



# ***ECONOMICS AND GOVERNANCE COMMITTEE***

**Members present:**

Mr LP Power MP—Chair (virtual)  
Mr RA Stevens MP  
Mrs MF McMahon MP (virtual)  
Mr DG Purdie MP (virtual)  
Mr A Tantari MP (virtual)

**Staff present:**

Ms L Manderson—Committee Secretary

## **PUBLIC BRIEFING—INQUIRY INTO THE PHARMACY BUSINESS OWNERSHIP BILL 2023**

### **TRANSCRIPT OF PROCEEDINGS**

**Thursday, 14 December 2023**

**Brisbane**

## THURSDAY, 14 DECEMBER 2023

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### **The committee met at 10.15 am.**

**CHAIR:** Good morning. I declare this public briefing open. I want to acknowledge that both myself and other members are so busy with a whole array of electoral functions that we are unable to be there in person, but we really appreciate the information we are receiving. I also really appreciate my esteemed deputy chair being present: thank you.

I would like to respectfully acknowledge the traditional custodians of the lands on which we meet today and pay our respects to elders past, present and emerging. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander people whose lands, winds and waters we all now share.

My name is Linus Power. I am the member for Logan and chair of the committee. The other members of the committee are: Mr Ray Stevens MP, the member for Mermaid Beach; Mr Michael Crandon MP, the member for Coomera, who is unfortunately an apology for today's meeting; Mr Adrian Tantari MP, the member for Hervey Bay; Ms Melissa McMahon MP, the member for Macalister; and Mr Dan Purdie MP, the member for Ninderry.

The purpose of today's briefing is to assist the committee with its examination of the Pharmacy Business Ownership Bill 2023. The bill was introduced into parliament on 30 November 2023 by the Hon. Shannon Fentiman MP, Minister for Health, Mental Health and Ambulance Services and Minister for Women. The committee is required to report to the parliament on the bill by 8 March 2024.

This briefing is a proceeding of the Queensland parliament and is subject to the standing rules and orders of the parliament. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath or affirmation, but I remind witnesses that intentionally misleading the committee is a serious offence. I also remind committee members that witnesses are here today to provide factual or technical information. Any questions seeking an opinion about policy should be directed to the minister or left to debate on the floor of the House. These proceedings are being recorded and broadcast live on the parliament's website. Media may be present and are subject to the committee's media rules and the chair's direction at all times. You may be filmed or photographed during the proceedings and images will appear on the parliament's website and social media pages. Please ensure that any mobile phones are turned off or switched to silent mode.

**LEE, Mr Justin, Acting Executive Director, Queensland Public Health and Scientific Services, Queensland Health**

**MAHLER, Mr Karson, Director, Legislative Policy Unit, Queensland Health**

**SANDERSON, Ms Kate, Manager, Legislative Policy Unit, Queensland Health**

**STEELE, Mr Nick, Deputy Director-General, Queensland Public Health and Scientific Services, Queensland Health**

**CHAIR:** Thank you for agreeing to brief the committee today. I will now invite you to make an opening statement after which committee members will definitely have questions for you.

**Mr Steele:** Good morning, Chair and committee members. Thank you for the opportunity to brief you on the Pharmacy Business Ownership Bill today. I would like to start by acknowledging the traditional custodians of the lands on which we are meeting today, the Yagara and Turrbal people, and pay my respects to their elders past and present.

The Pharmacy Business Ownership Bill will, if passed, repeal the Pharmacy Business Ownership Act 2001 and replace it with a modern and effective framework for regulating the ownership of pharmacy businesses in Queensland. The bill implements the government's response to several recommendations of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee in its report No. 12 of the 56th Parliament titled *Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland*. The committee's report was tabled in 2018 and made 11 recommendations, including about the regulation of pharmacy ownership in Queensland.

The government response, tabled in April 2019, accepted all recommendations in full or in principle and identified several recommendations requiring legislative amendments. The government response also committed to establishing a licensing scheme to support the regulation of pharmacy ownership in Queensland. The bill will implement the government response to recommendations 8, 9, 10 and 11. The bill does depart from recommendation 6, which calls for an advisory council to be established to advise Queensland Health in its administration of the Pharmacy Business Ownership Act. Instead, the bill establishes a regulatory council as an independent statutory body and transfers responsibility for regulating pharmacy ownership from Queensland Health to the council.

This change is in response to strong feedback from most pharmacy business owners, who provided submissions during consultation, and the Pharmacy Guild of Australia. These stakeholders considered that an independent statutory body would be better placed to monitor and enforce pharmacy ownership requirements. The change also brings Queensland into line with most other Australian jurisdictions.

The two main objectives of the bill are: firstly, to promote the professional, safe and competent provision of pharmacy services by pharmacy businesses; secondly, to maintain public confidence in the pharmacy profession. The bill sets out who may own or hold a material interest in a pharmacy business; how many pharmacy businesses a person may own or hold a material interest in; how and where pharmacy businesses may be carried on; and obligations on owners of, and persons with, a material interest in a pharmacy business. The bill also introduces a licensing scheme for pharmacy business ownership and establishes the Pharmacy Business Ownership Council.

With respect to owner restrictions, the bill retains and clarifies the existing requirements relating to pharmacy ownership. Only an eligible person may own a pharmacy business. An eligible person includes: a practising pharmacist; a corporation whose directors and shareholders are either all practising pharmacists or a combination of practising pharmacists and close adult relatives of practising pharmacists; a friendly society that on 29 April 2005 carried on a pharmacy business; and the Mater. The bill also retains the limits on the number of pharmacies a person may own or have a material interest in. Practising pharmacists or pharmacist controlled corporations may have an interest in up to five pharmacy businesses. Eligible friendly societies and the Mater may have an interest in up to six pharmacy businesses.

Turning to the new licensing scheme, the bill makes it an offence to carry on a pharmacy business without a licence. It will also be an offence to carry on a pharmacy business other than at or from a licensed premises. The council can grant a licence to a person or corporation if they are an eligible person, a fit and proper person, and do not already hold an interest in the maximum number of pharmacy businesses permitted under the bill. The council must also be satisfied that the proposed premises for the pharmacy business comply with premises standards described in regulation that are not located in, or directly accessible from, a supermarket. Licences must be renewed annually, allowing regular and effective oversight of compliance with the bill.

The bill establishes the Pharmacy Business Ownership Council. The council is given responsibility for administering the licensing scheme and monitoring and enforcing compliance with the bill. The council will have at least five members appointed by the Governor in Council on the recommendation of the minister. At least one council member must be a pharmacy business owner and one must be a practising pharmacist who is an employee of a pharmacy business. Other members can include: a person qualified in accounting, business, financial management and law; or a person the minister considers is qualified to represent consumers on pharmacy services.

Thank you, Chair, for the opportunity to address the committee this morning. We would be happy to take any questions.

**CHAIR:** As you know, the committee members are in close contact with community pharmacists throughout their electorates. I now move to questions. I note that the deputy chair has a question.

**Mr STEVENS:** Thank you very much, Nick, for your opening address on the matter. For the regulatory council, the independent statutory body, obviously the bill says a minimum of five. The government could put in, for instance, 10; is that possible?

**Mr Steele:** I might just refer that to Kate to confirm some of the detail on that.

**Ms Sanderson:** The bill sets out a minimum of five. It does not prescribe a maximum. It will depend on the council and what they consider to be an operationally beneficial number.

**Mr STEVENS:** Why would it depend on the council when they will not be appointed until the government says how many they are going to have? Are we going to have seven, eight or whatever and then they are on the council?

**Ms Sanderson:** Initially it will be up to the minister to make those decisions and recommend members for appointment. It may be that down the line the council considers they need additional members and recommends that to the minister. The bill sets out a minimum of five. It does not set a maximum. It is to allow flexibility for operational circumstances, as they may change over time.

**Mr STEVENS:** In terms of the material interest section of council members et cetera, is pecuniary interest part of the material interest or the legal interest? Are they parts of the material interest?

**Ms Sanderson:** Clause 13 of the bill defines material interest as an interest in the business as a shareholder of an owner where the owner is a corporation who owns the business. It also includes an interest as a beneficiary of a trust where the owner is the trustee of that trust or another interest which allows the person who holds the interest to receive consideration that varies according to the profits or takings of the business. It will capture those ongoing pecuniary—

**Mr STEVENS:** I have been advised that the South Australian legislation covers this particular area of material interest in a lot more detailed way than this particular legislation. It covers legal interest in terms of material interest and also pecuniary interest; is that correct?

**Ms Sanderson:** The bill covers direct ownership, so the direct owners of the business will require a licence. The bill also covers what you could consider a lesser interest, so they are not the direct owner of the business but they may hold an interest through the owner as a beneficiary or a shareholder or another type of interest that has that kind of ongoing financial component to it.

**Mr STEVENS:** Will the council have the capacity to audit individual operators to find out where their backing et cetera is and the financial arrangements these particular pharmacists have as part of their licensing agreement? Is that possible?

**Ms Sanderson:** Yes.

**Mr STEVENS:** Because it is now an independent statutory body, I gather.

**Mr Steele:** Yes, it will be possible for them to have those audit abilities. We have certainly done the costings around that. That is really what has led to us setting the proposed licensing fees for the scheme as well, so that ability by the council would be self-funded through those licensing fees.

**Mr STEVENS:** Over four years the licensing fees will pay for the \$9.8 million; is that correct?

**Mr Steele:** No, because this will ramp up over time. As we bring the legislation in and we establish the council there is a transition period which Queensland Health will fund. I think it is about \$9.8 million over four years. Then going forward, I think from 2025-26, it will all be self-funded by the licence fees.

**CHAIR:** Do you have any further questions, Deputy Chair?

**Mr STEVENS:** Yes, I will later on. I will give someone else a go.

**CHAIR:** I just wanted to get more detail. We saw through the process there was a committee that examined this and then there was a recommendation for the regulatory council. You stated earlier that that was in line with the same structures in other states. Can you give us more detail about that alignment with other states?

**Mr Steele:** Yes, certainly. Clearly there have been very different perspectives on the council when we have gone out for feedback twice. We got some really compelling evidence from pharmacy business owners, including the Pharmacy Guild and the Pharmacy Society of Australia, that in order to get the level of expertise we need around regulation, the pharmacy council would be the best placed to take on that regulation. That is probably where the notion came from. I do not know the specific details about how other councils work in other jurisdictions. I think we submitted some material with the written briefing. As far as I am aware, New South Wales, Victoria, South Australia and WA have similar setups to what we are proposing within the Queensland legislation.

**CHAIR:** Turning to other questioners, do any others on the phone want to put a question?

**Mr PURDIE:** I am happy for anyone to jump in and answer this. Nick, I am looking at the table you provided the committee in the briefing where it has the inter-jurisdictional comparison. I am fully disclosing that the pharmacy ownership bill is not necessarily my wheelhouse or something I have a lot of experience in. Is the definition of 'core pharmacy services' in the bill in line with other state pharmacy regulations? I am trying to zoom in on this table you have presented for us. Can you explain that to me?

**CHAIR:** To clarify, is the definition a similar definition across the acts of other states; is that the question?

**Mr PURDIE:** Exactly, the definition of 'core pharmacy services'.

**Ms Sanderson:** Jurisdictions tend to define 'pharmacy services' quite differently across all of the jurisdictions. Queensland's definition is a little bit different from the others. It, as you mentioned, refers to core pharmacy services. A pharmacy business in the bill is a business that delivers pharmacy services in Queensland that include core pharmacy services. Core pharmacy services are defined to mean dispensing by or under the supervision of a pharmacist or the compounding of medicines. It is a deliberately narrow definition because the policy intent was to ensure we were not inadvertently capturing other types of businesses that may offer some services that are similar to general services offered by pharmacy businesses as a pharmacy business. A good example is a GP surgery offering advice on medicines or a supermarket that may sell Panadol and Nurofen. Even though they offer some services that may be things that pharmacy businesses also offer, they are clearly not pharmacy businesses. The bill's definition is deliberately narrow to only capture as pharmacy business those types of businesses that offer compounding and dispensing services.

It does not prevent pharmacy businesses from offering any other service, and it is certainly not intended to imply that that is all that pharmacy businesses do. We are aware that pharmacy businesses offer a very wide array of services, but they are the two core services that really differentiate a pharmacy business from another business that may offer similar services like medication reviews or the selling of particular medicines.

**Mr PURDIE:** Why was the decision made to keep the definition more narrow than other states? I would have thought pharmaceutical services across the country would have been similar and I am mindful that local pharmacies are providing vaccinations and other services. Can you explain to me again why that decision was to keep it so narrow?

**Ms Sanderson:** Certainly. The policy intent was to ensure we were not inadvertently capturing other types of businesses as a pharmacy business for the purposes of the ownership restrictions, so that on a strict reading of the legislation you could not say that because this GP clinic also provides a type of pharmacy service in offering medication reviews, they are therefore a pharmacy business and can only be owned by pharmacists. It was a deliberately narrow definition.

**Mr PURDIE:** Was that done because in other jurisdictions with similar legislation that had been an issue—that GP or other service providers had been captured by the definition?

**Ms Sanderson:** I would say that the definition of 'pharmacy services' in all of the jurisdictions are very different and it can become quite complex trying to work out what is in and what is out. We were trying to make sure the bill provides as much certainty as possible to the regulator and to industry.

**CHAIR:** Ms Sanderson, that definition provides some continuity with the existing act and the understandings and application?

**Ms Sanderson:** The current act does not define 'pharmacy services' so it falls to its ordinary meaning which, if technically considered, could be considered to capture any business that is delivering any type of service that could also be considered a pharmacy service.

**CHAIR:** In a technical application.

**Ms Sanderson:** We are aiming to provide as much certainty as possible.

**Mr TANTARI:** This question could be directed to any of the witnesses. I think it continues along the line of the member for Ninderry's question as well regarding definition. I noted that under the bill, premises located in or directly accessible from a supermarket would not be considered to be authorised premises under this bill for conducting pharmaceutical business or pharmacy business. Can the panel indicate what you consider the definition of a supermarket to be, and is there a definition within this bill regarding who can then authorise premises in regards to this, particularly from a supermarket perspective?

**Mr Steele:** There has been a number of conversations on that. Katie is over that material, so I will ask Kate to answer that one.

**Ms Sanderson:** Clause 11(3) defines 'supermarket' to mean premises used primarily for selling a range of food, beverages, groceries and other domestic goods. This position is very common in all jurisdictions where pharmacy councils cannot grant a licence or register a premises that is located in or directly accessible from a supermarket. Queensland was the outlier there in terms of our current act which does not include this prohibition, so the bill is really bringing Queensland into line

with those other jurisdictions. It also responds to some very strong feedback from stakeholders during our consultation processes that supermarkets are not really an appropriate healthcare environment; that consumers may not feel comfortable receiving that kind of healthcare advice or other health services provided by pharmacy businesses within the supermarket environment.

**Mr STEVENS:** I have a type of chemist shop in my backyard, if you like, on the Gold Coast. It actually sells a lot of lotto. I do not know whether the lotto is bigger than the chemist shop part of it, but how do you work out what is a chemist shop and what is a lotto seller shop? Where is the definition, Nick or Kate?

**CHAIR:** To clarify, the question is: would chemists with core chemist services, especially in country towns, or indeed in this case on the Gold Coast, that have ancillary services, be regulated under this act?

**Mr STEVENS:** Correct. If they are a major lotto seller and the chemist is a sideline, are they regulated under this act, and how do you define it?

**Ms Sanderson:** If the chemist is providing compounding and dispensing services, they will be regulated under this act as a pharmacy business, even if they are also providing other services such as selling lotto.

**CHAIR:** In that case, if they are doing compounding and dispensing services, which obviously a supermarket does not do, but a chemist does, it does not matter that they have a large percentage of their business from ancillary things, such as lotto, it is only whether they have or do not have compounding and dispensing services; is that correct?

**Ms Sanderson:** That is correct.

**CHAIR:** I was looking at section 30, that the council can impose conditions on a pharmacy business that the council considers appropriate. In the act, there are no examples of the types of conditions that that might involve. Can you give us an idea of some of the possible conditions that might be imposed on a business? Obviously it is not going to be exhaustive, but are there any examples in other jurisdictions that are anticipated by a regulatory council?

**Ms Sanderson:** One example that I could give is that the bill requires a licence to be owned for each business, so there may be a number of owners under that particular licence. The bill facilitates the council imposing a condition on a licence instead of cancelling a licence, where one of the owners has done something that may lead to cancellation. They may impose, for example, a condition that that owner not be involved in carrying on the business rather than cancel the licence for all of the owners.

In terms of other conditions, I am not aware of other jurisdictions and the types of conditions that they may impose. I think clause 30 is designed to be quite flexible and allow the council to respond as necessary to emerging situations.

**CHAIR:** That makes a lot of sense.

**Mr STEVENS:** The bill applies for the pharmacy business's renewal or existing licence an application fee which I assume is going to be determined in future by this independent statutory council; is that correct?

**Ms Sanderson:** I will ask Nick and Justin to speak to that question.

**Mr STEVENS:** I have not finished the question yet. That was part and parcel if the licence fees are going to be determined by the council. What stakeholder consultation has taken place in determining the initial fees by regulation, as I understand it, which will mean that the government will be able to change the licence fees by regulation which, as we saw in the mining industry, did not go down too well? How is that determined by the council? The other question is: how do these fees compare with other jurisdictions currently?

**Mr Steele:** I think it is fair to say that the proposed fees have changed significantly between the various versions of the bill. We obviously shared a draft of the fees back in October 2022 which was based on Queensland Health retaining the regulation function, and that subsequently has changed now to the pharmacy council retaining the regulation of the pharmacy business ownership. We put the fees out for consultation, I think a few weeks ago now, to all the key stakeholders for them to provide some feedback on, and those fees are set on a full cost recovery basis, in line with government principles, and will continue to do that. It is true that they are going to be set by regulation. That will take place over the coming period. If there are any required changes, we will make changes

to the fees from there. I think we have tried to compare fees between states and territories, but the set-ups of the regulation and the licensing arrangements within those other states and territories are quite different, so it is quite difficult to do a like-for-like comparison between the fees. However, we will always retain the full cost recovery.

**Mr STEVENS:** What has been the initial feedback on those charges that you have received since you put them out a couple of weeks ago?

**Mr Steele:** I have not seen anything specifically myself. I do not know whether anybody else has at the moment?

**Ms Sanderson:** No, we have not received any feedback at this stage.

**CHAIR:** That might be a question that we put to those who submit to us.

**Mr TANTARI:** I wanted to further explore the membership of the Queensland Pharmacy Business Ownership Council that is going to be established. With regard to what the deputy chair was speaking about, the membership will comprise a number of members, with five members or more as a maximum, as has now been indicated. My query is in regards to conflict of interest safeguards within the bill. How will those safeguards be put in place, in particular given that the condition of being a member of the council is that you are either an owner or a practising pharmacist employee or you have various other qualifications? This may give rise to some conflict of interests from these council members. How do you see these being resolved with regard to quorum and other issues that may occur during their discussions and deliberations?

**CHAIR:** Is that question clear? I assume that, for instance, if someone were examining a pharmacy that was nearby their existing pharmacy interests that may lead to complex issues to do with conflict of interests.

**Mr Steele:** Obviously, this issue has been raised with us a few times over the past few months. There are conflict of interest clauses in there, similar to probably all of us within the public sector where we would have to declare those conflict of interests up-front. Where an issue is discussed at the council that relates to one of our areas of interest, we would have to excuse ourselves from the discussion and also the decision-making around that. That may be one of the reasons more than five members of the committee are possibly required. If that happens on a frequent basis, that may be one of the reasons you would look to try and extend the membership. It would operate similar to how all of us would operate in our current roles. Is there any more detail you would like to add Kate?

**Ms Sanderson:** Thank you, Nick. Clause 164 requires members to disclose any personal interests they may have in a matter being considered by the council. They need to disclose that to other council members and not take part in any decisions around it. They are offence provisions. It is a maximum penalty of 100 penalty units for noncompliance with those provisions.

**Mr TANTARI:** I understand that those provisions are there. What happens in a situation where a business matter is being discussed that would require a number of members to declare a conflict of interest and that conflict of interest would then require them to remove themselves from the discussion, or the room, when the decision is being taken on an issue and effectively rule the group inquorate? How would that be resolved?

**Ms Sanderson:** The bill provides a quorum provision at clause 160. It is one half of the number of its members or, if that is not a whole number, the next highest number. Where a person had to excuse themselves, it will come down to the remaining members to make that decision.

**Mr TANTARI:** That sounds logical, but, at the same time, you could have a situation where more than the required quorum actually have a conflict of interest. How would that issue be resolved?

**Mr Lee:** As pointed out earlier, with the make-up of the council being a minimum of five with specifically one being allocated to a pharmacy owner and one being allocated to an employed pharmacist it is intended that that will ensure that the make-up of the council is sufficiently diverse to be able to address the range of matters presented to it. If there are particular concerns in terms of the make-up of the council, there will be opportunities for the make-up of the council to be adjusted. In terms of the question of conflict of interest, it is important to note as well that the bill contains provisions that limit the number of pharmacies a particular owner can own; therefore, that provides some level of limitation in terms of an ability for a council to be made up of a range of members who would have conflicts across the board in a range of different pharmacies.

**Mr STEVENS:** There is a provision for the payment of the five council members by regulation. Are there any recommendations from the department as to what that remuneration should be? I gather that it will be a Governor in Council determination, but they will be taking advice, I am sure,

from the department about the appropriate fees. That would be part of the \$9.8 million budget over the next four years that Queensland Health is providing. What will you recommend as an appropriate fee for these five or more councillors?

**Mr Lee:** Queensland Health has not looked at the specific detail in terms of what the fees might look like, but we anticipate that the fees will be consistent with government policies in relation to remuneration on statutory bodies; therefore, we would not expect at this stage to consider departing from the standard policies with regard to statutory bodies.

**Mr STEVENS:** Is that figure that you have just mentioned, which is pretty standard for other independent statutory bodies, included in the budgeting of \$9.8 million over the next four years?

**Mr Lee:** The \$9.8 million that has been articulated in the papers accounts for the estimated total cost for the council to be set up, to run and from 2025-26 and be self-sufficient. It incorporates all the aspects of ensuring that the statutory body is set up, that officers are appointed to the statutory body to run the business and all the other aspects as well in terms of the sitting fees that you mentioned.

**Mr STEVENS:** But it does not give a figure for councillor fees over those four years?

**Mr Lee:** Not yet, because the detail in terms of that work has not yet been undertaken, but we anticipate that it would be entirely consistent with Queensland government policy.

**Mr STEVENS:** I get that. If you have budgeted \$9.8 million and you have not included those figures, the budget is not correct at \$9.8 million?

**Mr Lee:** In terms of the question with regard to whether the figures have been included, the cost in terms of the \$9.8 million counts for the range of what we would anticipate a council might look like in terms of the make-up; therefore, there was a minimum of five and so on. It accounts for what the payments would be. I do not have the documents in front of me in terms of what the council fees would look like exactly, but we have anticipated in terms of the \$9.8 million to incorporate all those costs.

**CHAIR:** While we are not taking a question on notice, we welcome any further submission if there is any clarification.

**Mr STEVENS:** Even a broad amount for the councillors included in that—not an individual amount—over the four years as part of the \$9.8 million budgeting exercise.

**CHAIR:** We talked about the conditions that could be imposed or even, indeed, the withdrawal of a licence. Can you give us some information on oversight? Is there provision for any review of those decisions made by the council? How would that work?

**Ms Sanderson:** Part 10 of the bill sets out 'Review of decisions'. Where a person is affected by a decision of the council, they have the ability to apply to the council for an internal review of that decision. If they remain dissatisfied with the results of the internal review, then they can apply to QCAT for an external review of that decision. That includes decisions such as a decision to cancel a licence, suspend a licence or impose conditions. They have that ability to seek review.

**Mr STEVENS:** I take it there may be some entities or persons currently in breach of the current licensing arrangement? Will they remain in breach under the new bill? How does it work for those people in breach of the current licensing arrangements, say, they have an interest in more than five pharmacies?

**Mr Steele:** The various conditions within the proposed bill would enable transition over a realistic period of time for those organisations. Kate can give a few examples of what those time scales would be.

**Ms Sanderson:** There are a number of provisions in the current act that are somewhat ambiguous. An interpretation has been taken to allow certain ownership types. An example is ownership by a pharmacist with non-practising registration or ownership by a corporation that has shareholders that are also corporations. The bill clarifies those ambiguities and is quite clear about what is and is not permitted. Those owners affected by those transitional provisions are not considered to be in breach of the current act; it is just that they will not comply with the clarified requirements of the bill. The bill contains a range of transitional provisions which provide time for those owners to restructure their business affairs or their trusts to ensure that they are compliant with the requirements of the bill. They will primarily have a two-year period to restructure or for a non-practising pharmacist to obtain general registration so that they are a practising pharmacist or if they are unable to restructure or obtain that registration to become compliant with the bill they would need to divest of their interest otherwise they would possibly face the penalties in the bill for operating without a licence.



**CHAIR:** There being no further questions, we will bring these proceedings to a close. I want to thank all from the department who provided information today. I of course want to thank our Hansard reporters and broadcast staff for their assistance. We have not taken any questions on notice but, if there is any clarification from the department, we are happy to receive it and naturally it will be published as part of our considerations. A transcript of these proceedings will be available on the committee's website in due course. With that, I declare this public briefing closed, but not before wishing all of our participants, our members and our secretariat a very merry Christmas. I hope you have a very well deserved break.

**The committee adjourned at 10.57 am.**