Committee Secretary
HCDSDFVPC
Parliament House
George Street
Brisbane Qld 4000
Via email: pharmacy@parliament.qld.gov.au

10 July 2018

Dear Mr Hansen

I am writing this letter to address my concerns regarding the inquiry into legislation surrounding pharmacy ownership in Queensland.

My name is Deanna Jackson and I have been a registered pharmacist practising in Queensland for the past seven years. Prior to this time, I worked in many different community pharmacies as a pharmacy assistant and dispensary technician for 10 years. I have been fortunate enough to work for many of the large banner groups as well as smaller independent community pharmacies.

I am not a pharmacy owner, but I believe that it is of the utmost importance that pharmacy ownership remains available solely to pharmacists. Pharmacist ownership helps protect consumers, provide positive health impacts and provides affordable and accessible health services. First and foremost, pharmacists are health professionals. I put my customer's health needs first and my sales or profit second. For example, twice today, I have advised a customer that the product they were requesting would not provide relief for the symptoms they were trying to control. They didn't know any better and were unaware the product they wanted was going to give them no benefit. So I didn't sell it to them. I didn't sell them anything. I gave them health advice and they left my pharmacy happy and content in the knowledge that I am supporting their healthcare needs, not trying to drive unnecessary sales. When I make a product recommendation I choose the product that I believe is going to give my customer the best outcome or is the most appropriate treatment, the gross profit or sales value does not influence my decision.

Having the benefit of working for many of the different pharmacy banner and franchise groups has given me many unique experiences and shown me many of the different ways that we practice pharmacy today. I knew that my time working for a very large and well-known banner group was coming to an end after I was advised to recommend only certain products which provided the group with largest gross profit, even though these products were not first line treatments and inappropriate in many circumstances. I have also experienced the horrific time pressures placed upon me working in this style of pharmacy, where pharmacists are expected to dispense 200-300 prescriptions individually per day – well above the Pharmaceutical Society of Australia's recommended maximum of 150 prescriptions per day. This recommendation is in place to help reduce errors and prevent burnout and workplace stress. Yet we were made to do so or would no longer have a position. We were advised to spend very little time counselling, expected to rely on students and pharmacy assistances to counsel. We were advised to suggest dispensing multiple repeats unnecessarily for the "convenience" to the customer and to not question repeat intervals if a prescription was presented for early supply.

This is a business model that prides volume and profitability above all. As far as I am concerned this mentality has no place in community Queensland pharmacies. This is the path we are headed down if we allow ownership outside of the hands of pharmacists. The fact that it already exists in corporate owned pharmacies only highlights the importance of preventing even larger organisations such as

supermarket chains from being involved in pharmacy. What does a lay person understand about health care? Very little. How can we expect someone from a non-pharmacy background to understand the purpose, intricacies and complexities of the PBS? We can't. I am very confident that removing the current legislation and allowing anyone to own a pharmacy would result in significant pressures to pharmacists to sell products and dispense prescriptions unnecessarily and unethically to boost sales and profits.

I don't believe that allowing the corporatisation of community pharmacy is in the best interest of the public. I think across the different facets of Australian health care it is easy to see that in the private sectors, things are done for the financial benefit. Consider pharmaceutical companies discontinuing a medication when it comes off patent because they have a similar molecule with no additional benefit that they can charge more for. This decision is hardly made in consideration of patient needs and the best outcomes for them. While I am not a current pharmacy owner, I believe that Queensland would benefit from a structure that would enforced the Pharmacy Ownership Act - as I am aware this exists in other states. It could be funded by pharmacy owners in the capacity of a yearly fee. I think this council or board should have the authority to determine whether a business structure abided by the act. I think they need to have forensic understanding of the legislation and the loopholes that are currently used to exploit it.

I am fortunate enough in my current workplace to be incredibly well supported in my endeavour to provide quality healthcare and advice to my customers. Not only am I able to devote time to counselling, I am also simply available to my customers - a luxury that I believe would not be available if ownership rules were relaxed and I my considerations were forced from healthcare to financial benefit. I can sit with my customers when they have questions. I am able to spend time taking my elderly customer's blood pressure every day because he doesn't have anyone else to talk to. I can chat with a young mum each week about her new baby and spend time giving her advice on breastfeeding support or choosing an infant formula -supporting her and telling her she's doing a great job when she needs someone to tell her it. I work closely with many chronic pain patients and I take the time to give them the support they need, even though they are incredibly complex and require a significant devotion of time with no financial benefit. I do all of this because I pride myself on being a good pharmacist. I feel that allowing ownership outside qualified pharmacists may compromise the ability of working pharmacists to provide that quality service due to time constraints and the limited financial remuneration.

Pharmacists are one of the top three most trusted healthcare professionals in Australia. Part of the reason we are so trusted is because we have rules and guidelines that we are expected to abide by when we make decisions and recommendations regarding a person's healthcare. A lay person owning a pharmacy is not subject to these and would have very little understanding of them. Quite frankly I believe that allowing such a person to own a community pharmacy and to be involved in a person's own health would be detrimental to the trust and respect shown to pharmacists. We have worked hard to prove our worth and fought to be considered so positively by our communities.

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Regards,

Deanna Jackson, nee Dade