

## Today's issue of PD

Pharmacy Daily today features three pages of news.

### Pneumococcal NIP changes

**CHANGES** to the adult pneumococcal vaccination schedule under the National Immunisation Program (NIP) from 01 Jul will see the age at which adults are recommended for pneumococcal vaccination lowered, the vaccine schedules simplified, and more strains of the disease covered.

Among the key changes are the introduction of 21-valent pneumococcal conjugate vaccine (21vPCV), Capvaxive, replacing Prevenar 13 and Pneumovax 23, and free vaccination for all people aged 65 and over and First Nations people aged 25 and over.

Learn more [HERE](#).

## Pharmacists part of ramping solution

AS AMBULANCE ramping worsens nationally, putting lives at risk and crippling emergency departments across the country, the Pharmacy Guild of Australia national president Professor Trent Twomey has highlighted that community pharmacists are well placed to be part of the solution.

The ramping crisis was brought to the fore earlier this week in a report from the Australian Medical Association (AMA) showing record demand, worsening handover delays, and a system struggling to keep pace, with more than 2.4 million Australians arriving at emergency departments by ambulance in 2024-25.

AMA President Dr Danielle McMullen described ambulance ramping as a "whole-of-system problem" and called for greater investment in prevention, early intervention and community-based care to ensure people with minor to moderate illnesses can access treatment before requiring

hospitalisation or emergency care.

"The AMA is right to highlight the growing pressures facing Australia's health system and the need for stronger investment in prevention, early intervention and accessible community-based care," Professor Twomey said.

"The question now is how we deliver that care at scale and make better use of Australia's healthcare workforce."

Professor Twomey said evidence continues to demonstrate that pharmacist-led care can improve access while reducing pressure elsewhere in the health system, with recent modelling suggesting that nationally consistent pharmacist prescribing could free up more than 10 million GP appointments every year and prevent around 30,000 hospital admissions annually (PD 09 Jun).

"Those findings reinforce the AMA's call for improved access to care for people with minor and moderate health conditions



before they require an emergency department presentation, ambulance call-out or hospital admission," Professor Twomey said.

Acknowledging there is no single solution to the challenges facing Australia's healthcare system, Professor Twomey said better utilisation of community pharmacy "must be part of the answer".

"Expanding access to pharmacy-led care will help patients receive the right care, at the right time, in the right place - improving access, strengthening primary care and supporting better health outcomes for Australians," he concluded. KB

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## Alarm over transition prescribing

**PRESCRIBING** patterns experienced by many older Australians as they transition into residential aged care may be increasing the risks of medication-related harms, with researchers calling for medication reviews at key transition points.

Researchers at the South Australian Health and Medical Research Institute (SAHMRI) analysed the medication records of more than 167,000 people entering long-term aged care facilities across Australia, revealing that 16.7% of residents experienced at least one prescribing cascade before entering care, rising to 25.1% after admission.

The study team explained that prescribing cascades occur when a side effect of a medication is mistaken for a new condition, leading to prescribing of a new medication.

Over time, they said, this can increase medication burden, increase risk of further side-effects and medication-related harms, creating a cycle that adds complexity and risk to a person's care.

Many prescribing cascades involving commonly used medications were identified, and were often linked to medicines already recognised as high risk in older populations, including antipsychotics, benzodiazepines and opioids.

Lead researcher, Professor Gill Caughey, said knowledge of prescribing cascades during this transition period is limited, and the findings point to a significant and under-recognised safety issue for older people.



"Transitioning into residential aged care is one of the most vulnerable periods for older people when it comes to medication safety," Prof Caughey said.

"What we're seeing is that many residents are exposed to patterns of prescribing that may unintentionally lead to harm.

"Our findings highlight the complexity of medication-related care in the older population - prescribing decisions can build on one another, especially in older people who have multiple conditions and are prescribed multiple medications."

The team called for medication reviews and deprescribing strategies at key transition points.

"There's a real opportunity here to intervene earlier through routine medication reviews, better monitoring of side effects and, where appropriate, deprescribing strategies," Prof Caughey said.

"Improving awareness of prescribing cascades among clinicians and care teams can help ensure we're treating the root cause of symptoms, rather than unintentionally adding to the burden of care and placing older people at increased risk of harm."

Access the study [HERE](#). *KB*



## Scope in focus

Professor Trent Twomey

**LAST** week, members of the World Pharmacy Council convened in Berlin for PharmIntercom, the WPC's annual conference.

As Guild national president and WPC president, I find the most valuable aspect of PharmIntercom is the chance to share lessons and opportunities with community pharmacy representatives from across the globe.

One clear lesson for Australia is the importance of embedding the pharmacist prescribing into the foundation pharmacy degree.

The UK's experience is instructive - autonomous pharmacist prescribing was introduced in 2006, yet after almost 20 years, only around one-third of pharmacists had completed the additional training required.

Reliance on postgraduate study limited workforce growth and slowed the benefits of expanded scope for patients.

In response, the UK embedded prescribing into the base registerable degree, and from 2026, all newly qualified pharmacists will be able to examine, diagnose and treat patients upon graduation.

In Australia, pharmacists seeking prescribing authority must currently undertake additional postgraduate training.

While this pathway is important, it cannot be the sole approach.

For many pharmacists,

particularly mature students, women, and those in rural and remote communities, going back to university involves significant financial, personal and geographic challenges.

The current model relies on individual sacrifice to advance the profession and improve patient access to care at a time when demand across the healthcare system continues to grow.

It is possible - I've done it - and I encourage more pharmacists to undertake prescribing training.


However, building a future workforce through optional postgrad qualifications alone is neither equitable nor sustainable.

Each year, almost 1,500 pharmacy graduates enter the workforce, and 97% support expanded prescribing roles.

Embedding prescribing into the foundation degree would ensure every graduate develops these skills during their education, regardless of their circumstances after graduation - a scenario supported by pharmacy owners, pharmacists, educators and professional bodies.

As pharmacy transitions from a BPharm to an MPharm entry-level qualification, Australia has a valuable opportunity to learn from international experience and accelerate change.

The pharmacists of tomorrow are ready - our education system should be ready too.




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## Dispensary Corner

**THE** power of placebo is well known, with research finding placebo treatments produce genuine therapeutic benefit in conditions ranging from pain, nausea and sleep to hypertension, immune function and even Parkinson's disease. Creating a real mind-body response driven by expectation and belief that triggers physical changes in the brain, it's often assumed that trickery is key to the effect - that is, that the patient thinks they are getting a real treatment and responds accordingly.

However, research published in the *International Journal of Clinical and Health Psychology* has shown that it can have an effect even when patients know they are getting a fake.

Italian researchers recruited 90 healthy older adults and assigned them to one of three groups: one received no treatment at all, the second received placebo pills but were told the pills contained active ingredients designed to improve well-being and physical function, while the third were told the pills were placebos that could still trigger beneficial mind-body responses.

While both placebo groups improved in cognitive and physical performance, the greatest gains were generally seen among those who knew they were taking a placebo.

The researchers concluded that open-label placebos may be a promising and ethically acceptable strategy for supporting healthy ageing.

## TWC early career pharmacist "an asset to FNQ"

**CAIRNS** pharmacist Gage Ede (pictured) was recently named Early Career Pharmacist of the Year in the TerryWhite Chemmart National Awards 2026 (PD 17 Jun), recognised for his dedication to patient care and community advocacy.

"It's a real honour to receive recognition like this so early in my pharmacy career," the TWC Marlin Coast pharmacist shared.

Ede worked as a pharmacy assistant and dispensary technician for four years while studying pharmacy at university, and also took part in high school outreach visits through the National Australian Pharmacy Students' Association (NAPSA).

On one such visit, Ede's presentation about the rewarding career opportunities in pharmacy had a huge impact on a student

named Jack, who went on to join the team at TWC Marlin Coast as a pharmacy assistant and now plans to study pharmacy.

Ede also impressed the judges with his innovative solutions, such as introducing a naloxone nasal spray program to help prevent opioid overdose.

"I started this program in our pharmacy, and we've now given out well over 150 boxes of this medication," Ede said.

"My goal is for every patient in the community to be aware of and carry this medication, because it could save someone's life."

Ede is also passionate about reducing the stigma around men's health, mental health and sexual health, and has been working with local prescribers to establish an HIV medication program to help improve accessibility for patients.



One patient regularly travelled two hours to TWC Marlin Coast, so Ede could assist him with his health concerns, and thanks to Ede's expert advice, compassionate ear and connections, this patient has seen a huge improvement in his health.

"We are so proud of Gage and his commitment to community pharmacy," said TWC Marlin Coast co-owner Gift Phillips

"He is an asset to the entire Far North Queensland community, and we can't wait to see what the future has in store for him." KB

## PRODUCT SPOTLIGHT

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