

SUBMISSION TO INQUIRY INTO THE ESTABLISHMENT OF A PHARMACY COUNCIL AND PHARMACY OWNERSHIP IN QUEENSLAND

Committee Secretary
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Qld 4000

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Dear Committee,

I would like to firstly thank the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for the establishment of this Inquiry and the opportunity to respond to the issues paper. As a community pharmacist for the past twelve years and a pharmacy proprietor for the past nine years, I value the vital role of community pharmacy within our state and nation's healthcare system. I have seen first hand the important difference that pharmacies can make to an individual's health and their quality of life.

I am currently a partner in five community pharmacies on the Gold Coast and Brisbane that are part of the Chempro Chemists brand. Our pharmacies play an important role not only in the provision of prescriptions, medicines and health care products but also a range of health services that help to vastly improve health outcomes within their local communities. Our key philosophy is to be 'leaders in providing health care solutions to everyday Australians' and achieve this through continually striving to deliver value in the health services we provide to our communities.

During my time as a pharmacist since graduating from James Cook University in 2005, I have been pleased to see community pharmacy continue to evolve and thrive, and become an essential network of critical healthcare destinations across our state and country that patients frequently access and utilise. Indeed, pharmacies are the most accessible, and the most frequent interaction patients have with the health system.

This Inquiry is an opportunity to further strengthen the role and future of community pharmacy by enhancing its regulatory framework in relation to ownership, as well as allowing pharmacies to play an expanded role in delivering vital primary health care services that will improve health outcomes and standards of health care in Queensland and importantly, save tax payer dollars into the future.

As a member of The Pharmacy Guild of Australia and a member of the Queensland Branch Committee, I also fully support the submission of The Pharmacy Guild of Australia.

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?

Pharmacy ownership legislation is essential in ensuring protection of the public and in achieving the aims of the National Medicines Policy. I strongly believe that there are three key reasons why it is critical that pharmacies are owned by pharmacists.

Firstly, pharmacist ownership of pharmacies ensures that there is an extra layer of protection for the public, with a qualified and registered health professional putting their career and registration on the line as the owner of the business and in its oversight. A corporatised or deregulated model which would allow any individual or entity to own community pharmacies would not provide this layer of protection, and opens the door to the possibility of unethical business practices and a prioritization of profits ahead of health care. Evidence also suggests that the public strongly support health professionals owning their own business, and from my own experience at a grassroots level, I would strongly agree that this is the case.

Secondly, a deregulated model would result in a focus on products rather than on services. As has been the case in many overseas examples, corporatised models of pharmacy swiftly result in pharmacies becoming analogous to supermarkets, and the pharmacy being placed at the very rear of the premises with little or no visibility. This is not conducive to the delivery of positive health outcomes or the principle of quality use of medicines. Pharmacies in Australia have been transforming into true health destinations and many now have layouts and models whereby pharmacists are easily and readily accessible for expert advice, with the pharmacy resembling a health destination with a strong focus on preventative health and chronic disease management. This would be a far better outcome for the health of Australians as opposed to a supermarket model, which would also be a slippery slope, considering supermarkets are some of the largest retailers of alcohol and tobacco products.

Thirdly, a deregulated environment would also lead to the massive supermarket duopoly having even *greater* power and market dominance than they do now. The two largest supermarket chains in the country control the vast majority of the grocery industry, greater than most other countries around the world. Not only would this provide them with even greater dominance by entering the health care space, it would be uncompetitive in comparison to the current community pharmacy landscape, with over 150 different pharmacy brands across the country. These brands are made up of small businesses who are robustly competing against each other, delivering a competitive environment in which consumers and patients benefit and receive true value for money and high quality health services.

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

The ownership restrictions could be further strengthened to ensure that the spirit of the law is being upheld. Although the Act may seem clear, there has been anecdotal evidence that there may not be enough transparency in relation to ownership as well as any investigation to ensure that businesses are complying with requirements of the Act.

The establishment of a Pharmacy Council in Queensland would be a very positive and welcome development for the profession, and ensure that Queensland is aligned with other States and jurisdictions that have such an authority in place. The responsibility for pharmacy ownership regulation was transferred to Queensland Health only as an interim measure some years ago, and the intent was not for this to continue in perpetuity. A Pharmacy Council with sufficient powers to regulate and investigate pharmacy ownership arrangements is vital for the integrity and spirit of the Act to be upheld, and most importantly would be in the best interest of patients by ensuring health professional oversight as is intended in the law.

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)*?

There is anecdotal evidence that suggests that there have been transfers of ownership that have not conformed with the requirements under the Act. As stated earlier in this submission, there is very good reason why there are restrictions on pharmacy ownership in Queensland and right across the country, and this is exemplified by the leading model of community pharmacy which exists in Australia, and is the envy of much of the rest of the world.

It is vital, however, that the Act is enforced, and where there are examples of non-pharmacist ownership of pharmacies, that these are thoroughly investigated and penalties imposed so as to prevent further such instances. There currently appears to be a lack of transparency as well as investigation, that is potentially resulting in arrangements that do not comply with the Act.

I strongly support the establishment of a Pharmacy Council, that would have the ability to register pharmacy premises according to regulations, as exists in other States, and that would have the ability to investigate and deal with alleged non-compliance with the law. Recent examples of acquisitions of community pharmacies by Ramsay Healthcare, a publicly listed company, suggest there is an urgent need for the Council to be established and audits to be conducted.

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

Community pharmacists play a vital role in primary health care, and have the potential to do much more to help address gaps in the health care system and to improve health outcomes. Pharmacists have the skills, knowledge and expertise to deliver services that are focused on preventative care, diagnostic testing and chronic disease management that can help with many of the health challenges faced by the country.

Some examples of services that our pharmacies provide include diabetes risk assessments, immunisations, asthma management, cardiovascular health and pain management. There are many other examples of services that community pharmacies provide that are highly valued by patients and help take the pressure off other growing areas of health expenditure such as aged care, general practice and hospitals.

Some areas where pharmacists could provide better health outcomes include being able to administer vaccinations on the National Immunisation Program, a prescription renewal service for chronic, stable and long term medications reducing the need for patients to have to visit a General Practitioner as well as a minor ailments scheme.

There are many examples of pharmacists playing a greater role in a patient's health care in comparable overseas countries and it presents an opportunity for pharmacists here to provide better and more cost-effective health outcomes than is currently occurring.

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

As a community pharmacist I have completed five years of training and regularly complete Continued Professional Development (CPD) training to comply with current national requirements. Pharmacists have the knowledge and expertise to deliver a wide range of services that are within our scope of practice, and immunisations have been a recent successful example.

Pharmacy assistants play a crucial role within community pharmacy and are often the first point of contact for patients. There are currently a number of training options for pharmacy assistants, however I believe that a more consistent approach and mandatory minimum qualification would be beneficial. Minimum qualifications for pharmacy assistants would help to meet expectations of consumers and would also allow them to better utilise skills and knowledge to assist pharmacists and enable them to provide better health services to patients. This may require financial support from State and federal governments.