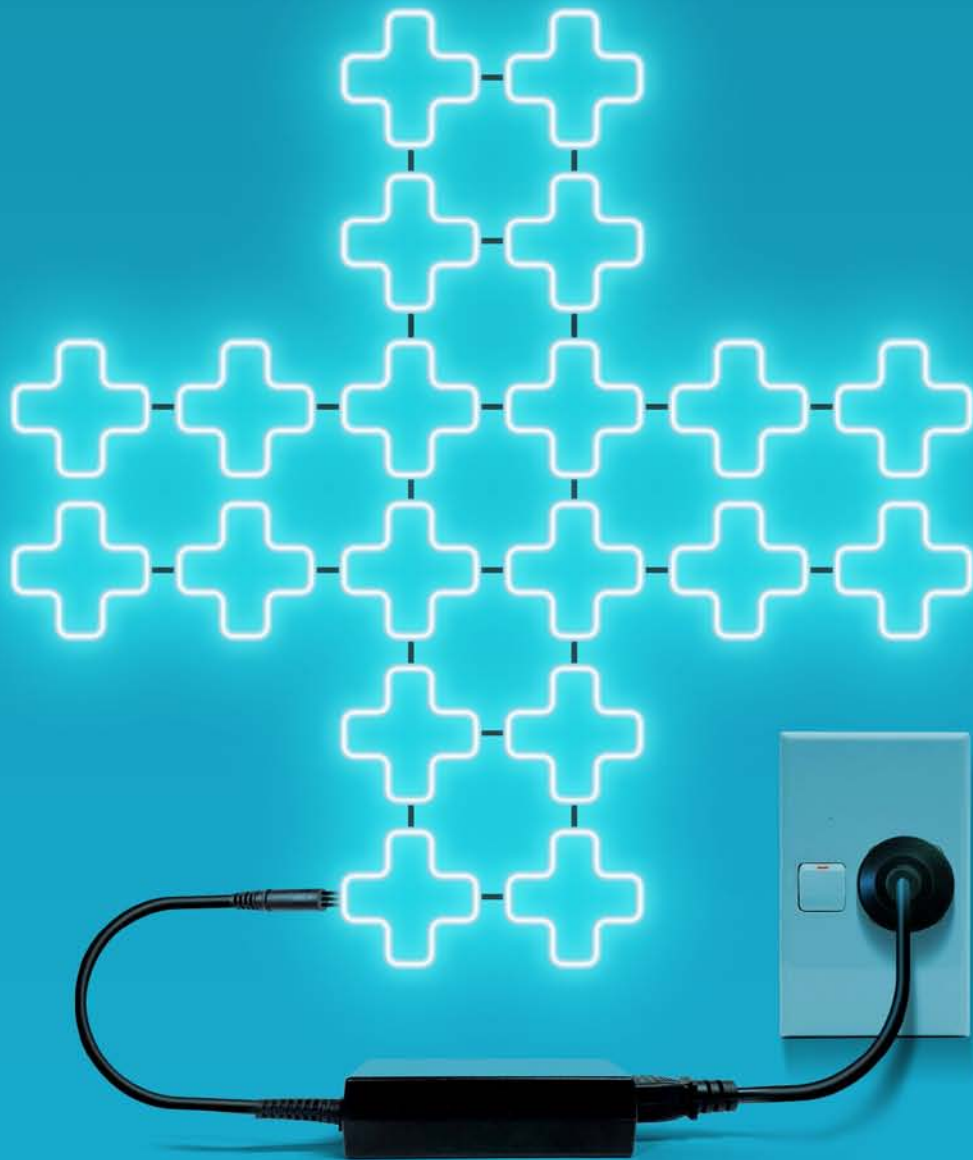
“It’s not going to make a huge difference to anybody’s finances, but it’s a token gesture and it shows that you are appreciated,” he said.

### Active ingredient prescribing alert

**PHARMACISTS** are being urged to read prescriptions carefully following the introduction of active ingredient prescribing.

In a practice alert issued yesterday, indemnity insurer, Pharmaceutical Defence Limited (PDL) has reported that it received “a small number of reports and one error relating to this change”.

PDL noted that prescribing software systems may generate scripts with the active ingredients listed alphabetically, which it said could lead to confusion and error.



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