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Working to close the gap

THE pharmacy industry has joined to shine a light and call out the “confronting lack of progress” on persistent health disadvantages experienced by Aboriginal and Torres Strait Islander communities on National Close The Gap Day.

Coinciding with the release of the annual *Closing The Gap* report, the Pharmaceutical Society of Australia (PSA) has called for action on the Productivity Commission’s 2024 *Closing The Gap Review*.

The report showed ongoing chronic diseases such as cardiovascular disease and diabetes are continuing to contribute to rising levels of inequality among Aboriginal and Torres Strait Islander communities.

The association is urging the Federal Government to permanently fund primary Indigenous community health services to allow them to employ pharmacists.

PSA National President Associate Professor Fei Sim FPS stressed the importance of the integration of pharmacists into primary health services for Indigenous populations.

“This model of care is essential to breaking down barriers to medicine access and ensuring that pharmacists can deliver culturally responsive care to Aboriginal and Torres Strait Islander patients.”

MEANWHILE, the National Rural Health Alliance has responded to the *Closing The Gap* report, saying it is the responsibility of any government elected this year to prioritise the full implementation of the Productivity Commission report.

NRHA Chief Executive Susi Tegen said long-term funding and policy levers must be implemented with support from state and territory governments and communities. ML

Today's issue of PD
Pharmacy Daily today features four pages of the latest news, including a photo page from APP2025, plus a full page from Crampeze.

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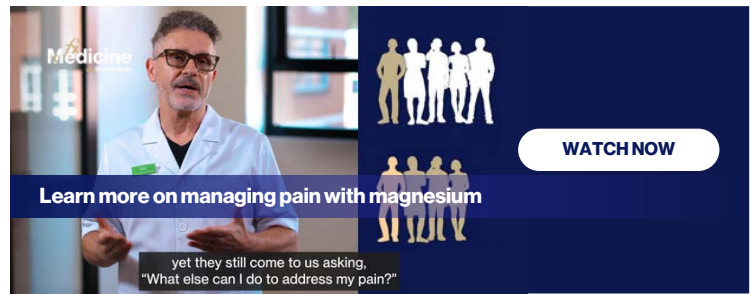
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Attracting talent

URGENT investment in rural healthcare infrastructure is needed to ensure Indigenous communities have easy access to health services, said the Australian College of Rural and Remote Medicine (ACRRM).

The association is calling for the creation of a support fund to contribute to housing and childcare, which in turn will help rural areas attract and retain healthcare professionals in areas of greatest need.

ACRRM President Dr Rod Martin said investing in infrastructure will help rural and regional communities to receive the care they require.

Long-term game

INVESTORS are increasingly seeing the positive side of the controversial merger between Sigma Healthcare and Chemist Warehouse Group (CWH).

"Sigma stocks have shown extraordinary performance over the past two years, which has left the share price at high multiples to earnings, and analysts are divided on whether it can maintain its current share price," VanEck Deputy Head of Investments & Capital Markets, Jamie Hannah told *Pharmacy Daily*.

"Overall, we remain positive on Sigma stocks and expect future performance will be in-line with the expected growth forecasts," Hannah said.

Sigma Healthcare yesterday released its financial results for the year ending 31 Jan 2025, which featured strong net revenues muted somewhat by an after-tax loss caused by one-off costs and onboarding expenses relating to its closer association with CWH.

With the merger now complete and bedding down, Sigma CEO Vikesh Ramsunder expressed confidence in the company's financial pulse, with future results to include the performance of merger partner Chemist Warehouse.

PM surprises pharmacists at APP2025

APP2025 kicked off yesterday with the unexpected good news of the prescription co-payment reduction to \$25 (**PD** 20 Mar) and a surprise visit from Prime Minister Anthony Albanese (**pictured**) and Federal Minister for Health and Aged Care, Mark Butler.

Albanese spoke at the Opening Plenary, stating that nothing is more important than strengthening Australia's health system - but there is always room for improvement and challenges to overcome.

"Our health system is the envy of the world, and we need to defend it and protect it.

"It is a system in which you play an absolutely vital and central role."

One pillar of the health system is Medicare, with Albanese discussing government initiatives to increase bulk billing to benefit patients.

The Pharmaceutical Benefits Scheme (PBS) is another, and while met with a lot of resistance when introduced in the 1940s, "it survived all of that opposition to become one of Australia's truest pillars of strength".

"But despite its success, we should not take the PBS for granted, and we are always awake to threats to the PBS not just domestically, but also from overseas.

"It's not surprising that there is a push and some opposition to the PBS, but let me be very clear and explicit: the PBS is not for sale and under my leadership, this will never be the subject of negotiation."

Albanese discussed some of the cost-of-living relief measures that his government has introduced, including 60-day dispensing and additional medicines on the PBS.

"We're investing in a stronger pharmacy sector and we're investing in cheaper medicines - and I want to pay tribute to the Guild on this factor as well."

Remarking on the tendency to prioritise self-interest in political lobbying, Albanese acknowledged the difference with the Guild's campaign for cheaper medicines.

"It is actually not really about you - it's about the people you serve, the people you care about."

The Prime Minister announced

the prescription co-payment reduction to \$25, commencing 01 Jan 2026, noting that the reform will make PBS scripts cheaper than at any time in the last two decades.

Albanese told pharmacists they could do much to help make a better health system for Australians a daily reality.

"That's why we've supported your efforts to deliver more primary health services," he said, pointing to fairly funding pharmacists to provide vaccinations free of charge as well as increasing the number of free Webster packs pharmacies can deliver by 50%.

"But finally, I want to thank all of you for what you do, each and every day, to help your fellow Australians," he said in closing.

"I want to see an Australia that is stronger economically, but also fairer, and also one in which we continue to not just be proud of the health system that we've delivered, but strengthening it into the future.

"I look forward to working with you hand in hand in the years ahead to ensure we deliver on our joint commitment to do just that."

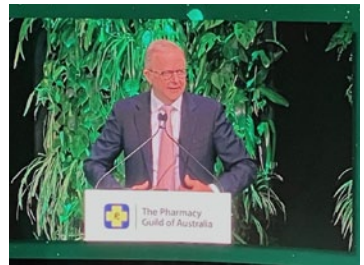
Shadow Health Minister Senator Anne Ruston, initially slated to deliver the opening keynote address, was warmly welcomed by conference delegates as she took to the podium later in the day.

"You guys do the yards for your community when times are tough, whether that be disasters, whether that be a pandemic, or even when it's after-hours and you're the only health professional open, or perhaps the only health professional in town when it comes to rural and regional communities," she observed.

Ruston confirmed that an elected Peter Dutton-led government will also commit to a \$25 general co-payment, and highlighted the Coalition's support for a strong PBS.

"You can be assured we do not support President Trump's tariffs and we would not support any proposals that would increase healthcare cost to the consumers and the Australian taxpayer.

"We will continue to protect Australian access to affordable



medicine through the PBS, including making sure that Australians are getting earlier access to medicines."

Scope of practice was another key theme of Ruston's address, especially in the midst of a primary care crisis.

"The current shortage of health professionals does not afford us the luxury of turf wars over scope.

"If we really are going to remove the arbitrary barriers to better and more accessible patient care, we need to prioritise every single health professional working at the top of their scope.

"But there's so much more we can do to focus on delivering accessible care," she continued.

"I know that continued dispensing allows you to step up where there's immediate need for medicine in an emergency situation where no script is readily available.

"But we need now to ensure contingencies are in place when someone has been caught short because they haven't been able to see their GP for their regular medication," she said, suggesting that emergencies are not limited to natural disasters and pandemics, but also personal emergencies.

"If nothing else, COVID taught us that we can be agile and we can be innovative when we need to be.

"And that means embracing new technologies and practices like telehealth and point-of-care testing, which can be real game changers when it comes to the delivery of primary care, particularly when you live in the bush.

"So going forward, we want to focus on making Australians the focus of their health care system," she concluded.

"I really look forward to working with you to get the job done." *KB*

A soiree to celebrate pharmacy's best

FROM the most experienced healthcare professionals to industry newcomers, last night's welcome function at the Australian Pharmacy Professional Conference & Trade Exhibition (APP) at the Gold Coast Convention and Exhibition Centre was extremely well attended.

In addition to a great networking opportunity, the occasion allowed for a proper celebration for the Pharmacy Guild of Australia's annual awards, headlined by Guild Pharmacy of the Year 2025, won by Complete Care Pharmacy in Rosny Park, Tasmania. Top performers across the sector were also recognised, including Capital Chemist Charnwood, ACT (Excellence in Community Engagement); Warnbro Pharmacy, WA (Excellence in Business Management); Capital Chemist Charnwood, ACT (Excellence in Harm Minimisation); and Complete Care Pharmacy, Tas (Excellence in Professional Innovation).

"Winning Pharmacy of the Year is recognition to our team of the huge amount of hard work and sacrifice taken to develop an innovative patient health model for community pharmacy," said Complete Care Pharmacy owner, Kristina Fox.



MEG Brideson, Jan Pendrakowski, Mark Brown, Jens Willach, Anton Wolmarans and Albert Juenger from Willach Pharmacy Solutions.



JOSHUA Dunstan, Chris Cashman and Mathew McInnes, Sanitarium Health Food Company.



JON Percy from Demodeks.



NATURAL Health Solutions brand SFI Health - Simone Barrance, Michael Tibbles, Catherine Agostino and Marius Harmse.



MANDY Michie, Kylie Hanson and Anne-Marie Bird from Schulke Australia.



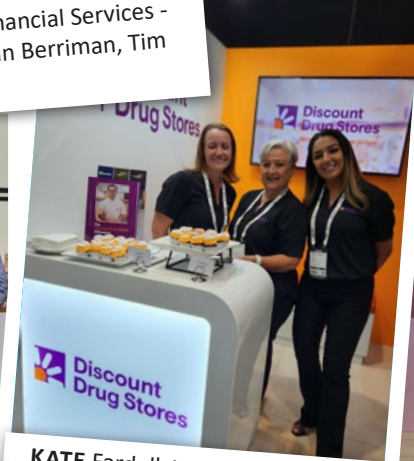
THE team from Minfos Software - Judy Carter, Tina Read, Angela Laphorn and Kelly Marshall.



MARIO Barone Pharmacy Guild NSW (centre) with the team from Corporate Financial Services - Michael Clark, Daniel Bowen, John Berriman, Tim Gersteling and Richard Gorman.



SAM Bright, Thomas Culver, Gabby Brown and Eric Moschietto from Pharmx.



KATE Fardell, Vicki Gandolfo and Lema Gafari, Sigma Healthcare.



BEATRICE Ryan, MCoBeauty and Jodie Dowie, VidaCorp.



NICHOLAS Partridge, Priceline Pharmacy Karrinyup and Richard Pearson, Wesfarmers Health.



Dispensary Corner

IF YOU think your wi-fi signal at home is slow, spare a thought for your own brain then, which apparently has a speed limit.

Scientists have found other sensory systems, including your eyes, nose, ears and skin, process bits of data at the supersonic rate of about one billion bits per second.

Unfortunately, according to scientific journal author Markus Meister, the brain is well off the pace and can only process these same signals at the rate of 10 bits per second.

Conversely, a standard or typical wi-fi connection is able to process data at the rate of 50 million bits per second.

The study found humans think and process data at the rate of around 10 bits per second, despite the brain having over 85 billion neurons - scientists called this rate "extremely low".

According to scientific journal *Neuron*, co-author Markus Meister questioned why brains are extracting only 10 bits from the trillions that other senses are taking in and how they are using them to perceive the world and make decisions.

The research supports the theory that humans are typically slow thinkers and unable to process many thoughts at the same time.

Such a paradox may explain why chess players are unable to anticipate a set of moves too far ahead and can only explore one sequence at a time.

Researchers said that further study is needed to explore more questions posed by the findings.

Making the most of down-scheduling

FULL scope of practice may be on everyone's lips at APP2025, but as Australasian College of Pharmacy CEO Amanda Seeto observed, while legislative changes seem to be coming at an increased rate, the shift in pharmacy practice will take a little longer to implement.

In opening the panel session 'Unlocking opportunities in down-scheduling and pharmacists prescribing' yesterday, Seeto said down-scheduling of certain medicines provides opportunities to expand patients' access to more medicines and offer services to complement those medicines.

Some of those medicines include Viatrix's Relpax (eletriptan) for migraine, Dymista (azelastine and fluticasone) for allergic rhinitis and anti-inflammatory Celebrex (celecoxib).

When asked about the decision-making process for down-scheduling, Viatrix Head of Marketing Robin Whitely noted that if the first port of call for a condition is the pharmacy and the pharmacist, it makes sense to give them the tools they need to deal with the problem, rather than send them to a GP for a consultation and a formal prescription.

Prescribing pharmacist and Guild councillor Cate Whalan highlighted the importance of collaboration with other health professionals, particularly GPs, more broadly: "Collaboration is medicine to treat turf war disease."

She also advised pharmacists not to be afraid to charge for a consultation with a patient, pointing out that patients are generally happy to pay.

Seeto concurred and said: "If we don't value our services, why should the government?"

Whalan also pointed out that



scheduling changes go both ways, and the recent up-scheduling of paracetamol has led to opportunities to discuss other options with patients when they ask for it.

More broadly, discussing up- and down-scheduled S3 medicines with patients might mean sending them to their GP for a prescription and a more suitable product.

Now is the time to start practicing your consultation conversations, said Whalan, so pharmacists are comfortable with it, confident and ready for consultations under

expanded practice.

Community pharmacist and teacher at the University of Technology Sydney, John Bell, pointed out that if pharmacists can show patients what they can do, patients will be influencing legislators on expanded scope.

There are also more opportunities for down-scheduling of other drugs.

Touching on Senator Anne Ruston's speech earlier (**page two**), Bell suggested if someone needs a medication on a Tue night and cannot get to a doctor, or if they need something on Sun morning or Sat evening, "that's a crisis for that person" to have to deal with.

"So we should be able to provide something relevant and effective to manage that person's condition in that situation."

In her final message to delegates, Whalan advised them to "embrace the change that's coming".

"Utilise AI to do those mundane things so you can get your staff out the front, having those conversations with patients." *KB*

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