13 July 2018

Attention: Committee Secretary
HCDSDFVPC
pharmacy@parliament.qld.gov.au

Terry White Group Limited is the parent of the Franchisor business that supports and supplies a range of branded services to the TerryWhite Chemmart network of pharmacies.

The network is made up of approximately 450 independently owned pharmacies that trade in every State of Australia and as such are a significant stakeholder in the supply chain for Pharmacy in Australia.

Please see attached the submission for the review to consider. For further information relating to our submission, please contact myself on or by email

Your Sincerely,

Anthony White
Chief executive Officer

# Submission of TerryWhite Chemmart to the inquiry into the establishment of a pharmacy council and pharmacy ownership in Queensland

TerryWhite Chemmart is a network of approximately 450 independently owned pharmacies operating in all States. There are currently more than 120 TerryWhite Chemmart pharmacies in Queensland. As such, the individual pharmacy owners, pharmacists, pharmacy staff of TerryWhite Chemmart pharmacies, together with the services providers and suppliers to TerryWhite Chemmart pharmacies have a significant interest in this inquiry.

From the outset, it must be stated that TerryWhite Chemmart is a network of independently owned and independently operated pharmacies whose individual pharmacist owners, whether alone, in partnership or as a pharmacist body corporate, have made the decision to carry on their pharmacy business utilizing the benefits of a franchise system under a national brand. TerryWhite Chemmart is not a contemporary pharmacy ownership model. Nor does TerryWhite Chemmart offer or promote any form of complex pharmacy business structure.

A proper pharmacy franchise system, as TerryWhite Chemmart, does not involve pharmacy ownership, is not corporate ownership and does create any rights of direct or indirect rights ownership in the pharmacy. The franchise system of TerryWhite Chemmart requires the absolute recognition and compliance with the pharmacy ownership restrictions of the *Pharmacy Business Ownership Act 2001 (Qld)* (the Act) and the respective pharmacy ownership legislation and regulations of all other States.

The pharmacy ownership restrictions of the Act, including the restrictions on corporations owning pharmacies, are clear in intent, on reading and on literal interpretation. On any approach, there is no ambiguity with the pharmacy ownership restrictions of the Act.

Every individual registered pharmacists in Queensland that has an ownership interest in a pharmacy in Queensland must make a statutory declaration of their ownership interests and of any change to their ownership interests or to the ownership interests of other owners of the pharmacy they own or have an ownership interest in. The making a statutory declaration is a serious matter. A statutory declaration involves the pharmacist declaring that they conscientiously believe the contents of the statutory declaration to be true and correct. The making a false statutory declaration is a very serious matter.

TerryWhite Chemmart pharmacy owners across Australia satisfy all requirements of the pharmacy ownership approval application process in the State where they carry on business. There is no issue in doing so. Compliance is not an issue for TerryWhite Chemmart pharmacies.

The pharmacy industry has been under significant financial pressure due to the reforms that have been imposed on the sector by the Federal Government. In the event a pharmacy council is implemented, any fees and costs to pharmacy owners, should be avoided or at least kept to a minimum.

**The inherent benefit of independent ownership of pharmacies by pharmacists**

Customers are not afraid to walk in and ask personal, detailed and often very confidential health questions of their pharmacist and they receive trusted counsel, professional advice and quality service in return.

It is patient-centric care that ranges from the seemingly innocuous to the potentially lifesaving.

This level of care has been made possible by the pharmacy regulation and funding framework that exists in Australia today.

Dispensing medicines and providing meaningful pharmacy services is not “ordinary commerce”. The current system of regulated pharmacy ownership, if not already adequate, should be enhanced - not destroyed.

Australia’s pharmacy ownership and location rules forge the community connection between pharmacists and their patients. If chain retailing, deregulated ownership or third party non-pharmacist ownership were to be permitted, that local connection is likely to be lost and the cross subsidy won’t work.

Furthermore, chain pharmacies, deregulated ownership and third party non-pharmacist ownership are unlikely to provide additional unfunded services. It is unrealistic to think a standards regime could “require” chain pharmacies to replicate the services being delivered today by pharmacist owned pharmacies.

Community outcomes are achieved by professional pharmacy care delivered by professional pharmacists free of the burden of third party commercial interests. The current pharmacy ownership restrictions of the Act provide for this by ensuring that only pharmacists can own pharmacies. Regardless of initial intent or best intentions, introducing non-pharmacists third party commercial interests will undoubtedly compromise and diminish community outcomes. Efficient, quality care outcomes will be compromised, if not sacrificed, to achieve commercial outcomes.

It would not matter either if dispensing was restricted to a qualified pharmacist. A qualified pharmacist employed by and as such, acting under the direction of a non-pharmacist

employer pharmacy owner would not have anywhere near the incentive of an independent pharmacist owner to deliver quality care outcomes for customer and patient retention.

**Australians benefit significantly from quality and cost-effective pharmacy services**

The potential for pharmacists to perform a broader role in the delivery of accessible and cost-effective community based health care services should also be recognised by removing the roadblocks that prevent qualified pharmacists from providing the care options that consumers want. Consumers benefit from safe, timely and professional access to medicines.

Therapeutic goods are not ordinary items of commerce. It is particularly important that the supply and use of medicines is safe and appropriate. Every medicine is a poison if not used correctly, and it is the role of the pharmacist within our healthcare system to ensure that the community utilises these products in the most efficacious manner, while exposing them to the lowest possible risk.

The process of dispensing is a complex professional service, and it is this level of complexity that is often underestimated by the general population and other healthcare practitioners alike. Dispensing is a time-consuming process, incorporating a wide range of activities including patient consultation, medicines review, professional judgement, professional collaboration, technical precision, stock management, and information provision.

Despite the continuous evolution of the technical aspects of medicine dispensing, the professional and patient-centric aspects of the process remain the mainstay of this critical interaction. The moment a patient takes possession of a medicine is an unavoidable point of significant risk. Ensuring this transition of care and responsibility is managed in a pharmacy, and with a pharmacist’s professional advice, constitutes an effective and cost-efficient way to mitigate that risk - one that is unrivalled in its quality, reliability and efficiency.

In recent years, the pharmacist’s role has expanded in scope including (but not limited to) the following non-remunerated and under- remunerated activities:

- Absence from Work Certificate provision;
- Influenza, pertussis, and measles immunisation program involvement;
- Medication management program involvement;
- Dose Administration Aid provision;
- Staged Supply provision;
- Adherence support services;

- Clinical intervention recording;
- Screening and risk assessment services; and
- Minor aliment and other primary care services.

**Australians are better off because of the regulatory environment - Pharmacist Ownership, Location Rules and Franchise Regulations**

***Pharmacist Ownership***

Independent pharmacist ownership is profession-centric. As therapeutic goods are not ordinary items of commerce, the Australian regulatory environment includes complex controls at the unique intersection of pharmacy ownership legislation, community pharmacy location rules, and franchise regulations. Of all therapeutic goods, it is particularly important that the use of medicines is safe and appropriate, hence the highly evolved regulatory state in Australian community pharmacy.

The Pharmacy Board of Australia's Guidelines for Proprietor Pharmacists[1] focus on the professional responsibilities of proprietor pharmacists that relate to the safe and effective delivery of services to the public. They set out what a registered pharmacist who is a proprietor of, or who has a pecuniary interest in, a pharmacy business, must do.

These guidelines reflect the unique value that pharmacist proprietorship offers the community and reinforces why the legislative basis for this was initially contemplated. That is, pharmacist proprietorship, in the interest of consumer safety:

- maintains a professional manner in which the pharmacy practice is conducted;
- ensures independence of professional decision making within the pharmacy practice; and
- guarantees capacity for professional intervention to ensure that the practice of pharmacy is conducted in accordance with applicable laws, standards and guidelines.

Non-compliance with these established guidelines and operating a community pharmacy contrary to these guidelines undermines community safety and the unique value of pharmacist proprietorship.

To maintain community safety and extract proper value from the well-established community pharmacy legislative framework, robust and reliable systems to assess compliance with the Pharmacy Board of Australia's Guidelines for Proprietor Pharmacists could be developed.

[1] Pharmacy Board of Australia (2015). Guidelines for proprietor pharmacists. Melbourne.

The creation of a new high value system will present the opportunity to ensure the Pharmacy Board of Australia's Guidelines for Proprietor Pharmacists are enforced; maximising public safety and ensuring continuous quality and value in the community pharmacy sector.

***Location rules***

Pharmacy location rules have been central to reducing the cost to the Australian Government of providing pharmaceutical benefits while maintaining an acceptable level of community service. The location rules have worked well and have evolved over time to address unintended consequences.

The Fifth Community Pharmacy Agreement in 2010 included principles and objectives to ensure the Rules benefitted the Australian community including increased access to community pharmacies for the population of rural and remote areas. The specific objectives of the Rules were to ensure:

- All Australians had access to PBS medicines;
- A commercially viable and sustainable network of community pharmacies dispensing PBS medicines;
- Improved efficiency through increased competition between pharmacies;
- Improved flexibility to respond to the community need to respond to pharmacy services;
- Increased local access to community pharmacies for persons in rural and remote regions of Australia; and
- Continued development of an effective, efficient and well-distributed community pharmacy network in Australia.

The Rules were subject to a review required by the Fifth Community Pharmacy Agreement and new Rules came into effect in October 2011. The new Rules were intended to simplify the application process and encourage pharmacies to be established in areas of community need.

**Opportunities for better healthcare outcomes can be realised by removing regulatory roadblocks in community pharmacy**

***Optimising immunisation in Australia***

Vaccination services in Australian pharmacies are safe and effective. [2] [3]Expanding these services to cover all standard vaccinations including National Immunisation Program (NIP) Schedule services, with fair remuneration, has the potential to dramatically improve Australia's immunisation status, maximising individual and population benefits.

Since 2011, Terry White Chemists and now TerryWhite Chemmart community pharmacies have administered more than 500,000 influenza vaccinations. In 2015 this was expanded to include measles, mumps, rubella and diphtheria, tetanus and pertussis in more than 80 TerryWhite Chemmart Queensland pharmacies.

Results from post vaccination surveys of more than 7,700 patients from TerryWhite Chemists pharmacies participating in the Queensland pharmacist immunisation pilot (QPIP) [4] in 2014 showed that:

- More than 96% of patients were very satisfied with the service from the pharmacist;
- 10% were eligible for the National Immunisation Program (NIP), but still chose the pharmacy for their vaccination;
- 15% had never received the vaccination before; and
- More than 17% would have not received the vaccination if it had not been available in the pharmacy.

Extrapolating these results, it is reasonable to conclude that since 2011 Terry White Chemmart community pharmacies have:

- Vaccinated more than 20,000 individuals who would not have otherwise sought vaccination; and
- Vaccinated more than 18,000 individuals who had not had the vaccine before.

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[2] Nissen, L, Glass, B, Lau, E, & Rosenthal, M (2015). Queensland pharmacist immunisation pilot phase1 pharmacist vaccination - Influenza final report. QUT, Brisbane.

[3] Nissen, L, Lau, E, Campbell C, Glass, B, & Drovandi A (2016). Australia's first Pharmacists Immunisation Pilot: QPIP2. QUT, Brisbane.

[4] Nissen, L, Lau, E, Campbell C, Glass, B, & Drovandi A (2016). Australia's first Pharmacists Immunisation Pilot: QPIP2. QUT, Brisbane.

Expanding the vaccination service will complement existing immunisation services for adults and add to better vaccination rates across the country. Examples in Canada have shown remuneration of pharmacist vaccination service leads to an overall lift in vaccination rates.[5]

In order to optimise immunisation programs in Australia and receive the notable public and individual health benefits of improved vaccination rates, State and Territory legislation could be modified to extend the range of vaccines permitted to be administered by approved pharmacists.

In addition to these apparent legislative improvements, pharmacist vaccinators could be admitted to the Immunise Australia Program and the National Immunisation Program (NIP) Schedule and be reimbursed commensurate with other approved vaccinators for equivalent services or be remunerated by private health insurance as a member benefit.

A national immunisation register for all Australians compatible with the My Health Record system and with the ability for all immunisers, including pharmacists,
to be able to contribute to the universal record will support the efforts to optimise immunisation in Australia.

***Increasing consumer choice and access to medicines***

Australian consumers have compromised choice, poor access to, and information about medicines that can be safely provided by a qualified pharmacist without a prescription.

The re-scheduling of particular Prescription Only (S4) medicines to Pharmacist Only (S3) in association with agreed care standards is a safe and effective way of achieving better healthcare outcomes. Australia has not kept pace with other quality healthcare systems in terms of pharmacist provision of these particular medicines.

Agreed care standards that promote patient health outcomes can be easily and effectively developed. These supports validated assessment methods, including point-of-care testing systems, decision making protocols, and compliance assessment frameworks.

To support informed consumer choice, it is important that when Prescription Only (S4) medicines are made more accessible and re-scheduled to Pharmacist Only (S3), that

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[5] Buchan, SA, Rosella, LC, Finkelstein, M et al (2016). Impact of pharmacist administration of influenza vaccines on uptake in Canada. CMAJ, DOI:10.1503.

appropriate information about that medicine and the change is permitted to be promoted in order to inform the public about the benefits.

It is also critical that professional pharmacy services and non-prescription medicines, including Pharmacist Only (S3) medicines, are included as core information in the My Health Record system. Pharmacists working in community pharmacy are the most appropriate professionals to contribute this information to the system - information that is essential in order for other healthcare professionals to benefit properly from the My Health Record system.

Examples of medicines that could be re-scheduled from Prescription Only (S4) medicines to Pharmacist Only (S3) in association with agreed care standards are set out in the following Table.

The re-scheduling of appropriate medicines from Prescription Only (S4) to Pharmacist Only (S3) in association with agreed care standards will improve consumer choice, access to and information about, medicines that can be safely provided by a qualified pharmacist without a prescription

| **Medicine or Medicine Class** | **Benefits (improved consumer choice, as well as reduced costs to the healthcare system due to a reduction in GP and emergency consultations)** |
|---|---|
| Oral contraceptives | Reduced number of missed doses and increased contraceptive cover means fewer unplanned pregnancies |
| Triptans | More successfully treated migraines and increased productivity |
| Trimethoprim (short course) | More successfully treated uncomplicated urinary tract infections and fewer serious complications |
| Phosphodiesterase 5 inhibitors | More successfully treated cases of erectile dysfunction and less use of counterfeit and unregulated medicines |
| Azithromycin (stat dose) | More successfully treated chlamydial infections means reduced sexually transmitted disease and complications (following a positive point of care test result). |

***Improve consumer access to professional medication administration services***

Medication administration is a core competency for pharmacists who receive extensive training in the area.  Pharmacists have demonstrated (vaccine administration services) a

rapid uptake of any additional clinical training required to ensure the deliver y of best practice clinical care. Allowing pharmacists to administer more medications in an approved, professional pharmacy setting will lead to improved access to these medications and more efficient use of healthcare resources.

Community pharmacy can be safely and appropriately recognised as a clinical setting for the administration of specialised medicines, provided the correct facilities are available. Systems to provide pharmacists delivering medication administration services reimbursement commensurate with other health professionals delivering equivalent services can be easily established, facilitated by a set of high quality standards covering medication administration in the community pharmacy setting.

| **Administration Requirements** | **Example Medicines, Administration Frequency and Indications** | **Current Access Points** |
|---|---|---|
| Subcutaneous injections | • Enoxaparin (up to daily for treatment or prevention of blood clotting disorders)<br>• Erythropoietin (up to monthly for anaemia of chronic renal failure or due to cancer therapy)<br>• G-CSFs (as per treatment protocol for the reduction of neutropenia outcomes)<br>• Infliximab and etanercept (up to weekly for rheumatoid disorders) | A majority of subcutaneous injections are self-administered, however when training is required or there is a lack of confidence, home nursing ser vices or GP visits are used. |
| Intramuscular injections | Medroxyprogesterone (ever y 12 weeks for contraception)<br>• Testosterone (up to two-weekly for androgen deficiency)<br>• Hydroxocobalamin (Vitamin B12, variable dose requirements)<br>• Depot olanzapine, risperidone, paliperidone | GP may use home nursing, hospital or specialist services |
| Intravenous infusions | • Chemotherapeutic agents (numerous cancer therapies and frequencies)<br>• Anti-infective agents (numerous anti-biotic and anti-viral therapies and frequencies) | Hospital or home nursing services |

**Remove the funding roadblock for essential evidence-based professional programs**

Community pharmacy has the capacity to deliver highly accessible, consistent, high quality, cost effective and integrated health screening and monitoring services.

Fee for service models for essential evidence-based professional programs have been trialed within the pharmacy network formerly known as Chemmart Pharmacy with differing levels of success. A diabetes and cardiovascular screening program was implemented in 2011 at a cost to the consumer of $20. In February 2016, Chemmart offered this as a free service, resulting in a 1200% increase in uptake.

Patient and health system benefits from this program were significant, the service being associated with a large number of targeted referrals to General Practice, including individuals who would not have otherwise sought medical assessment or screening services. This illustrates that the out of pocket costs associated with pharmacy services is a barrier to consumer uptake, and thus, reduced efficiency of the integrated primary care network.

Large segments of the community who would otherwise not access services and remain at risk of poor health outcomes would benefit immediately from these services. Remuneration systems to provide reimbursement proportionate to other health professionals in delivering health screening and monitoring services can be easily established.

Community pharmacies can deliver effective and high-quality health programs, including but not limited to the following:

- Cardiovascular disease management including:
  - Risk assessment;
  - Hypertension monitoring; and
  - INR monitoring and medication dose optimisation.
- Diabetes disease management including:
  - Risk assessment;
  - Disease monitoring; and
  - Insulin titration and medication review.
- Minor aliment and other primary care services.

**Pharmacy Franchise Systems - TerryWhite Chemmart**

Repeating, TerryWhite Chemmart is not a contemporary pharmacy ownership model. Nor does TerryWhite Chemmart offer or promote any form of complex pharmacy business structure.

A proper pharmacy franchise system, as TerryWhite Chemmart, does not involve pharmacy ownership, is not corporate ownership and does create any rights of direct or indirect rights ownership in the pharmacy. The franchise system of TerryWhite Chemmart requires the absolute recognition and compliance with the pharmacy ownership restrictions of the *Pharmacy Business Ownership Act 2001 (Qld)* (the Act) and the respective pharmacy ownership legislation and regulations of all other States.

A proper pharmacy franchise system, such as TerryWhite Chemmart, supports independent ownership of pharmacies by pharmacists and through the benefits of the franchise services offered to the owners of pharmacies, allows them to focus on pharmacy services and on delivering accessible medicines to the community.

TerryWhite Chemmart has its roots in the early 1990s and remains as relevant today as it was then. Most pharmacy banner groups started as cooperatives because pharmacy owners wanted to focus on their professional responsibilities and on their role beyond dispensing. Banner and franchise groups such as TerryWhite Chemmart make this possible by providing the systems and support that pharmacy owners need to efficiently provide a comprehensive range of products and services to their customers.

It means that the pharmacy owners can be empowered to focus on their professional role in the context of their local community.

It is this local connection and the professional motivation of pharmacy owners that delivers the cost-effective model that now exists.

TerryWhite Chemmart was created by pharmacist owners. The aim of TerryWhite Chemmart is to provide the support service that pharmacist owners need, in order to facilitate the delivery of superior professional pharmacy care in addition to competitive pricing.

TerryWhite Chemmart pharmacies are independently owned and independently operated, united in their commitment to improving the access and quality of healthcare for all Australians through a national network of accessible community pharmacies.

The pharmacy franchise of TerryWhite Chemmart supports its independent franchise pharmacist owners to deliver efficient, quality care outcomes and increases capacity to invest in innovation and the development of pharmacy-based services.

The system and support resources at the disposal of TerryWhite Chemmart allow its independent pharmacist owners to focus on the healthcare of their patients.

TerryWhite Chemmart is proud of its role today of supporting independently owned and operated pharmacies. Without this type of support, many community pharmacy owners would find it difficult to find the time and the resources required to support the healthcare needs of their patients.

The franchise systems of TerryWhite Chemmart recognise absolutely the independence of pharmacist owned pharmacies. The non-pharmacist services of the franchise systems of TerryWhite Chemmart which support independent pharmacist ownership of pharmacies, include.

- Training and education of pharmacy assistants and staff.
- Enabling the pharmacy owner to benefit from operating under a well established brand name with brand image.
- Advice and/or help in identifying suitable pharmacy locations or operating territories.
- Assisting to obtain occupation rights to premises, complying with planning (zoning) laws, preparing plans for layouts, shopfitting and refurbishment.
- Enabling the pharmacy owner to benefit from a national scale advertising and promotional activities at a lower cost than if they were to attempt such marketing themselves.
- Providing the benefits of purchasing power and negotiating capacity made available by the franchisor by reason of the size of the franchised network.
- Providing the specialised and highly-skilled knowledge and experience of the franchisor's head office organisation, while the pharmacist remains self-employed in their business.
- Access to the use of the franchisor's patents, trade marks, copyrights and trade secrets.
- Access to the franchisor's continuous research and development programs, which are designed to improve the business and keep it up-to-date and competitive.
- Enabling the pharmacy owner to benefit from the franchisor’s knowledge base developed from long experience, as well as that of all the franchisees in the system, which would otherwise be impossible for a non-franchised business to access.

The non-professional pharmacy services offered by a TerryWhite Chemmart franchise facilitates the delivery of professional pharmacy care by TerryWhite Chemmart pharmacy owners and enables the pharmacy owners to deliver accessible and affordable medicines and services.

Proper pharmacy franchise systems, such as TerryWhite Chemmart, need to be seen and recognised for the extensive benefits they offer pharmacist owners. Pharmacy franchise systems are no longer a feature of the pharmacy landscape. Instead, they are now an integral part of it

## *Matters for consideration*

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1. *Are pharmacy ownership restrictions imposed by the Pharmacy Business Ownership Act 2001 (Qld) (Act) necessary to protect consumers and deliver accessible and affordable medicines and services? Why or why not?*

   Response: Yes, and for the reasons stated.

2. *Are the ownership restrictions sufficiently clear, particularly regarding the restrictions on corporations owning pharmacies? If not, how could the restrictions be made clearer?*

   Response: Yes, and for the reasons stated.

3. *Would changing the pharmacy ownership restrictions under the Act improve community outcomes? If so, how should the restrictions be changed?*

   Response: No for the reasons stated.

4. *Should the Act be amended to allow any party to own a pharmacy, subject to requirements for dispensing only by a qualified pharmacist? Would the community be better off under such a scenario? Why or why not?*

   Response: No for the reasons stated.

5. *Is there any difference in performance of pharmacies owned by non-pharmacists in Queensland (such as those run by friendly societies or the Mater Misericordiae Health Services Brisbane Limited) in relation to protecting consumers and delivering accessible and affordable medicines and services?*

   Response: The Act restricts ownership of pharmacies by non-pharmacists in Queensland to just friendly societies and the Mater Misericordiae Health Services Brisbane Limited. Within these strict restrictions, which are largely historic and have been operating for many years, we have made no assessment as to whether consumers have a similar level of protection and access to affordable medicines and services.

6. *Does the Act provide adequate protections to promote the professional, safe and competent provision of pharmacy services, and to maintain public confidence in the pharmacy profession now and in the future? If not, what additional protections should be included in the Act and why?*

   Response: Yes, and for the reasons stated.

7. *Are you aware of any transfers of pharmacy ownership which have not conformed to the requirements under the Pharmacy Business Ownership Act 2001 (Qld) (Act)?*

   Response: No. TerryWhite Chemmart pharmacy owners across Australia satisfy all requirements of the pharmacy ownership approval application process in the State where they carry on business. The franchise system of TerryWhite Chemmart requires the absolute recognition and compliance with the pharmacy ownership restrictions of the Act.

8. *Are the offences prescribed in the Act necessary and sufficient to ensure the objectives and intent of the legislation are being met, and are the maximum offences that apply appropriate?*

   Response: It is considered that some offences prescribed in the Act are necessary. Others for offences that do not go to fundamental obligations of ownership are less so. Where the offences prescribed are necessary, maximum penalties should be both relevant and appropriate to the offence.

9. *Do you think there should be restrictions on the number of pharmacies a pharmacist may own in Queensland? Are the current restrictions under the Pharmacy Business Ownership Act 2001 (Qld) appropriate?*

   Response: Yes, and for the reasons stated.

10. *Given there are no restrictions in the Australian Capital Territory and the Northern Territory, are community outcomes in the Australian territories different from the Australian states? If so, how are they different?*

    Response: We have not assessed these differences and as such, no comment is made in response.

11. *Has pharmacy ownership regulation in other Australian jurisdictions improved community outcomes (relative to Queensland)? If so, how?*

    Response: Yes, and for the reasons stated

12. *What functions might a pharmacy council perform in Queensland? How would these functions differ from the current functions performed by Queensland Health?*

    Response: While in other States, pharmacy ownership regulation is administered by regulatory bodies, each with their own pharmacy ownership approval application process, in all other jurisdictions, as in Queensland, the pharmacist must make a statutory declaration of their ownership interests. In all other jurisdictions, as in Queensland, the regulatory body relies heavily on the pharmacist's statutory declaration of their ownership interests and on the pharmacist's statutory declaration of any change of their ownership interests. As the pharmacist's statutory declaration is the foundation or cornerstone of approval, and understandably so given the conscientious declaration of truth that is made, it is unclear what value adding functions might be needed.

13. *How would the establishment of a pharmacy council in Queensland improve community outcomes?*

    Response: Unsure. Accordingly, unable to comment.

14. *What would be the costs and benefits to the community of establishing a pharmacy council in Queensland?*

    Response: An additional layer of external regulation which involves a time consuming fee based application process at a cost to the pharmacist and causing unnecessary delays and time constraints on transactional matters where people, being pharmacist owners, pharmacy staff, suppliers, service providers and patients, are intrinsically reliant on the outcome, is costly,

particularly in circumstances where a professional pharmacist is making a conscientious declaration of truth about their ownership interests.

15. *What other viable alternatives should be considered to deliver superior community outcomes?*

    Response: The current model has operated effectively for many years. Every individual registered pharmacist in Queensland that has an ownership interest in a pharmacy in Queensland must make a statutory declaration of their ownership interests and of any change to their ownership interests or to the ownership interests of other owners of the pharmacy they own or have an ownership interest in. The making a statutory declaration is a serious matter. A statutory declaration involves the pharmacist declaring that they conscientiously believe the contents of the statutory declaration to be true and correct. The making a false statutory declaration is a very serious matter.

16. *If a pharmacy council was established in Queensland, what issues would need to be considered in its interactions with other agencies or individuals involved in regulating pharmacy businesses and practice? What legislation would need to be changed?*

    Response: The current model has operated effectively for many years.

17. *What effect would relaxing pharmacy ownership restrictions have on community outcomes (such as protecting consumers and delivering accessible and affordable medicines and services) in Queensland? What are the potential risks to consumers?*

    Response: Relaxing pharmacy ownership restrictions would be completely contrary to the patient-centric care has been made possible by the pharmacy regulation and funding framework that exists in Australia today.

18. *Should the scope of practice of pharmacists and pharmacy assistants in Queensland be extended? If so, in what areas of practice?*

    Response: Yes, for the reasons stated

19. *What additional training for pharmacists/pharmacy assistants, or other risk reduction measures, should be implemented to ensure patient safety?*

    Response: Any additional training relevant to any expanded scope of practice should be provided.