GOOD PRICE PHARMACY WAREHOUSE

Committee Secretary
HCDSDFVPC
Parliament House
George Street
BRISBANE QLD 4000

Dear Mr Hansen,

**RE: Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland**

I have been made aware of the abovementioned inquiry, and I write to submit my views on issues within the terms of reference of this inquiry.

My name is Amanda Seeto and I have been a community pharmacist since graduation 20 years ago and a partner in a Good Price Pharmacy since 2009. In my time in this industry I have seen my role, within the pharmacy and the health sector as a whole, evolve from being the supplier of medicines and advice on their use, to that of being integrated into my patients' primary healthcare team. I have both witnessed and experienced first hand the value and trust that patients have in their pharmacists as a provider of health advice and services. I believe that the integrity that the pharmacist has is due to the pharmacist being the business owner and knowing that their actions and advice are a reflection of them as a professional and a business owner.

Pharmacy ownership restrictions imposed by the Pharmacy Business Ownership Act 2001 (Qld) (Act) are necessary to protect consumers, as deregulation will lead to the closure of pharmacy businesses. Along with these small businesses, many of which are the health hub for regional and rural towns, their services such as dose administration aids, screening services, and diabetes care, will also disappear. As demonstrated by the entry of supermarkets into the fuel industry and driving up the cost of petrol, corporatisation does not necessarily result in better outcomes for the consumer. I believe that if pharmacies were owned and run by corporate companies, they are less likely to deliver services that are not profitable to the business, such as home deliveries, which many consumers rely on, especially the older populations.

Ownership restrictions should not be changed to allow any party to own a pharmacy. Pharmacists have a professional obligation to provide an ethical service to the community and are answerable to the Pharmacy Board of Australia should they breach their obligations. Pharmacy owners also bear a responsibility that both their own actions and those of their employees, meet these high standards. It is important that pharmacies remain owned by pharmacists; if non-pharmacists were to own the pharmacy, there would no longer be onus on the business owner to comply with the standards, putting at risk the health outcomes of the consumers of those businesses.

A pharmacy council in Queensland should, amongst other functions, assume some of those functions of the former Pharmacy Board of Queensland. For example, conducting site checks at pharmacies, ensuring they meet the necessary premise requirements to deliver medicines and services safely to consumers. In addition, pharmacists should be answerable to a Council that includes experienced pharmacists who can provide guidance on the realistic interpretation of the laws that pharmacy owners must abide. It is my understanding that the current arrangement of Queensland Health being responsible for this jurisdiction results in differing outcomes across the state due to separate bodies overseeing the officers conducting these checks.

There should be no cost to the consumer nor the Government for the establishment and running of a pharmacy council in Queensland. As in other Australian states, the cost can be borne by the community pharmacies with an annual fee. The benefit to the community is that all Queensland pharmacies, new or existing, are subject to regular review by a Council that applies the laws of Pharmacy ownership across the state, irrespective of jurisdiction.

**Scope of practice**

I strongly support amendments to the current legislations in Queensland which restrict pharmacists from practicing to their full scope. 2018 marks the third year that my pharmacy has contributed the vaccination of Gold Coast residents against influenza. We are also able to administer the diphtheria, tetanus and pertussis vaccination and the measles, mumps and rubella vaccination, the latter which requires a different technique to the former. Community pharmacies have confident and capable vaccinating pharmacists, thanks to the accredited training provided by peak organisations, The Pharmacy Guild of Australia and the Pharmaceutical Society of Australia. A thorough screening process prior to each procedure ensures every patient is suitable for their vaccination and those at risk of an adverse outcome are referred to their GP, who is more suitably qualified to assess the risks and benefits for those patients. As it stands, community pharmacy must also refer patients who qualify for a free vaccination under the National Immunisation Program (NIP) to their GP as the provision of those are not subsidised when provided in a community pharmacy. Victorian pharmacists have been permitted to access the NIP stock for their patients since 2017. Interestingly, every year I have provided vaccinations, I have patients who qualify for the NIP chose to pay for their vaccination and the service my pharmacy gives them, rather than receiving the free vaccination. These patients find it more convenient to receive their vaccination at my pharmacy and they trust me to administer the vaccine. Clearly, consumers trust their community pharmacists to vaccinate them, and as such vaccinations available under the NIP should be made available to community pharmacy to increase the number of people vaccinated and support herd immunisation. Patient surveys conducted with those who received their vaccinations in the pharmacy concluded that 15% would not have been vaccinated had they not been able to access the service in the pharmacy. How many more patients would also respond accordingly if those who qualify under the NIP were also included? Pharmacists should also be allowed to vaccinate patients under the age of 18 years. Our training and screening tools adequately covers broadening the scope to this cohort, and again it is legislative restrictions that do not permit pharmacists to service

the community properly. South Australia and Tasmania currently permit a pharmacist to administer vaccinations to patients aged 16 years and over.

Pharmacists provide advice on the technique for patients to self-inject their medications for conditions such as rheumatoid arthritis. With the increase in use of injectable biologic therapies, this market is rapidly growing, as is the number of consumers who feel adversely towards injecting themselves. If pharmacists are qualified to administer an intramuscular injection, and patients are required to self administer subcutaneous injections in their own homes, then it is only logical to allow pharmacists to administer injections to consumers who prefer to not self administer. This would increase their adherence to their medications, resulting in better health outcomes for their conditions.

My pharmacy provides a dose administration aid (DAA) service to the local community. Our medication packs are prepared on a monthly or fortnightly basis, and involve management of our patients' prescriptions and frequent communication with patients and their prescribers. Often there are multiple doctors involved due to concurrent medical conditions being managed by a GP and specialists. Not a month goes by when a patient might forget to obtain a new prescription, a prescription is lost in the mail while in transit from the GP, or a new medication is started and insufficient supply is provided to last the full fortnight or month. In these circumstances, we will of course supply enough medication to fill the pack. Under the current legislation, continuing the supply of these medications is restricted to only three days, with the exception of PBS subsidised oral contraceptives (which are NEVER packed) and statin therapies to treat high cholesterol. The poor health outcome of these DAA patients, who often suffer from concurrent chronic conditions, cannot be overstated, should I cease supply of their medications due to a lack of a valid prescription. So I am most likely putting at risk my registration as a pharmacist and as a business owner when I instruct my team at the pharmacy to continue supply of medications beyond the three days. However, the health of my patients is always paramount and not something I risk. I know I am not alone in this act, and I urge the Committee to relax the restrictions placed on community pharmacists, and allow us to supply full PBS quantities as a continued dispensing of medicines for chronic diseases for those patients who are stabilised in their treatments.

Regarding pharmacy assistants, I would support a recommendation that would see in the future a minimum qualification requirement. However, this should be a cost neutral exercise for both the pharmacy owner and the employees affected, and phased in over a significant time frame, considering the large number of assistants and businesses this would potentially impact. I also ask the Committee to amend the legislation for pharmacy assistant practice to be universal across the sector, including those working in community and hospital settings. Currently, suitably trained pharmacy assistants working in the public sector in Queensland, or in the community or public sector in New South Wales, are permitted to handle dangerous drugs, including receiving them from couriers and putting away into the safe. However, when working in community pharmacy in Queensland, the pharmacist must do this. The handling of dangerous drugs is a technical task that should be permitted to be delegated to an assistant by the pharmacist.

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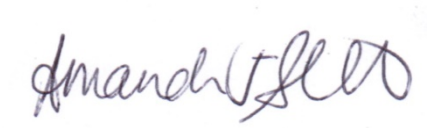
In summary, I wish to make the Committee aware of the important role that community pharmacy has within our communities and in keeping the healthcare sector viable and sustainable, and therefore recommend against deregulation. Additionally, I support the formation of a pharmacy council for Queensland, to ensure the administration of the pharmacy business ownership regulations fairly across the State. Finally, I ask that pharmacists in Queensland are permitted to practice to their full scope, to further their contribution to the health outcomes of Queenslanders.

I thank the Committee for their time and consideration of this submission.



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