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## Tokenistic Budget 2022 disappoints

**FEDERAL** Treasurer, Josh Frydenberg's failure to meaningfully address medicines affordability concerns in last night's Budget is being deemed as "a missed opportunity", by pharmacy organisations.

Both the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia (PSA) have criticised the Government's failure to tackle rising medicines costs by cutting the Pharmaceutical Benefits Scheme (PBS) general co-payment.

Guild National President, Trent Twomey, said the decision to lower the PBS Safety Net Threshold would do little to address medicines affordability for non-concession cardholders who are struggling to manage cost of living pressures.

"When many Australians are relying on paycheck to paycheck and are deciding whether they can put fuel in their car, purchase groceries or keep a roof over their head, they simply cannot afford to wait until October to access cheaper medicines," he said.

"People are struggling to afford essentials and going without their medicines should never be a decision Australians have to make.

"As community pharmacists at the

front line of primary healthcare, we are concerned about the implications for the individuals and their families.

"Despite constructive discussions with the Government over the last few months, they decided to ignore the pleas of healthcare professionals leaving Australians to continue to juggle with cost of living pressures and make potentially harmful sacrifices.

"Families are being forced to choose between medicines and immediate needs like food or fuel.

"There aren't many levers the Government can pull to reduce the cost of living but tokenistic cash handouts are not one of them.

"The Government has the ability to make PBS medicines more affordable for middle income households. For many households, these medicines are the cost of staying alive."

PSA National President, Associate Professor Chris Freeman, also voiced disappointment at Frydenberg's modest concession to cutting patient costs, adding his frustration at the Government's failure to address "unfair disparities in pharmacist remuneration for key services".



"Whilst we are delighted that the Minister has recognised the important role that pharmacists play, by recently announcing \$345.7 million in funding to embed pharmacists in aged care facilities, the fact that fair remuneration for services that pharmacists provide has once again been overlooked by the Government is a bitter pill to swallow," he said.

"The Government's failure to rectify these inequalities is unacceptable, and is a slap in the face for pharmacists who kept on delivering during the pandemic."

### Today's issue of PD

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

- Fred IT
- Pharmacy Platform

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## RACGP rants unprofessional: Tsuyuki

**CRITICISM** of plans to expand pharmacists' scope of practice by medical groups, including the Royal Australian College of General Practitioners (RACGP) is "unprofessional", University of Alberta Department of Pharmacology Chair, Professor Ross Tsuyuki, believes.

Speaking at the Australian Pharmacy Professional Conference on Sat, Tsuyuki, rejected suggestions that increasing pharmacists' ability to deliver healthcare - including prescribing - would fragment patient care.

"You do have a really aggressive, obnoxious and unprofessional group of GPs here," he said.

"It was exactly the same - maybe not as aggressive - when these things were happening in 2005/6, when our prescribing legislation was coming forward.

"It's not unique, [but] it kind of pisses me off.

"The arguments are exactly the same... [they] boil down

to fragmentation of care, 'do pharmacists have the training for this' and conflict of interest [with] dispensing and prescribing.

"What they never mention is the evidence, because it doesn't go in their favour... all of our trials that have compared pharmacist prescribing, compare it essentially to usual physician care prescribing, and we always come out better."

Tsuyuki noted that in the majority of jurisdictions where pharmacists are authorised to prescribe, [they] require pharmacists to communicate their decisions to other health professional involved in the patient's care, limiting the risk of fragmentation of care.

"The other thing is you have to have care in order to have it fragmented, and there's a big access issue with GPs," he said.

"[About] 30% of our population doesn't have a GP - so it ain't going to be fragmented [and] you realise these are thinly veiled turf issues."

Tsuyuki identified hypertension



as an area where Australian pharmacists could play a critical role, by working to their full scope.

He told APP delegates that approximately 68% of Australians have uncontrolled blood pressure.

"That's an opportunity, because what's the treatment for hypertension? It's all drugs, [and] who knows drugs better than pharmacists do?" he asked.

Based on the Canadian pharmacist prescribing model and Australian hypertension rates, Tsuyuki estimated that similar measures would deliver cost savings of \$27.7 billion.

## Dispense smarter

**TAKE** a peek at Fred IT's faster, smarter and safer pharmacy dispensing solutions. See **page four** for more.

## BD to launch diabetes spinoff

**MEDICAL** technology firm, BD, is set to launch a spinoff of its diabetes care business on Fri.

The new entity will be known as Embecta Corp, and will become an independent, publicly traded company focused on diabetes management.

"As a standalone 'pure play' diabetes company, we believe Embecta will be better positioned to advance the innovative solutions that are needed to address the growing prevalence of diabetes around the world," BD's Board of Directors said.

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## Dispensary Corner

**ANY** adventurers who suffer an injury while exploring the UK's picturesque Lake District over the coming months are likely to get first aid pretty quickly, with local officials confirming they will be deploying paramedics via "jet suits" over the northern summer holiday period.

Members of the Great North Air Ambulance (GNAA) service are being trained to use the suits, which enable them to climb to the top of a hill in just 90 seconds, rather than taking 30 minutes to clamber up to render assistance.

The suits have three miniature rocket engines - one on the paramedic's back and one on each arm, allowing the pilot to control their movement by simply moving their hands.

GNAA spokesman Andy Mawson told the *BBC* "we're still awestruck by it, everyone looks at the wow factor and the fact we are the world's first jet suit paramedics, but for us it's about delivering patient care".

The suits have about 140kg of thrust, meaning wearers are able to fly with up to 15kg of medical kit including a defibrillator and other devices.



## ACP, GuildEd launch training platform

A **NEW** partnership between the Australasian College of Pharmacy (ACP) and Guild Learning and Development (GuildEd) will improve access to education and training in one location.

The new platform, announced by ACP President, Michelle Bou-Samra, at the Australian Pharmacy Professional Conference last week, will offer all the College's and GuildEd continued professional development (CPD), alongside new content to support pharmacists and pharmacy assistants at any stage of their careers.

"From the former Australian Institute of Pharmacy Management (AIPM) and Australian College of Pharmacy Practice (ACPP), to the College, we've continually evolved over forty years to meet the needs of the pharmacy profession," said Bou-Samra.

"The evolution continues today

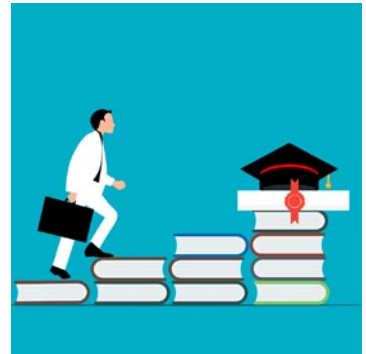
with the birth of this exciting new strategic partnership between the College and GuildEd."

"The partnership will simplify the education journey by enabling the entire pharmacy industry so everyone can easily access their education and training through one leading provider, at any stage of their career."

"Great partnerships take time to build, and over the coming months GuildEd will combine its continuous professional development (CPD) services with that of the College on a new, more contemporary learning management system."

ACP COO, Emma Lovett, told *Pharmacy Daily* that the partnership will launch a new "purpose built learning management system in the new CPD year".

"All the different resources that we provide our respective members and users will be coming together



in one home," she said.

Bou-Samra added that the combined platform will offer other forms of education and learning "such as webinars and podcasts coming up... we also offer micro-qualifications, certificates, diplomas and an MBA".

"It doesn't matter what stage of your pharmacy career you are at, there's something for everyone in the industry including pharmacy assistants," she said.

## Budget offers little relief for patients

**PATIENT** advocacy group, Better Access Australia (BAA) says changes to the Pharmaceutical Benefits Scheme (PBS) Safety Net Threshold will do little to improved medicines affordability.

Commenting on the reforms announced in the Federal Budget, BAA Chair, Felicity McNeill, said the failure to cut the PBS general co-payment from \$42.50 was "not fair", with patients who do not qualify for concessional rates having to wait "to fill 34 scripts for medicine cost relief".

"This measure will do nothing to protect the majority of Australians from the increasing weekly unaffordability of medicines," McNeill said.



"The Government's failure to reduce the cost of co-payments for general patients is made worse by their decision last year to increase the cost of over 1,750 low-cost medicines on 1 October 2022 by as much as \$2.07 per script.

"Our PBS lacks nuance and understanding of a patient's capacity to pay."

## Breaking the language barrier

**IRELAND'S** Local Pharmacy Group has developed a new in-house software to help its pharmacists avoid translation issues when supporting refugees who have fled the ongoing war in Ukraine.

"As many of the refugees arriving may have a number of health conditions requiring medications, we can understand that it may be difficult to understand or perhaps even read English," a spokesperson said.

"This can lead to potential medication safety issues such as incorrect administration."



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