

Peter Jones



July 11, 2018

Committee Secretary
HCDSDFVPC
Parliament House
George Street
Brisbane Qld 4000

Dear Committee Members:

I am writing to express my views on the current questions raised by the inquiry into the establishment of a pharmacy council and the pharmacy ownership in Queensland.

I have been a pharmacist for close to 13 years now and have invested in my future by taking a part ownership within a pharmacy in Queensland.

Please see below my opinions on those questions I feel appropriate for myself to answer:

- 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?

Yes. The restrictions protect consumers as the responsibility and accountability for decisions rests with both the individual pharmacist as well as the pharmacy owners. As a result it is the best interest of the owner to ensure all decisions made by the individual pharmacist employed are in the best interest of the consumer.

- 2) Would changing the pharmacy ownership restrictions under the Act improve community outcomes?

I do not believe so. We are already experiencing a high degree of competition within the marketplace that benefits the consumer. One example is more competition has led to reduce prices that allow more affordable access to health. If changing ownership restrictions was to occur we could quickly see pharmacies owned by a small number of groups actually leading to reduced competition. This could have an adverse effect on community outcomes.

Committee Members

11/07/2018

Page 2

There would be more demand for profits at the expense of promoting health outcomes

- 3) 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?

The pharmacist owner is responsible for all the decisions made within the store. If this was not the case, you would see decision made only in the interest of profitability. We supply numerous medications such as Growth Hormones and HEP C medications that we receive very little and in the case of growth hormones we supply up to \$10,000 a month in medication at zero profit as a community service to allow families access to medications at zero profit to allow the family to have access to help their child. The GST on this item alone means that each month it cost us in cash flow almost \$1000 to just supply the item not to mention taking on the stock risk of a cold chain \$10,000 item with no return function.

- 4) Does the Act provide adequate protections to promote the professional, safe & 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?

Yes. A core principle to the act is the pharmacist owner being responsible for all the decisions made and for the timely access to medication for the consumer. In the act was changed would the high cost items such as HEP C medication costing \$22,000 a month to make a profit of \$70, with a GST lag of \$2200 continue to be supplied when it is not profitable for us to do so, but as a Pharmacist I continue to supply it as it is in the best health interest of my patients who need it.

- 5) 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)?

I believe that the transfer of ownership that took place between Malouf Pharmacies and Ramay health care was in breach of the act.

I also believe there is also several other large groups of pharmacies (over 40 stores) within QLD that are using tactics to hide the common ownership from a small group of majority pharmacist owners. There is a difference between proprietary interest and pecuniary interest in a business and any pecuniary interest should lie with the pharmacist responsible for the decisions.

Committee Members

11/07/2018

Page 3

- 6) 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?

I do not believe that the maximum offences are enough. However the main issue is that the legislation is not being enforced by any authority. Therefore there is little risk in being caught should the act be breached.

As a young pharmacist trying to get a start in the industry I would like to see the act in its current form enforced. Otherwise it will concentrate ownership amongst a few select people. This will reduce the focus on the consumer and will mean that profits are put in front of health outcomes. I would like to have the ability to be rewarded over time for holding the responsibility and not be held to ransom by a small group of owners who have more money than I do.

- 7) 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?

Yes restrictions should be in place. If not it would give people the ability to buy up all locations within an area and remove competition. This would not be in the best interest of the consumer. For example in Brisbane if you could own ten you could lock up the western suburbs such as Kenmore, Pullenvale, Bellbowrie, Karana Downs, and Indooroopilly. If we extend to the country then you could potentially lock down an area like Toowoomba.

- 8) What functions might a pharmacy council perform in Queensland? How could these functions differ from the current functions performed by Queensland Health?

It would bring it into line with every other jurisdiction. It could enforce the act and act as an oversight body to ensure all pharmacies meet minimum standards in the interest of the consumer as well as look at ways to better integrate services with Qld Health.

- 9) How would the establishment of the pharmacy council in Queensland improve community outcomes?

By being able to assess the standards of community pharmacy in QLD a more standardized and specialized manner will benefit community, by ensuring that the environment they are receiving health services is of a sufficient nature,

So as to help identify gaps to public access of services, maintain a register of pharmacies and facilitate public access to specific pharmacy services or specialised medicines such as:

- needle and syringe programs

Committee Members

11/07/2018

Page 4

- opioid dependence treatment services
- medicinal cannabis
- immunization

Also being able to assess and make recommendations on the scope of practice of pharmacists in a timely manner will benefit the community.

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

For Pharmacist. Yes.

Yes the scope of practice in vaccinations is one area. We can deliver vaccinations at a substantially lower cost than GP's can as our remuneration level is lower. We are generally open longer hours and are available generally without appointments compared to GP's.

Another area would be continued dispensing, a practice that has been legislated in other states & has been occurring in other countries for years. We think it is disappointing that often pharmacists are overlooked when discussions around primary care occur. With the current state of medication shortages pharmacist should be able to at the very least modify dosages and medications within the same drug class to ensure continuous supply to the consumer. There have been many example of medication shortages where we have been unable to contact the GP for an alternative as they only work part time or are on holidays. Pharmacists have a lot to offer and are a crucial part of consumer's health and wellbeing. By being able to have more of a voice in the primary care space it would be beneficial to the community.

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

I believe the current Guild training program for pharmacy assistants is sufficient. This type of training program should be something that all stores should be required that all staff working within a pharmacy have either completed the training or be enrolled in a pharmacy degree. The scope of practice for pharmacy assistants should be extended to allow them to complete more administrative drugs such as looking after controlled drug records to allow the pharmacist more time to engage in focusing on consumer outcomes.

Warm regards,

Committee Members

11/07/2018

Page 5

Peter Jones

Pharmacist Owner