

Pharmacy Business Ownership Bill 2023

Submission No: 62
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Publication:
Attachments:
Submitter Comments:

Committee Secretary
Economics and Governance Committee
Parliament House
George Street
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18/1/2024

Via: [<EGC@parliament.qld.gov.au>](mailto:EGC@parliament.qld.gov.au)

Dear Sir/Madam,

RE: Committee inquiry into the Pharmacy Business Ownership Bill 2023

I have been a pharmacy business owner for 25 years and I am deeply concerned about the Pharmacy Business Ownership Bill 2023.

Firstly, I would like to thank the government for allowing my submission and for working on behalf of all Queenslanders to close the loopholes in pharmacy. As a pharmacy owner I am very fortunate to be able to own a pharmacy. At times business owners are challenged with balancing the books and providing adequate patient care but as a pharmacist owner, I always put my patients first without hesitation as we are all trained to work ethically according to a code of conduct. Although the code may be written down but as an individual that owns the business it is simply about doing what is right for our customers. I ask the committee what code of ethics do corporations adhere to and who is accountable when there are layers deep of corporate structure.

Corporations that are currently in the market are taking risky tactics to lure customers by replacing service with price which eventuates to poor delivery of health care and increased cost to the government.

For example, allowing ibuprofen in supermarkets has been my personal grievance. I had a customer who had stomach ulcers who came into the pharmacy to buy multiple packs of ibuprofen. He was a regular customer of the pharmacy and the pharmacist explained to him that he should not be taking ibuprofen and referred him to a doctor.

With ibuprofen readily available at Coles next door he decided to purchase from Coles. One sad day he passed out in Coles and died while purchasing ibuprofen.

Another occasion I served a female who asked for Panadol for her husband and said that he had headaches for a week. I offered her husband a free blood pressure check who only reluctantly agreed. His blood pressure result was extremely high and I asked them to immediately see a doctor who later diagnosed a subarachnoid haemorrhage.

If community pharmacy lands in the hands of corporations with no singular individual responsible, then I am afraid that the ability deliver good patient care will be reduced. Naturally corporations have staff changes but with pharmacy owners bearing legal responsibility then the ability to deliver continuous satisfactory care can be ensured. For example, I have been the owner for the last 20 years in Bracken Ridge and I have known generations of families in Bracken Ridge and feel personally accountable to each of them.

In addition, my thoughts below are in alignment with many other members of the Pharmacy Guild:

- Community pharmacy has always provided accessible healthcare to Queenslanders.
- The community pharmacy ownership model, which has always been a requirement in Queensland legislation, has ensured a diverse and competitive pharmacy sector.
- But over the last 20 years, the corporates have started to creep into the sector, using outdated or vague legislative provisions to move into the pharmacy sector at the expense of community pharmacy.
- To allow large corporations and supermarkets like Coles and Woolworths to own pharmacy chains would reduce competition, as it has with the grocery sector, and put upward pressure on cost of living for Queenslanders.
- The reforms in the proposed bill go a long way to closing the loopholes and restoring the integrity of community pharmacy in Queensland's pharmacy sector.
- While the Guild acknowledges that the PBOA needs to be updated and modernised to include a Pharmacy Council, it cannot be at the expense of altering its key foundations, those being;
 - Only a pharmacist can own a community pharmacy business
 - The number of community pharmacies owned by a pharmacist capped at five and
 - Prohibition on the right of another person to control a community pharmacy.

However, there are still some parts of the Bill that need further consideration as below.

The definition of core pharmacy services (Clause 8(3))

Issues:

- The current version of the Bill does not adequately define what a pharmacy service is.
- The definition is too narrow and is limited to dispensing and compounding of medicines only. This is not an accurate reflection of the services that a pharmacist provides and means that, for example, where the dispensing of a medicine is considered a pharmacy service, the provision of advice about that medicine, is not.
- By having a narrow definition of pharmacy services, it limits how the Bill is able to deal with the concept of external control of how pharmacy services are delivered to the public (clause 22). If control of pharmacy services is linked to the definition of *core pharmacy services* then there is a risk that a number of relevant pharmacy services will be left outside the regulatory control of the Bill.
- Where the intent of the Bill is to describe who may own a pharmacy business, a robust definition of what constitutes a pharmacy business (through definition of the services that business provides) must be offered as part of the Bill.

Proposed change:

- To adopt a broader definition of 'core pharmacy services' as 'pharmacy services':

pharmacy services means –

(a) health services (including dispensing, supply, prescribing, selling, administering, repackaging, compounding, possessing, disposing of medicines and the provision of clinical service or advice (either at or from a licensed premises or through digital

platforms)) provided in the course of practice by a pharmacist or a person who holds themselves out, or is held out by another, as a pharmacist;

The definition of a supermarket (Clause 11(3))

Issues:

- The definition of a supermarket is not broad enough to capture the likely increase in online supermarket businesses in the future.
- By inclusion of the word 'premises' in the definition, it ties the concept of a supermarket to a bricks and mortar place, and it is not able to capture the growing online marketplace.
- To ensure that the policy objective of the Bill to 'prohibit the council from issuing a licence if the pharmacy business is located in a supermarket' is met, the Bill must have application to pharmacy businesses and supermarkets whether they are online or physical locations.

Proposed change:

- To adopt the following definition of a supermarket:

supermarket means a premises or online store used primarily for selling a range of food, beverages, groceries and other domestic goods.

What is a material interest in a pharmacy business (Clause 13)

Issues:

- The definition of a material interest is inadequate in capturing the interest that may be held in a pharmacy business.
- The definition is inconsistent with other jurisdictions as it does not use the terms 'legal' and 'beneficial'.
- A failure to appropriately define a material interest means that interests that are not expressed in the current definition may not be able to be deemed unlawful interests.

Proposed change:

- To adopt an amendment to the definition of 'material interest' to include the words 'legal' and 'beneficial':

Clause **13(1)(c)** should say:

(c) any other interest, **legal** or **beneficial** in the business, other than an interest of an owner of the business.

(2) to remove any doubt, an interest includes, but is not limited to, having a right to receive consideration directly or indirectly that varies according to the profits or takings of the pharmacy business.

The existing clause 13(2) would be renumbered 13(3).

Matters relating to the Queensland Pharmacy Business Ownership Council (the council) (Clauses 147, 150, 153, 207)

Issues:

- One of the main purposes of the Bill is to maintain public confidence in the pharmacy profession. To ensure this can be achieved, it is not acceptable that there is no mandatory requirement that the register of licensed pharmacy businesses is listed on the council's website. This will ensure there is transparency for the public so that they know who the owner of the pharmacy is.
- The council is funded by the industry to perform a critical function in registering and licensing pharmacy businesses. The function of the council must not be diluted by becoming involved in the functions of any other Act.
- The composition of the council membership as it is currently stated is unacceptable. The council is an industry body that has the potential to be weighted inappropriately, where industry experts may be significantly outnumbered. There must be a majority of pharmacy business owner members to ensure that the council is able to function as intended.
- There is currently no limit to the number of terms that a member of the council is permitted to serve. To ensure a contemporary and representative council, there should be a limit to the number of consecutive terms, and terms in total, that a member is permitted to serve. The term of membership is one year longer than councils in other states and territories, so a maximum number of terms is needed.

Proposed changes:

- Clause 207 (5) must be amended:
*The council **must** publish the information contained in the register on the council's website.*
- Clause 147 (1)(g) must be amended:
any other function given to the council under this Act.
- Clause 150 (4) must be amended:
the council must consist of –
(a) a majority of persons mentioned in subsections (3)(a)(i) and (3)(a)(ii) with the actual number dependent on the size of the council
- Clause 153 (2) should be amended to include a limit to the number of times a council member can be reappointed:
(2) a council member may be reappointed a maximum of two terms

Yours sincerely

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