



Greg Sexton, [REDACTED]

Committee Secretary,
HCDSDFVPC,
Parliament House, George Street,
Brisbane, QLD 4000

5th July 2018

Re: Parliamentary Inquiry into the potential establishment of a Pharmacy Council

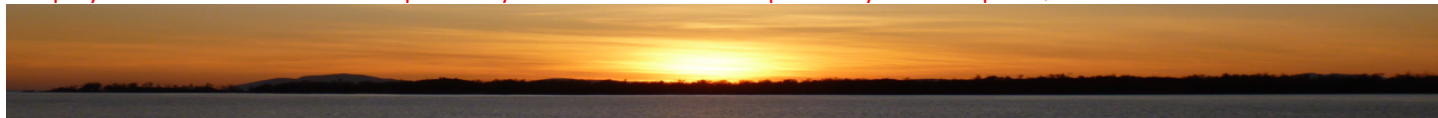
Good morning,

I once read the novel *Olive Kitteridge* written by the American author Elizabeth Strout in which one of the characters is an old-fashioned pharmacist named Henry in a sleepy little town in Maine. "Henry was cheerful when the phone began to ring, cheerful when Mrs Merriman came for her blood pressure medicine, or old Cliff Mott arrived for his digitalis, cheerful when he prepared the Valium for Rachel Jones, whose husband ran off the night their baby was born."

Fabulous, isn't it? Can you Warehouse-ise or Outlet-ise that? Of course Henry's pharmacy ends up being turned into a giant impersonal store selling almost everything in the world. The last time I went to a Rite Aid in America I walked out with a sandwich, a gallon of milk and a bottle of wine and, because the computer said so, the till assistant had to check my ID to make sure I was over 21. I am 60! Is that the kind of pharmacy we want in Queensland?

Just like Henry, our pharmists who own their shops work on the front counter, and as they fill the prescriptions they listen with half an ear to their customers ready to intervene with support for their staff or advice for a customer. As we already know in the multiple owned pharmacy groups the pharmacist is already relegated to a back counter with a sales assistant guarding access to the pharmacist. As I know from my own experience of the UK and Ireland, deregulation will make this situation even worse and shareholders will migrate the pharmacist to a back room to dispense prescriptions on a production line. When I ask to speak to a pharmacist in the UK the reply is 'the pharmacist is rather busy at the moment or can you come back later'. All this is designed by shareholders to keep the pharmacist on the prescription production line on the grounds of 'efficiency'. At a time when the government is encouraging the public to seek advice from their pharmacist for minor ailments and injuries any deregulation that knowingly or inadvertently drives a wedge between the pharmacist and the customer is a bad thing.

If big business gets a stranglehold on Queensland pharmacies the service the public gets will deteriorate dramatically. Choice will diminish, costs will be squeezed and prices will rise, this is the tried and tested 'modus operandi' of big business. Out of hours service will cease and specialist services will stop. Wages will fall and pharmacies will be staffed by casual staff on the minimum wage, staff that will be skulking around the pharmacy avoiding the customer's gaze until they move onto the next better-paid job. Pharmacist remunerations will fall and these well educated, bright ambitious young men and women will leave the profession for better paid jobs elsewhere. As happens in the UK, local pharmacists will be replaced with lowly



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paid staff recruited from overseas and then these recruits will have to receive supplementary training to comply with Australian Pharmacy practices. The 'local knowledge' once held by a pharmacist owner/ operator will be lost, as will continuity of care as staff are churned through the pharmacy in the manner of seasonal workers.

Here in Ingham, QLD, we the public have an excellent service provided by four pharmacies all owned and operated by 'sons and daughters' of Ingham. These pharmacies all contribute to a seven-day a week service and offer an excellent out of hours cover too. Each pharmacy offers their own speciality services and in my experience these pharmacies compete very favourably on price when compared to the big pharmacy groups in Townsville.

The present arrangements are too precious to lose so I urge the committee to reject the proposal for deregulation and to maintain the status quo.

Yours sincerely

Greg Sexton