Pharmacy Business Ownership Bill 2023

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Committee Secretary

Economics and Governance Committee

Parliament House

George Street

Brisbane Qld 4000

Via: egc@parliament.qld.gov.au

Re: Pharmacy Business Ownership Bill 2023

About the Pharmaceutical Society of Australia

The Pharmaceutical Society of Australia (PSA) is the only Australian peak national professional pharmacy organisation representing all of Australia's 36,000 pharmacists working in all sectors and across all locations including:

- hospital (both public and private)
- community pharmacy (employer pharmacists and employee pharmacists)
- Aboriginal Community Controlled Health Organisations (ACCHOs)
- general practice
- aged care
- defence
- consulting
- academia.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient, and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the healthcare needs of all Australians.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

Pharmacy Business Ownership Bill 2023

PSA thanks the Economic and Governance Committee for the opportunity to provide feedback on the Pharmacy Business Ownership Bill 2023 (PBOB).

We particularly wish to acknowledge and thank the Department of Health for the genuine consultation undertaken to date in the drafting of the PBOB.

Australian pharmacist practice

Before moving forward, it is crucial to understand the existing framework that oversees the practice of each individual pharmacist (regardless of practice setting or location) in Australia.

Pharmacists, as individuals, must be registered with the Pharmacy Board of Australia (Board) and meet professional obligations while practising (Figure 1).¹ The

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¹ Pharmacy Board of Australia - Registration

Australian Health Practitioner Regulation Agency (Ahpra) supports the Board, and its operations are governed by the *Health Practitioner Regulation National Law*. ²



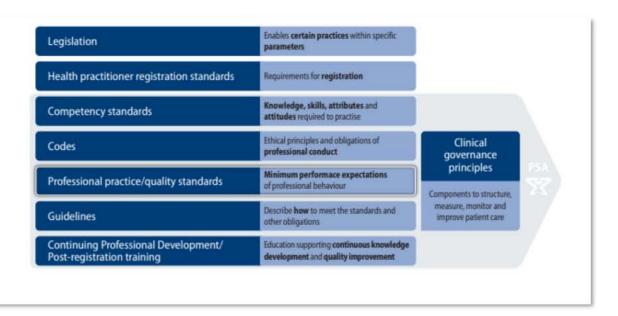


In addition, the overall framework underpinning the practice of pharmacists consists of several groups and layers of interdependent policies, legislation, and professional and ethical resources (Figure 2). ³

² <u>Australian Health Practitioner Regulation Agency - Legislation (ahpra.gov.au)</u>

³ 5933-Professional-Practice-Standards FINAL-1.pdf (psa.org.au)

Figure 2: Guidance and regulation of pharmacist practice in Australia



The intention in outlining this established framework is to underscore to the Committee that a robust governance structure is already in place for the practice of pharmacists.

Noting that objectives of the *Health Practitioner Regulation National Law* (Queensland) ⁴ and the PBOB are similar in their focus on safe and competent provision of health/pharmacy services to the public, PSA acknowledges, and supports, that the PBOB's remit is only the pharmacy business which encompasses the ownership, infrastructure and premises that facilitate the provision of pharmacy services by individual pharmacists (or under their supervision) in a community pharmacy setting.

⁴ Health Practitioner Regulation National Law (Queensland) - Queensland Legislation - Queensland Government

Feedback on PBOB

Definitions – what is a pharmacy business

- PSA welcomes the comments made by the Hon Shannon Fentiman, Minister for Health, Mental Health and Ambulance Services and Minister for Women, in the Introductory Speech⁵ emphasising that "community pharmacies are an integral component of Queensland's healthcare system" and that the PBOB's modern and effective framework will support community pharmacies to provide essential services. There is absolutely no doubt that during the last four years (and prior) community pharmacies, and the pharmacists and pharmacy staff working within them, have proved their worth to their local communities.
- Noting that the focus of the PBOB is community pharmacies, PSA supports
 the definition that a business will only be a pharmacy business if it provides
 the core pharmacy services of compounding medicines for sale to members of
 the public or selling medicine on prescription, by or under the supervision of a
 pharmacist, to members of the public.

This deliberately narrow definition ensures that other health practitioners authorised to dispense in Queensland (e.g., medical practitioners) and pharmacists practising in other healthcare settings such as general practices and aged care facilities do not fall under the remit of the PBOB and attenuate the intent of the PBOB which is to support the current community pharmacy model of ownership.

 The definition minimises the risk of unintended negative consequences to the public and the profession by ensuring much needed health services delivered by pharmacists outside community pharmacies (such as consultant pharmacists providing medication reviews in the home or pharmacists working

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⁵ 2023 11 30 WEEKLY (parliament.qld.gov.au)

in a multidisciplinary team at an ACCHO, in general practice or in aged care) are not negatively impacted or ceased due to the new Act.

- PSA acknowledges and respects that community pharmacies provide a much larger range of health services to their communities but understands the rationale behind the inclusion of the narrow core pharmacy services definition.
- We note that the definition of compound in Schedule 1 is different to the definition of compound in the *Medicines and Poisons (Medicine) Regulation 2021*⁶ (which excludes reconstituting a registered medicine for a particular patient or animal in accordance with the manufacturer's instructions for reconstituting the medicine). PSA wishes to highlight that health practitioners, such as medical practitioners, nurses, or pharmacists, may reconstitute a medicine to sell to members of the public in a range of health care settings (e.g. reconstituting a vaccine for administration). The activity of reconstituting a scheduled medicine according to the manufacturer's instructions for reconstitution is not compounding and should not be captured under this definition.
- Another reason to reexamine the compound definition, is that in clause 20, it
 requires that compounding take place at the licenced premises. In some
 instances, reconstitution may be required to be undertaken at another place
 (e.g., reconstitution of a vaccine prior to an outreach clinic).
- PSA seeks clarity on the treatment of businesses (excluding those with S2 retail licences⁷) that only sell scheduled medicines that can be lawfully sold without a prescription (e.g. only Schedule 2 or Schedule 3 medicines). PSA is supportive of these businesses falling within the remit of the PBOB.

⁶ <u>Medicines and Poisons (Medicines) Regulation 2021 - Queensland Legislation - Queensland Government</u>

⁷ Medicines and Poisons (Medicines) Regulation 2021 (legislation.qld.gov.au)

Definition – who is a practising pharmacist

 PSA supports the definition that a practising pharmacist is a person with general registration. This will ensure that the pharmacist would be able to fulfil the obligations outlined by the Pharmacy Board of Australia, Guidelines for Proprietor Pharmacists ⁸,

"a registered pharmacist who is a proprietor of, or who has a pecuniary interest in, a pharmacy business, must: maintain, and be able to demonstrate an awareness of, the manner in which that pharmacy business is being conducted, and where necessary, intervene to ensure that the practice of pharmacy is conducted in accordance with applicable laws, standards and guidelines."

Definition – who is an eligible person

- PSA supports the definition proposed and that pharmacy businesses must be owned by practising pharmacists.
- Limiting the ownership of and interests in pharmacy businesses to a practising pharmacist ensures an appropriately qualified person, who has the professional ethics associated with the qualification and a thorough understanding of the risks of the restricted substances stored and sold in the pharmacy, has oversight and control of the pharmacy business. This aims to ensure that pharmacy businesses are operated in a manner that places the health and wellbeing of consumers and the community ahead of commercial considerations.

⁸ Pharmacy Board of Australia - Codes, Guidelines and Policies

Definition – what are authorised premises

- PSA supports not allowing pharmacy businesses to be located in or directly
 accessible from a supermarket. Health care interactions within a pharmacy
 should occur as a partnership between the consumer and the pharmacist or
 pharmacy staff. Such interactions would not be optimal from a QUM
 perspective unless the environment is conducive for, and the consumer's
 mindset is receptive to, the provision of health care advice and discussion
 which may complement the supply of therapeutic goods.
- PSA does not believe supermarkets provide an environment conducive to patient-centred care, promotion of patient understanding, interdisciplinary collaboration, opportunistic interventions, or effective operation of the health care team.
- Having a pharmacy located in a supermarket also has the potential for
 consumers to develop the perception that potent, scheduled medicines are
 allowed to be located within an unregulated environment and therefore able to
 be self-selected in the absence of professional advice. PSA believes it is
 undesirable to portray this type of message as it can dilute and undermine the
 rigour underpinning the extensive regulatory processes that medicines are
 subjected to for the safety and benefit of consumers.
- Urgent consideration should also be given on how to apply this requirement to online supermarket services.
- PSA is also supportive of the ability to make premises standards prescribed by regulation.

Limit on number of pharmacy businesses a person may hold interest in

- PSA supports the retention of the existing limits on how many pharmacy businesses a person may own.
- This limitation ensures owners can maintain the necessary level of supervision, personally oversee, and actively engage in each of their pharmacy businesses and supports the intent of the Pharmacy Board of Australia's Guidelines for proprietor pharmacists.⁹

Pharmacy business must be licensed

 PSA supports the requirement that a person must not own or carry on a pharmacy business unless the person holds a pharmacy business license.

Licensed pharmacy business must be carried on at or from licensed premises

- PSA welcomes the acknowledgement that pharmacy businesses may provide important outreach services to their communities within clause 20.
- We also support the restriction of compounding (excluding resconstitution) or dispensing to the licensed premises noting the significant requirements associated with appropriate security and storage of medicines.

Particular activities relating to licensed pharmacy business prohibited

- PSA supports the inclusion of clause 22.
- We strongly believe it is a mechanism needed so that a pharmacist owner can freely exercise autonomy and professional judgement when carrying on the

⁹ Pharmacy Board of Australia - Codes, Guidelines and Policies

pharmacy business and that they are not compromised by commercial business practices.

The clause specifies restricting the types of medicines or health services the
pharmacy business may provide, however equal consideration should be
given to a person compelling the owner to stock certain medicines or provide
certain health services when the owner deems them inappropriate for the
pharmacy business and local community.

Queensland Pharmacy Business Ownership Council

- PSA supports the establishment of the Council as a regulatory body with responsibility for administering and enforcing the pharmacy business ownership restrictions. We note this is similar to Australian jurisdictions like New South Wales, Victoria, South Australia, and Western Australia.
- We also support the proposed functions of the Council and note that they
 relate only to the PBOB so as to not duplicate existing legislative framework.
- PSA supports the proposed diversity of the members particularly the mandatory requirement that the Council must consist of at least one pharmacy business owner and one employee practising pharmacist.

Public register

- As one of the main purposes of the PBOB is to maintain public confidence in the pharmacy profession, its follows that the register of licensed pharmacy businesses along with the licence holder must be publicly available.
- Consumers have the expectation and right to this information which stems from the principles of transparency, accountability and informed decision making in healthcare. It empowers consumers to know who is ultimately

responsible for that pharmacy business and ensures that the licence holder is publicly accountable for the pharmacy business being operated in a manner that places the health and wellbeing of consumers as the priority.

- The Victorian Pharmacy Authority's (VPA) website facilitates such transparency with its searchable public register which provides access to the following information:
 - a) the name of each licensee of a pharmacy business or pharmacy department
 - b) the number of pharmacies owned by a person
 - c) the registration status of the premises of a pharmacy business
 - d) any conditions on a licence or registration. 10
- It is important to note that disclosure of ownership should be done in accordance with privacy and legal considerations to balance transparency with the protection of sensitive information.
- PSA is also supportive of the Council including information about pharmacy services if deemed appropriate.

Council must publish report about compliance and audits for financial year

 PSA is supportive of clause 209 as it supports the objectives of maintaining public confidence in the pharmacy profession and promoting safe and competent provision of pharmacy services by pharmacy businesses.

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¹⁰ Victorian Pharmacy Authority

Other considerations

• This new modern and effective regulatory framework, although very welcome, will be a significant change for owners of pharmacy businesses in relation to the administrative and legal resources required to comply. PSA encourages the Government via the Council to appropriately support current owners and new pharmacy business owners (particularly those operating independent or smaller regional pharmacies), with extensive resources, training, and assistance to empower them to transition and comply with the new Act.

It is important that the PBOB not become a barrier to entry for a pharmacist wanting to open a pharmacy business in area of community need.

PSA has long standing experience in the delivery of quality education and the development of support tools and guidelines. We would welcome the opportunity to work with the Department of Health and Council to support the profession in the implementation of the new Act.

Conclusion

Once again, thank you for the opportunity to provide comment on the proposed PBOB. Please do not hesitate to contact us for any further information. We also would be happy to appear at any public hearings as a witness if the Committee requires.

Yours sincerely,



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