

Queensland Government Response to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's *Report No. 12 – Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland*

Overview

On 3 May 2018, the Legislative Assembly referred to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (Committee), an inquiry into the establishment of a pharmacy council and the transfer of pharmacy ownership in Queensland.

The Committee focused on four key issues:

- the benefits of extending the scope of practice for pharmacists and pharmacy assistants;
- the administration of the transfers of pharmacy ownership by Queensland Health;
- the pharmacy ownership requirements specified in the *Pharmacy Business Ownership Act 2001*; and
- the merits of establishing a separate statutory authority, such as a pharmacy council, to administer transfers in pharmacy ownership.

The Committee accepted and published 210 written submissions from community pharmacists and pharmacy assistants, medical and pharmacy peak bodies, pharmacy franchise organisations, training organisations, patient advocates and members of the public. The Committee held a number of public hearings in metropolitan and regional locations. The Committee requested the Queensland Audit Office (QAO) conduct an audit of the administration of transfers of pharmacy ownership by Queensland Health and also requested the Queensland Productivity Commission conduct an independent cost benefit analysis of the establishment of a pharmacy council in Queensland.

The Committee tabled *Report No. 12 – Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland* on 16 October 2018. It referenced the QAO's *Report No 4: 2018-19 – Managing transfer of pharmacy ownership* and the Queensland Productivity Report – *Cost-benefit analysis of establishing a pharmacy council*. The Committee's report made 11 recommendations relating to pharmacist and pharmacy assistant scope of practice, the establishment of pharmacy advisory council, the regulation of pharmacy ownership in Queensland and communication of pharmacy services.

The Queensland Government response will be implemented by a dedicated project team within Queensland Health that will coordinate input from an Interim Pharmacy Roundtable (in the short term) and the Queensland Pharmacy Advisory Council (once established). The project has an anticipated duration of three years.

Response to recommendations

Recommendation 1

The Committee recommends that the Department of Health lower the minimum patient age requirement for pharmacist-administered vaccinations to 16 years of age.

Response

This recommendation is accepted and has been implemented.

Recommendation 2

The Committee recommends the Department of Health develop options to provide low-risk emergency and repeat prescriptions (for example, repeats of the contraceptive pill) and low-risk vaccinations (including low risk travel vaccinations) through pharmacies subject to a risk-minimisation framework. The framework could include:

- consultation with a GP utilising 13HEALTH;
- limitations on the number of times a prescription can be issued within a period of time (e.g. only once in a six-month period);
- on-site testing; and
- a requirement that the pharmacist consult a 13HEALTH GP or have regard to the patient's medical record via MyHealthRecord.

Any change in pharmacists' scope of practice should be underpinned by appropriate credentialing and training for the services to be delivered.

Response

This recommendation is accepted in principle.

In March 2016, the Queensland Government supported the change to the *Health (Drugs and Poisons) Regulation 1996* to allow pharmacists to provide nominated vaccinations to adults (aged 18 years or over). This includes influenza, diphtheria-tetanus-acellular-pertussis vaccine and measles-mumps-rubella vaccine and adrenalin for treatment of anaphylaxis only. All of these vaccines are important for travel. At the 12 October 2018 meeting of the Council of Australian Governments (COAG) Health Council, federal, state and territory ministers tasked the Australian Health Protection Principal Committee (AHPPC) to establish a working group to consider and recommend options for a nationally consistent approach to pharmacist delivered vaccination programs. Each jurisdiction currently allows appropriately trained pharmacists to administer a varying range of vaccines.

A working group was formed and led by New South Wales with representation from each jurisdiction. The working group has developed recommendations for the optimal scope of pharmacist vaccination practice, including consideration of the risks and benefits in relation to:

- the range of approved vaccines;
- the age of eligible consumers; and
- access to National Immunisation Program vaccines.

Queensland participated in the working group. The draft report from the working group has been provided to AHPPC for consideration.

Consideration of options to provide any further low-risk vaccinations (including low-risk travel vaccinations) will commence after the recommended options from the AHPPC working group are available.

An extended role for pharmacists in medication management, including additions to the scope of immunisations provided and issuing low-risk emergency and repeat prescriptions will require changes to the *Health (Drugs and Poisons) Regulation 1996*. New models of care must be reviewed and trialled prior to implementation, or if proven within similar health systems, should be evaluated to determine their relevance to the Queensland context.

Queensland Health will develop, implement and evaluate a state-wide trial to provide low-risk emergency and repeat prescriptions for the contraceptive pill and antibiotics for urinary tract infections.

To support this recommendation, Queensland Health will:

1. review and evaluate proven models from similar health systems for relevance to Queensland and/or trial new models of care and determine training and governance; and
2. establish a multidisciplinary group to consider the outcomes of the AHPPC working group, and if necessary, develop further options in accordance with the recommendation.

Recommendation 3

The Committee recommends the Minister for Health seek support through the COAG Health Council for nationally consistent education and training requirements and scope of practice for pharmacists administering vaccinations.

Response

This recommendation is accepted.

This will be considered once AHPPC has endorsed the report from the working group on a nationally consistent approach to pharmacy delivered vaccination programs.

In Queensland, scope of practice for pharmacist vaccinators is defined through the Drug Therapy Protocol – Pharmacist Vaccination Program made under the *Health (Drugs and Poisons) Regulation 1996*. Discussion regarding a more nationally consistent approach would have benefits for training organisations and facilitate Pharmacy Board of Australia endorsement of qualifications. If jurisdictions agree to a nationally consistent approach, the Pharmacy Board of Australia has indicated that it could enable endorsement of suitably trained pharmacist vaccinators, including a consistent scope of practice.

Recommendation 4

The Committee recommends the Department of Health, in conjunction with the Pharmacy Advisory Council (if established), explore the benefits and risks of extending the scope of practice of community pharmacy assistants in relation to the handling of dangerous drugs.

Response

This recommendation is accepted in principle.

Community pharmacy assistants are currently not authorised to handle Schedule 8 drugs. Queensland Health is currently progressing legislative change that will allow community pharmacy assistants to participate in the receipt and stocking of scheduled drugs. This change will be introduced as part of the proposed Medicines and Poisons Bill.

Recommendation 5

The Committee recommends the Department of Health, in conjunction with the Pharmacy Advisory Council (if established), explore whether community pharmacy assistants and hospital pharmacy assistants should undergo the same basic mandatory training, and whether this would provide benefits to the community.

Response

This recommendation is accepted in principle.

Training for pharmacy assistants is provided through the Vocational Education and Training (VET) sector by registered training organisations. Existing qualifications for pharmacy assistants working in hospitals include the Certificate III and IV in Hospital/Health Service Pharmacy Support. For community pharmacy assistants, the available qualifications are the Certificate II, III and IV in Community Pharmacy and Certificate IV in Community Pharmacy Dispensary. A review is currently underway to examine any increased clinical function, increased work value, impact of mandatory qualifications, effect of multiple qualifications and increased scope of administrative work performed by pharmacy assistant roles within Queensland Health, and Hospital and Health Services.

Queensland Health will engage with relevant stakeholders to review training requirements for community and hospital pharmacy assistants.

Recommendation 6

The Committee recommends the establishment of a Queensland Pharmacy Advisory Council to advise the Department of Health in its administration of the *Pharmacy Business Ownership Act 2001* and the fulfilment of its regulatory responsibilities.

The Queensland Pharmacy Advisory Council would:

- provide expert advice to the Minister on ownership and premises standards, and would enhance the department's capacity to proactively monitor and enforce the pharmacy regulatory environment;
- comprise members appointed by the Minister with expertise in law, accounting, and business management and members representing the pharmacy sector and consumers;
- be funded on a cost recovery basis by the pharmacy sector (that is, no costs to be borne by government); and
- be consulted by the Department of Health on matters including, but not limited to, managing transfers of pharmacy ownership and changes to scope of practice for pharmacists and pharmacy assistants.

Response

This recommendation is accepted in principle.

The establishment of a Queensland Pharmacy Advisory Council may require amendments to the *Pharmacy Business Ownership Act 2001* to facilitate and define the roles, responsibilities and reporting functions of the Council and to implement measures to ensure appropriate funding arrangements.

The Minister for Health and Minister for Ambulance Services will appoint an Interim Pharmacy Roundtable prior to the formal establishment of the Queensland Pharmacy Advisory Council to allow a smooth transition.

Queensland Health will act as the secretariat for the Interim Pharmacy Roundtable in the short term, and for the formally established Council in the long term. Queensland Health will coordinate meetings, arrange travel (if required), maintain records, manage correspondence, ensure compliance with relevant governance and reporting requirements, and any relevant business functions (such as budget management).

Recommendation 7

The Committee recommends that:

1. the Department of Health's development and implementation of a risk-based strategy for testing that existing commercial arrangements for pharmacy ownership in Queensland comply with sections 139B, 139H and 139I of the *Pharmacy Business Ownership Act 2001* be limited to transfers transacted since 03 May 2016, being a period of two years prior to the date the inquiry was referred to the committee;
2. by 16 October 2019, 12 months from the tabling of the report, the department request a review by the Queensland Audit Office of the implementation of part (1) above of this recommendation together with compliance by the department with the agreed recommendations in the office's *Report No 4: 2018-19 – Managing Transfers in Pharmacy Ownership*, and request that the Queensland Audit Office, pursuant to the *Auditor-General Act 2009*, table in the Legislative Assembly the report from its review, and
3. within six months of requesting the review recommended in part (2) above of this recommendation, the department provide the committee a written update of the review.

Response

This recommendation is accepted.

Queensland Health will review all current commercial arrangements of pharmacy ownership to ensure equitable application of pharmacy ownership regulation across the sector. Queensland Health understands that limiting the reviews to transfers of ownership transacted from 3 May 2016 onwards, would be inequitable as it would apply scrutiny and enforcement action to some pharmacy owners and not others who may have similar commercial arrangements in place.

Queensland Health will review all transfers relating to business arrangements that are still current, ensuring all current owners are subject to the same scrutiny and enforcement actions. Notifications for arrangements that are no longer valid (for example, if a pharmacy has subsequently transferred ownership), will be considered out of scope. This approach will maximise the effectiveness of the review and avoid expenditure on reviews that have no current application.

Queensland Health has already begun to respond to the recommendations in the QAO's *Report No. 4 2018-19 – Managing Transfers in Pharmacy Ownership*. This included immediate changes to the review process to include assessment of compliance with sections 139B, 139H and 139I of the *Pharmacy Business Ownership Act 2001*. Queensland Health has amended the approved notification forms to reflect the new assessment process under the *Pharmacy Business Ownership Act 2001* as it currently stands. Processes are being reviewed and documented.

This review of transfers will provide baseline information about compliance levels with current legislation and will assist in the identification of necessary changes required to the *Pharmacy Business Ownership Act 2001* to improve Queensland Health's ability to administer that Act (see recommendation 8). In conjunction with the Interim Pharmacy Roundtable, Queensland Health will develop a policy to clarify its approach to any identified non-compliance.

In direct response to the recommendations contained in the QAO's report, and in the context of the Committee's endorsement of those recommendations, Queensland Health will deliver:

- a published policy document clarifying the role and obligations of Queensland Health;
- re-designed internal controls that are mapped and documented to administer the *Pharmacy Business Ownership Act 2001* based on the roles and obligations of Queensland Health under the Act. The effectiveness of these internal controls is subject to the limitations of the *Pharmacy Business Ownership Act 2001*;
- Pharmacy Ownership Business Rules (work instructions) to support policy and business processes documented;
- documented specifications for a suitable electronic decision support tool;
- a software development or procurement activity undertaken to establish the decision support tool;
- guidelines to support pharmacy owners and their agents through the re-designed notification process;
- amended notification form/s to support and align with the re-designed notification process;
- a compliance monitoring plan developed and implemented to support the ongoing monitoring of compliance with the *Pharmacy Business Ownership Act 2001*;
- long-term arrangements for the ongoing administration of the *Pharmacy Business Ownership Act 2001* identified and established within Queensland Health;
- request a review by the Queensland Audit Office by 16 October 2019; and
- within six months of the review, provide the committee with a written update of the review.

Recommendation 8

The Committee recommends that the *Pharmacy Business Ownership Act 2001* be amended to enable the Department of Health to more effectively manage the pharmacy ownership notification process, including the establishment of offence provisions for breaches of section 139(l).

Response

This recommendation is accepted in principle.

Queensland Health will facilitate the amendment of the *Pharmacy Business Ownership Act 2001* to more effectively manage the pharmacy ownership notification process. As noted above, it is likely that amendments to the *Pharmacy Business Ownership Act 2001* will also be necessary to underpin Queensland Health's response to other recommendations.

Queensland Health will consider amendments to the *Pharmacy Business Ownership Act 2001* in relation to:

- the Queensland Pharmacy Advisory Council, to provide an authorising environment for the establishment of the council, the appointment of members and its role and responsibilities (see Recommendation 6);
- the mechanism through which the pharmacy industry will fund the Queensland Pharmacy Advisory Council (see Recommendation 6);
- definition of terms not currently defined in the *Pharmacy Business Ownership Act 2001* to improve consistent interpretation by Queensland Health;
- offence provisions for breaches of section 139I of the *Pharmacy Business Ownership Act 2001*;
- enforcement and penalty options to enable more effective management of the pharmacy ownership notifications;
- Queensland Health's ongoing monitoring of compliance with ownership provisions;
- public reporting of pharmacists' compliance with pharmacy ownership legislation and compliance activities undertaken by Queensland Health in relation to this legislation (see Recommendation 10); and
- the development of a public-facing register of pharmacies and the services they provide (see Recommendation 11).

Given the changes that will be required to the *Pharmacy Business Ownership Act 2001* to support the recommendations and the improved administration of pharmacy ownership, it is anticipated that multiple tranches of amendments to the Act will be required.

Queensland Health will seek to amend the *Pharmacy Business Ownership Act 2001* to introduce a licensing and registration scheme to support the regulation of pharmacy ownership in Queensland as is common in other jurisdictions. A licensing and registration scheme will support the implementation of multiple recommendations from the Committee report and will provide a mechanism for enforcing the requirements of the *Pharmacy Business Ownership Act 2001* and monitoring ongoing compliance with ownership provisions (Recommendation 7). It will provide a source of funding for the Queensland Pharmacy Advisory Council (Recommendation 6) and facilitate the establishment of a register of pharmacies in Queensland and the services they provide (Recommendation 11).

Recommendation 9

The Committee recommends that the pharmacy ownership requirements of the *Pharmacy Business Ownership Act 2001* be retained.

Response

This recommendation is accepted.

Recommendation 10

Based on the findings of the audit by the Queensland Audit Office, the Committee recommends that the Department of Health improve transparency regarding the compliance of pharmacists with the *Pharmacy Business Ownership Act 2001*, the *Health Regulation 1996* and the *Health (Drugs and Poisons) Regulation 1996* by publishing its compliance audit results, at least annually.

Response

This recommendation is accepted in principle.

Addressing this recommendation will require changes to the *Pharmacy Business Ownership Act 2001* to authorise public reporting of compliance against the Act.

The recommendation for transparency in relation to compliance with the *Health Regulation 1996* and the *Health (Drugs and Poisons) Regulation 1996* arose in response to issues raised during the Inquiry's public hearings regarding the frequency and consistency of pharmacy inspections across Queensland. These inspections are currently the responsibility of the individual Hospital and Health Services. While there will always be a level of inherent variation as a result of differences in the interpretation and approach taken by individual inspectors, having a dispersed model based on Hospital and Health Service regions, further increases the likelihood of variance in compliance activities across the state.

Queensland Health, in consultation with Hospital and Health Services, will consider the benefits of establishing a temporary inspectorate to facilitate a baseline review of all pharmacies in Queensland over a three-year period, using a combination of physical and desktop inspections of pharmacies. Prioritisation of physical (as opposed to desktop) inspections will be based on known or assessed risk.

Queensland Health will work with Hospital and Health Services to develop and implement a robust statewide compliance plan and associated public reporting. This approach will ensure that the public has assurance that minimum standards are maintained and action taken when standards fall below minimum requirements.

The results of the baseline review of pharmacy compliance will inform the development of a strategy and framework for the ongoing monitoring and regular reporting of pharmacies' and pharmacists' compliance with applicable legislation and standards. In conjunction with the Interim Pharmacy Roundtable or the Pharmacy Advisory Council (once established), Queensland Health will consider options for ensuring ongoing monitoring of pharmacies' and pharmacists' compliance with the *Pharmacy Business Ownership Act 2001*, the *Health Regulation 1996* and the *Health (Drugs and Poisons) Regulation 1996* (or equivalent) is sufficient to maintain public confidence in the pharmacy industry.

Recommendation 11

The Committee recommends that the Department of Health investigate ways to improve communication to consumers about the services individual pharmacies provide such as vaccinations.

Response

This recommendation is accepted.

Queensland Health will deliver a public-facing website that lists pharmacies and the services they provide. Additional functionality, such as dynamic searching will be considered.

Queensland Health will consider whether there is a need to amend the *Pharmacy Business Ownership Act 2001* to facilitate this (see Recommendation 8) and the technical solutions and web presence required to support this.