

Pharmacist prescribing threatens GP collaboration

■ Gemma Collins

New “continued dispensing” rights for pharmacists will undermine collaborative arrangements with GPs and be detrimental to patients’ health, according to the AMA.

In a letter ([link](#)) to the Pharmaceutical Society of Australia (PSA), the AMA’s vice-president Professor Geoff Dobb says draft guidelines circulated to pharmacists, setting out how to dispense repeat medication without a prescription, only “serve to heighten” doctors’ concerns.

He says it was “inappropriate” for the Federal government to allow it to go-ahead and calls



AMA criticises pharmacists’ draft guidelines on continued dispensing

for the Society to work with the AMA on the measures to prevent a “breakdown” in collaboration between the two professions.

Professor Dobb argues that there is no evidence of problems with the current dispensing program or any evidence that it causes problems for the patient if they run out of lipid lowering medication for a week

and therefore could just wait to see their GP.

“Far from improving patient outcomes, the program is likely to result in further delay by patients in seeking necessary clinical review by a medical practitioner, to the detriment of their health,” he writes.

He raises concerns that the only communication between the pharmacist and GP will be after the medication has already been prescribed, which could lead to a range of legal risks for both parties.

And he insists that pharmacists have an “important role” to tell patients when dispensing their last repeat that they need to visit their GP to discuss ongoing treatment.

What do you think?
comment@6minutes.com.au

“Limited” PCEHR set to flop, consumer group warns

■ Michael Woodhead

Patients are unlikely to participate in the PCEHR program because it will offer few benefits initially and will deny patients control over who has access to their records, the Consumers Health Forum says.

In a submission ([link](#)) to a Senate inquiry into the PCEHR bill, the CHF also calls for the personal electronic health records system to be “opt-out” by default rather than “opt-in”, which it says will lead to a lack of critical mass for the system.

The consumers’ group says a major drawback with the “opt in”

model is that patients will rely on their GP for registration, and thus may not feel personally involved or engaged with the new system.

According to the CHF, the limited functionality of the PCEHR system when it goes live in July could put patients off from ever using it.

By having only features such as Shared Health Summaries that already exist on practice electronic record system, there will be no immediate apparent benefit for either patients or clinicians, the CHF warns. The PCEHR system will need to include include useful features such as diagnostic test

results to make it attractive and to ensure widespread adoption, the CHF says.

However, the “deal breaker” for many patients with the PCEHR will be the recent “extremely disappointing” decision to remove their ability to limit access to their clinical document, the group says.

“Consumers are likely to withdraw participation, refuse to grant access or simply withhold information to work around the absence of this feature,” its submission says.

What do you think?
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In brief

AMA survey to counter nurses’ low pay claim

The AMA has launched a survey of GP practices in its fight against union’s claims that practice nurses are low paid. The survey ([link](#)) will enable the AMA to gather information about the working conditions and wages of practice nurses in opposition to the Australian Nursing Federation’s application for a low paid bargaining authorisation.

MRSA spread by pulse checking mobile phones

Using mobile phones to take a pulse or respiratory rate can cause the spread of MRSA among patients, according to UK infection experts, who tested the fingers of 20 doctors in a hospital who had used their phones after washing their hands with antibacterial alcohol gel. *BMJ* ([link](#))

High normal BP risk of AF

Having upper normal systolic BP (128 to 138 mm Hg) is associated with a 50% higher risk of atrial fibrillation in otherwise healthy middle aged men, compared with men with normal BP, a long term study ([link](#)) from Norway and published in *Hypertension* has shown.



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Medicine in the media



A STAFF MEMBER MAY HAVE STOLEN \$1 MILLION from a Wagga Wagga medical practice over an extended period, police say.
Daily Advertiser.

PREGNANT WOMEN IN RURAL VICTORIA ARE BEING FORCED to travel hundreds of kilometres to give birth due to bed shortages in regional hospitals.
Herald Sun.

A SYDNEY GP PRACTICE HAS APOLOGISED TO A 93-YEAR-OLD WOMAN who was refused treatment for an eye complaint when she arrived 15 minutes before the practice closing time.
North Shore Times.

A PENSIONER HAS WAITED MORE THAN 15 YEARS FOR CATARACT SURGERY only to be dumped by the Royal Brisbane and Women's Hospital as 'non-urgent' and advised to go private.
Courier Mail.

THE LAUNCESTON GENERAL HOSPITAL IS PAYING \$400 A MONTH to store 45 beds at a commercial storage facility, locked away so that they can not be used even in an emergency.
The Examiner.

A NEW TEST TO DIAGNOSE THE GENETIC DISORDER FRAGILE X SYNDROME, has been developed by Melbourne researchers.
The Age.

AN 85-YEAR-OLD WOMAN DIED AFTER SHE FELL off a hospital shower trolley at the Wimmera Base Hospital.
The Age.

A 1000 PATIENT BACKLOG WILL BE PASSED ON TO A NEUROLOGIST starting at Cairns Base Hospital next month.
Cairns Post.

PROSTATE CANCER MORTALITY NEARLY DOUBLES in men who put on weight of 20kg or more, according to the new Australian research.
Sydney Morning Herald.

A CALL FROM BROTHEL OPERATORS TO MAKE UNSAFE SEX ILLEGAL has been rejected by NSW Health, which says there is no evidence that this would reduce STI transmissions.
Gold Coast Bulletin.

THE QUESTION OF HOW WELL TAMIFLU WORKS remains unresolved owing to Roche's continued refusal to provide full access to its data, according to a Cochrane review.
Sky News.

DOCTORS RATHER THAN WOMEN ARE RESPONSIBLE FOR RISING CAESAREAN RATES according to a Queensland study that found most women who had caesareans did not intend to have one, but were persuaded by advice from their health care provider.
ABC.

A PERTH SURGEON SAYS HIS OWN CLINIC HAS HAD REPORTS of 30 women with ruptures in their PIP implants since the beginning of the month, although the TGA insists there have been 37 reports across Australia.
West Australian.

THE WA COUNTRY HEALTH SERVICE HAS DENIED IT HAS A PROBLEM recruiting obstetricians to posts in regional Western Australia, although the AMA has warned of shortages across the state.
ABC.

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Your say



Warnings over new diabetes payment scheme (link)

Next we will be expected to pop round and check that Bill and Betty have taken their pills as prescribed! Paying GPs for results presumes that we have total control over the lives our patients lead. Never mind how good and appropriate our advice on exercise and diet; never mind that we have them on the appropriate medications and never mind that we refer them for the appropriate ancillary care.

If their "results" are not great because they eat too much and exercise too little; because they only "sometimes" take the

lipid lowering medication as prescribed; because they drink too much beer and red wine - then we, their GPs, will be held responsible and so suffer financial consequences.

Such lack of insight! Will we be held responsible in future for the overweight, the unhappy, the still smoking - and have our remuneration thus reduced?? When will personal responsibility on the part of our patients be encouraged/demanded? I fear I won't see it in my practising life if this is the best the "experts" can do.

Denise Skiffington

Women too optimistic about natural birth (link)

As an (ex) GP obstetrician I fully agree with Dr Walters' comments. I guess one only has to do a bit of Googling to see what background Dr Mark Donohoe makes his statements from. He practices in "integrative medicine" and deals with various conditions such as "Multiple Chemical Sensitivity" and "Toxic Injury" not to mention

holding some fairly unorthodox views on vaccinations - hardly someone that I would consider any sort of expert on life and death issues such as delivering a baby.

Thinus

NEHTA on track for PCEHR (link)

If the conditions are stable and chronic, what is the advantage? We already share health info. Reducing hospital readmissions? These are a result of complications due to procedures and cannot be predicted by such a system. How will this increase better communication between health care providers when it already exists? Better policy development and data available for research and planning? It sounds like Big Brother and vested interests via academics and fat cats.

Despite NEHTA's rhetoric, there is no direct evidence that a huge amount of health dollars spent on this scheme is going to produce any major health outcomes for the individual patient. It may produce

better outcomes for government administrators but I am very suspicious of their claimed outcomes.

Ms Roxon supported this scheme for dubious reasons and as she has been shown to be anti-GP, it is likely that this scheme would be used to further degrade GP income beyond what it has been degraded already.

Nobody has answered my fundamental question of how do we deal with substance abusers who decide that they will remove or hide information about their addiction? This also applies to gamblers.

So NEHTA, put your mouth where your foot currently resides and give us an answer on this one. Why does it cost so much, when I can give my patients their information on a flash drive? It's all about control, particularly government control.

By having central control of all records which this system allows government to do, we enter a new phase of what I would call 'Big Brother-1984 Revisited'.
Stan

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