

Rural Pharmacy

Newsletter of the Rural Pharmacy Workforce Program

Darryl Wakelin champions rural pharmacy

Country pharmacists have a real relationship with the people in their community which is pretty special according to pharmacist and Port Adelaide defender Darryl Wakelin.

There is a distinct difference between city and country pharmacy. In the city: 'you can become a bit of a cog in the wheel, while in the country you really do get involved at a community level and get to know the local people'.

Darryl grew up on the Eyre Peninsula in South Australia, first at the small town of Kimba, then at Port Lincoln.

He completed his internship in Adelaide where he worked at the Queen Elizabeth Hospital in clinical pharmacology in the renal unit, and also in oncology.

'I also had a lot of retail experience and am now involved in the ownership of three pharmacies at Darwin and Katherine in the Northern Territory. A good thing about owning your own pharmacy business is

that you get involved in all aspects of management – there's far more to it than just standing behind the counter. And you get very involved in the community. I think that happens a lot more in the country,' he said.

'In the Northern Territory we do a lot of work with indigenous communities. We do medication reviews for over 1000 patients and work closely with doctors and Aboriginal health workers. It's very fulfilling work'.

Darryl has thrown his weight behind a campaign to encourage more rural and regional students to choose pharmacy as a career. The campaign is an ongoing initiative by the Rural Pharmacy Workforce Program which is funded by the Australian Government under the 4th Community Pharmacy Agreement and

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managed by the Pharmacy Guild. It seeks to address the shortage of rural and regional pharmacists and encourages students from country areas to study pharmacy in the expectation they are more likely to take up rural employment after graduation.

While he is best known as an AFL footballer, Darryl Wakelin is also a practising pharmacist. He advises students that pharmacy is a much broader and more interesting career than is often anticipated, especially in rural settings.

'At the end of high school when I chose to study pharmacy at university, I did so mainly because of security – I knew there was lots of work for pharmacists.

'I made the decision not really knowing much about what the actual work would

be like but I feel really lucky now. It was a surprise.

'It's such a great career opportunity! With a lot of TAFE courses and uni courses you are tunnelled into one career option. The beauty of getting into pharmacy and completing your degree is that you can go into hospitals and become a clinical pharmacologist, you can get involved in retail pharmacy at a management level or you can do locuming.

'It also opens up travel opportunities. Working as a locum lets you travel extensively and you can even go overseas and work in the UK,' he said.

The choice of pharmacy as a career has already brought Darryl Wakelin great satisfaction but he thinks the best is still to come when he finally hangs up his boots.

Darryl said he was looking at spending a lot more time at the NT pharmacies getting back to his 'roots' in the country.

'That's going to be pretty special for me to go back there!'

The campaign includes a television commercial featuring radio personality Adam Spencer which will air in rural and regional areas, supported by the distribution of around 10,000 brochures throughout non-metropolitan high schools, specialist indigenous press and radio advertising. Thirty scholarships at \$10,000 per annum are available to support students from rural communities to undertake studies in pharmacy. Additionally, Aboriginal and Torres Strait Islander students may be eligible for scholarships of \$15,000 per annum.

Rural Pharmacist Forum

March 7, 2007

The Rural and Remote Pharmacy Workforce Program is hosting the second Rural Pharmacist Forum in conjunction with the Ninth National Rural Health Conference (March 7-10, 2007 at Albury) on March 7.

The Forum will run from 9am to 3pm in the Robert Brown Room at the Council Offices. It will consist of key presentations on the following:

- The 4th Agreement – what's in it for rural pharmacy?
- Rural pharmacist undergraduate scholarships – do they work?
- Innovation in Quality use of Medicines for Aboriginal communities
- Partnerships in care: collaboration between rural pharmacists and other health care providers
- Succession Planning – supporting pharmacists of the future
- Section 100 – changes ahead?
- Remote pharmacists – mercenaries, missionaries, or madmen? Vignettes of remote pharmacy practice
- Pharmacist Academics at University Departments of Rural Health.

The Forum cost covers morning tea, lunch and afternoon tea and an opportunity to network with pharmacists, students and other health professionals.

Register for the Rural Pharmacist Forum as part of the online registration for the 9th National Rural Health Conference at: <http://9thnrhc.ruralhealth.org.au/registration/?IntCatId=2>

Further conference details are available from: <http://9thnrhc.ruralhealth.org.au/program/?IntCatId=4>

Diary details

Rural Pharmacist Forum
Albury, March 7, 2007
Cost: \$60 per person

→ Positive progress

Since the last edition of the Rural Pharmacy Newsletter, there have been a number of positives achieved for pharmacy in regional, rural and remote Australia.

By far the most significant was Ministerial approval (following recommendations from PPSAC*) for all the workforce proposals. These proposals were put in detail to PPSAC late in April, and were announced in a media release from the Minister's office on June 23 (see page 6). The package includes \$25 million over the life of the Fourth Agreement for a number of rural workforce programs, including expanded numbers of undergraduate scholarships and internships and increased support for pharmacist academics at UDRH's. The business rules for each of the programs are now being developed and, as these rules are approved, the programs and their details will be highlighted on the rural pharmacy website, www.ruralpharmacy.com.au.

The first program to have business rules approved is the Rural and Remote Pharmacy CPE Allowance, and those changes came into effect on October 1. The two major changes to benefit us pharmacists in the rural sector are the addition of regional PhARIA 1 towns, e.g. Dubbo, Tamworth, Bendigo, Townsville etc, for eligible applicants, and the extension of the timeframe in which to submit applications. Over

the past year, the Advisory Committee has been requested to adjudicate on decisions relating to late applications, and the extended time frame – now two calendar months following the CPE event, up from two weeks – will make applications much easier for everyone involved. And, for all of us technologically-advanced pharmacists, applications can now be filled in and submitted online.

The Rural Pharmacy Promotion Campaign went off with a bang, and what a great ambassador for rural pharmacy Darryl Wakelin is. I'm sure there are a number of us that wish he played for a different team depending on where our allegiances lie – however it is wonderful that in this case he is playing for the bush pharmacy team. During the Promotion Campaign I was pleased to be able to participate in a chat with Dr John D'Arcy, and to conduct interviews with some ABC stations around Australia. Rural presenters on the ABC, in my opinion, do a great job of promoting and highlighting life in rural Australia. It's important that we, as individual pharmacists, add to the promotion of rural pharmacy at the same time.

I have just returned home from attending the annual CouncilFest of the National Rural Health Alliance, which is held around this time each year. Rural



Alison Aylott

Pharmacists Australia is one of 25 member bodies of the NRHA, the peak non-government body for rural, regional and remote health in Australia, and I am always impressed by the multi-disciplinary approach that member bodies of the Alliance promote. The next biennial National Rural Health Conference will be held in Albury/Wodonga from March 7-10, 2007, and I would encourage pharmacists to consider attending. On March 7, immediately before the Conference, the second Rural Pharmacy Forum will be held as one of a number of pre-conference meetings. This is a great day for rural pharmacists to get together for education and fellowship. The draft program for the Forum is available on the Conference website www.ruralhealth.org.au

** The Professional Programs and Services Advisory Committee (PPSAC) was set up under the 4th Community Pharmacy Agreement to consider issues relating to professional programs and services, and provide advice and recommendations to the Minister for Health. This representational committee comprises of five members appointed by the Guild (including 4 pharmacists), and five members appointed by Minister.*



→ Federal government rural health initiatives

Indigenous health in far north

In late July the Commonwealth Government announced three new initiatives to improve the health of Indigenous people in the Torres Strait and far North Queensland.

They were:

- A new health agreement for the Torres Strait region, signed by Commonwealth and state health ministers and representatives of the Torres Strait community
- A new chronic disease centre on Thursday Island
- An asthma spacer program to improve treatment for Indigenous children.

The Torres Strait and Northern Peninsular Area is one of the Government's highest-priority regions for Indigenous primary health care funding. An estimated 50% of adults in the area already have chronic disease. It also has the highest rate of diabetes in Australia. As a result, people live on average to just 50 years.

The Torres Strait Health Partnership Framework Agreement signed yesterday should mean better coordination and more effective use of funds in meeting the needs of local communities.

The Government has also contributed \$1.25 million to help build the new Chronic Disease Prevention and Management Centre on Thursday Island, which Queensland Health will operate.

In addition, the Government has worked with the Asthma Foundations of Australia and industry to introduce a new streamlined ordering and distribution system, the Asthma Spacers Ordering

System (ASOS). Spacers allow users to inhale asthma medications more effectively. The new system will provide spacers to Indigenous communities at more than 50% below normal cost within 24 hours of ordering.

The rate of asthma among Indigenous Australians is 1.7 times the national average, when age differences are taken into account.

Overall, Commonwealth funding for primary health care in the Torres Strait and Northern Peninsular Area will increase by \$1.1 million, or 42%, this financial year. Total Commonwealth investment in health and aged care in the region in 2006-07 is estimated to be \$5.6 million. The Commonwealth Government spends about \$350 million a year on Indigenous health.

Indigenous health services

Health services for Indigenous mothers, babies, children and people with a chronic disease are to be boosted in 26 locations around Australia as part of the Commonwealth Government's \$102.4 million Healthy for Life program, announced in the 2005-06 Budget.

Healthy for Life helps Indigenous health services to better plan and provide services such as antenatal care and health checks, and should improve the quality of care for Indigenous people with chronic conditions such as high blood pressure, asthma and diabetes. Funded services will receive up to \$100,000 to support service stock take and program planning activities and up to \$400,000 each year over four years to implement Healthy for Life action plans.

Healthy for Life seeks to break the cycle of poor health of Aboriginal and Torres

Strait Islander people, from childhood to adulthood, and represents a significant change in the way the Government manages Indigenous health funding.

The 26 Healthy for Life sites announced in July build on the initial 27 sites announced in December 2005. The sites include a variety of primary health care services, including Aboriginal community-controlled health organisations, state and territory area health services and Divisions of General Practice. The full list of services and locations is available at: www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2006-ta-abb100.htm?OpenDocument&yr=2006&mth=7

Support for rural GP obstetricians

GPs providing obstetric services in rural and remote areas will be eligible for increased payments through the Commonwealth Government's Practice Incentives Program (PIP) from November. GPs who deliver 20 or more babies a year will be eligible for a Procedural Payment of \$17,000 per year. This will replace the current payment of \$10,000. It is expected that the increased payment will cost about \$4 million a year.

A rural loading ranging from 15% to 50%, depending on the remoteness of a practice, is applied to all rural and remote PIP payments. For example, with the additional rural loading, this payment will increase to \$25,500 for the most remote practices. GP practices in rural and remote areas will be provided with further information on these changes and information on the application process through Medicare Australia.



→ 2007 Pharmacy of the Year awards

The Pharmacy of the Year awards program, formerly the Pfizer QCP Pharmacy of the Year, has been given a make-over for 2007 in response to the changing face of community pharmacy and to build on the success of the program over past years.

The awards program will provide recognition to pharmacies which deliver best-practice services and community activities, and showcase the services and activities undertaken by pharmacy to the public. While the importance of accreditation through the Quality Care Pharmacy Program is still an integral part of the program, some new categories have been established that replace the State level of the competition.

Pharmacy of the Year – Professional Services and Innovation

This award will be presented to a pharmacy that provides best-practice delivery of both standard and innovative professional and customer services designed to meet the needs of its community. The pharmacy will have a focus on the provision of quality health care and medicine management advice and information as well as being outstanding in pharmacy practice.

Pharmacy of the Year – Rural or Small

This award recognises the pharmacy that excels in health care delivery and participation in its community with limited resources. Judges will take into account the size of the business relative to outcomes for to customers and the community.

Pharmacy of the Year – People's Choice

An exciting addition to the 2007 Pharmacy of the year is the People's Choice category. It will be the pharmacy that has the most votes from the public. Each member of the public is entitled to one vote which can either be sent in by post or via the Ask Your Pharmacist website.

Submissions for entries in all the categories are invited before Friday December 1, 2006. The winners will be announced at APP 2007 on the Gold Coast in March 2007.

For further information about the 2007 Pharmacy of the Year contact Elana Huthnance at the Pharmacy Guild Communications Divisions on Tel: (02) 6270 1888 or email: elana.huthnance@guild.org.au.

Rural pharmacy commitment rewarded



Anne Leversha

Victorian College of Pharmacy (VCP) senior lecturer Anne Leversha was awarded a 2006 Rural Health Award in May for her work in health education and professional development in the pharmacy profession.

Anne was one of five regional winners announced at the Rural Health Week launch in Shepparton.

She was nominated by the Society of Hospital Pharmacists (SHPA) for her work in practising and promoting rural clinical pharmacy during her 25-year career in Victoria.

Anne is a senior lecturer for the VCP at the Monash University Gippsland Regional Clinical School as well as Manager of Pharmacy Services at Latrobe Regional Hospital.

She is also the National Rural Adviser to the SHPA and was appointed late last year as a regional representative on a new state-wide advisory committee, the Victorian Medicines Advisory Committee.

Anne said she was proud to be nominated for the Rural Health Award.

'It is especially pleasing when you are nominated by your peers, because their understanding of the job and their opinion on how you do your work is important. It is nice recognition, too, of the role we play as pharmacists, when awards such as this are open to all health professionals', she said.

The award recognises a commitment to the improvement of health within rural Victoria beyond a person's professional duty.

→ Rural pharmacy programs and services

The Minister for Health and Ageing, Tony Abbott, has announced a \$25 million dollar package of funding under the Fourth Community Pharmacy Agreement for the Rural Pharmacy Workforce Program. The Program is a continuation and expansion of the successful Rural and Remote Pharmacy Workforce Development Program funded under the Third Community Pharmacy Agreement.

The Rural Pharmacy Workforce Program (RPWP) aims to improve pharmacy access for communities in rural and remote areas through the implementation of strategies that strengthen and support the rural and remote pharmacy workforce in Australia.

The programs included in the package are:

Rural Pharmacy Scholarship Scheme

The Scholarship Scheme provides financial support to encourage and enable students from rural and remote communities to undertake studies in pharmacy at University. Up to 30 scholarships of \$10,000 per year will be available. Applications for 2007 close on 8 December 2006. Go to <http://beta.guild.org.au/rural/content.asp?id=204> for a copy of the Eligibility Criteria and Application Form.

Student Placement Allowance

The Student Placement Allowances aim to provide positive placement experiences for pharmacy students in rural and remote communities, encouraging students to return to rural practice upon graduation. Allowances of up to \$3,000 will be provided to assist students with travel and accommodation costs.

Pharmacy Academics at University Departments of Rural Health (PAUDRH)

The major objectives of the PAUDRH scheme are to provide support to the rural and remote pharmacy workforce, and to raise the profile of rural pharmacy within the UDRH's and Schools of Pharmacy and within the local health care structure. Funding of 10 full-time positions at UDRH's located throughout Australia will be available.

Rural Pharmacy Promotion Campaign

The objective of the Rural Pharmacy Promotion Campaign is to deliver a well researched, large scale rural pharmacy publicity campaign designed to promote rural pharmacy to pharmacists and students. Funding of \$1.2 million will be available over the life of the Fourth Agreement.

Emergency Locum Service

The objective of the Emergency Locum Service is to support pharmacists in rural and remote areas through direct access to locums in emergency situations such as illness, bereavement, or family emergencies. The service is accessible 24 hours a day 7 days a week and assists pharmacies in PhARIA 2-6 locations with the travel costs for locums in emergency situations.

Continuing Professional Education (CPE) Development Allowance

The Continuing Professional Education (CPE) Development allowance provides financial support to encourage pharmacists practicing in rural and remote areas to participate in professional development activities. The allowance of up to \$2,000 per claim assists to defray the additional travel and accommodation costs that are incurred by pharmacists in rural and remote areas when attending CPE activities. An increase in the funding pool (up from \$0.8 million under the Third CPA) to \$1.5 million will be available. Go to <http://beta.guild.org.au/rural/content.asp?id=208> for a copy of the Eligibility Criteria and Application Form.

Rural Pharmacy Newsletter

Rural Pharmacy is a newsletter of information, news and networking for Australia's rural and remote pharmacists. The newsletter will continue to be produced biannually and distributed to more than 5,000 readers nationally.

Small Project Funding (local innovation) and Research project/commissioned projects

These projects are a variation and expansion of the existing Rural and Remote Pharmacy Infrastructure Grants Program. Under the Small Project Funding a number of small grants of up to \$20,000 for the purpose of enhancing rural pharmacy practice, targeted mainly at practicing rural pharmacists will be available. The Research Projects would seek to commission research in determined areas of need.

For further information on programs funded under the RPWP go to www.ruralpharmacy.com.au or contact the Pharmacy Guild on 02 6270 1888.



→ Telemedicine robots improve access to medical care

University of Queensland telemedicine researchers have hit on a different way to improve health care in the bush.

They are using a robot named Eliza to conquer the tyranny of distance and improve delivery of specialist medical care. Eliza, who began work at Mt Isa Hospital at the start of October, is a creation of the University's Centre for Online Health – a world leader in telemedicine research.

The wireless robots can be wheeled to the bedside of sick children for video-link consultations with Brisbane specialists, greatly reducing the need for families to travel to the city for specialist care.

Local doctors take the robot to the bedside and thanks to a video-link, established via the Centre for Online Health, the sick child can see their Brisbane specialist on the robot's television-like screen. A built-

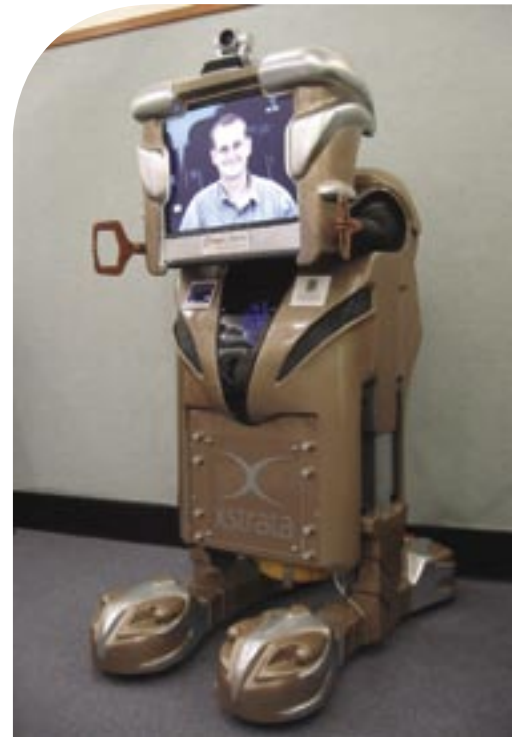
in camera and microphone enables the specialist to see and speak with the child.

Eliza is one of four robots to be commissioned over the next three years, thanks to a \$335,000 grant provided by mining company Xstrata (Community Partnership Program), through the Royal Children's Hospital Foundation.

The robot project is an extension of the telepaediatric research led by the Centre for Online Health, in collaboration with the Royal Children's Hospital in Brisbane.

An earlier model robot, known as Roy, has already successfully joined the children's ward at the Gladstone District Hospital, in Central Queensland.

The Xstrata funding will support the development of four new robots that will be deployed in selected central and north Queensland hospitals, and employ



a Senior Research Officer to manage the project at the Centre for Online Health.

Senior Research Fellow Dr Anthony Smith said the new robots would enable the Centre to build on the successful trial conducted in Gladstone.

'This funding gives our research team the opportunity to investigate how this groundbreaking service can be expanded to other regional hospitals throughout Queensland and to evaluate its capacity to deliver high quality clinical care to patients, as well as professional support and educational opportunities to health staff in regional areas, such as Mt Isa,' Dr Smith said.



→ Indigenous health improving

Research published in the *Medical Journal of Australia* in early August indicates that the health of Indigenous Australians is improving according to the Minister for Health and Ageing, Tony Abbott.

The research examines death rates from chronic diseases among Indigenous people in the Northern Territory (which has the best data) between 1977 and 2001.

Previous research showed that, while Indigenous death rates were falling for

most conditions, mortality from chronic diseases such as diabetes and circulatory disease was rising. The new research shows death rates for the most common chronic diseases easing or falling since the end of the 1980s. The results show modest improvements in life expectancy, heart disease, stroke and diabetes.

- Diabetes – annual 13.5% increase in death rate from 1977-1989 slowed to a 3.2% annual increase from 1990-2001.

- Ischaemic heart disease (the biggest killer) – the annual increase in the death rate cut from 5.7% to 1.1%.
- Chronic obstructive pulmonary disease (chronic bronchitis and emphysema) – the 3.5% a year rise in death rate reversed in the 1990s to a 5.7% annual drop.
- Stroke and rheumatic heart disease – death rates have improved slightly.

Applications open for Rural Pharmacy Scholarship Scheme

Applications for the 2007 scholarship round opened on Monday 23 October 2006 and close at 5pm (Eastern Summer Time) on Friday December 8, 2006.

The Rural Pharmacy Scholarships have been established to provide financial support to encourage and enable students from rural and remote communities to undertake undergraduate or graduate studies in pharmacy at University. From 2007 up to 30 scholarships will be offered annually. They are worth \$10,000 per annum per student (i.e., \$40,000 per student over a four year period). Scholarship recipients are encouraged to seek employment in rural and remote areas following graduation.

Guidelines and Application Forms are available from:

www.ruralpharmacy.com.au



→ Chastina's success

Chastina Anderson is an Indigenous pharmacist, and was a recipient of an Aboriginal and Torres Strait Islander Undergraduate Pharmacy Scholarship, a program of the Rural and Remote Pharmacy Workforce Development Program (RRPWD), funded by the Australian Government Department of Health and Ageing. Chastina completed two placements in remote Aboriginal communities in far north Queensland, and is now finishing her pre-registration year in a hospital pharmacy. In her own words she describes her experiences on these placements.

I studied Pharmacy at the University of Queensland in Brisbane, completing my degree in 2005.

For the last two years of the degree I received a scholarship as an indigenous student. The extra money meant I wasn't pressured into working long hours that would compromise my studies. It also enabled me to do placements in Indigenous communities which I otherwise could not have afforded. During my first two years at university I couldn't afford many textbooks which made studying difficult. Once I received the scholarship however I was able to purchase textbooks, reference texts as well as a new computer. My grades improved dramatically, along with my enthusiasm for the profession.

My first placement was at Townsville Aboriginal and Islander Health Service. I spent four weeks at the clinic and on outreach clinics to Happy Valley and the rehabilitation centre. Here I conducted a Quality Use of Medicines (QUM) project which looked at the supply of medicines to the indigenous community through Community Controlled Health Services. It was a very rewarding experience as I was also able to attend outreach clinics and felt that my contribution to the service of medication supply was valued highly. I am still in touch with the Practice

Manager at TAIHS and inform him of any studies they can be involved in, regarding medication supply.

My second placement was at a remote Aboriginal community in far north Queensland called Doomadgee. Here I completed another QUM project which focused on medication supply services from a remote hospital where registered nurses act as pharmacists. I raised issues such as the importance of counselling patients, legal issues around medication supply by nurses as well as good dispensing practices. From this experience I realised the importance of pharmacists in remote areas, and how many areas of pharmacy there are.

Having pharmacists in remote areas would make a huge difference to communities, even if they were on a rotational basis across regions. The pharmacist could educate nurses in good dispensing practices as well as provide support to the Indigenous health workers running diabetes clinics and other community and health programs.

Being an Indigenous pharmacist sometimes puts me in a challenging position, but I also feel I've been given a great opportunity to make a difference. We have been told numerous times about the enormous discrepancies in morbidity and mortality data between indigenous and non-indigenous Australians. In particular, studies have shown that even though systems such as the PBS and Medicare are available to all Australians, use by Indigenous people remains low. I'd like to think that I am in a pertinent position to have a significant impact on those figures.

My background also enables me to communicate with Indigenous people more effectively as I have a deeper understanding of their concerns and issues. For example, in some communities when giving out liquid antibiotics for children that require



refrigeration, it's important to ask if the patient has a fridge in their house.

Building rapport is also important. In Townsville I was with a doctor at an outreach clinic and was trying, unsuccessfully, to make conversation with one of the older ladies in the make-shift house. As soon as I mentioned that my father was born on Palm Island (where she was from) the invisible wall between us vanished. We could have talked all day after that. Unfortunately barriers like this are a reality, no matter how good your intentions are.

I chose to study pharmacy because I didn't like the 'blood and guts' side of being a doctor. And I hate needles! I just want to make a difference, and impact positively on people's lives.

Right now I am finishing my pre-registration year at the Mater Hospital in Brisbane. I am enjoying the experience immensely, and am learning from very dedicated, knowledgeable people. I particularly like the clinical pharmacy aspect that hospital pharmacy provides.

I don't know where I'll be in five or 10 years time. I do know that I want to be innovative and try new things, and I'd like to work in a remote area again. I'd also like to encourage other indigenous people to get involved in pharmacy, so I might end up in recruitment!

An Orange Associate Professor

The Charles Sturt University Orange campus pharmacy program will have its own Associate Professor when pharmacist and former lecturer Dr Maree Simpson takes up the position in 2007.

She will join the Orange campus as its first two intakes go into second and third year – where the course takes a greater focus on pharmacy practice – and its third intake of first year students arrives.

In a recent interview with *Australian Pharmacist*, Associate Professor Lyn Angel, Head of The School of Biomedical Sciences said that Dr Simpson would play a terrific role for the continuing pharmacy students at the Orange campus.

‘She’s still a registered pharmacist in NSW and in Queensland, so she’s bringing those very current practice skills to the program. She’s also got an incredible network with the pharmacy profession and the pharmacy industry at a national level. So she brings all of that interaction with the broad network of pharmacists to the students and that’s really important for these kids,’ she said.

‘She seems to have an endless energy and sees her interactions with the students as really steering them in the ways of professional practice and ethics. She brings a passion to the program, and that’s what gives our graduates an edge I think.’

Dr Simpson has experience in a wide range of pharmacy settings including community, hospital, public, private, research, specialist areas such as a community psychiatric care centre and she has served two terms on the NSW Pharmacy Board.

She is returning to CSU, where she was a senior lecturer, after a period of leave to take on other challenges.

Dr Simpson said that the future for rural pharmacy is excellent, both economically, where there is a layer of older pharmacists who will be looking to retire



Dr Maree Simpson

and can pass their pharmacies on to young pharmacists, and for service provision, where the role of the pharmacist is increasingly important in rural communities.

Pharmacy in Australia – challenges and opportunities

By Dr Maree Simpson

Pharmacy in Australia faces many issues, challenges and opportunities now and in the future. While many in the profession predict a bleak future for pharmacy, there are potential growth areas: pharmaceutical care innovations extending the role of pharmacists – chronic disease state management in areas such as diabetes or asthma; an accredited geriatric pharmacist role (offered through SHPA); increases in ‘non-pharmacy’ sited pharmacists, e.g. HMRs; facilitators for Divisions of GP;

medication hotlines; telepharmacy; pharmacist prescribing.

However, all is not necessarily positive – there are issues that pharmacy will face and will have to address, and there are issues that rural pharmacy in particular will need to address. These will be discussed later in this article.

Rural Australia

It seems self-evident to say that there are health inequalities within the Australian population. Whilst many of

us are aware of the inequalities of our indigenous population, and also some of our immigrant groups, how many of us think of rural-urban differences? So what differences exist? For a variety of reasons, rural areas tend to have an older and more chronically ill population. Further, hospitalisation rates are higher and farm and natural resource-related injuries are a major contributing factor to premature death, especially in males. In addition, suicide and homicide rates are higher than in metropolitan areas. Perhaps of particular concern to health care professionals,

mortality from cardiovascular diseases is higher in rural and remote areas compared to metropolitan areas.

Implications for rural pharmacy

These health differences, I would suggest, have implications for rural pharmacy. Firstly, it could be argued that there is a greater need for advice from a pharmacist on managing medications. Further, it has been established that the rural elderly have higher expectations of 'their' pharmacist. The combination of these two factors suggests that rural populations may be under-served by pharmacy relative to need.¹ This may be further complicated by the fewer numbers of pharmacists willing to practise in rural/regional areas.

Challenges to rural and regional pharmacy

Given the demonstrated need for pharmacy services, what factors may affect the supply of pharmacists? Certainly, it is likely that pharmacists would evaluate the financial viability of pharmacy as a profession, and of pharmacies on offer. This may be influenced by stock availability and the levels of stock holdings necessary – country pharmacies more rarely experience the 'luxury' or perhaps 'necessity' of same-day ordering, twice-daily orders or even the relative closeness to a warehouse from which urgently needed stock can be collected. At one pharmacy in which I practised it was necessary to place an order by 11am today for delivery tomorrow afternoon! Further, continuing professional development, the recruitment and retention of staff pharmacists and locums, and effective succession planning are additional issues of concern.

Impediments to rural practice

However the impediments to rural practice aren't only identified by pharmacists or graduates, students also identify issues that negatively impact on their choices.

They identify issues of the lack of peer and professional support; working conditions with 'long hours, and long weeks'; difficulties in taking holidays or urgent breaks, e.g. a family funeral; and the broad range and variety of the work as factors influencing their decisions.² It is uncertain whether the students expressing concerns about the range and variety of work have concerns about their training possibly not adequately preparing them for rural practice, or whether they foresee tremendous demands on their time once they are registered.

Impact of rurally-sited training

While traditionally pharmacy was taught in major metropolitan sites, Bachelor of Pharmacy programs are now offered in non-metropolitan sites in many states. It has been established in other professions within Australia, and overseas that residing in a rural area increased the likelihood of a graduate practising in a rural area. Australian research has established that up to 70% of rurally trained graduates choose to practise in non-metropolitan sites³ and express this preference even as undergraduates.⁴ In addition, these rurally trained graduates express satisfaction with their training and evaluate it as being 'as good as any other university'.⁵

Further, research has established that personality characteristics impact on an individuals' decision when choosing a practice site, irrespective of rural training. A recent study⁶ established that those graduates who are equally likely to endorse both male or female stereotypical traits as being representative of their own character are most likely to practise in metropolitan areas. Further research will likely uncover other characteristics and socio-demographic factors that increase or decrease a student or graduate's affinity for country practice.

Rural Pharmacy – 'the experience'

There are probably as many opinions about 'rural pharmacy' as there are pharmacists. Some would argue that pharmacy is pharmacy and site is irrelevant, while others would argue equally passionately that things are 'different in the bush'.

Rural pharmacy, in my experience, offers a different 'feel' than pharmacy in metropolitan and major regional areas, whether the practice site is community or hospital-based. My experience, across a number of states, has been one of greater closeness to patients, more frequent social and incidental contact, of being more valued and respected, and usually, a ready, friendly and open access to other healthcare practitioners especially general practitioners and medical specialists. I'd certainly recommend giving rural practice 'a go'.

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→ Indigenous people more likely to have heart attacks

A report released by the Australian Institute of Health and Welfare (AIHW) in late September reveals concerning statistics about heart attacks and treatment in Aboriginal and Torres Strait Islander people.

Sushma Mathur of the AIHW's Cardiovascular Disease and Diabetes Unit said that the report, *Aboriginal and Torres Strait Islander people with coronary heart disease: further perspectives on health status and treatment*, is the first study of this scale to measure Indigenous hospital procedure rates relative to the need for those procedures, taking case complexity into account.

'It is well known that Indigenous Australians have much higher death rates from heart attacks than other Australians, but what we haven't known is whether this is because they are more likely to have a heart attack in the first place, have lower survival rates, receive less treatment, or present as more complex cases,' she said.

The study found that Indigenous Australians are considerably more likely to suffer a heart attack and to die from it, regardless of whether or not they are admitted to hospital. Even when admitted to hospital they are less likely to receive some medical investigations or common lifesaving procedures.

'This is a complex issue, and there are many factors that impact on the health outcomes for Indigenous people – socioeconomic differences and location are just two of the factors that could contribute to these lower procedure rates,' Ms Mathur said.

The report found that compared with other Australians, Aboriginal and Torres Strait Islander people had three-times the rate of a 'major coronary events' such as heart attacks.

When admitted to hospital for coronary heart disease Indigenous Australians had more than twice the chance of dying in hospital, and:

- A 40% lower rate of being investigated by angiography;
- A 40% lower rate of coronary angioplasty or stent procedures; and
- A 20% lower rate of coronary bypass surgery.

Ms Mathur said: 'It should be noted that the study was limited in some respects because it did not control for socioeconomic status or remoteness, and only data from Queensland, Western Australia, South Australia and the Northern Territory had adequate identification of Indigenous Australians. However, even allowing for those limitations, the size of the disparities in health outcomes and treatment is disturbing. It makes a compelling case that ways must be found to better understand and eliminate those disparities'.

The report can be found on the Internet at: www.aihw.gov.au/publications/index.cfm/title/10266

→ Indigenous diabetes hospitalisation rates highest

The hospitalisation rate for Indigenous people with diabetes is seven times higher than for other Australians with diabetes a new Australian Institute of Health and Welfare (AIHW) report has shown.

Kathleen O'Brien of the AIHW's Cardiovascular Disease and Diabetes Unit said the report looked at trends in diabetes-related hospitalisations using hospital statistics over the period 1996-07 to 2003-04.

The report, *Diabetes hospitalisations in Australia, 2003-04* (bulletin No. 47), found that in cases where diabetes was the main reason for hospitalisation, the rate for Aboriginal and Torres Strait Islander peoples was more than seven times the rate of diabetes hospitalisations for other Australians.

It found that diabetes-related hospitalisations increased by 20%

between 2000-01 and 2003-04, and the average length of stay for someone with diabetes was more than three times the overall average length of stay.

The report also examined variations in hospitalisation rates across different socioeconomic groups and geographic regions. It showed that hospitalisation rates rose with increasing socioeconomic disadvantage and increasing remoteness. Diabetes was most commonly associated with hospitalisations for circulatory diseases such as coronary heart disease and stroke.

'Diabetes is a chronic condition that can have a major impact on life expectancy and quality of life, especially if undetected or poorly controlled,' Ms O'Brien said.

Diabetes has been estimated to affect around one million Australians and is reportedly increasing in prevalence. Australian hospitals data help to give an

indication of the impact of diabetes on health service use. Other key findings relating to hospitalisations involving diabetes – that is where diabetes was a principal or additional diagnosis – were:

- Hospitalisations increased by 19-20% between 2000-01 and 2003-04.
- The average length of hospital stay was over three times the overall average.
- Type 2 cases accounted for almost six out of every seven hospitalisations with a diagnosis of diabetes.
- Diabetes was most commonly associated with hospitalisations for 'diseases of the circulatory system' (such as coronary heart disease and stroke) and 'factors influencing health and contact with health services' (which includes dialysis).

The report is available online at: www.aihw.gov.au/publications/index.cfm/title/10236

→ Data on Indigenous people's substance use 'inadequate'

A new report released in late October by the Australian Institute of Health and Welfare (AIHW) has found that data sources on substance use issues for Aboriginal and Torres Strait Islanders are inadequate and do not provide answers to many key questions. The report, *Drug use among Aboriginal and Torres Strait Islander peoples: an assessment of data sources*, examines the current state of data collections relating to substance use issues for Aboriginal and Torres Strait Islander peoples in Australia.

It highlights the fact that Australia already has a relatively large number of data sources and suggests ways to use them to provide a better understanding of substance use issues.

Report author, Louise York, said 'There are many complexities in collecting reliable information about substance use in general and illicit substances in particular, and these complexities are amplified when collecting information about Aboriginal and Torres Strait Islander peoples, especially those living in small communities'.

Overall, available data sources on this subject are inadequate, in that they fail to provide answers to many of the key questions expressed by stakeholders, such as, what is the level of illicit substance use among Aboriginal and Torres Strait Islander peoples living in rural and remote Australia, or how many Indigenous people are currently receiving alcohol or other drug treatment?

Some suggested ways to improve current data collections are to:

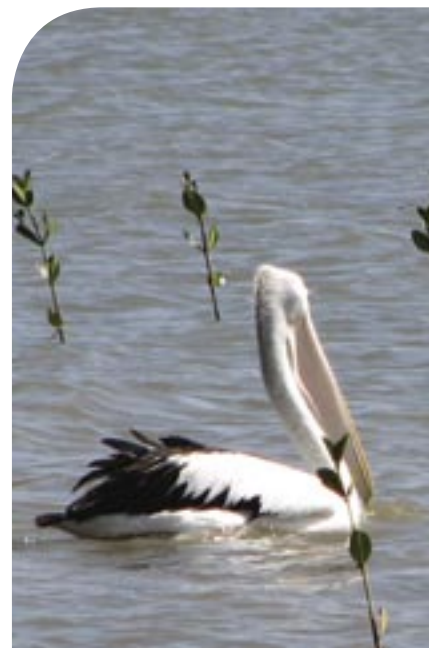
- Continue to improve accurate identification of Indigenous status across all data sources.
- Develop a core set of questions about substance use and related contextual

factors that can be used in various data collections.

- Improve estimates of substance use among Indigenous people, particularly in relation to illicit substance use in rural and remote locations.
- Improve information about the number of Indigenous people accessing alcohol and other treatment services, the types of treatment they receive and its outcomes.

'Also key to better utilisation of existing data sources would be to develop an appropriate methodology for gathering information about emerging issues relevant to Indigenous substance use such as petrol sniffing. An examination of emerging issues would ideally produce community-level information that could identify local supply and demand issues. It would also be useful to highlight the characteristics of strong communities versus communities at risk,' Ms York said.

The full report is available online at: www.aihw.gov.au/publications/index.cfm/title/10360



Economic side-effects from rural health

The important monetary side-effects stemming from health and aged care providers in rural economies have been highlighted in a recent report.

The Economic importance of non-hospital health and aged-related community care services to regional communities report was commissioned by the Health and Community Services Industry Fund (HESTA). It examined the economic contribution made by non-hospital health and aged-related community care services to three regional economies: the mid north coast region of NSW, the outer Adelaide region, and the Kimberley region of WA.

Greg Mundy, Aged and Community Services Australia (ACSA) CEO said: 'as

well as care these services provide the economic lifeblood of rural areas due to their employment and purchasing role in the rural economies.'

He said that ACSA believes rural and remote Australia need alternative models of aged care delivery (such as the existing MultiPurpose Services) and that such services must be tailored to the specific needs of country people, including those from Indigenous and culturally diverse backgrounds. ACSA has called on the Federal Government to boost funding and support for aged and community care services in rural and remote Australia.

The report can be accessed at:

www.hesta.com.au

Support for rural pharmacy recognised

Former PSA NSW Branch Director, Maxine Goodman, was recognised for her long and distinguished involvement in the profession and for her strong support of the Charles Sturt University (CSU) Pharmacy Program at the Annual Charles Sturt Pharmacy Foundation Dinner in July.

A presentation was made to Maxine by Wagga Pharmacist and Charles Sturt Pharmacy Foundation Governor, John Mueller.

Maxine Goodman was a pioneer of clinical pharmacy in Australia and has always identified the need for pharmacy support staff to be appropriately trained to assist in the variety of situations the position encounters.

Foundation Professor of Rural Pharmacy at CSU, Patrick Ball said that with the support of Maxine and others, the Pharmacy Program has grown to be one of the most competitive to enter, with the Bachelor Degree being offered at the University's Orange and Wagga Wagga Campuses.



Maxine Goodman

Peter Gissing, Chair of the Charles Sturt Pharmacy Foundation, said: 'Maxine has been a strong supporter of CSU within the profession. During her 23 years as Branch Director of the NSW Branch of the PSA she has been involved in the development of pharmacy education, practice support and advocacy. CSU is extremely fortunate to have her support'.

The Annual Charles Sturt Pharmacy Foundation Dinner aims to increase knowledge of the shortage of rural pharmacists in Australia and raise

awareness of the difference CSU has made in the continuation of quality pharmacy services in inland and rural areas.

The Charles Sturt Pharmacy Foundation was developed to support the CSU pharmacy program which was established in 1997 with the primary aim of addressing the shortage of pharmacists in rural areas. The Pharmacy Foundation has supported the development of the program by contributing to the establishment of faculties at the Wagga Wagga and Orange campuses, and providing student scholarships.



Professor Patrick Ball

Rural Pharmacy CPE Allowance applications now online

Applications for the Rural and Remote Pharmacy CPE Allowance can now be filled in and submitted online.

Changes to the Rural CPE Allowance that streamline application assessments, speed up the process and make it more equitable came into effect from October 1, 2006. For example, applicants will now have up to two calendar months after the conclusion of a CPE activity to submit an application. Further, they may receive 100% of eligible costs.

The changes are:

1. Applicants will now have two calendar months from the conclusion of a CPE event to submit an application

2. Applicants residing and working in the following locations may be eligible to apply for the allowance:

- PhARIA 2-6
- PhARIA 1 – excluding the following areas:
 - Capital cities – Melbourne VIC, Sydney NSW, Brisbane QLD, Adelaide SA, Perth WA, Hobart TAS, Canberra ACT.

3. Applicants may receive 100% of eligible travel and accommodation costs associated with participation in CPE activities

4. Applications will only be accepted following completion of a CPE activity

The CPE Allowance provides financial support to assist pharmacists from rural and remote areas to access CPE and Professional Development activities. The allowance can be awarded to practicing pharmacists, pre-registration pharmacists, pharmacists preparing to re-enter pharmacy practice in rural locations or a professional educator travelling to a group of practicing pharmacists to deliver CPE. Applications and Guidelines are available at www.ruralpharmacy.com.au or by contacting the Pharmacy Guild on (02) 6270 1888.



The PHARMACY GUILD of AUSTRALIA

SURVEY
to be returned by 15 January 2007

Pharmacy Area Remoteness Index Of Australia (PhARIA)

This purpose of this survey is to assist the Guild in the development of a submission to Government on the refinement of the PhARIA.
Full details on the PhARIA are at the GISCA website at www.gisca.adelaide.edu.au/projects/pharia.html

1. What is your PhARIA? (see the GISCA website if you are unsure) _____

2. Do you believe the PhARIA is a fair measure of rurality? yes no

If no, please explain _____

3. Please detail any anomalies to the PhARIA that you are aware of _____

4. Are there any changes that you think should be made to the PhARIA? yes no

If yes, please explain _____

5. Are there any additional comments you would like to make about the PhARIA? _____

Please return by 15 January 2007 to fax 02 6270 1800

Note that additional comments can be emailed to ruralpharmacy@guild.org.au

Essential Update

Emergency Locum Service

The Emergency Locum Service commenced operation in February 2002. The Emergency Locum Service supports pharmacists in rural and remote areas through direct access to locums in emergency situations such as illness, bereavement, or family emergencies. The service assists pharmacists with the travel costs for locums (up to \$2,000). Telephone access to the service is available 24 hours a day, seven days a week, and the service aims to place a locum in any location nationally as soon as possible, and preferably within 24 hours, for a maximum of 7 days. The contact number is **1800 357 001** or visit **els.com.au**.

CPE/Professional Development Allowance Scheme

The CPE / Professional Development Scheme provides financial support to assist with travel and accommodation costs incurred by pharmacists from rural and remote areas to access CPE and professional development activities. Application forms and eligibility criteria are available from **www.ruralpharmacy.com.au** or by calling **(02) 6270 1888**.

Placement/Internship Allowances

Small allowances are available to pharmacy students wishing to undertake internships in rural and remote communities. Interested students should contact their Pharmacy School for an application form and further information. **www.ruralpharmacy.com.au**

Rural Pharmacist Pre-registration Incentive Allowance

The Rural Pharmacist Pre-registration Incentive Allowance is aimed at increasing and supporting the rural and remote pharmacy workforce, by encouraging young pharmacists to practice in rural and remote areas.

A maximum allowance of \$10,000 (excluding GST) per pharmacy may be made to eligible community pharmacies engaging a pre-registration employee for a continuous 12 month period. A maximum allowance of \$5,000 (excluding GST) per pharmacy may be made to eligible community pharmacies engaging a pre-registration employee for a continuous six-month period.

Further information and application forms are available by contacting **(02) 6270 1888** or visiting **www.ruralpharmacy.com.au**

Rural Pharmacy Maintenance Allowance

Are you one of the 100 or so rural pharmacies eligible for this allowance of \$3,000–\$38,000 per annum, but not yet receiving it? For further information contact Medicare Australia on **(08) 8274 9641** or visit **www.medicareaustralia.gov.au/providers/incentive_allowances/pharmacy_agreement.htm**

Section 100 Support Allowance

Discussions on refinement to this allowance have progressed through the Ministerial advisory committee (PPSAC) and changes to the fee and the administrative arrangements will commence in the new calendar year. Details will be available in the next edition of *Rural Pharmacy*.

PhARIA review

The Pharmacy Guild is in the process of drafting a submission for consideration by the Minister for refinement of the PhARIA. On page 15 of this newsletter is a survey to assist in this process. If you have any concerns or suggestions for improvement of the PhARIA, or even if you think it works well, then let the Guild know by completing the form or emailing **ruralpharmacy@guild.org.au**.

Editorial Guidelines

Rural Pharmacy welcomes contributions from people working in the rural and remote pharmacy and health care field. Articles should be no more than 500 words in length.

Every care is taken to reproduce articles as accurately as possible but the publisher (RRPWDP) accepts no responsibility for errors, omissions or other inaccuracies contained therein. However, the publisher reserves the right to edit submitted articles as is deemed necessary. Any material judged to be potentially defamatory will not be published. The views expressed by the authors of articles in *Rural Pharmacy* are their own and not necessarily those of the Rural and Remote Pharmacy Workforce Development Program (RRPWDP), or editorial staff and must not be quoted as such.

