

13 July 2018

Aaron Harper MP
Committee Chair, HCDSDFVPC
Parliament House
Brisbane QLD 4000
via email: pharmacy@parliament.qld.gov.au

Dear Committee Chair,

The Australian Medical Association of Queensland (AMAQ) and the Royal Australian College of General Practitioners (RACGP), as the peak bodies representing general practice and primary health care in Queensland are jointly writing in regards to the *Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland* (the Inquiry).

We are concerned about a component of the inquiries terms of reference and comments made by the Pharmacy Guild of Australia and others in the media, proposing that medications for erectile dysfunction, contraception, cardiovascular disease, respiratory illnesses, asthma and dermatitis (among others) to be available for purchase at a pharmacy without a prescription from a medical practitioner.^{1,2}

While each of our organisations will make a submission to the Inquiry outlining our individual concerns, we would also like to take this opportunity to bring to the inquiries attention our joint concerns about some of the potential issues with this proposal. There are many reasons why medications should only be prescribed by a medical practitioner, including:

- the risk of medication misadventure and fragmentation of care
- the perverse incentive to dispense medications in a retail pharmacy environment
- the risk of worsening patient health outcomes

Medication misadventure and fragmentation of care

Between 2-3% of all hospital admissions are estimated to be related to medication misadventure. Largely preventable, these admissions are costing the Queensland health system up to \$500 million each year.^{3,4} We caution that this is a conservative estimate, as experts suggest rates of hospital admission due to medication misadventure would be higher among certain population groups, including people aged 65 and over.⁵

Medication misadventure occurs when specific medications interact adversely with other medications the patient is already taking, and/or when the medication is inappropriate due to a patient's age, co-morbid conditions, family history or a variety of other factors.

In general practice, before medication is prescribed, a GP will examine the patient, consider their medical history (including other medications they might be taking) and discuss symptoms with the patient. GPs will also often take the opportunity to discuss preventive health and non-drug interventions.

The more prescribers, the greater the chance of misadventure, particularly if a pharmacist is generating the prescription in a time poor retail environment.

Given that a growing number of Australians have multiple chronic conditions, one-off checks provided by pharmacies leading to provision of an over-the-counter medication will not meet their care needs. Pharmacists also do not, as a rule, have training in prescribing and continuing medical care. Care and medico-legal responsibility will also become fragmented if patients have greater access to medications purchased over-the-counter and fail or forget to advise their GP. Over-the-counter medication purchases also may not appear in a patient's My Health Record.

Fragmentation of care, within the community or during transition between hospital and the community, is a significant contributing factor to medication misadventure. Funding different primary health professionals to provide similar services also duplicates care, creating system inefficiencies and wasting valuable health resources. The proposals for greater access to over-the counter medications removes the guarantee that the most appropriate healthcare professionals are delivering health services, and will therefore risk patient safety. The medication system needs to be made safer rather than more risky for patients.

Perverse incentives

Community pharmacies in Australia operate in a unique environment where they provide both government-funded health services and retail products. The direct relationship between sales volume and business sustainability generates a conflict of interest, whereby commercial interests can influence health advice provided by pharmacists. This puts pharmacists in a perverse situation and may not result in the best outcomes for patients when other interests influence health advice provided in pharmacies.

Poorer patient health outcomes

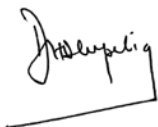
There can also be unintended outcomes when a medication for the management of a chronic condition is available over-the counter. For example, 'reliever' medications for asthma, used for symptom control, are available over-the-counter from pharmacies. Frequent use of reliever medications is a sign of poor asthma control. Australian studies suggest that many Australian patients are using these medications more often than asthma treatment guidelines for well-managed asthma would recommend.⁶ Poor asthma control can result in increased risk of exacerbations of asthma symptoms and death.⁶ Unfortunately making reliever medications available over-the-counter has undermined the delivery of quality patient care.

We are concerned that broadening access to more medications over-the-counter (or by direct pharmacist prescription) will disrupt or replace more comprehensive and effective chronic disease management approaches currently in effect, and likely lead to poorer patient health outcomes.

Given the issues raised in this letter, we would like to underline that allowing pharmacists to both prescribe and dispense presents significant potential risks to patient safety. There is already a well establish system of assessing and down regulation medications, to pharmacy only, through the TGA and circumventing this process will potentially place patients at risk.

The AMAQ and RACGP are open to working with The Queensland Government to ensure patients have access to safe and high-quality healthcare and we look forward to the Government's response to the inquiry when it is completed.

Yours sincerely,



Dr Dilip Dhupelia

President AMAQ



Dr Bruce Willett

Chair RACGP Queensland

1. Marsh V. *Pharmacists' plan not the right prescription, say doctors* The Courier-Mail 2018 25 May.
2. Scott S. *Queensland Pharmacy Guild pushes for expanded role for chemists under proposed shake-up.* The Courier-Mail 2018 22 May.
3. Independent Hospital Pricing Authority. *National Hospital Cost Data Collection Cost Report: Round 20 Financial Year 2015-16.* IHPA 2018.
4. Australian Institute of Health and Welfare. *Admitted patient care 2015-16: Australian hospital statistics.* Canberra: AIHW; 2017.
5. Roughead EE, Semple SJ, Rosenfeld E. *The extent of medication errors and adverse drug reactions throughout the patient journey in acute care in Australia.* International journal of evidence-based healthcare. 2016;14(3):113-22.
6. Australian Institute of Health and Welfare. *Respiratory medication use in Australia 2003–2013: Treatment of asthma and COPD.* Canberra: AIHW; 2015.