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## Meds policies could swing election

**POLITICAL** parties are being urged to deliver plans to address the rising cost of medicines ahead of this year's Federal election, with healthcare affordability a top issue across 15 marginal seats.

Research conducted on behalf of the Pharmacy Guild of Australia found that the affordability of healthcare was a key concern for more than 80% of women and middle-income families.

The survey found that 22% of non-concession cardholders were struggling to afford Pharmaceutical Benefit Scheme-listed medicines, with one-in-three in the seat of Dobell - currently held by pharmacist and Labor's Shadow Minister for Mental Health, Emma McBride, by a slender margin - reporting that they found it difficult to manage the costs of medications.

When it came to medicines affordability, 38% of all female voters aged 35 to 54 years reported that they were finding it increasingly difficult to afford medicines,

compared to 30% of all voters surveyed in that age group, and 24% across all groupings.

The research found that 29% of concession cardholders in the 15 electorates reported that it was becoming increasingly difficult to afford medicines, while 13% of all respondents said they had gone without prescribed medicines because they were unable to afford them.

Pharmacy Guild of Australia National President, Trent Twomey, noted that patients in Dobell and the Queensland seat of Flynn were the most severely impacted.

"What that means is that people are increasingly finding themselves having to choose between buying the medicines they need and other non-discretionary purchases like rent, groceries and petrol," he said.

"This is disproportionately affecting women. They know exactly what a loaf of bread, a litre of milk and a rapid antigen test costs. And they know that it all adds up fast.



"I see mothers in my pharmacy forced to choose which child gets the medicines prescribed by the doctor or not filling their own scripts because there's nothing left in the budget.

"These are Australia's forgotten women.

"As community pharmacists, we are raising the alarm. When medicines become unaffordable, it means that there is no real universal access to the PBS which is the foundation of our health system."

### Today's issue of PD

Pharmacy Daily today features four pages of news plus a full page from Good Price Pharmacy Warehouse.

### Hunt confirms APP attendance

**ORGANISERS** of the Australian Pharmacy Professional Conference (APP) have confirmed that Federal Health Minister, Greg Hunt, will deliver the event's opening address on 24 Mar.

APP Convenor, Kos Sclavos, said the session would provide pharmacists with a final opportunity to hear from the long-serving Minister, before he retires from politics at the Federal election later this year.

Sclavos added that with the Federal Budget to be announced on 29 Mar, Hunt's address is one not to be missed.

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### PDL vacancy

**PHARMACIST** indemnity insurer, Pharmaceutical Defence Limited (PDL) is seeking to recruit an experienced pharmacist to take on the role of Professional Officer, within the member-owned organisation.

The ideal candidate would have recent experience working as a community or hospital pharmacist in NSW.

The role involves receiving and actioning PDL members' notifications of incidents in all jurisdictions, providing strategic support and assistance to management executives and handling information with discretion and confidentiality.

Applicants must hold general registration with the Australian Health Practitioner Regulation Agency.

Applications can be emailed to PDL CEO, David Brown, by 04 Mar.

## Sharps disposal another COVAX cost

**DISPOSING** of syringes used as part of the COVID-19 vaccination (COVAX) program is becoming an issue with pharmacists reporting shortages of appropriate bins and the additional costs of having them removed.

The issue was highlighted after Pharmacy Guild of Australia Victorian Branch, Anthony Tassone, posted a photo of several uncollected sharps bins, earlier this month.

A number of pharmacists commented that Tassone's "sharps bin tower" was a familiar sight that needed to be addressed.

Tassone told **Pharmacy Daily** that the Guild was continuing to advocate to ensure the costs of participating in the vaccine rollout are covered.

"The disposal of sharps from a pharmacy's vaccination program is generally done by fee-for-service third parties at the pharmacy's own cost," he said.

"Some local government councils may have limited syringe disposal services available – but they do not generally deal with larger quantities that are typical from a vaccination program that a pharmacy undertakes.

"Sharps disposal can become costly as quantities accumulate and is all the more reason why remuneration of community pharmacies through the COVAX program must be sufficient to help cover the true costs of delivery.

"The remuneration for [administering] primary doses of the COVID-19 vaccination remains at \$16 per dose, meaning for children aged five to 11 years old receiving their first dose of the paediatric Pfizer COVID-19 vaccine, the pharmacy is only being paid \$16 per dose despite appointments with children often taking longer and being more complex than for older patients due to anxiety and nervousness from the child.



"The Guild continues to advocate on this issue which the Federal government must address as a matter of importance to maximise the rate of the vaccination roll-out in this patient group."

**MEANWHILE** Guild NSW Committee member, Rick Samimi, told **Pharmacy Daily** that "bins have been out of stock for weeks causing a disposal issue at pharmacies", but noted that he had received part of an order last week from the COVID-19 Vaccination Ordering System.

### CVS pharmacies to close for lunch

**US PHARMACY** chain CVS will close all its stores for 30 minutes each day to ensure its pharmacists get "pre-scheduled, uninterrupted" lunch breaks, under a new policy being rollout across the company.

From 28 Feb the group's pharmacies will shut their doors between 1.30 and 2pm local time every day to allow staff to have a break, a CVS

spokesperson said.

"We want to make sure our pharmacists and pharmacy technicians are at their best, which means supporting their schedules accordingly," the spokesperson said.

"This break gives our pharmacy teams a predictable and consistent daily pause while minimising disruption to our patients."

### Crows Nest Pharmacy faces closure

**THE** regional Queensland town of Crows Nest is facing the possibility of losing its only pharmacy due to a shortage of pharmacists, *The Courier Mail* reports.

Crows Nest Pharmacy owner, Satnam Singh, told the publication that his efforts to recruit a pharmacist to work at the store, which is less than a three-hour drive from

Brisbane, and 30 minutes from Toowoomba, have been fruitless, despite offering free accommodation.

"I hope we find someone," Singh said.

"I'm not anticipating being in the position where we can't find a replacement, but the pharmacy would have to temporarily close if that were the case," he said.

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## Passion opens doors to opportunities

**EARLY** career pharmacists and pharmacy students are being urged to show their passion for the profession, with Priceline Pharmacy People and Program Manager, Jeyda Shixiastes, saying it will create opportunities for growth.

Speaking on the latest episode of the Raven's Recruitment *Your Pharmacy Career* podcast, Shixiastes discussed how her desire to differentiate herself as a pharmacist-in-charge led to her being approached about a role in Australian Pharmaceutical Industries' (API's) Priceline Pharmacy head office.

The opportunity to switch from her community pharmacy position into the group's head office was the result of her willingness to reach out with new ideas and support to implement them in-store.

"I remember contacting the marketing team saying 'I want to make a flyer for the store,'" she said. "They said, 'okay, what do you

want to put on the flyer?'" and I said, 'I want to talk about how I'm different from every other pharmacist, because I like to touch my patients'.

"And this joke went on, 'you can't put that on a flyer', and I was like 'no, no, I mean I like to connect with my patients, and I strongly believe that you have a doctor, so why don't you have a pharmacist?'"

"So I got some flyers together and a few months later head office contacted me and said 'we've got a head office role [available] are you interested?'"

"I applied for it and then moved into the role."

Shixiastes said that while she did not see herself as the best at what she was doing, her proactive approach to pharmacy was a key factor in creating new opportunities for career progression.

"I love being a pharmacist, and that kind of stemmed all these opportunities where I could go, 'how



do I bring this to life and how do I make sure that my customers know me by name and feel comfortable to talk to me,'" she said.

"So the message from me is just do your best and as long as you're passionate about what you do every day, people will recognise that and it opens up a lot of opportunities for you."

**CLICK HERE** to listen to the latest episode of the *Your Pharmacy Career* podcast.

## TGA issues abatacept SSSI

**PHARMACISTS** are being given the green-light to substitute specified Orencea (abatacept) products without approval from the prescriber under a Serious Scarcity Substitution Instrument (SSSI) issued by the Therapeutic Goods Administration (TGA).

Under the SSSI both Orencea abatacept (rch) 125 mg single dose syringe subcutaneous ultrasafe passive needle guard and flang extender, and Orencea abatacept (rch) 125 mg single dose ClickJect prefilled autoinjector, products are "effectively interchangeable at the pharmacy level".

The SSSI will remain in force until 30 Apr, unless revoked at an earlier date if the serious scarcity is resolved.

**CLICK HERE** for more information.

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### Dispensary Corner

**MANY** of the anti-vaccination mandate protesters who have descended on Canberra this week may not all be against pumping their bodies with foreign substances.

While some have raised concerns about the perceived dangers of the COVID-19 vaccine, it would appear that some were indulging in recreational drugs.

Footage posted on Twitter from an account called Reptilian Overlord, from within one of the group's camp sites showed an organiser take to the microphone to note, "there's been something illicit found in the sink up the back".

"You know we've got kids... imagine if your kid walked into the bathroom and tried something out of the sink and was irreversibly damaged.

"So if you've got stuff you're dealing with and substances and stuff that's okay, be responsible."

**MEANWHILE** other videos from inside the Convoy to Canberra bubble, posted by the same account, have a Monty Python quality to them, with a man in desert combat fatigues and beret urging followers to "learn to make their own decision", echoing the scene in the Life of Brian, when the protagonist tests a group of parrot-like followers, "You've got to think for yourselves. You're all individuals", only for the crowd to mindlessly respond, "Yes, we are individuals" before waiting for Brian's next statement.

## UTIPP-Q could end up a disaster: GP

**PHARMACISTS** are being warned that the extended Urinary Tract Infection Pharmacy Pilot - Queensland (UTIPP-Q) "could end up a medicolegal disaster" for the profession.

In an opinion piece published by Medical Observer, GP and medicolegal advisor, Dr Craig Lilienthal, noted the Royal Australian College of General Practitioners' (RACGP's) warning that GPs should "be wary of the serious medicolegal risks if they end up managing patients caught up" in the trial.

"Once a pharmacist gets into a diagnostic or therapeutic dilemma, they are unlikely to have the training to get out of it," Lilienthal said.

"In my view, GPs should adopt the same attitude as many surgeons

who refuse to fix another surgeon's poor surgery.

"They simply send the patient back to the original surgeon... this could end up a medicolegal disaster for pharmacists."

He added that medical indemnity insurers should remind GPs that "they many not be indemnified for claims against them that have resulted from the direct actions of an ancillary practitioner".

Lilienthal urged GPs facing patients who have participated in the UTIPP-Q to carefully document the nature and extent of the presenting issues, record the advice that was given by the pharmacist and "determine if the patient is likely to come to any harm".

He said that GPs should then decide whether it is "in their medicolegal interest to get



involved in the patient's possible mismanagement and rehabilitation and ensuing litigation", and report the situation to their indemnity insurer.

Lilienthal added that they should contact the pharmacist to "warn them of the problem and suggest they contact their insurer".

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