Pharmaceutical Society of Australia

Inquiry into the establishment of a pharmacy council and pharmacy ownership in Queensland

Pharmaceutical Society of Australia – submission

July 2018

Purpose

The purpose of this submission is to provide the views of the Pharmaceutical Society of Australia (PSA) to the Issues Paper on the *Inquiry into the establishment of a pharmacy council and pharmacy ownership in Queensland.*

About PSA

The Federal Government has granted the Pharmaceutical Society of Australia (PSA) with national peak health body status. As part of the Health Peak and Advisory Bodies (HPAB) Program, the Australian Government recognised PSA's function as a repository and source of sector knowledge and expertise, role in providing well-informed and impartial advice to government to assist with policy formulation, and delivering education and training to pharmacists to improve the quality of health services.

PSA proudly represents Australia's 31,000[i] pharmacists working in all sectors and locations.

PSA's core functions include: providing high quality continuing professional development, education and practice support to pharmacists and pharmacy assistants; developing and advocating standards and guidelines to inform and enhance pharmacists' practice; and representing pharmacists' role as frontline health professionals.

PSA is the recognised standards-setting body for pharmacists and develops, updates and promotes key documents relevant to best practice through its Professional Practice Standards, Code of Ethics for Pharmacists and other practice standards and professional guidelines. PSA is also the custodian, on behalf of the pharmacy profession, of the National Competency Standards Framework for Pharmacists in Australia, which embeds the Advance Practice Framework within it.

PSA is also a Registered Training Organisation (RTO) and offers qualifications including certificate and diploma-level courses tailored for pharmacists, pharmacy assistants and interns.

Background

Australia is widely regarded as having one of best community pharmacy systems in the world. Pharmacists and the community pharmacy network are critical to the achievement of the objectives of Australia's National Medicines Policy[ii] (NMP), namely:

- timely access to the medicines that Australians need, at a cost individuals and the community can afford;
- medicines meeting appropriate standards of quality, safety and efficacy;
- quality use of medicines (QUM); and
- maintaining a responsible and viable medicines industry.

The review of pharmacy regulation undertaken in 2000 (the 'Wilkinson Review') found that the laws regulating and supporting the community pharmacy sector were justified on public interest grounds.

Executive Summary

The following provides a brief outline of PSA's submission to the *Inquiry into the establishment of a pharmacy council and pharmacy ownership in Queensland.*

Pharmacy ownership

The PSA supports the ongoing provisions relating to the ownership of pharmacies by pharmacists. The current system promotes patient safety and competent provision of high quality pharmacy services and helps maintain public confidence in those services. Owners, as pharmacists, are held to the same level of practice and conduct as any pharmacist as defined within the Professional Practice Standards and Code of Ethics for Pharmacists that is developed and maintained by PSA. In addition, pharmacist owners have obligations to meet through the Pharmacy Board of Australia.

If changes to the legislation pertaining to ownership was to occur, PSA, as the peak professional body for pharmacists in Australia should be consulted and engaged for the entire process, from initial discussion to implementation.

Establishment of a pharmacy council

The existence of a council should be for the purpose of administering and enforcing the *Pharmacy Business Ownership Act (2001)* which provides the regulation surrounding pharmacy businesses and should not have functions that duplicate those already in place elsewhere. The function and scope of responsibility of a council must first be determined with clear benefits for community outcomes that don't exist under the current system.

If any change from the current system was to occur, PSA, as the peak professional body for pharmacists in Australia and the recognised standards setting body, should be consulted and engaged for the entire process, from initial discussion to implementation and evaluation. And as such, PSA is integral to any council that may be formed.

Scope of practice of pharmacists

Pharmacists in Australia are one of the largest, most trusted and most accessible groups of health professionals. Similarly, community pharmacies in Queensland and Australia have provided, and will continue to provide a vital network for primary and preventive community-based healthcare. Whilst pharmacists' unique skills and expertise have been historically underutilised, there is a significant opportunity, within the current health reform environment, to ensure that pharmacists' skills are better utilised to contribute to better health outcomes for all Australians.

There are often areas of contemporary pharmacist practice that are hindered due to current legislation. PSA believes the current legislation in Queensland should be reviewed to ensure currency with contemporary pharmacy practice in Queensland. Further to this, any review of or changes to the current legislation should ensure that as the pharmacy profession evolves and pharmacists continue to be utilised to their full scope as medicines experts, that legislation doesn't act as a barrier, but rather an enabler of practice. PSA strongly believes that scope of practice utilization should be underpinned by appropriate credentialing and training for the service being offered. Pharmacists who possess certain skills and perform certain services need to be appropriately recognized and remunerated.

PSA, as the peak professional body for pharmacists, welcomes the opportunity to meet with the Queensland Government to discuss the various areas where pharmacists are underutilised within their scope of practice, how better use of pharmacists can assist the Government to improve the health and wellbeing of Queenslanders, and how this can be achieved through potential changes to legislation.

Scope of practice of pharmacy assistants

PSA endorses the engagement of suitably qualified non-pharmacist dispensary assistants/technicians. Better utilisation of appropriately trained and certified pharmacy assistants may allow for better utilisation of pharmacists in taking greater responsibility and accountability for medicines management in the community. This should be seen as an enhancement to pharmacists' practice and not a substitution or role replacement.

If the scope of practice or educational requirements of pharmacy assistants is to change, PSA, as the recognised standards setting body for the pharmacy profession should be engaged to develop the appropriate framework, standards and guidelines to ensure they sit across the Competency Standards for pharmacists, the Professional Practice Standards and the Code of Ethics for Pharmacists.

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?

The PSA unequivocally supports retention of the current provisions relating to ownership of pharmacies.[iii]

The main policy rationale and justification for the pharmacy ownership restrictions is that limiting the controlling interest in the ownership of pharmacy businesses to pharmacists promotes patient safety and competent provision of high quality pharmacy services and helps maintain public confidence in those services; and limiting the number of pharmacy businesses that may be owned by a person or entity helps protect the public from market dominance or inappropriate market conduct. This policy intent is enshrined in State and Territory pharmacy legislation which requires that pharmacies be owned only by registered pharmacists. The existing system of pharmacy ownership provides for:

- responsibility and accountability by pharmacist owners – through the *Pharmacy Business Ownership Act 2001*
- quality use of medicines;
- value-added primary health care services and activities such as:
    - chronic disease (e.g. asthma and diabetes) management;
    - wound care management;
    - medication management;
    - promotion of key public health messages and provision of associated education and information materials;
    - supporting self-management and improving health literacy; and
    - opioid pharmacotherapy (e.g. methadone) and needle exchange programs.

This demonstrates the willingness of pharmacy owners to give priority to important community health activities over the commercial viability of the activity. The public benefit of this legislation was recognised in the Wilkinson Review:

> *'A pharmacist who owns or has a proprietary interest in a pharmacy has a professional, as well as a commercial, interest in the safe and competent provision of pharmacy services and products by his or her business...*
>
> *As a pharmacist as well as a proprietor, the business owner is accountable directly to a regulatory authority for the safe and competent provision of those services, while non-pharmacist proprietors would not be able to be made readily accountable without a major and potentially costly readjustment of the regulatory infrastructure'.*[iv]

Owners, as pharmacists, are held to the same level of practice and conduct as any pharmacist as defined within the Professional Practice Standards and Code of Ethics for Pharmacists which are developed and maintained by PSA.

PSA cautions against any change to the ownership rules which would likely unsettle the sector and have unintended consequences such as impacts on accessibility of health care and workforce implications, including retention of suitably qualified and experienced staff in the community pharmacy sector.

The opportunity to purchase a community pharmacy is a preferred career pathway for many early career pharmacists, it is essential to ensure that a robust community pharmacy sector is maintained to attract this innovative and highly committed workforce.

Professional independence

Professional autonomy, objectivity and independence are critical to the practice of pharmacy.

PSA strongly believes that a pharmacist must freely exercise autonomy and professional judgement when carrying out the duties of a pharmacist and should not accept employment in which this freedom may be compromised. It is not unexpected that business practices of supermarkets, or other large corporate owner, would be geared towards achieving market share, sales and profits.

However, in PSA's view it is not desirable that pharmacists practise in an environment where they could be expected to meet certain operational policies or requirements which may not be in the best interests of professional pharmacy practice even if they may be regarded as accepted commercial business practices.

Professional environment and medicines accessibility

PSA is also concerned that, given the degree of the concentration in Australia's supermarket sector (approximately 80 per cent of supermarkets are owned by Coles and Woolworths), if the ownership of pharmacies was opened up to non-pharmacist run corporations, then the supermarkets could gain and wield substantial power in the pharmacy market to the detriment of health consumers. Furthermore, it is unlikely that the large supermarkets, intent on driving supply chain efficiencies, would choose not to stock medicines that are low volume specialist medicines. Timely and reliable supply of medicines, regardless of where a patient lives or how often they need it, is one of the key tenets of Australia's health system, and must be maintained.

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

PSA is not aware of any specific evidence to make comment on this.

The Queensland Government should seek professional legal advice to clarify definitions of terminology used in the *Pharmacy Business Ownership Act 2001*, in particular with respect to the terms 'own' and 'beneficial interest'.

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

The answer to this question depends on the nature of the change being proposed.

PSA is not aware of any evidence to suggest that **tightening** pharmacy ownership restrictions would improve community outcomes. However, PSA objects to **loosening** of the ownership restrictions, or deregulation.

As stated previously, the main policy rationale and justification for the pharmacy ownership restrictions is that limiting the controlling interest in the ownership of pharmacy businesses to pharmacists promotes patient safety and competent provision of high quality pharmacy services and helps maintain public confidence in those services; and limiting the number of pharmacy businesses that may be owned by a person or entity helps protect the public from market dominance or inappropriate market conduct.

PSA would urge the Queensland Government to carefully consider the international evidence available on the unintended effects of deregulation of community pharmacy ownership provisions, particularly from jurisdictions where re-regulation has been required after a period of time to address the consequences of such changes.

The provision of medicines is a core activity for pharmacists, and should not be regarded as merely a supply function – it is performed in the context of having the highest possible regard for patient safety and promoting the judicious use of medicines. Given the high incidence of medication misadventure it would be irresponsible to categorise medicines as ordinary items of commerce.

Any change to ownership restrictions needs to ensure that pharmacies continue to exist in areas to ensure timely access to medicines, pharmacist services and health needs of the community and does not allow location of pharmacies to be driven by sales volumes and profits which would favour urban areas and disadvantage rural and remote areas.

In the absence of evidence to suggest improved community outcomes in another model, PSA does not support any change to ownership restrictions outside of pharmacists.

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?

The PSA unequivocally supports the retention of the provisions relating to ownership of pharmacies by pharmacists.

As PSA understands, after review of Australian and international literature, there are insufficient data available to answer these questions. Current international experience suggests that the removal of all regulatory arrangements (including both location and ownership provisions) favours urban populations. However, it is not known what impact partial removal of these regulations has, and for these reasons it is difficult for PSA to provide an informed comment.

As referred above, PSA would urge the Queensland Government to carefully consider the available international evidence on the unintended outcomes seen as a result of deregulation of community pharmacy ownership arrangements.

Many European countries have similar regulatory arrangements regarding pharmacy ownership to that of Australia. This regulatory system was recently supported in a ruling by the European Court of Justice in response to challenges to ownership legislation in Italy and Germany, both of which have legislation specifying that only a pharmacist can own and operate a pharmacy.

The ruling by the Court concluded that the limitations on the ownership and establishment of community pharmacies was justified to ensure that the provision of medicinal products to the public is reliable and of good quality.

Similarly, a 2012 Report on the European experience found that while deregulation of the community pharmacy sector is often linked to an expectation of improved patient access and cheap medicines, in practice these expectations have not been met. The Report found that deregulation can actually result in impaired outcomes for patients, including an uneven distribution of community pharmacies, the dominance of some market participants (e.g. wholesalers) and commercial considerations leading to pressure to increase sales of over-the-counter (OTC) medicines and non-pharmaceutical products.

In the absence of evidence to suggest improved community outcomes in another model, PSA does not support any change to ownership restrictions outside of pharmacists.

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?

PSA is not aware of any specific evidence to make comment on this.

PSA supports the continued ownership of pharmacies by pharmacists, noting that some exemptions exist both in Queensland and other jurisdictions for entities other than pharmacists to own pharmacies. PSA supports the ongoing grandfathering of these particular exemptions. In the absence of any specific evidence, PSA cannot make any comment on differences in performance.

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?

The Queensland public have long placed trust in the pharmacy profession over many years, which has existed under the current ownership model where pharmacies are owned by pharmacists. PSA believes retention of the current provisions relating to the ownership of pharmacies will ensure continued public trust in pharmacists to contribute to achieving high quality health outcomes for the community that the Queensland public have come to expect.

As the recognised standards-setting body for pharmacists, PSA develops, updates and promotes key documents relevant to best practice through its Professional Practice Standards, Code of Ethics for Pharmacists and other practice standards and professional guidelines. PSA is also the custodian, on behalf of the pharmacy profession, of the National Competency Standards Framework for Pharmacists in Australia, which embeds the Advance Practice Framework within it. These are all documents that shape the way pharmacists are required to practice as a pharmacist. Although not currently referenced in legislation, the Queensland government could consider whether it may be appropriate to do so.

The Pharmacy Board of Australia has Guidelines for Proprietary Pharmacists which provides guidance to pharmacists in relation to the professional responsibilities of pharmacy proprietors, not set out in the legislation or a registration standard. According to this Guideline, if the proprietor/owner or partner-in-ownership pharmacist is not the pharmacist usually in charge of that pharmacy, he or she must vigilantly maintain an active interest in how the practice of pharmacy is being conducted. This is to ensure that the pharmacy operation is in accordance with:

- any applicable state, territory or Commonwealth law,
- relevant Pharmacy Board of Australia policies, codes and guidelines,
- applicable professional practice and quality-assurance standards and guidelines, and
- good pharmacy practice. [v]

If changes to the Act were to occur, PSA, as the peak professional body for pharmacists in Australia should be consulted and engaged for the entire process, from initial discussion to implementation.

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)?

PSA is not aware of any specific evidence to make comment on this.

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

PSA is not aware of any specific evidence to make comment on this.

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

The PSA provides continued support for the intent of the *Pharmacy Business Ownership Act 2001 (Qld)* and asserts that the current small business model will provide higher quality services, and the flexibility to meet the needs of a local population. Any increase in the number of pharmacies that a pharmacist may own could see a shift from this small business model. PSA notes that this restriction varies from state to state and that there is no restriction from a pharmacist already owning the maximum number of pharmacies in Queensland from owning pharmacies in other jurisdictions as well.

PSA would not support any changes to regulations that would result in a concentration of pharmacy ownership to a small number of groups which would dictate fewer models of practice. Further, limiting the number of pharmacy businesses that may be owned by a person or entity helps protect the public from market dominance or inappropriate market conduct.

In addition, as previously discussed, the Pharmacy Board of Australia has Guidelines for Proprietary Pharmacists which provides guidance to pharmacists in relation to the professional responsibilities of pharmacy proprietors, not set out in the legislation or a registration standard. This responsibility could become increasing difficult to adhere to if the maximum number of pharmacies a pharmacist could own was to increase.

The PSA notes that there is no current requirement for the pharmacist owner to have residence in Queensland and queries if this may be an appropriate addition to the Act. Consideration should be given to a requirement of at least one owner being a resident in Queensland, in order to ensure appropriate oversight of professional activities in the interests of patient safety and protection of consumers and the community.

If changes to the maximum number of pharmacies that a pharmacist could own were to be considered, PSA, as the peak professional body for pharmacists in Australia should be consulted and engaged for the entire process, from initial discussion to implementation.

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?

PSA is not aware of any specific evidence to make comment on this.

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

PSA is not aware of evidence to indicate that Australians in any other jurisdiction have better community outcomes compared to Queensland.

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

The PSA acknowledges the role of Queensland Health in the administration of the *Pharmacy Business Ownership Act 2001*.

The PSA notes from the Queensland Government Record of Proceedings for Tuesday, 13 April 2010 that:

> *"The administration of the pharmacy business ownership restrictions by Queensland Health is an interim arrangement as Queensland Health will be conducting a comprehensive review after 1 July 2010 to determine who should administer the restrictions in the long term. The review will involve detailed analysis as well as extensive consultation in relation to all feasible options, including whether a statutory pharmacy authority should be set up to perform the role of administering the restrictions."*
>
> *"The review by Queensland Health will also examine whether licensing of pharmacy premises should be introduced into Queensland"* [vi]

The PSA is aware that a Cost-Benefit Analysis is currently taking place by the Queensland Productivity Commission under the instruction of the Deputy Premier which is also looking into the functions that a council might perform.

The PSA is not aware of any other jurisdiction that has operated under an interim model for any length of time to determine whether the establishment of such councils in other jurisdictions improved community outcomes compared to when a council did not exist.

The existence of a council should be for the purpose of administering and enforcing the *Pharmacy Business Ownership Act (2001)* which provides the regulation surrounding pharmacy businesses and should not have functions that duplicate those already in place elsewhere.

Such functions pertaining to pharmacy that already exist elsewhere and should not be duplicated include:

- Policy development: As stated previously, PSA is the recognised standards-setting body for pharmacists and develops, updates and promotes key documents relevant to best practice through its Professional Practice Standards, Code of Ethics for Pharmacists and other practice standards and professional guidelines. PSA is also the custodian, on behalf of the pharmacy profession, of the National Competency Standards Framework for Pharmacists in Australia, which embeds the Advanced Practice Framework within it. All of these key documents are supported by high quality accredited education pertaining to the particular documents.

- Education: Various different pharmacy professional organisations provide education for pharmacists and some also provide it for pharmacy assistants in addition to pharmacists, including PSA. In addition to Continuing Professional Development (CPD) education for pharmacists, PSA is also a Registered Training Organisation and offers qualifications including certificate and diploma-level courses tailored for pharmacists, pharmacy assistants and interns. If a pharmacy council was formed in Queensland, it should endorse and support the high quality accredited education that is currently provided to the profession for pharmacists and pharmacy assistants, such as that provided by PSA, the peak professional body for pharmacists in Australia.

- Practitioner complaints: This is done by the Office of the Health Ombudsman (OHO). The purpose of the OHO is to 'protect the health and safety of the public and instil confidence in the health system in Queensland by assessing, investigating, resolving and prosecuting complaints about health care". [vii]

Whether a council exists or not, pharmacists practice is guided by the Code of Ethics for Pharmacist, the Professional Practice Standards and various other standards and guidelines which PSA develops and maintains for the profession.

If any change from the current system was to occur, PSA, as the peak professional body for pharmacists in Australia and the recognised standards setting body, should be consulted and engaged for the entire process, from initial discussion to implementation and evaluation. And as such, PSA is integral to any council that may be formed.

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

Before being able to determine community outcomes, the specific role of the pharmacy council would need to be defined. PSA is unaware of any evidence to suggest that a body such as a council will improve community outcomes.

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

The PSA is aware that a Cost-Benefit Analysis is currently taking place by the Queensland Productivity Commission under the instruction of the Deputy Premier. If a council was to be established, it is likely that there would be administrative cost, of which a significant proportion if not all, would likely be passed onto the community pharmacy sector to pay for. And to PSA's knowledge, there has yet to be any benefits determined.

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

PSA notes that there are no ways to measure health outcomes or how pharmacist practice, across all care sectors, contributes to, and supports the National Medicines Policy objectives.

PSA believes that Quality Indicators should be developed for pharmacist practice in order to assess the quality of service delivery according to the PSA Professional Practice Standards. This is to ensure that the objectives of the National Medicines Policy are being achieved.

As the peak professional body for pharmacists in Australia, and as the custodians of the Professional Practice Standards, the Code of Ethics for Pharmacists, and other profession-wide documents, all of which are supported by high-quality accredited education, PSA strongly believes that all pharmacists should be members of the peak professional body so that they can be appropriately supported throughout their career with the practice support required to meet their ethical and professional obligations. In the context of the review of the legislation in Queensland, PSA urges the Queensland Government to consider whether all pharmacist practicing in Queensland should be a member of PSA.

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 legislations would need to be changed?

The PSA supports premises regulation to ensure that a minimum standard of pharmacy premises is in place to ensure professional safe and high quality services are provided to the Queensland public.

As a minimum requirement, if a council was established, PSA notes the need for a council that is responsible and accountable for the administration of the *Pharmacy Business Ownership Act 2001*.

Any duplication in function of other agencies involved in pharmacy businesses and pharmacy practice should be avoided.

Governance arrangements need to ensure that an appropriately diverse range of industry and health governance experts are included in the membership of the Council to ensure that an appropriate and contemporary understanding of the pharmacy landscape is reflected in the administration of the Act and Regulations.

A clear line of governance by the Council in regards to duties delegated to officials is necessary to ensure that the intent of the Act, Regulations and the Council in undertaken appropriately.

In order to determine what legislation to change, the Government must first determined what the function and scope of responsibility of the council would have.

If a pharmacy council was to be established, PSA, as the peak professional body for pharmacists in Australia and the recognised standards setting body, should be consulted and engaged for the entire process, from initial planning to implementation and evaluation. And as such, PSA is integral to any council that may be formed.

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?

As stated previously:

The PSA unequivocally supports retention of the current provisions relating to ownership of pharmacies.[viii]

As discussed previously, the main policy rationale and justification for the pharmacy ownership restrictions is that limiting the controlling interest in the ownership of pharmacy businesses to pharmacists promotes patient safety and competent provision of high quality pharmacy services and helps maintain public confidence in those services; and limiting the number of pharmacy businesses that may be owned by a person or entity helps protect the public from market dominance or inappropriate market conduct.

PSA would urge the Queensland Government to carefully consider the international evidence available on the unintended effects of loosening community pharmacy regulations, particularly from jurisdictions where re-regulation has been required after a period of time to address the consequences of such changes.

The provision of medicines is a core activity for pharmacists, and should not be thought of as merely a supply function – it is performed in the context of having the highest possible regard for patient safety and promoting the judicious use of medicines. Given the high incidence of medication misadventure it would be irresponsible to categorise medicines as ordinary items of commerce.

As PSA understands, after review of Australian and international literature, there are insufficient data available to answer these questions. Current international experience suggests that the removal of all regulatory arrangements (including both location and ownership provisions) favours urban populations. However, it is not known what impact partial removal of these regulations has, and for these reasons it is difficult for PSA to provide an informed comment.

Many European countries have similar regulatory arrangements regarding pharmacy ownership and location to that of Australia. This regulatory system was recently supported in a ruling by the European Court of Justice in response to challenges to ownership legislation in Italy and Germany, both of which have legislation specifying that only a pharmacist can own and operate a pharmacy.

The ruling by the Court concluded that the limitations on the ownership and establishment of community pharmacies was justified to ensure that the provision of medicinal products to the public is reliable and of good quality.

Similarly, a 2012 Report on the European experience found that while deregulation of the community pharmacy sector is often linked to an expectation of improved patient access and cheap medicines, in practice these expectations have not been met. The Report found that deregulation can actually result in impaired outcomes for patients, including an uneven distribution of community pharmacies, the dominance of some market participants (e.g. wholesalers) and commercial considerations leading to pressure to increase sales of over-the-counter (OTC) medicines and non-pharmaceutical products.

PSA is aware that in the Northern Territory, Aboriginal Health Services (AHSs) are able to own and operate a pharmacy business at Ministerial discretion.

Whilst PSA recognises that benefit might be derived through both timely access to medicines in remote communities, and the provision of culturally appropriate pharmacy services, evidence suggests that currently it is difficult for community pharmacies in some rural and remote locations to remain viable – as such, PSA believes it is unlikely that many AHSs would have capacity to absorb the risk and liability associated with operating a pharmacy business.

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

As one of the largest and most trusted groups of health professionals in Australia, the public access pharmacists more frequently and more readily than any other healthcare provider.[ix]

Pharmacists in Australia are medicines experts and work within a defined scope of practice, supported by the *National Competency Standards Framework for Pharmacists in Australia*.[x] Many areas relating to health and medicines are covered comprehensively in pharmacist training, yet at present in Queensland and the rest of Australia, only a fraction of these skills are utilised in the broader health system.

As a result of comprehensive and high quality training, pharmacists in Australia are able to utilise their unique expertise and skills to[xi];

- Deliver high quality needs-based patient-centred care for acute and chronic conditions,
- Facilitate inter-professional collaboration and contribute to multidisciplinary care teams, including delivery of medicines information and training to multidisciplinary healthcare teams,
- Supply and manage medicines, including prescription, OTC and compounded medicines,
- Support Quality Use of Medicines through appropriate medicines management and education,
- Identify, appropriately triage and manage minor ailments and self-limiting conditions,
- Provide high quality targeted advice to consumers on medications, non-pharmacological treatments and lifestyle advice,
- Contribute to preventative health efforts through the provision of evidence-based screening, risk assessment and vaccination services.

In Australia, the role of the pharmacist has historically had a significant focus on the dispensing of medicines. The provision of medicines remains a core activity of pharmacists, however, this is not simply a supply function – it is performed in the context of having the highest regard for patient safety and promoting judicious use of medicines.

PSA believes all pharmacists in Queensland should have the opportunity to maximise their scope of practice to contribute to public health and that this contribution is recognised and suitably rewarded.

Encouragingly, successive Community Pharmacy Agreements have resulted in increased funding for professional pharmacy services, due to the Federal Government recognising the value of medication management and education services which pharmacists provide. However, the requirements under this funding model limits the flexibility for the delivery of these services, and as a result of this these services may not reach those consumers who need them most.

However, there are often areas of contemporary pharmacist practice that are hindered due to current legislation.

As such, PSA believes the current legislation in Queensland should be reviewed to ensure currency with contemporary pharmacy practice in Queensland. Further to this, any review of, or changes to the current legislation should ensure that as the pharmacy profession evolves and pharmacists continue to be utilised to their full scope as medicines experts, that legislation doesn't act as a barrier, but rather an enabler of practice. PSA strongly believes that scope of practice utilization should be underpinned by appropriate credentialing and training for the service being offered. This should align with the competencies of the Advanced Practice Framework which forms part of the National Competency Standards Framework for Pharmacists in Australia. Pharmacists who possess certain skills and perform certain services need to be appropriately recognized within the Advanced Practice Framework where applicable, and be remunerated appropriately for these skills and providing these services. Pharmacies that provide these services requiring pharmacists with certain credentials should be appropriately remunerated for providing these services so that it can appropriately offset the increased remuneration paid to the pharmacist for providing these services.

Australia now has a large and growing pharmacist workforce that is highly trained and, with a much younger age-profile than most other health professions, there is great potential for the workforce to contribute to emerging and innovative models of care. As such, PSA encourages the Queensland Government to consider how to utilise the pharmacist workforce to best meet their health policy objectives.

Pharmacists in Australia are one of the largest, most trusted and most accessible groups of health professionals. Similarly, community pharmacies in Queensland and Australia have provided, and will continue to provide a vital network for primary and preventive community-based healthcare. Whilst pharmacists' unique skills and expertise have been historically underutilised, there is a significant opportunity, within the current health reform environment, to ensure that pharmacists' skills are better utilised to contribute to better health outcomes for all Australians.

The community pharmacy sector in Queensland, encompassing approximately 1100 pharmacies across the state, is multifaceted and challenging, particularly as the health care needs of the Queensland population are changing with an ageing population and advances in medical sciences and technology. The vital service that pharmacists play in dispensing and supplying essential medicines for the community, particularly consumers with chronic diseases, is a well-established part of the fabric of our society. Indeed, this has been the key role of pharmacists under the Pharmaceutical Benefits Scheme (PBS) since its inception in 1948.

The provision of medicines remains a core activity of pharmacists. This is not simply a supply function but is performed in the context of having the highest regard for patient safety and promoting Quality Use of Medicines (QUM). That is, whether they are prescribed, recommended or self-selected, medicines should only be used when appropriate, with non-medicinal alternatives considered as needed. Pharmacists are also expanding and consolidating their role in promoting public health and safety, educating consumers and health professionals about QUM, and assisting consumers through health promotion activities and prevention of ill health.

Community pharmacies are uniquely placed within Queensland communities, and are increasingly being recognised as a hub for preventive health activities. The value of the community pharmacy network to patients and the health system is well documented. Optimising the management of long-term conditions through QUM has been shown to reduce or delay the incidence of hospitalisation in patients with chronic diseases[xii] and to reduce the need for and spending on expensive hospital admissions and medical services.[xiii]

Medicines are the most common treatment used in health care and contribute to significant improvements in health when used appropriately. However, medication misadventure, medication errors and adverse drug reactions result in poor health outcomes for Australians and significant unnecessary expenditure in the health system.

Pharmacists contribute to the Queensland health sector through a variety of roles, including but not limited to hospital and community pharmacy services, pharmacists in General Practice, consultant pharmacists, providing medication reviews and other quality use of medicines services, medicines and poisons information services, harm minimisation, preventative health services and management, as well as research activities.

Despite their accessibility, skills and expertise pharmacists in Queensland and Australia are underutilised, compared to the rest of the world. Ideally we would facilitate pharmacists practicing to their full scope to improve the health outcomes of Queenslanders though excellence in pharmacist care.

PSA believes there are 6 key areas that should be addressed to enable pharmacists to practice to their full scope:

1. Medication Supply – building upon the dispensing of medicines to more complex supply arrangements and in-home care activities.

2. Medication Management – utilising programs to support medication adherence and optimisation for better health outcomes.

3. Public Health and Prevention – as an accessible healthcare practitioner for minor ailments, expanded vaccination services, mental health services, health promotion and screening activities.

4. Collaborative Care Teams – where pharmacists are integrated into various settings such as general practice, aged care facilities, and Aboriginal Community Controlled Health Organisations.

5. Supporting Disadvantaged Groups – fully utilising pharmacists to care for some of our most disadvantaged in rural and remote communities, disability services and Indigenous Australian communities.

6. Prescribing – delivering better patient care through collaborative and independent prescribing.

As stated in the Queensland Government's *Health and Wellbeing Strategic Framework 2017 to 2026*:

"An important aim of any health system is to promote and restores a healthy society. Improving a population's health and wellbeing has direct benefits and also leads to greater productivity, a stronger economy, better quality of life, reduced inequalities and less demand on health and social services" [xiv]

The prevention focused strategies of this framework focus on skin cancer, smoking, and weight and obesity, all conditions that pharmacists are experts in and involved in the prevention, treatment and/or patient education. Effective prevention and health promotion are vital to achieving the *My Health, Queensland's Future: Advancing health 2026* vision of making Queenslanders among the healthiest people in the world.

PSA, as the peak professional body for pharmacists, welcomes the opportunity to meet with the Queensland Government to discuss the various areas where pharmacists are underutilised within their scope of practice, how better use of pharmacists can assist the Government to improve the health and wellbeing of Queenslanders, and how this can be achieved through potential changes to legislation.

Pharmacy Assistants

Better utilisation of appropriately trained and certified pharmacy assistants may allow for better utilisation of pharmacists in taking greater responsibility and accountability for medicines management in the community. This should be seen as an enhancement to pharmacists' practice and not a substitution or role replacement. In addition to enhancing a pharmacist's role, appropriately trained pharmacy assistants help to strengthen the pharmacy team's ability to deliver health services according to the needs of patients and the community.

If the scope of practice of pharmacy assistants was to change, PSA as the recognised standards setting body for the pharmacy profession should be engaged to develop the appropriate framework, standards and guidelines to ensure they sit across the Competency Standards for pharmacists, the Professional Practice Standards and the Code of Ethics for Pharmacists.

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

As discussed previously, PSA strongly believes that scope of practice utilization should be underpinned by appropriate credentialing and training for the service being offered. PSA, as the peak professional body and the recognized standards setting body for the pharmacy profession, is best placed to be the custodians of any credentialing and training related to scope fulfillment.

Part of PSA's strategic intent is to provide lifelong support for pharmacists and the pharmacy profession by:

- assisting practitioners to be skilled to operate within contemporary standards and practice settings;
- deliver evidence-based education to a high standard; and

- deliver professional support to advance pharmacist practice.

As mentioned before, PSA as the peak professional body for pharmacists in Australia, and as the custodians of the Professional Practice Standards, the Code of Ethics for Pharmacists, and other profession-wide documents which form the framework that pharmacists work within, all of which are supported by high-quality accredited education, strongly believes that all pharmacists should be members of the peak professional body so that they can be appropriately supported throughout their career with all the practice support required to meet their ethical and professional obligations. In the context of the review of the legislation in Queensland, PSA urges the Queensland Government to consider whether all pharmacist practicing in Queensland should be a member of PSA.

As discussed previously, if a pharmacy council is formed in Queensland, it should endorse and support the education that is currently provided to the profession for pharmacists and pharmacy assistants, such as that provided by PSA, the peak professional body for pharmacists in Australia.

Pharmacy Assistants

PSA endorses the engagement of suitably qualified non-pharmacist dispensary assistants/technicians. A pharmacist may delegate certain operations or technical tasks within the dispensary based on established written procedures and policies. The pharmacist remains responsible both legally and professionally, for the control of all medicines dispensed in the pharmacy and for providing the appropriate advice regarding those medicines. [xv]

PSA is committed to the ongoing development of Australian pharmacy professionals. Providing ongoing professional development and practice support is a core part of PSA's role as the national peak body for pharmacists in Australia. This in turn supports the care of millions of Australians.

PSA notes that there currently is no mandatory legislative minimum requirement for pharmacy assistant training.

If the scope of practice or educational requirements of pharmacy assistants is to change, PSA, as the recognised standards setting body for the pharmacy profession should be engaged to develop the appropriate framework, standards and guidelines to ensure they sit across the Competency Standards for pharmacists, the Professional Practice Standards and the Code of Ethics for Pharmacists.

Summary

There is significant opportunity for the Queensland Government to fully utilise pharmacists to their full scope in Queensland to positively impact the health outcomes of Queenslanders while reducing unnecessary expenditure on the health care system.

PSA develops numerous submissions, discussion papers, and proposals related to pharmacists' scope of practice and how pharmacists can assist Government to achieve safe and healthy outcomes for the community. PSA welcomes the opportunity to discuss these or any other matter related to pharmacists or the pharmacy profession with the Queensland Government.

PSA is a repository and source of sector knowledge and expertise, provides well-informed and impartial advice to government to assist with policy formulation, and is the recognised standards-setting body for pharmacists. As such, PSA as the peak professional body for pharmacists in Australia, should be consulted and engaged with for any discussion regarding the pharmacy profession. PSA is integral to all aspects of the pharmacy profession.

PSA looks forward to an ongoing strong working relationship with the Queensland Government and other stakeholders to achieve the best health outcomes for Queenslanders.

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xiv Queensland Government *Health and Wellbeing Strategic Framework 2017 to 2026* At: https://www.health.qld.gov.au/__data/assets/pdf_file/0036/651798/health-wellbeing-strategic-framework.pdf

xv PSA Position Statement: Role of non-pharmacist dispensary assistants and technicians At: http://www.psa.org.au/policies/the-role-of-non-pharmacist-dispensary-assistants-and-technicians