The Pharmacy Guild of Australia

SUBMISSION

Inquiry into the Establishment of a Pharmacy Council and Pharmacy Ownership in Queensland

Conducted by:

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE

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INTRODUCTION

The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee of the Queensland Parliament has initiated an inquiry into aspects of pharmacy ownership and review of scope of practice for pharmacists and pharmacy assistants.

The Pharmacy Guild of Australia (the Guild), as the peak pharmacy organisation representing community pharmacy, welcomes the opportunity to comment on this Inquiry.

The Guild aims to promote, maintain and support community pharmacies as the most appropriate primary providers of services related to optimum therapeutic use of medicines and medication management to improve the health care outcomes of the community.

The public benefit derived from the considerable contribution that community pharmacies make to the health and wellbeing of Queenslanders means that pharmacy regulation is clearly in the public interest.

The Guild strongly believes that a key focus of this review should be to examine the current regulatory framework pertaining to pharmacy business ownership regulations in Queensland, in order to ensure that all ownership transactions fully comply with the *Pharmacy Business Ownership Act 2001* (Qld).

Furthermore, in order to enhance public safety, transparency and accountability for the services delivered through the network of pharmacies in Queensland, the Inquiry is to consider:

(a) The establishment of a pharmacy council;
(b) Appropriate oversight of pharmacy business ownership regulations taking into account regulatory models in other jurisdictions; and
(c) All transfers of pharmacy ownership in Queensland over the past two years to determine compliance with the legislation in the contemporary pharmacy ownership environment.

The Guild submits that the current requirements on pharmacy ownership, that is, the requirement that only a pharmacist or pharmacist-owned corporation can own a pharmacy business, are in alignment with other Australian jurisdictions and have a clear and demonstrated public benefit. The current requirements should be maintained and should not be reviewed as part of this Inquiry.

The existing community pharmacy model continues to receive the trust and support of the Australian public through its consistent provision of locally delivered, accessible, high-quality, cost-effective health outcomes. It allows for competition and at the same time ensures that every Australian, whether they live in a metropolitan, regional or remote area has access to a community pharmacy. A further review of community pharmacy itself is unnecessary and would simply cause uncertainty for pharmacy businesses, their staff and patients with no public benefit.

However, given the issues raised for consideration in the Issues Paper, with regard to the ownership requirements, the Guild will highlight the social welfare and public interest rationale for those laws in the context of this Inquiry.

EXECUTIVE SUMMARY

Community Pharmacy in Queensland

- The Guild represents the pharmacist owners of community pharmacies providing health and medicines services that are valued by all Australians. Community pharmacy is consistently seen by the Australian public as a trusted and valued part of our nation's health care system.

- There are approximately 1,140 pharmacist-owned community pharmacies across Queensland, delivering highly accessible professional health services, medicines and medication advice.

- Community pharmacy owners must abide by professional, ethical and legal responsibilities to qualify them to operate pharmacy businesses as vital health care hubs in communities across the State. Indeed, because they are health professionals their business ethos and priorities differ from the owner of a business that is not a health professional.

- As registered health professionals, pharmacists have professional obligations and responsibilities and are accountable to the Pharmacy Board of Australia for their professional conduct. Pharmacist owners are held to the same standards.

- Ownership requirements are in place in all States and Territories in Australia to ensure that pharmacies maintain a strong health focus, through a competitive small business sector, which is a key reason for the high level of consumer satisfaction.

- In Queensland, the pharmacy ownership requirements imposed by the *Pharmacy Business Ownership Act 2001* are necessary to protect consumers and to ensure the best delivery of accessible and affordable medicines and health services to the community.

- The regulation of the pharmacy sector assists in reconciling tensions between commercial imperatives and public health policy objectives, thus creating an environment conducive to upholding the National Medicines Policy.

- The Guild strongly believes that a key focus of this review should be to examine the current regulatory framework pertaining to pharmacy business ownership regulations in Queensland, in order to ensure that all ownership transactions fully comply with the *Pharmacy Business Ownership Act 2001* (Qld).

- The ownership of pharmacies was previously administered by the Pharmacists Board of Queensland, which was abolished in July 2010. The regulatory function for pharmacy business ownership was taken over by Queensland Health as an interim measure. Other jurisdictions established independent pharmacy authorities to replace the abolished State Pharmacy/Pharmacists Boards after 2010. Queensland is the only jurisdiction yet to do so.

A Pharmacy Council for Queensland

- The establishment of a Pharmacy Council is strongly supported by the Guild.

- It is important for a Queensland Pharmacy Council, similar to that which operates in other states, to be established to monitor and control the Ownership Requirements and register pharmacy premises throughout the state to ensure public confidence and community safety.

- The Guild also supports the establishment of an annual, transparent system of registration of pharmacies overseen by a new Pharmacy Council to protect the public from public health risks associated with facilities, equipment, medicines and related health products and services.

- As is the case in all other states, there should be a publicly available register of pharmacies and their respective owners that any member of the public can search. A Pharmacy Council would also provide the public with an avenue to voice their complaints in respect of pharmacy premises or the operation of pharmacies.

- The main roles of the Pharmacy Council would be to:

    - Provide independent administration and enforcement of the ownership and registration provisions of the legislation through an annual registration/licensing process;
    - Provide specialist knowledge as to the state of pharmacy services in Queensland;
    - Determine whether pharmacy premises meet appropriate standards;
    - Provide advice on the developments of standards for pharmacies, including the development of improvement programs that promote quality and safety in the dispensing and sale of medicines; and
    - Conduct pharmacy business inspections to ensure pharmacy premises are of a minimum standard of fitness for safe and competent delivery of pharmacy services.

- Given the concerns in relation to emerging trends in complex pharmacy business structures, there is a need for a greater understanding of how the ownership provisions have been applied in processing applications under these contemporary ownership structures and business models so as to ensure pharmacy ownership regulations are properly maintained and strengthened.

- Because Queensland does not have a Pharmacy Council to effectively investigate the transfer of pharmacy businesses, there has been insufficient visibility of pharmacy ownership transfers over recent years, particularly the last two years. This lack of transparency in the current system should be addressed by the formation of a Pharmacy Council as has occurred in the other states.

Broadening pharmacy services for the benefit of patients

- The importance of community pharmacies to the health and welfare of the Australian public continues to grow, driven in part by the increasing burden of chronic disease within our ageing population. The community continues to benefit from the expanding range of high quality services and care delivered by community pharmacy.

- The potential use pharmacists and pharmacy assistants in health service provision through pharmacies in Queensland should be reviewed in order to enhance primary and preventative patient health outcomes especially in rural and remote areas, as well as finding efficiencies in health spending.

- As such, services need to be delivered under the existing quality assurance and regulatory frameworks, with appropriate education, training, and qualifications and workforce support mechanisms.

- Community pharmacies play a key role in Queensland's healthcare system and have continued to evolve, develop and redefine themselves in response to the growing needs of the population. An expanded role for the community pharmacy workforce is well aligned with current health reforms and can allow the complete use of the full scope of practice of pharmacists, including preventative health and chronic disease management for the ageing and growing Queensland population.

- The Guild believes that mobilising the 14,500 strong pharmacy workforce and enabling pharmacists to work to their full scope of practice and maximising pharmacy assistants' skills and knowledge will provide all Queenslanders with accessible, economical and quality health care services on an ongoing and sustainable basis.

- Queensland's 4,500 pharmacists have expertise in medicines, however their ability to practice to their full scope is more limited in Queensland, due to current regulation, when compared with other states and indeed in many other countries.[1]

- Nationally and internationally, there are many examples of the pharmacy workforce developing innovative ways to deliver high-value healthcare, such as:

    - Wellness, screening and disease prevention services;
    - Medication adherence and management;
    - Supporting chronic disease monitoring and self-management;
    - In home aged care;
    - Administering vaccinations listed on the National Immunisation Program (NIP);
    - Treating minor ailments;
    - Point of care testing;
    - Continued dispensing, prescription renewal and therapeutic adaptation;
    - Collaborative and independent prescribing;
    - Smoking cessation services; and
    - Wound and pain management.

- Minimum mandatory vocational training for pharmacy assistants would be a step towards establishing a universal and consistent skills set which includes a range of intellectual, technical and communication skills. Pharmacy assistants should be required within this mandatory training the capacity to demonstrate defined responsibility within an appropriate delegation and supervision framework.

- Additional consideration should be given to international models which demonstrate the substantial positive outcomes of the provision of cost effective, highly accessible quality health care provided through community pharmacies.

[1] Grattan –Letting pharmacists do more –Grattan Institute Submission to the Victorian Legislative Council Inquiry into Community Pharmacy. Duckett, S and Breadon, P. (June 2014)

1. Are the 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 pharmacy ownership requirements imposed by the *Pharmacy Business Ownership Act 2001 (Qld)* ("the Ownership Requirements") are necessary to protect consumers and to ensure the best delivery of accessible and affordable medicines and health services to the community.

The Ownership Requirements, which require pharmacies to be owned by pharmacists and which limit the number of pharmacies each pharmacist can own, ensure a decentralised and diverse ownership structure which is essential to providing access to Queenslanders, wherever they are throughout the state. Further, they ensure that pharmacies are owned by registered pharmacists, who are health care professionals first and foremost and are patient-focused through their professional autonomy.

Registered pharmacists owners are not only governed by federal and state legislation, but also by:

- the Pharmacy Board of Australia's standards, codes and guidelines[2]
- Code of Ethics for Pharmacists and Code of Conduct for Pharmacists.[3]

The public supports this concept, as evidenced by independent research in 2014[4]. It shows that the majority of consumers support the principle that pharmacists, who are health care professionals, should own the business they work in, so they have accountability in delivering patient health outcomes and governance over business decisions regarding the supply of medicines. Consumers do not regard supermarket pharmacies as an acceptable alternative.

By ensuring that pharmacy ownership is competitive and widely spread among thousands of pharmacists and their small businesses, the major supermarket chains and other corporate giants are prevented from securing the high degree of market dominance they have obtained in other areas, such as grocery retailing and petrol.

Community pharmacies are responsible for their custody and supply of scheduled medicines to patients and consumers. Scheduled medicines are not general items of commerce and require professional advice for safe use. Some scheduled medicines pose particular risks to public health (e.g. drugs of addiction, and drugs with potential for criminal diversion). Effective, legal and appropriate medicine supply practices, stock control and high quality professional oversight by a registered pharmacist are essential to ensuring public safety. The current ownership regulations hold the owner of the community pharmacy (a registered pharmacist) accountable for protecting the health of the public.

Community pharmacies in Queensland have a long history of working with Queensland Police to monitor and reduce illicit diversion of medicines. *Project STOP* is a real-time online recording tool developed by pharmacy to monitor purchasers of pseudoephedrine which can be used in the manufacture of illicit amphetamines such as "ice" and "speed". The information provided to police by community pharmacies has provided valuable intelligence on criminal activity and reduced diversion.[5]

[2] http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx
[3] https://www.psa.org.au/downloads/codes/PSA-Code-of-Ethics-2017.pdf
[4] Institute for Choice 2014
[5] Australian Institute of Criminology report, Trends & issues in crime and criminal justice, No. 509 March 2016

Community pharmacies provide health and medicines services that are valued by all Australians. The Ownership Requirements ensure that pharmacies maintain a strong health focus, through a competitive small business sector and protect the public interest – key reason for the high level of consumer satisfaction.

High level of consumer support

The public's high regard for the pharmacist profession is reflected in its strong ongoing support for community pharmacy. Pharmacists regularly score in the Top three in Roy Morgan's Image of Professions Survey[6].

A 2014 survey undertaken for the Guild by the BBS Communications Group also found that 77% of respondents visit the same pharmacy on each occasion, highlighting that consumers highly value their local pharmacy, and the service and advice their pharmacists provide. The continuing high levels of trust and satisfaction in the current community pharmacy network has also been demonstrated in many other independent surveys, such as the Consumer Needs Report conducted in 2015[7].

Another example of consumer support comes from a survey conducted by the Institute for Choice in 2014[8], which showed that:

- The majority of consumers trust their local pharmacist either very highly or completely;
- The majority of consumers support the principle that pharmacists who are health care professionals should own the pharmacy they work in;
- Community pharmacies have a clear advantage over supermarkets in terms of trust and quality of service and managing of patients' health information;
- Consumers trust their local pharmacist to deliver the medicines they need at a level that greatly exceeds their trust in other potential sources of supply;
- The majority of survey respondents place a high degree of trust in the ability of their local pharmacy to provide the best service and advice;
- The majority of consumers are unsupportive of supermarket chains owning and operating pharmacies.

This was again highlighted by the consumer research in 2018[9] which found that:

- There was also some dislike of / resistance to the notion of de-regulating who may sell prescription medicines (e.g. supermarkets, large corporates and online vendors);
- High levels of regulation were valued because they were perceived to lead to higher quality ethical healthcare;

[6] http://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543
[7] The 5th Community Pharmacy Agreement Research and Development Project, Consumer Needs Report, PricewatehouseCoopers 2015
[8] Institute for Choice Consumer Survey 2014
[9] ORIMA Research 2018

- There was strong relative support for concepts related to holistic health care and expanded health services.

Delivering accessible and affordable medicines

Community pharmacy is essential to the professional provision of medicines to the public in a timely, convenient, affordable and equitable manner. Local community pharmacies also play an essential role in implementing public health care policies and in preventative health.

A pillar of Australia's National Medicines Policy, being the timely access to medicines, is achieved through Australia's network of 5,700 plus pharmacies, which are well-distributed throughout metropolitan, suburban, rural and remote regions. There are approximately 1,140 pharmacies in Queensland, which is approximately 20% of the pharmacies nationally, approved to dispense medicines listed on the Pharmaceutical Benefits Scheme (PBS). The PBS is the Federal Government's program that provides timely, reliable and affordable access to necessary medicines for Australians. The PBS is part of the National Medicines Policy which aims to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved.[10]

Despite Australia having one of the lowest population densities in the world, this extensive network of community pharmacies provides Australians with convenient, reliable and high quality access to the medicines they need, regardless of where they live.

Community pharmacies are the most frequently visited and most accessible primary healthcare destination in Australia, with approximately 440 million individual patient visits annually and the vast majority of pharmacies open after-hours, including on weekends.[11]

These significant outcomes are governed by the regulatory arrangements under a variety of Commonwealth, State and Territory laws.

The 1993 Review of National Competition Policy established a framework for the review and assessment of all legislation that restricted competition. The ensuing review of pharmacy regulation in 2000 (the Wilkinson Review) found that the laws regulating and supporting the community pharmacy sector were justified on public interest grounds.

Since then, we have seen the following outcomes:

- Community pharmacy is still consistently seen by the Australian public as a trusted and valued part of our nation's health care system;

- Each State and Territory in Australia, as part of the National Registration and Accreditation Scheme, has reviewed its legislation, including in relation to pharmacy ownership, and decided to retain the arrangements regulating the ownership of pharmacies with measures specific to particular States and Territories in various ways;

- The community continues to benefit from the expanding range of high quality services and care delivered by community pharmacy;

[10] http://www.pbs.gov.au/info/about-the-pbs
[11] Guild Digest 2018

- Competition between the community pharmacies has increased, as has the number of community pharmacies;

- This increasing competition is driving innovation in the pharmacy sector, particularly in relation to patient-centred health care;

- The importance of community pharmacies to the health and welfare of the Australian public continues to grow, driven in part by the increasing burden of chronic disease within our ageing population.

Accessibility

A detailed geospatial analysis[12] of pharmacies, supermarkets, medical centres and banks (conducted in 2014 and 2016) demonstrates that community pharmacy is more readily accessible than these comparable retail services, including a high level of access not only to metropolitan consumers but also to consumers in regional towns, elderly consumers, and consumers in areas of socio-economic disadvantage.

- Australians—including especially older and disadvantaged consumers—have a very high level of access to community pharmacy. In the capital city of Brisbane, the average resident is located approximately one kilometre from the nearest pharmacy, while 90% of Queenslanders are no further than 2.5 km from a pharmacy. Outside of capital cities, Queensland country residents are just 4.7km on average from the nearest pharmacy, with 65% having a pharmacy within 2.5 km. As a result, travel times to pharmacies are also very low. Some 50% of Australians enjoy a travel time of less than five minutes to their preferred pharmacy, with a further 30% having a trip time of between five and ten minutes. In total then, 80% of consumers take ten minutes or less to get to the pharmacy of their choice.

- Australian community pharmacies are also highly accessible in terms of their opening hours. Thus, 55% of consumers shop at a pharmacy that is open seven days, with a further 32% shopping at a pharmacy that is open on Monday to Saturday. These are remarkable levels of access to a complex, professional service provided by a highly trained health professional. And that service is prompt as well: 40% of consumers estimate it generally takes five minutes or less for their prescription to be filled, with an additional 40% waiting no more than ten minutes.[13]

- Moreover, Australians typically have a choice of local pharmacies; that is, the Location Rules do not materially detract from effective competition.

- Most Queensland consumers are in reasonably close proximity to competing pharmacies, with MacroPlan Dimasi finding that 95% of metropolitan consumers are within two and a half kilometres of at least two pharmacies and 76% of non-metropolitan consumers are within no more than five kilometres of at least two pharmacies.

[12] MacroPlan Dimasi 2014, 2016
[13] Institute for Choice Consumer survey 2014

Pharmacists-owned pharmacies are more likely to exist in rural and remote areas as large corporate chains are unlikely to be attracted to these areas based on location of corporates in regional and rural areas in the USA. The Guild's geo-spatial survey in 2014 indicated that the proportion of people having access to at least one pharmacy is significantly higher (81%) than is the case for supermarkets (76 per 38 cent) and banks (72 per cent).[14] Australians have experienced the loss of banking and other services in small rural and remote towns.

Services

Of the 1,140 pharmacies in Queensland:

- 95% of these pharmacies report they are open weekends and/or trade extended hours
- 95% are Quality Care Pharmacy Program (QCPP)[15] accredited
- 95% are agents for the Diabetes Australia NDSS services
- approximately 600 pharmacies in Queensland report that they provide vaccination services
- 493 pharmacies are approved to administer and supply approved drugs on the Queensland Opioid Treatment Program[16]. This Program provides treatment for opioid dependence and the aim of treatment is to reduce the health, social and economic harms to individuals and the community.
- 754 pharmacies provide the Needle and Syringe Program which aims to reduce the incidence of blood borne viruses and injecting related injuries and disease.
- nine pharmacies in Queensland supply PBS medicines to remote area Aboriginal Health Services under the provisions of section 100 of the *National Health Act 1953*[17].

This snapshot of services shows that Queensland pharmacies are currently providing accessible and affordable medicines and services to all Queenslanders, and that the current model of community pharmacy has demonstrated its value to the communities it serves.

[14] https://www.guild.org.au/__data/assets/pdf_file/0033/38787/PGoA-Submission-in-response-to-Interim-Report-Rem-Reg-Review-July-2017.pdf

[15] The Quality Care Pharmacy Program (QCPP) is a quality assurance program for community pharmacy. QCPP accreditation provides the platform through which a community pharmacy demonstrates it has a Quality Management System in place supporting the work practices and business functions of the pharmacy. This ensures the pharmacy provides quality services that promote high levels of consumer services, community safety, health outcomes and sound business practices.

[16] https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/nopsad-2017/contents/opioid-pharmacotherapy-dosing-points

[17] http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pbs-indigenous-faq

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 Requirements as they stand are sufficient but could be improved to ensure that there is greater transparency regarding the regulation of pharmacy ownership.

To assist with this, the Guild submits that there should be a regulatory authority established (such as a Pharmacy Council) so that, on the sale of a pharmacy, the Pharmacy Council can undertake a forensic analysis to ensure that the purchaser is:

- A pharmacist; or
- A corporation whose directors and shareholders are all pharmacists; or
- A corporation whose directors and shareholders are a combination of pharmacists and relatives of pharmacists the majority of shares are held by pharmacists and in which only pharmacists hold voting shares;

in accordance with section 139B of the *Pharmacy Business Ownership Act 2001 (Qld) (Act)*.

The legislation and accompanying process should impose an obligation on a person acquiring a pharmacy to disclose any matter which might be relevant to the Pharmacy Council's consideration of whether the acquisition contravenes the Ownership Requirements. A failure to do so should carry an appropriate penalty.

Specifically, a person or an entity acquiring a pharmacy should be required to provide copies of all documents related to the transaction, including financial documents, e.g. lease documents, partnership agreements, any bill of sale, management agreements, franchise agreements, finance documents, put and call options, and trust deeds.

It should be made clear that any financial interest, whether direct or indirect, by a non-pharmacist owned company or corporation, would be prohibited under the *Pharmacy Business Ownership Act 2001 (Qld) (Act)* and the pharmacy premise registration is not to be approved. The Pharmacy Council should undertake an annual review of registrations to ensure continuing compliance with the Ownership Requirements.

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

The *Pharmacy Business Ownership Act 2001 (Qld) (Act)* should not be amended to allow any non-pharmacist party to own a pharmacy in the interests of protecting the public.

This question is addressed in the response to Question 4.

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 *Pharmacy Business Ownership Act 2001 (Qld) (Act)* should not be amended to allow any non-pharmacist party to own a pharmacy in the interests of protecting the public.

Why the current Ownership Requirements are necessary (and therefore should not be changed) is set out in response to Question 1 of this submission paper.

There are a number of important public interest reasons for maintaining the ownership and control of pharmacies in the hands of registered pharmacists. Ensuring that a pharmacist owns and controls a pharmacy practice is a social objective currently governed by pharmacy legislation in all jurisdictions in Australia. It reflects the community's expectations and desire to maintain the integrity of the professional relationship between pharmacist and patient. That relationship hinges on trust and personal service, with pharmacists being directly accountable and liable for the services they provide. A level of accountability is also expected of employee pharmacists. However, if a pharmacist owner is found to be guilty of malpractice or misconduct, he or she is not only deregistered but also loses the right to operate the pharmacy business. The prospect of losing one's livelihood is a powerful incentive to ensuring that the public interest as well as professional integrity are protected at all times. The clear intent of the ownership legislation is to ensure that professional standards and principles are not subordinated to commercial objectives and pressures in the practice of pharmacy.

The notion of pecuniary or proprietary interest plays a crucial part in the pharmacy legislation and is designed with a single aim in mind: public safety.

The fundamental public interest rationale of the ownership laws is perhaps best summarised by the European Court of Justice which found that:

> *"It is undeniable that an operator having the status of pharmacist pursues, like other persons, the objective of making a profit. However, as a pharmacist by profession, he is presumed to operate the pharmacy not with a purely economic objective, but also from a professional viewpoint. His private interest connected with the making of a profit is thus tempered by his training, by his professional experience and by the responsibility which he owes, given that any breach of the rules of law or professional conduct undermines not only the value of his investment but also his own professional existence.*
>
> *Unlike pharmacists, non-pharmacists by definition lack training, experience and responsibility equivalent to those of pharmacists. Accordingly, they do not provide the same safeguards as pharmacists."*[18]

The economic impact of relaxing the current ownership laws is significant.

[18] Commission of the European Communities v Italian Republic (19 May 2009) at [61]-[62]. This case considered whether European Community law precluded provisions contained in Italian and German legislation which limited pharmacy ownership to qualified pharmacists.

Overseas experience

The overseas experience supports the view that relaxing regulatory arrangements will likely result in a market where large retail chains have significant market share, and independent community pharmacies play a smaller role.

A European study comparing countries with a deregulated pharmacy sector (England, Ireland, the Netherlands, Norway and Sweden) against countries with a regulated pharmacy sector (Austria, Finland and Spain), found that in all five deregulated countries the removal of ownership requirements resulted in the creation of pharmacy chains and vertical integration, with large international wholesale companies owning pharmacy chains, and those chains having significant market shares. In addition, it found that access to pharmacies in deregulated countries only increased in urban areas and not in regional areas.[19]

Prior to the relaxation of regulatory arrangements in the pharmacy sector in Norway in 2001, the Norwegian government controlled the number, ownership and location of pharmacies. Specifically, the ownership and operation of pharmacies was restricted to pharmacists. These arrangements were relaxed in an effort to stimulate competition in the market. The effects of these reforms included a decrease in the number of independent pharmacies and the rapid transformation of the pharmacy sectors into oligopolies, requiring government intervention and re-regulation to impede the emergence of these monopolies.[20] It was reported in 2012 that 81% of Norwegian pharmacies were owned by one of the three large pharmacy chains.[21]

Similarly, in the deregulated pharmacy industry in the United States large corporate pharmacy chains conduct a significant portion of the business of dispensing prescriptions.[22]

From a public health perspective, a 2009 study showed that the level of provision of services such as needle exchange programs, supervised administration of medicines e.g. opioid treatment programs and provision of emergency hormonal contraception in the United Kingdom was lower in supermarket pharmacies than in other types of pharmacies.[23] In addition, in 2016 the UK media published concerns from pharmacists working for the pharmacy chain Boots about how management pressures allegedly compel staff to compromise ethics for targets.[24] This experience indicates that the corporatisation of community pharmacy may reduce the professional autonomy of pharmacists.

The Australian pharmacy sector is perhaps even more vulnerable to the negative consequences of deregulation due to its low population density, particularly when compared with the United States and European countries.[25] Corporate mergers and takeovers may pose a risk to regional communities if they result in closure of local pharmacy services, as evidenced through corporate mergers overseas.

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[19] Vogler S, Arts D and Sandberger K, Impact of pharmacy deregulation and regulation in European countries – Summary Report (March 2012) (p 9).
[20] Annell A and Hjelmgren J, Implementing competition in the pharmacy sector: lessons from Iceland and Norway, Applied Health Economics and Health Policy (2002) Volume 1(3).
[21] Vogler S, Arts D and Sandberger K, Impact of pharmacy deregulation and regulation in European countries – Summary Report (March 2012) (p 7).
[22] In 2010 the market share (by medicines dispensed) of the five top pharmacy chains in the United States was: CVS (19%); Walgreen (16.5%); Medco Health Solutions (7.8%); Rite-Aid (7%); Wal-Mart (6.5%): Statista – The Statistics Portal, Market share of the top US pharmacy chains in 2010.
[23] Bush, Joseph & A Langley, Christopher & Wilson, Keith. (2009). The corporatization of community pharmacy: Implications for service provision, the public health function, and pharmacy's claims to professional status in the United Kingdom. Research in social & administrative pharmacy : RSAP. 5. 305-18. 10.1016/j.sapharm.2009.01.003. https://www.researchgate.net/publication/40449654_The_corporatization_of_community_pharmacy_Implications_for_service_provision_the_public_health_function_and_pharmacy's_claims_to_professional_status_in_the_United_Kingdom
[24] https://www.theguardian.com/news/2016/apr/13/how-boots-went-rogue and https://www.theguardian.com/business/2016/apr/17/yours-a-stressed-pharmacist-boots-article-prompts-flood-of-letters
[25] http://time.com/money/4998402/walgreens-rite-aid-closing-stores/ and http://www.chicagomag.com/city-life/October-2017/A-Wave-of-Closures-Has-Left-Some-Neighborhoods-in-a-Pharmacy-Desert/

What would pharmacy look like in a purely corporate model?

The corporate pharmacy structure would see a fundamental change to the provision of pharmacy services to the Australian public from the primarily patient-centric structure of the community pharmacy sector to a corporate pharmacy model with a shareholder-centric focus on maximising shareholder value.

The drivers of corporate pharmacy would include:

- price;
- profit; and
- maximising shareholder value.

The drivers of the corporate pharmacy model, if following supermarket standard stock holding and selling techniques would lead to fewer lines being stocked with less profitable lines removed, less profitable services ceased. The health focus would be replaced with fiscal focus. Directors of publicly listed companies, including the large supermarket chains, have a duty to act in the best interests of shareholders by maximising profitability and dividends.

If a corporatised pharmacy model integrated with medical practices, considerable risks would evolve with incentives for doctors to prescribe more products as studies into corporatisation of medical practice have concluded the real value of general practice, at least to some listed corporations, is not in general practice *per se*, but its ability to generate referrals to other entities in the medical corporate.[26]

This shareholder focus would result in a corporatised pharmacy sector that is visibly different from the current community pharmacy model. Community pharmacy operates as an accessible primary provider of health care to the community, by providing optimum therapeutic use of medicines, and is fundamentally different from a large scale commoditised retail business, which can be expected to place a much greater emphasis on maximising volumes and profit margins with reduced personalised care and service to consumers.

The Commonwealth echoed this concern in its submission to the Wilkinson Review:

> *'The Commonwealth's principal concern is that changes to the ownership of pharmacies could lead to a shift in the mode of delivery from traditional community based arrangements to arrangements more heavily focussed towards retail objectives.*[27]

Many aspects of the operation of a typical community pharmacy are not profitable, including many professional services and the stocking, ordering and dispensing of a large number of important but infrequently used medicines. These services and products are provided by owners of community pharmacies as part of their professional commitment to their local communities.

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[26] https://www.health.gov.au/internet/main/publishing.nsf/Content/foi-disc-log-2012-13/$File/222-1213%20Doc%206%20State%20of%20Corporatisation%20Report%20-%20February%202012.pdf
[27] Commonwealth Government, *Submission to the National Competition Review of Pharmacy Legislation* ([151]).

A greater emphasis on costs and throughput in the corporate pharmacy sector may result in:

- An increase in the more profitable parts of a pharmacy business (i.e. dispensing popular chronic therapy prescriptions), with less focus on unprofitable prescription items and professional services;[28] and
- Availability of a smaller range of scheduled medicines (i.e. not stocking specific low volume Pharmacy Medicines, Pharmacist Only Medicines and Prescription Only category medicines).[29]

The risks of corporatised pharmacy outlined above would seriously threaten several of the pillars of the National Medicines Policy, namely ensuring timely access and quality use of medicines, and would translate to a decline in the quality of care provided by pharmacies, resulting in:

- Poorer health outcomes for patients; and
- A transfer of health costs to other areas in the health and aged care sector, including an increased number of visits to General Practitioners and hospital emergency departments.

This is because commercial incentives alone do not support the provision of the full range of pharmaceuticals and pharmacy services on a universal basis. Meanwhile, the professional services and advice provided by pharmacists reduce the need for more expensive hospital and aged care services. If the delivery of professional pharmacy services, and convenient access to the full range of medicines, decline under corporatised pharmacy, there would be an increased risk of medicines mismanagement and misadventure, and a reduced capacity to provide front line control and management of contagious and chronic diseases. All of this would have an adverse impact on the health of the Australian public.

Any reduction in the quality of service provided by the community pharmacy has the potential to result in:

- Increased costs to Medicare as a result of increased visits to General Practitioners and specialist doctors;
- An increase in attendances to emergency departments and an increase in hospital admissions; and
- Further pressure on aged care facilities, as fewer older Australians may not be able to live independently in their homes.

These consequences would create significantly more of a burden on the taxpayer than the low cost associated with early interventions by pharmacists.

As evidenced in recent corporate transactions, the community pharmacies in metropolitan locations are the target of acquisitions. There appears to be no interest in regional or remote services to the community.

[28] This is consistent with the findings of a report prepared for the Guild by the Network Economics Consulting Group in relation to the pharmacy ownership restrictions: Network Economics Consulting Group, Ownership Restrictions applying to Pharmacies – Assessment of case for retaining restrictions (July 2004) (p 10).
[29] This is consistent with a European study which found that deregulation may cause limited availability of low volume drugs: 'Due to increased financial pressure in a liberalised environment pharmacies might be induced to keep fewer medicines in stock and focus on "blockbusters" (Vogler S, Arts D and Sandberger K, 'Impact of pharmacy deregulation and regulation in European countries – Summary Report' (March 2012) (p 18)).

There are a number of international examples of the difficulties encountered in holding large corporations to account for unprofessional conduct in the pharmacy sector. The USA has a number of large corporations owning and running pharmacy chains. Recent media demonstrates that a number of US states are undertaking legal action in an attempt to hold one large corporate pharmacy chain to account for their part in allowing large volumes of opiates to be distributed unchecked.[30]

The risks and potential for misadventure that may arise from a corporate model of pharmacy are considerable and are not limited to:

- The potential for pharmaceutical manufacturers or wholesalers to purchase pharmacies resulting in significant control of the supply chain
- The potential for large corporations to access consumers' private health records
- The potential for the loss of the benefits of the current separation of prescribing and dispensing should a large corporate run both functions.

[30] https://ajp.com.au/news/us-state-sues-walgreens-citing-its-role-in-opioid-crisis/

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?

The pharmacies run by friendly societies or the Mater Misericordiae Health Services Brisbane Limited were established prior to the introduction of legislation requiring pharmacist ownership of pharmacies. They operated as essentially benevolent entities. When ownership requirements were introduced these pharmacies were grandfathered. Friendly Societies operate as mutual, not for profit organisations and their pharmacies are not able to be sold to a third party corporate entity. If they were to be sold, they would have to sell to a pharmacist or another Friendly Society.

The Guild assumes that these pharmacies are of a high standard and operate in a professional and ethical manner. However they are benevolent organisations, that were created many years ago to deliver health services in an era when such programs as Medicare and the PBS did not exist, and as such they are an exception to the community pharmacy system that operates in Queensland and throughout Australia, as per the background outlined below.

Mater Misericordiae Health Services Brisbane[31]

The Sisters of Mercy, a Catholic Order was founded in Ireland by The Venerable Mother Catherine McAuley in 1831. In 1861 Mother Mary Vincent Whitty and a group of five Sisters of Mercy settled in Brisbane and established a congregation at All Hallows, Fortitude Valley. In 1893, the Sisters bought 10 acres of land at South Brisbane and earmarked it for a hospital. In 1906 the Sisters of Mercy opened their first hospital—in a private house named 'Aubigny', at North Quay. In 1911, the new Mater Public Hospital was opened. In 1928, the first Mater Pharmacy opened. At the time, Queensland law required pharmacies to be owned by pharmacists so the pharmacy was registered in the secular name of Sister Mercia Mary Higgins—the Sisters' only qualified pharmacist.

Friendly Societies

Friendly Societies are mutual organisations where all the assets belong to their members. The development of Friendly Societies in Australia has been traced back to England, with the first Australian Friendly Society being established in New South Wales in 1830. The first Friendly Society to be set up in Queensland was a branch of Manchester Unity, established in 1848.[32]

In its 1990 report, the Committee of Inquiry into Non-Bank Financial Institutions and Related Financial Processes in the State of Queensland stated that:

> *Friendly societies reached their peak as welfare organisations in the 1930s, after which Government involvement in the area of social security greatly reduced the need for their services. Major inroads into friendly society services resulted from the introduction in Queensland of free public hospital and associated medical care in the 1930s and 1940s, and the introduction of an extended range of pensions and subsidised medical care by the Commonwealth.*

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[31] http://history.mater.org.au/
[32] National Uniform Regulation of Friendly Societies and the Friendly Societies (Queensland) Bill 1997

Therefore, we do not believe that historical exceptions such as the Mater Misericordiae Health Services or Friendly Societies should be used as a benchmark for the performance of all other pharmacies in Queensland. These examples were exceptions that were grandfathered and only represent 1.8% of the network.[33]

[33] https://www.friendlies.com.au/, and http://pharmacy.mater.org.au/

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 Act does 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.

The Act recognises the imperative that pharmacists continue to have the ownership and control of community pharmacies in order to maintain public confidence in the current system of community pharmacy. Such an approach ensures that pharmacists, as health professionals and pharmacy owners, have the responsibility and accountability for ensuring that quality use of medicines, and other kinds of care and health management in their pharmacies, are in place. The Guild refers the Committee to the above responses to questions 1 and 4.

It also ensures that pharmacists, as owners, are free to use their professional discretion in relation to the range of medicines dispensed at their pharmacies, so that priority is given to achieving optimum health outcomes, as opposed to commercial profitability. If non-pharmacist organisations or corporations were to own or to have a financial interest in a pharmacy, it is feared that commercial profitability will become the key concern.

The Guild recommends improvement in the monitoring and enforcement of the Act to ensure its objects are achieved via the introduction of a Pharmacy Council in Queensland (discussed further throughout this document). Establishment of a Pharmacy Council would require amendment to the Act so as to set out the council's functions and powers. The corresponding legislation in the other States and Territories give an indication as to how this can be done.

There was previously a Pharmacy Board of Queensland ("the Board"). The *Pharmacists Registration Act 2001* was renamed to be the *Pharmacy Business Ownership Act 2001* in 2010. By the same amending act, all of the provisions regarding the Board were repealed. All responsibility for administering pharmacy ownership requirements were transferred from the Board, which was abolished, to Queensland Health. It appears the amendments were part of an overhaul of the health professions legislations in Australia, which resulted in the National Scheme and a National Board being established. The National Scheme resulted in 9 boards being abolished, with their functions to be wholly performed by national boards established under the National Law.

From what we understand from the relevant second reading speech:

> "*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 separate statutory pharmacy authority should be set up to perform the role of administering the restrictions. Most other Australian jurisdictions are proposing to establish a new statutory entity to administer pharmacy ownership restrictions and their requirements for licensing of pharmacy premises.*"

We understand that review took place around 2012. Those submissions outlined that the Guild's preferred position was for the establishment of a new independent non-departmental government body.

Such a body was ideally to include members who are pharmacists and others with the requisite professional and business skills and knowledge to effectively monitor pharmacy regulation. We submit that an independent body would not result in any significant additional costs to the Government, as it could be self-funded by registration fees.

We do not know the outcome of that review. In any event, it appears that Queensland Health's involvement was to be only a temporary one.

If a Pharmacy Council were established, it would be able to enforce these requirements. Currently, the Queensland Act merely states that the notification must be made in the "approved form" with no specifications as to what sort of documents and particulars must be provided.

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)?

Given the concerns in relation to emerging trends in complex pharmacy business structures, there is a need for a greater understanding of how the ownership provisions have been applied in processing applications under these contemporary ownership structures and business models so as to ensure pharmacy ownership regulations are properly maintained and strengthened.

Because Queensland does not have a Pharmacy Council that would effectively investigate the transfer of ownership, we are unable to dogmatically comment on what has occurred to date. The Guild has stated in various contexts its belief that acquisitions by the Ramsay Health Group in Queensland may have resulted in a prohibited ownership arrangement which should be thoroughly forensically audited.

However until that foreshadowed audit is effectively undertaken, like all Queenslanders, the Guild has insufficient visibility of pharmacy ownership transfers over recent years, particularly the last two, to state its position other than on the basis that it is its current considered belief. There is a lack of transparency in the current system and this should be addressed by the formation of a Pharmacy Council as has occurred in the other states.

When the National Registration of Health Professionals was implemented in 2010, the then Queensland Pharmacists Board recommended that there should be a similar Pharmacy Council created to monitor this very activity. In the absence of a Pharmacy Council there is no transparency in the transfer of ownership and no body to investigate the possibility of malfeasance on behalf of perspective buyers of a pharmacy.

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?

It should be noted that the public has added protections under pharmacists owned pharmacies because if a pharmacy owner has committed an offence under the Act, their professional livelihood is at stake with potential subsequent deregistration.

Despite this current protection, the offence penalties are certainly necessary to ensure that the proper ownership of pharmacies is maintained (for the reasons already provided). While the penalty units are reasonable and generally in keeping with other jurisdictions for a natural person/individual, there are no differing penalty units for a corporation. For this reason, we are of the view that the penalties should be significantly increased in Queensland (particularly in respect of corporations). This is because, historically, the offenders are corporations, as is evident from news reports and cases over the last decade.

For example, when we compare the maximum penalty for the restriction on who may own a pharmacy business in Queensland to Victoria (s139B of the *Pharmacy Business Ownership Act 2001* and s5 of the Vic legislation)[34], the maximum penalty in Queensland is 200 penalty units, which equates to $26,110. In Victoria, the maximum penalty is 240 penalty units for a natural person and 1200 penalty units for a body corporate, which equates to $38,056 and $190,284 respectively. Presently, the *Pharmacy Business Ownership Act 2001* does not have a differing higher penalty for corporations.

[34] Pharmacy Regulation Act 2010 Victoria

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?

The number of pharmacies a pharmacist may own was considered against a national position in 2005. Those arrangements must remain as they help achieve the overall goals as previously mentioned.

Further, this restriction recognises that pharmacist owners have a professional as well as a commercial interest in the safe and competent provision of pharmacy services and ensures that they are directly accountable for the provision of the services and operation of the pharmacy.

The current requirements are appropriate and generally in keeping with the requirements enforced across the country. For example, the restriction on numbers in New South Wales is also 5, the restriction in Victoria and South Australia is 6, and the restriction in Western Australia is 4.

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?

As with Question 5 relating to the Mater Misericordiae and Friendly Societies, the Australian Capital Territory (ACT) and the Northern Territory (NT), should not be used as a comparison. Both of the territories should be viewed as exceptions because of their relatively small population size and in the case of the ACT small geographical area. However, a preferred option would be that these two territories also had ownership requirements consistent with the states.

The tables below illustrate that the ACT and the NT are not appropriate comparisons. A more appropriate comparison would be between Queensland, which is the second largest jurisdiction by area in Australia, and Western Australia which is the largest with 33% of the Australian land mass.

Land areas of ACT, NT, QLD[35]

	Population	Area in km^2
ACT	412,600	2,358 square kilometres – about <1% of the total land area of Australia
NT	246,100	1,335,742 about 17.5% of total land area of Australia
QLD	4 948,700	1,723,936 about 22% of total land area of Australia

Australian Demographic Statistics, December 2017 (released 21/06/2018) [36]

PRELIMINARY DATA	Population at end Dec qtr 2017 '000	Change over previous year '000	Change over previous year %
New South Wales	7 915.1	116.8	1.5
Victoria	6 385.8	143.4	2.3
Queensland	4 965.0	81.5	1.7
South Australia	1 728.1	10.7	0.6
Western Australia	2 584.8	21.4	0.8
Tasmania	524.7	4.9	0.9
Northern Territory	246.7	0.6	0.2
Australian Capital Territory	415.9	8.8	2.2
Australia(a)	**24 770.7**	**388.0**	**1.6**

(a) Includes Other Territories comprising Jervis Bay Territory, Christmas Island, the Cocos (Keeling) Islands and Norfolk Island.

[35] http://www.ga.gov.au/scientific-topics/national-location-information/dimensions/area-of-australia-states-and-territories
[36] http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3101.0

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

We believe that the jurisdictions with a Pharmacy Council or similar regulatory body (being every other jurisdiction) improve community outcomes as evidenced by the regular reports on their activities, including monitoring and investigating the operation of pharmacy premises. The relevant regulatory bodies in each other state and territory are as follows:

- Victorian Pharmacy Authority (VPA)[37]
- NSW Pharmacy Council[38]
- Tasmanian Pharmacy Authority (TPA)[39]
- Pharmacy Regulation Authority South Australia (PRASA) [40]
- The Pharmacy Registration Board of Western Australia[41]
- ACT Health Pharmacy Ownership and Premises [42]
- NT Pharmacy Premises Committee (PPC)[43]

Regulating the industry will protect the community. For example, in the VPA's most recent Communique[44] it reported on three panel hearings in May 2018 into allegations that pharmacy licensees had failed to meet their responsibilities to comply with the *Pharmacy Regulation Act 2010* and/or good pharmacy practice at registered premises.

In the first case, the directors of a newly established pharmacy appeared before a Panel to answer charges alleging failures of physical security at the premises; lack of confidentiality in disposing of records and containers; inadequate temperature monitoring; incomplete equipping, including works of reference; and incomplete signs identifying the proprietor, pharmacist-in-charge and duty pharmacist. There were also deficiencies in the labelling and handling of dose administration containers.

The second case involved multiple deficiencies in the recording and storage of Schedule 8 poisons (including pharmacotherapy drugs); inadequate staffing; incomplete works of reference; and unsatisfactory temperature control.

And the third case involved what the Panel found to be a failure to maintain appropriate security in that the intrusion detector alarm was not functional; unsatisfactory temperature control; privacy deficiencies; poor record keeping of medicines used in dose administration containers; inadequacy of mandatory signs, as well as poor recording of transactions of Schedule 8 poisons (including methadone and Suboxone), and unauthorised supply of a Schedule 8 poison.

In all three cases, the licensees were reprimanded, and a condition inserted into the licences that quarterly self-assessments be conducted, and the completed audit form be returned to the Authority, accompanied by a statutory declaration. The premises are to be reinspected at the licensees' cost.

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[37] https://www.pharmacy.vic.gov.au/
[38] https://www.pharmacycouncil.nsw.gov.au/
[39] http://www.pharmacyauthority.tas.gov.au/
[40] https://www.pharmacyauthority.sa.gov.au/main-site/index.html
[41] https://www.pharmacyboardwa.com.au/index.php?page=home
[42] http://health.act.gov.au/public-information/businesses/pharmaceutical-services/pharmacy-ownership-and-premises
[43] https://health.nt.gov.au/health-governance/department-of-health/committees-regulations-advisory-groups/pharmacy-premises-committee
[44] https://www.pharmacy.vic.gov.au/cms_files/communique/VPA%20Communique%20No.5%202018.pdf

Another example of interest is from the Pharmacy Registration Board of Western Australia's Communique[45] of May 2017 which stated the following:

> ATTENDANCE BEFORE THE BOARD
> As part of the Board's recent inspection and audit process, the Board has noted that some applicants are signing declarations that the premises comply with the *Pharmacy Act 2010 (WA) (Act)*, *Pharmacy Regulations 2010 (WA) (Regulations)* and the Board's Guidelines, without satisfying themselves as to the compliance of all items.
>
> The Board reminds all applicants that in addition to the Board cancelling the registration of premises where an application contains or is accompanied by information that is false or misleading in a material particular, the Act also provides for substantial penalties for providing false or misleading information.
>
> As a result of concerns regarding information accompanying applications, the Board has requested some applicants to appear before it to explain certain matters associated with their applications. Applicants are reminded that the renewal of the registration of premises is an "Application" and as such applicants may be requested to attend before the Board to explain any matters associated with the renewal, including the accompanying declaration.

It is reassuring that the Western Australian Board takes a keen interest in the operation of pharmacies in the state to ensure the protection of the public. The current Queensland system does not provide transparency to any investigation undertaken by Queensland Health of any pharmacy ownership matter.

[45] https://www.pharmacyboardwa.com.au/cms_files/Communique/Communique_May2017.pdf

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

Given that regulatory independence is essential and in keeping with regulatory best practice, the enforcement of the ownership and annual licensing/registration of premises power should be discharged by an independent authority such as a Pharmacy Council. An independent authority would have the advantage of being able to secure and maintain the confidence of pharmacists, particularly if it included representation from the pharmacy profession. Furthermore, an independent body with appropriate specialist professional and business expertise and consumer representation, supported by an appropriate secretariat, would be in the best position to respond with independence to enforce the legislation.

The inspection of premises should be required, as a part of registration, to meet specified physical standards and to ensure they are suitable for the safe and competent provision of pharmacy services. This would provide the Government with further control over how medicines are handled and enable the Government to ensure that pharmacy premises are secure and regulated in accordance with legislation such as the *Health (Drugs and Poisons) Regulation 1996* and *the Health Regulation 1996*.

A Pharmacy Council could also provide a regular newsletter/communique if it saw issues emerging that were a threat to the public and practice in pharmacy that could compromise care. Other states have such communications that are distributed amongst pharmacists and stakeholders.

The main roles of the Pharmacy Council would be to:

- Provide independent administration and enforcement of the ownership and registration provisions of the legislation through an annual registration/licensing process;
- Provide specialist knowledge as to the state of pharmacy services in Queensland;
- Determine whether pharmacy premises meet appropriate standards;
- Provide advice on the developments in standards in pharmacies, including the development of improvement programs that promote quality and safety in the dispensing and use of medicines; and
- Conduct pharmacy business inspections to ensure pharmacy premises are of a minimum standard of fitness for safe and competent delivery of pharmacy services.

This is consistent with the scope of pharmacy registering authorities in other Australian jurisdictions.

Furthermore, the Pharmacy Council would:

- Maintain a register of pharmacies and facilitate public access to the information regarding location and contact details of pharmacies in Queensland 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
  - opioid dependence treatment services
  - medicinal cannabis
  - vaccination services

The mapping of pharmacy and related professional services would assist in ensuring that equitable access to pharmacy services is maintained and would assist future planning. In addition, a Pharmacy Council's unique knowledge of where and what services are delivered in each pharmacy would support situations such as pandemics to allow efficient mobilisation of an entire workforce.[46]

The function of a Pharmacy Council would be similar to that of other regulatory authorities in the other jurisdictions, noting that these provisions should not duplicate the functions as outlined in the relevant Health (Drugs and Poisons) legislation which relate to the safe storage and handling of drugs and poisons. Rather, they should, among other things, provide an assurance that pharmacy premises are of a minimum standard of fitness for the safe and competent delivery of pharmacy services.

For example the Victorian Pharmacy Authority in its Annual Report states the following[47]:

> ***Objectives, functions, powers and duties***
>
> *The primary role of the Authority is to administer the Act which provides for the regulation of pharmacy businesses, pharmacy departments and pharmacy depots.*
>
> *Pursuant to section 82 of the Act the Authority has the following functions:*
> *(a) to license a person to carry on a pharmacy business or a pharmacy department;*
> *(b) to register the premises of a pharmacy business, pharmacy department or pharmacy depot;*
> *(c) to issue standards in relation to the operation of pharmacies, pharmacy businesses, pharmacy departments and pharmacy depots;*
> *(d) to advise the Minister on any matters relating to its functions;*
> *(e) when so requested by the Minister, to give to the Minister any information reasonably required by the Minister;*
> *(f) to keep a public register;*
> *(g) any other function conferred on the Authority by or under this or any other Act.*

Likewise the Tasmanian Pharmacy Authority in its Annual Report states the following:[48]

> ***Establishment of the Authority***
>
> *The Tasmanian Pharmacy Authority is a body corporate, established under section 6(1) of the Pharmacy Control Act 2001 (the Act).*
> *Historically, the former Pharmacy Board of Tasmania had functions including:*
> - *registration of pharmacists; and*
> - *registration of pharmacy premises (regulating the ownership and standards of pharmacy premises).*
>
> *The first function (registration of pharmacists) is now undertaken by the Australian Health Practitioners Regulatory Authority (AHPRA).*
>
> *The second function (registration of pharmacy premises), as in other States, is still regulated by a State body. In Tasmania, this is the Tasmanian Pharmacy Authority, which was established on 1 February 2011. This report covers the third full financial year of its operations.*

[46] https://ahha.asn.au/system/files/docs/publications/issues_brief_no._25_workforce_planning_in_pandemics.pdf
[47] http://pharmacy.vic.gov.au/cms_files/VPA-Annual-Report%202016-17.pdf
[48] http://www.pharmacyauthority.tas.gov.au/uploads/Annual%20Report%202016-17.pdf

Authority Roles and Functions

Functions of the Authority

Section 8 of the Act prescribes the following functions for the Authority:

a) to administer the scheme of registration of pharmacy business premises;

b) to approve the ownership of and interests in pharmacy businesses;

c) to ensure that the services that pharmacy businesses provide from pharmacy business premises to the public are of the highest possible standard;

d) to prosecute offences against this Act;

e) to advise the Minister on matters relating to the Act;

f) such other functions as are imposed on the Authority by this or any other Act or as may be prescribed.

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

See response to the Questions 11and 12.

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

Establishing a Pharmacy Council in Queensland would not result in any significant additional costs to the Government, as it may be self-funded by fees from pharmacy ownership and pharmacy premises registration. The benefits would be the guarantee that the legislative intent of the *Pharmacy Business Ownership Act 2001* was being enforced to protect the public.

Against the background of the Public Interest Map policy[49], the Guild is of the view that there are compelling reasons why a department (such as Queensland Health) should not administer the regulations relating to pharmacy ownership and a pharmacy registration process.

Specifically, the Guild considers that a 'Public Interest Case' justifies the creation of an independent body, such as a Pharmacy Council, to take on these functions. At least two of the four threshold criteria provide 'compelling reasons' for creating a non-departmental body: namely, independence and public interest risk (as guided by the public interest risk principles).

The threshold criterion of independence states that *'the nature and extent of actual or perceived independence in order to undertake the activity is beyond that which the department, or any alternative arrangements with the department, can provide'*. The Guild therefore considers that these regulatory functions cannot be with Government, as regulatory independence is essential and in keeping with regulatory best practice.

Both 'effectiveness' and 'relevance' are identified as public interest principles that should be considered when undertaking a public interest risk assessment.

One of the considerations outlined in relation to 'effectiveness' is the 'extent to which autonomy is necessary (e.g. to attract and retain independent expertise; or hold confidence and trust of stakeholders, in order to perform the proposed role)'.

The Guild is of the view that autonomy is an essential element of any regulatory body established to administer pharmacy regulation in Queensland. The autonomy of such a body will enable it to obtain the services of appropriately qualified persons, including pharmacists, with the requisite professional and business skills and knowledge and thereby to secure and maintain the confidence of pharmacy owners and consumers in Queensland.

A consideration outlined in relation to 'relevance' is that of 'responsiveness'. The Guild considers that an independent statutory body with expertise in pharmacy would be the best body to respond swiftly to administer and enforce legislation relating to ownership and premises. This is critical in achieving the identified goal of enforcing requirements on pharmacy business ownership and the regulatory controls which should apply to pharmacy premises in Queensland, particularly against the background of changing pharmacy practice in Queensland.

The Victorian Pharmacy Authority may provide a good example of a cost structure as it has a similar number of pharmacies (approximately 1,346). The annual report[50] shows the five year summary of financial results.

[49] https://www.premiers.qld.gov.au/publications/categories/policies-and-codes/public-interest-map-policy.aspx
[50] http://pharmacy.vic.gov.au/cms_files/VPA-Annual-Report%202016-17.pdf

Five-year summary of financial results

	2017 $000	2016 $000	2015 $000	2014 $000	2013 $000
Total Revenue	1,090	1,106	1,070	1,061	1,047
Total Expenses	1,162	986	1,053	1,040	1,006
Net Result for the Year	**(72)**	**120**	**17**	**21**	**40**
Retained Surplus/(Accumulated Deficit)	**911**	**983**	**863**	**845**	**824**
Total Assets	2,534	2,482	2,513	2,384	2,363
Total Liabilities	1,108	984	1,377	1,024	1,024
Net Assets	**1,426**	**1,498**	**1,377**	**1,360**	**1,338**
Total Equity	**1,426**	**1,498**	**1,377**	**1,360**	**1,338**

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

The establishment of a Pharmacy Council similar to the regulatory bodies that operate in the other states which would monitor and control pharmacy ownership and pharmacy premises to ensure public confidence and community safety is the only sensible option for Queensland.

The Guild submits that at this stage there appear to be no other viable alternatives available.

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?

The Guild upholds its previous views in this regard and strongly recommends that a Pharmacy Council be established. Ideally, such a body should be chaired by a pharmacist with ownership experience, include a majority of members who are pharmacists and others with the requisite professional and business skills and knowledge to effectively monitor pharmacy regulation.

It would need to be funded to undertake the required vetting function and would require personnel with the appropriate expertise, including in both accounting and law. This would be necessary to ensure that all documents related to a pharmacy acquisition could be critically and forensically analysed and considered to ensure that, before that pharmacy was approved, no non-pharmacist financial interest was involved. Our position is consistent with most of the other States and Territories which did establish a new statutory entity.

The introduction of such a Pharmacy Council in Queensland would require amendment to the *Pharmacy Business Ownership Act 2001* so as to set out the Pharmacy Council's functions and powers. The corresponding legislation in the other States and Territories give an indication as to how this can be done.

Premises should be required, as a part of registration, to meet specified physical standards to ensure they are suitable for the safe and competent provision of pharmacy services, including requirements on the operation of pharmacies from premises within or accessible from supermarkets and requirements in other jurisdictions.

To manage how medicines are handled and facilitated the ability for the Government to ensure that relevant premises are secure and regulated in accordance with legislation, such as the *Health (Drugs and Poisons) Regulation 1996* and the *Health Regulation 1996,* the Pharmacy Council will also interact with relevant Divisions of Queensland Health. This could also assist in acting as a facilitator of information and liaison in the event of a major health priority/ emergency.

The Pharmacy Council will also engage with the Australian Health Practitioner Regulation Agency (AHPRA), the national organisation responsible for implementing the National Registration and Accreditation Scheme (the National Scheme) across Australia, in partnership with the Pharmacy Board of Australia. The National Scheme aims to protect the public by ensuring that only suitably trained and qualified practitioners are registered to provide safe healthcare. This includes investigating concerns about the registered practitioners, in the case of Queensland this function is performed by the Health Ombudsman, the health service complaints agency charged with ensuring compliance of health services and health providers.

The Board will engage with the Pharmacy Council as the State regulator of pharmacy premises as part of the public protection regime to ensure the practice of pharmacists and the conduct of pharmacy businesses are in accordance with the standards and the requirements in order to mitigate risk to the public.

The Pharmacy Council will also liaise with other pharmacy regulators in other jurisdictions, and with the Guild as the professional body that represents the Queensland community pharmacy.

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?

We have addressed this issue in response to Question 4.

The Guild emphasises that the regulation of the pharmacy sector assists in reconciling tensions between commercial imperatives and public health policy objectives, thus creating an environment conducive to upholding the National Medicines Policy.

The current regulatory arrangements in the pharmacy sector are clearly in the interests of consumers and in the broader public interest.

The provision of government policies, intended to assist consumers in managing their health, is largely done through the agency of privately owned pharmacies that operate in towns and cities throughout Australia and by harnessing the $6 billion approximate value of these privately held assets.

This effectively creates a private-public partnership between community pharmacy and the Government, for the delivery of the PBS, one of the most efficient pharmaceutical subsidy schemes in the world.

Community pharmacy thus plays a vital role in the provision of health care services in Australia and is a core component in the National Medicines Policy. Uniquely, a pharmacy is a professional health care practice within the structure of a small shopfront business.

To assure the public of the safety and quality of pharmacy services, and to ensure the accessibility of pharmacy services to all Australians, it is crucial that pharmacies be owned and controlled by pharmacists and that the current regulatory arrangements in the pharmacy sector be maintained and strengthened.

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

To ensure the best health outcomes for all Queenslanders, the regulatory framework should recognise community pharmacists' evolving scope of practice to allow full use of pharmacist professional training, skills and expertise.

The Guild believes that mobilising the 14,500 strong pharmacy workforce and enabling pharmacists to work to their full scope of practice and maximising pharmacy assistants' skills and knowledge will provide all Queenslanders with accessible, economical and quality health care services on an ongoing and sustainable basis.

Community pharmacies play a key role in Queensland's healthcare system and have continued to evolve, develop and redefine themselves in response to the growing needs of the population. An expanded role for the community pharmacy workforce is well aligned with current health reforms and can allow the complete utilisation of the full scope of practice of pharmacists, including preventative health and chronic disease management for the ageing and growing Queensland population.

Nationally and internationally, there are many examples of the pharmacy workforce developing innovative ways to deliver valuable healthcare, such as:

- Wellness, screening and disease prevention services;
- Medication adherence and management;
- Supporting chronic disease monitoring and self-management;
- In home aged care;
- Administering vaccinations listed on the National Immunisation Program (NIP);
- Treating minor ailments;
- Point of care testing;
- Continued dispensing, prescription renewal and therapeutic adaptation;
- Collaborative and independent prescribing;
- Smoking cessation services; and
- Wound and pain management.

Research suggests that pharmacists working to their full scope, including extended scope where appropriate, can improve patient health outcomes.[51]

Consideration should be given to international models which demonstrate the substantial positive outcomes of the provision of cost-effective highly accessible quality health care provided through community pharmacies.

Allowing community pharmacists to practise to their full scope potential may:

- Free up scarce general practice resources, to allow doctors to provide focussed medical care for patients with serious, complex and chronic conditions;
- Reduce preventable and unnecessary hospitalisations through a greater emphasis on early detection and intervention and ongoing management of chronic conditions.

[51] Lizarondo L, Turnbull C, Kroon T, Grimmer K, Bell A, Kumar S. et al. Allied health: integral to transforming health. Aust HealthRev 2016;40(2): 194-204, and Elshaug AG, Watt AM, Mundy L, Willis CD. Over 150 potentially low-value health care practices: an Australian study. MJA 2012;197(10): 556-60

Governments of nations with similar modern healthcare systems are increasingly making greater use of community pharmacies and pharmacists, including through the following community pharmacy-based services:

- In Canada and the United Kingdom, community pharmacies manage minor ailments, including conditions such as urinary tract infections, back pain and eczema, reducing costs in other areas of healthcare and providing convenient quality services for patients[52];
- In Canada[53] and Scotland, pharmacists' scope of practice includes prescription renewal and to manage the ongoing supply of prescribed medicines for stable, chronic conditions without the need to unnecessarily return to the prescriber, reducing costs in other areas of healthcare.

In addition, a large decentralised state like Queensland presents unique challenges, such as providing equitable access to health services and medicines. A 2015 Skills Service Australia Environmental Scan highlighted that the gap in health care services experienced between rural and urban Australia could be overcome through the changing role of community pharmacy in rural Australia.

The range of services offered by a pharmacy may vary, depending on the location or the local market in which the pharmacy operates. Community pharmacies in rural, regional and remote Australia have different characteristics to those within metropolitan areas and distinctive challenges. Pharmacists and pharmacy assistants working outside of urban locations and in remote areas may be faced with more complex health challenges as consumers have limited access to alternative care providers. [54]

Global trends are also impacting the landscape of community pharmacy and the requisite skills of the workforce. Proliferation of digital health technology is quickly changing the patient/pharmacy relationship in the provision of healthcare services and products.[55] This requires significant knowledge adjustment within community pharmacy at both organisational and industry levels.

Medicines and therapies are improving through new discovery technologies and research, but they are also becoming more expensive which is placing additional strain on both Commonwealth and State Government funds. Community pharmacy's capacity to harness new technologies and innovations is accelerating quickly. This is providing real opportunities to address these challenges. Embracing change in areas of electronic patient records, digital health, real time monitoring, telecommunication, and outreach services are all pathways to complementing Queensland Health's priorities by reducing costs, and improving health outcomes.[56] But to realise these opportunities, the pharmacy workforce must evolve.

A recent example of successful expansion of scope of pharmacists in Queensland is pharmacist delivered vaccination services, which provides convenient access and choice to Queenslanders to be vaccinated through their local community pharmacy. The convenience of community pharmacy vaccination services encourages greater vaccination uptake, to increase the rate of herd-immunity across Queensland. Community pharmacy vaccination also provides a potential mechanism of providing quick, easy access to injectable medications when dealing with future epidemic and emergencies across all regions of Queensland.

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[52] NHS minor ailments service
[53] Pharmacists' Medication Management Services Environmental Scan of Activities across Canada- October 2013
[54] https://www.rrh.org.au/journal/article/2214 and https://espace.curtin.edu.au/bitstream/handle/20.500.11937/29396/165686_40898_EMMERTON%20Grant%20Report%202011.pdf?sequence=2
[55] https://www.ey.com/Publication/vwLUAssets/EY_-_Health_reimagined:_a_new_participatory_health_paradigm/$FILE/ey-health-reimagined-2016.pdf
[56] https://www.health.qld.gov.au/__data/assets/pdf_file/0025/441655/vision-strat-healthy-qld.pdf

Whilst Queensland was the first state to start pharmacist vaccination there is now a disparity amongst the states as to which vaccines can be administered by pharmacists and the age they can be vaccinated.

The following is the current list of states and territories with pharmacist administered vaccines

Pharmacist Immunisation in Australia - May 2018				
Jurisdiction	**Legislation amended**	**Vaccines**	**Minimum age**	**Access to NIP**
Western Australia	2014	Influenza	18	Since May 2018
South Australia	2017	Influenza Measles mumps, rubella (MMR); Diphtheria, tetanus, pertussis (dTpa), polio (in combination with dTpa)	16	-
New South Wales	2015	Influenza	18	-
Tasmania	2016	Influenza	18	-
ACT	2016	Influenza, Diphtheria, tetanus, pertussis (dTpa),	18	-
Queensland	2016	Influenza, Measles mumps, rubella (MMR); Diphtheria, tetanus, pertussis (dTpa),	18	-
Victoria	2016	Influenza, Diphtheria, tetanus, pertussis (dTpa)	18	Since 2017
Northern Territory	2017	Influenza Measles mumps, rubella (MMR); Diphtheria, tetanus, pertussis (dTpa)	16	-

We believe that there needs to be national consistency for pharmacist administered vaccination which would include the types of vaccines as well as access to NIP stock to ensure that all Australians can access the vaccines they need at the most convenient places. It is essential to ensure that high vaccination rates are maintained to take advantage of herd immunity.

Queensland was also the first state to launch a corporate vaccination service where community pharmacies were selected as a Preferred Supplier by the Queensland State Government to enable pharmacies to administer influenza vaccinations to department employees for the 2018 influenza season.[57]

The highly successful 2018 Guild Corporate Vaccination Program commenced on 19 March 2018 and will officially conclude on 31 July 2018. Highlights of the 2018 program, compared to the 2017 include:

- Increase of 12 participating pharmacies
- 3, 417 more influenza vaccinations administered (as at 25 June 2018)
- Over 5,348 online bookings made via the GuildCare Corporate Vaccination module

The positive feedback from employees who participated in the program indicated a high level of satisfaction (81%) with the Program, and 75% of employees saying they would choose to receive their vaccination in the future from a community pharmacy.

The success of pharmacy vaccination in Queensland shows that community pharmacies are able to adopt innovative practices that deliver valuable services to Queenslanders and this needs to be further explored and supported.

[57] https://www.guild.org.au/guild-branches/qld/professional-services/community-pharmacy-vaccination-services/2018-guild-corporate-vaccination-program

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

Pharmacists

Pharmacists are amongst the most trusted professionals in society and are acknowledged as highly trained clinicians and the experts in medicines and medication management.[58]

In addition, community pharmacists also have comprehensive training in disease prevention, management and treatment. Pharmacists undergo a minimum five years training before registering as a healthcare professional and then undertake continuing professional development (CPD) throughout their careers. The Pharmacy Board of Australia's *Guidelines on Continuing Professional Development*[59] outlines the mandatory requirements for pharmacists to plan, complete and record CPD activities on an annualised basis, recognising that CPD is an important foundation for lifelong learning and maintaining competence to practise.

Registered pharmacists are not only governed by federal and state legislation, but also by:

- The Pharmacy Board of Australia's codes, guidelines and policies [60]
- Code of Ethics for Pharmacists and Code of Conduct for Pharmacies [61]
- National Competency Standards Framework for Pharmacists in Australia[62]
- Professional and practice Standards[63]

Queensland's 4,500 pharmacists have expertise in medicines, however their ability to practice to their full scope is more limited in Queensland, due to current regulation, when compared with other states and indeed in many other countries.[64]

Scope of practice is a time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable. They are defined by a regulatory body such as the Pharmacy Board of Australia and the profession after taking into consideration the health professional's training, experience, expertise and demonstrated competency. It includes activities delegated to others and can be expanded at the discretion of the individual practitioner by incorporating into their practice the knowledge, skills and expertise required to deliver a new health service.[65]

As the role of community pharmacists continues to evolve to meet community health needs, so too will the Pharmacy Board of Australia's definition of scope of practice. The profession will continue to provide evidence-based services, consistent and delivered under the existing robust quality assurance and

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[58] http://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543
[59] http://www.psa.org.au/wp-content/uploads/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-2016-PDF-2mb.pdf
[60] http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx
[61] https://www.psa.org.au/downloads/codes/PSA-Code-of-Ethics-2017.pdf
[62] https://www.psa.org.au/downloads/accreditation-documents/accreditation-reference-material/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-2016-PDF-2mb.pdf
[63] Ibid.
[64] Grattan –Letting pharmacists do more –Grattan Institute Submission to the Victorian Legislative Council Inquiry into Community Pharmacy. Duckett, S and Breadon, P. (June 2014)
[65] http://www.psa.org.au/wp-content/uploads/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-2016-PDF-2mb.pdf

regulatory frameworks, with the appropriate education, training and qualifications and workforce support mechanisms.

Pharmacy Assistants

Pharmacy assistants are the largest part of the pharmacy workforce. It is estimated that over 10,000 pharmacy assistants are employed in Queensland pharmacies, representing roughly two thirds of all pharmacy employees in the state.

Pharmacy assistants routinely interact with and provide advice to patients regarding their medication needs, typically non-prescription medication and, if working in a dispensary, may well have completed most of the preparation of a prescription. They will often be the first point of contact for a patient and provide a substantial patient service function.[66]

Patients are becoming better informed and their questions are becoming more complex, yet there is no mandatory training requirement for pharmacy assistants. The modern Australian patient expects a high degree of safety and accountability which includes qualified employees; the lack of mandatory training for pharmacy assistants is inconsistent with this expectation. Consumers expect the pharmacy workforce to possess both retail skills and health knowledge. Increased demand for preventative health items and wider product ranges require extensive product training.[67]

In Queensland, approximately 95% of pharmacies are accredited to the AS 85000:2017 Quality Care Community Pharmacy Standard, a formally recognised Australian Standard. A requirement of the Standard is to ensure that all pharmacy employees maintain a training record and development plan that is relevant to the position that they hold.

As per the QCPP requirements, pharmacy assistants that are involved in the support of Schedule 2 and 3 medicines must have received initial training via a Recognised Training Organisation and receive ongoing annual refresher training to ensure up to date and relevant knowledge in the interest of patient safety.

Minimum mandatory vocational training for pharmacy assistants would be a step towards establishing a universal and consistent skills set which includes a range of intellectual, technical and communication skills. Pharmacy assistants should be required within this mandatory training the capacity to demonstrate defined responsibility within an appropriate delegation and supervision framework.

Further detailed work is required to determine the workforce needs and nature of mandatory minimum training for pharmacy assistants. The ABS Labour Force Survey, Department of Employment trend data to November 2015 and Department of Employment projections to 2020 indicate job openings for pharmacy assistants are expected to be above average (between 25,001 and 50,000) by November 2019. SkillsIQ Industry and Skills Forecast April 2017 indicates that:

- Employment for this occupation rose strongly over the past five years;
- Looking forward, employment for Pharmacy Sales Assistants to November 2020 is expected to grow very strongly;
- Broadening of services, community pharmacies commonly provide preventative health;
- The implementation of consultation rooms will require the community pharmacy workforce to undertake specific training to ensure they are adequately skilled to provide these services. Senior pharmacy assistants are typically involved in the delivery of these services;

[66] Community Pharmacy Workforce Review and Analysis Ernst and Young August 2017
[67] ibid.

- The workflow within pharmacies is changing. The expansion of professional services in line with the Sixth Community Pharmacy Agreement (6CPA) sees pharmacists having greater patient contact;
- Dispensary assistants are being asked to take on more responsibilities in dispensing and administration, in order to allow pharmacists to spend additional time with patients; and
- As a result, a greater number of skilled dispensary technicians are required and community pharmacy assistants will expand their roles.

An expansion of responsibilities and expansion of duties will allow for additional career progression within community pharmacy. As pharmacy practice continues to adapt so will the role of pharmacy support staff.

In addition, incorporating 21st century capabilities into a comprehensive profile of pharmacy assistants' current and future job skills will lead to the development of education which supports the requisite skills and knowledge.

It should be noted that an introduction of a minimum mandatory level of qualification must be undertaken in a phased approach with consideration of the costs to the employee or employer. Financial support may be required to implement this reform over an agreed reasonable period of time and with recognition of prior learning for employees.