# The View from General Practice

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Dandenong & District Division
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# Issues that could be addressed together

- Drug-seeking behaviour
- Polypharmacy
  - Patient self-management
  - Medication review
- Managing transition from hospital to home, or home to facility

HOWEVER…

# There are barriers…

- GPs need to know what is *really* going on in the pharmacy world
  - Pharmacists' professional development & extent of clinical knowledge & judgement
  - Intent of the Pharmacy Guild
  - Commitment to patient care
- And pharmacists need to know what the issues for GPs are

… before we can build relationships & trust between the two professions



# Pharmacy bid to do vaccinations

By **Pamela Wilson**

PHARMACISTS are calling on the Federal Government to assess the merits of allowing them to administer vaccines — a move dubbed "laughable" by the AMA.

Pharmacy Guild executive director Stephen Greenwood said allowing pharmacists to administer vaccines could save the government $50 million to $75 million a year in medical consultation fees, while providing a convenient and cost-effective service to the public.

"We're calling on the government to look at it … and we're saying it should be discussed. We're not talking about rocket science here."

He said pharmacists would expect to be paid for giving vaccines, but any fee would be well below the standard GP consultation rebate of $24.45.

**Vaccination by pharmacists 'could cut consult fees by up to $75 million a year'.**

Mr Greenwood said it was likely oral vaccines would become more common and, as many doctors were unwilling to store vaccines, it made sense to consider the pharmacist's role.

"We're a major signatory to the national childhood immunisation register and we want to do everything we can to raise the levels of immunisation … It will be very easy for pharmacists to supervise the giving of vaccines."

Pharmacy had an excellent cold chain system, requiring pharmacists to have vaccine fridges that met quality-assurance accreditation standards.

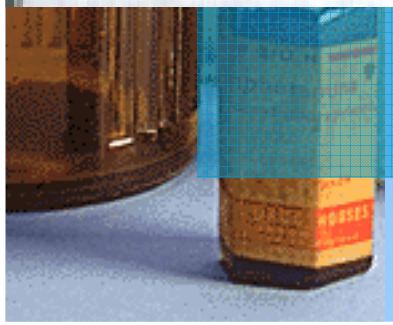
But Mr Greenwood admitted the pharmacy field was not ready for such an undertaking just yet and said it was too early to say which vaccines would be considered. The move would require a culture shift, appropriate training and better liaison with local doctors. While there was no regulatory obstacle for pharmacists administering vaccines, there were challenges with issues of competence, privacy and liability, he said.

Meanwhile, Charles Sturt University has been liaising with public health professionals in the past 18 months in the hope of introducing vaccination training as part of its pharmacy cours

AMA council of general practice chairm Dr David Rivett said that while he would we come a greater team approach to primary ca the idea of pharmacists administering vaccin was laughable.

"They have no consulting rooms. It's n something you can just do at the drop of a ha Dr Rivett said. "They have no idea how to m complications if someone has a reaction to a va cine. It's just a crazy idea and hasn't been thoug through at all."

Pharmacists taking a genuine role in patie care and moving into medical centres was good idea, but he did not expect this wou extend to administering vaccinations, he sai "I would never ever imagine them gettin involved in vaccinations even if they do mo into medical centres."



Doctor.

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# Home medicine review panned

## Provide positive proof or scrap it: AMA

BY CATHY SAUNDERS

THE AMA has called for proof that the home medicines review (HMR) program should not be scrapped after research found a similar scheme made no difference to patients' health.

AMA council of general practice chairman Dr David Rivett said the program should be reviewed independently to see if it was "worth a damn or just wasting time for patients and GPs".

**The program should be reviewed independently to see if it is worth a damn or just wasting time for patients and GPs.**

Dr Rivett was responding to a Canadian trial that involved about 900 elderly patients taking five or more medications daily. Pharmacists conducted face-to-face medication reviews with patients in the intervention group and passed on their suggestions to the GPs, who implemented or tried to implement about 70% of the recommendations.

The aim was to reduce the number of drugs taken per patient, potentially leading to fewer interactions, improved compliance and improved patient outcomes, the researchers said.

But after five months, patients in both groups were taking the same average number of drugs daily and there were no differences in health care use, costs or health-related quality of life.

Following on from comments from AMA president Dr Bill Glasson last month calling for all enhanced primary care items to be scrapped, Dr Rivett said such schemes "tie up an enormous amount of GP time and railroad GPs from doing other activities".

Any programs the government instituted needed to be evidence-based and shown to be effective, Dr Rivett said.

"I don't think we have any such proof of most of the

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Incoming GPRA chairman Dr Matthew McConnell says he's a doer not a gunna. Page 51

**LATEST NEWS**

**Asthma risk**
Regular high use of long-acting β-agonists may increase serious exacerbations. Page 3

**Mammogram confusion**
Women not told the full story. Page 5

**Divisions cash row**
Risk of bankruptcy for

*So long, farewell*

The medical indemnity crisis has taken its toll on Dr Iliya Englin. The Canberra GP packed his bags, and his cats, and migrated to New Zealand this week. Page 5

# 1. Do we have time?

- Workforce shortage & increasing patient complexity
- New initiatives often involve excessive paperwork

# 2. Relationships

- Local pharmacists – often just a voice on the phone querying scripts

# 3. Lack of role clarity

- Medical press raises suspicion of the true motives of the Guild
- No agreement about working in partnership

# 4. Patient confidentiality

- Difficult to pass on sensitive patient information if we don't know the pharmacist well
- Need to develop trust & protocols..?

# 5. Pharmacists' Clinical Education

- We don't really know about continuing professional development of pharmacists

# View from Dandenong DGP

- Excellent pharmacist facilitator
- Examples of work…

# Where to next?

- War between GP & pharmacy professions?
- Memoranda of Understanding at national & state levels?
- Advocate for formal rollout of a model of GP-pharmacy liaison with resourcing & extension of pharmacist roles in divisions?
- Continue ad hoc, specifically tailored programs in individual divisions?