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# **National Competition Policy Review of Pharmacy**

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The Hon John Howard MP  
Prime Minister  
Parliament House  
CANBERRA ACT 2600

Dear Prime Minister

I am pleased to present to the Council of Australian Governments the Final Report of the National Competition Policy Review of Pharmacy.

The Council gave the Review the task under the National Competition Policy (NCP) to examine and comment upon specified Commonwealth, State and Territory pharmacy legislation. I understand that this is the first time that a collective national NCP review has been undertaken for particular body of professional regulation. The Terms of Reference asked the Review to assess the effects on competition of referred legislation on the ownership of pharmacies, the location of pharmacies for the purposes of the Commonwealth Pharmaceutical Benefits Scheme, and the registration of pharmacists.

The Review has made a number of findings and recommendations in response to its Terms of Reference. They are the result of the Review's considered and independent analysis and, if implemented, they have the potential to make pharmacy practice and the community pharmacy industry more competitive and more responsive to the needs of both urban and rural communities.

In undertaking its task, the Review had the benefit of the comments and advice of a steering group composed of Commonwealth, State and Territory officials. Their willingness to assist and contribute has given invaluable support to the Review, and I want to record my thanks to each of them.

I commend the Report to Commonwealth, State and Territory jurisdictions for their consideration and public release.

Yours sincerely



Warwick J. Wilkinson AM RFD ED  
Reviewer



# National Competition Policy Review of Pharmacy

## OVERVIEW AND RECOMMENDATIONS

### INTRODUCTION

Pharmacy is an important element of Australia's health care system. Whether operating in hospitals and other acute care facilities, or in the familiar chemist shops of Australian cities and towns, pharmacists and pharmacies are an integral part of the day to day life of our nation. Pharmacists are highly-regarded and highly-trusted professionals, consistently rated in opinion surveys as one of the best-regarded occupational groups<sup>1</sup>.

The shopfront community pharmacy is something most people take for granted. Beyond this social acceptance, pharmacy has developed its own professional culture. The profession itself is remarkable for its superb ability to organise itself, develop an *esprit de corps* and common outlook among its members, and convert that professional discipline into community influence.

This unique pharmacy culture has developed amidst, and partly as a result of, the relatively high level of industry regulation. Government controls are apparent in almost every aspect of community pharmacy – from who may practise as a pharmacist, the location of the shop, to the prices it charges for subsidised prescription goods, to who can actually own and run the pharmacy.

### BACKGROUND TO THE REVIEW AND THE REGULATION OF PHARMACY

The National Competition Policy (NCP) Review of Pharmacy Regulation was announced in June 1999. It was asked by the Council of Australian Governments (COAG), to examine specified Acts and regulations relating to pharmacy. It was also asked to determine whether these impose restrictions on competition and, if so, whether any such restrictions are of net public benefit and, if not, whether they should be removed.

This has been the first single national review of a profession commissioned under the NCP systematic legislative review process.

#### What is being reviewed?

The Review's Terms of Reference asked it to look at State and Territory *Pharmacy and Pharmacists Acts*, and relevant parts of the Commonwealth *National Health Act 1953*.

The Terms of Reference asked the Review specifically to examine the restrictions that legislation may impose on three specific areas of pharmacy practice and the commercial operation of the pharmacy industry:

- Ownership of pharmacies;

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<sup>1</sup> The 1999 Morgan occupational trust survey gave pharmacists an 86 per cent "approval" rating, and placed them as an occupation as the most trustworthy occupational group in terms of respondent answers: *The Bulletin*, 29 June 1999.

- Location of pharmacies to dispense benefits under the Commonwealth Pharmaceutical Benefits Scheme (PBS); and
- The registration of pharmacists.

Each State or Territory has a *Pharmacy* or *Pharmacists Act*<sup>2</sup>, consistent with their responsibility for regulating the professions. While each Act covers relatively common ground on such matters as pharmacist registration, the professional and commercial practice of pharmacy, and the constitution and powers of regulatory authorities, they each reflect local needs and conditions in each State and Territory.

The Commonwealth also has a regulatory interest through its *National Health Act 1953*. The Act sets out statutory requirements for the administration of the Pharmaceutical Benefits Scheme (PBS), including the power to determine which pharmacies may “supply” pharmaceutical benefits to the public, and where these may be located.

### *Progress of the Review*

After it was announced by COAG on 19 June 1999, the Review released a discussion paper posing a number of questions based on its Terms of Reference. It also advertised for submissions.

The Review received over 100 submissions from governments, industry and stakeholder groups, practising pharmacists, allied health practitioners and members of the general public. It also held face-to-face consultations with interested parties in all States and the Australian Capital Territory.

A *Preliminary Report* was submitted to COAG, with the Review’s indicative findings and recommendations, in November 1999. The *Preliminary Report* generated a great deal of interest, particularly from pharmacy professional and industry bodies. The public comment, detailed responses and other feedback from the *Preliminary Report* have been invaluable to the Review, challenged some of that Report’s assumptions and reinforced others, and generally have helped to sharpen the analysis, findings and recommendations contained in this *Final Report*.

## **THE REVIEW AND THE PHARMACY PROFESSION**

The NCP process is not a universally popular one. It generates more than a measure of apprehension and concern from both regulators and the regulated, as it seeks to test assumptions and practices in areas of commercial and professional activity that many consider have served Australia well and see no reason to change. But even the most trusted ways of doing things benefit from being evaluated critically, being validated if they do continue to serve a good purpose, and removed if they do not.

Pharmacy is no exception.

Both pharmacy as a profession and community pharmacy as an industry have long enjoyed shelter from the full force of market competition. There is competition between pharmacies and pharmacists, but it is competition within a relatively homogenous, conservative and

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<sup>2</sup> These Acts are listed in Attachment A to the Review’s Terms of Reference, which are set out at Appendix A. They are henceforth referred to collectively as *Pharmacy Acts*.

stable professional market. Pharmacists have not had truly to compete against non-pharmacist competitors for generations.

The regulatory framework of pharmacy has been relatively static for many years, indeed many decades. Professionals in general are comfortable with traditions of self-regulation and control, and many pharmacists have felt uneasy, even hostile, to the prospect of change arising from an external process of review.

In addition, the industry's operating and regulatory environment is relatively static and benign and does not in itself foster competition. The greater part of community pharmacies' income (about two dollars in every three in turnover) is underpinned by government-funded remuneration and the fixed retail prices of subsidised medicines dispensed on the PBS. Related to the PBS are restrictions on where dispensing pharmacies may locate for PBS purposes, which themselves influence the shape and operation of the community pharmacy market.

Such stable income and regulatory bases, coupled with the increasing demand for costly drugs and medicines as the Australian population ages, help to ensure that pharmacies are seen by those who own and finance them as low risk businesses, when the overall chances of a small and medium business failing are high.

Against this background, the Review examined the relative costs and benefits of the legislative restrictions on pharmacy referred to it by the Terms of Reference, and formed the findings, conclusions and recommendations contained in this Report.

## ***OWNERSHIP OF PHARMACIES***

Under each State Act, with the specified exceptions of friendly societies and some "grandparented" proprietors (that is, for-profit non-pharmacist proprietors whose holdings predate existing restrictions), by and large only registered pharmacists may own pharmacies.

The Australian Capital Territory and Northern Territory *Pharmacy Acts*, however, only require conclusively that a pharmacy be managed by a pharmacist – their provisions actually are ambiguous as to whether this extends to requiring pharmacist ownership of pharmacies.

The Review interpreted its ownership reference as examining not only the core question of who can own pharmacies, but also as considering issues related to the commercial operation of pharmacies as this may be affected by professional regulation in State and Territory Acts. Such factors include how many pharmacies a proprietor may own, ownership structures for pharmacy businesses, third party pecuniary interests in pharmacy businesses, and regulatory authorities registering both pharmacy premises and businesses. All of these factors relate to the central question of who may lawfully own or have a proprietary interest in a pharmacy.

While they are serious restrictions on competition, the current limitations on who may own and operate a pharmacy are seen as a net benefit to the Australian community as a whole. Pharmacist proprietorship of pharmacies adds reasonable value to the professional quality and performance of that network, over and above any questions of how integral the ownership of pharmacies by pharmacists is to the long-term future of the community pharmacy industry as Australians are accustomed to it.

The Review also recommends that existing exceptions to the general pharmacist ownership principle, friendly societies and grandparented non-pharmacist owned pharmacies, be retained. The close regulation of friendly society pharmacies could also be simplified if those eligible to operate them are limited to existing groups, those groups derive no undue competitive advantage from their status, and the overall pharmacist proprietorship principle of the community pharmacy industry is not called into question.

Beyond this point, however, *Pharmacy Acts* and regulatory machinery have become involved in all aspects of a pharmacy business, ranging from the goods and services sold in a pharmacy shop with whom a pharmacist may enter commercial relations, and the nature of those relations.

The Review believes that *Pharmacy Acts* and regulatory authorities should focus their regulatory attention exclusively on the safe and competent practice of pharmacy. Pharmacists are, after all, professionals whose high training enables them to trust their personal judgment and make all manner of decisions carefully and analytically. Beyond this is a range of other commercial mechanisms safeguarding the public interest, from the *Trade Practices Act* to sale of goods legislation, that support fair and responsible trading and business practices.

With this in mind, the Review has concluded that regulations of the commercial aspects of pharmacy practices should be wound back, or removed, wherever possible to ensure that pharmacy businesses can make their own commercial judgments without undue interference from professional regulatory authorities. The only criterion for pharmacy legislation's intervention in commercial matters should be ensuring that pharmacy services are practised by professionals safely and competently, and that these professionals act always in the best interests of their patients and clients without undue, inappropriate or unethical interference from any third party.

The Review believes that this is the spirit of existing pharmacy legislation, but that over time its coverage has been extended too far by convention and precedent.

The Review has also given some thought to whether the range of workable pharmacy ownership structures can be extended to give a greater semblance of genuine commercial thinking and competition among community pharmacy businesses and practices. It has outlined a model of corporate governance that could be considered in this regard, consistent with the assumptions of its recommendations.

## OWNERSHIP OF PHARMACIES - RECOMMENDATIONS

### Recommendation 1

The Review recommends that:

- (a) Legislative restrictions on who may own and operate community pharmacies are retained; and
- (b) With existing exceptions, the ownership and control of community pharmacies continues to be confined to registered pharmacists.

### Recommendation 2

The Review recommends that:

- (a) Any State or Territory's residential requirements for pharmacy ownership are removed; and

- (b) Any State or Territory's requirements that a pharmacist be registered in that jurisdiction to own a pharmacy are retained, pending any consistent national arrangements that may be adopted.

### Recommendation 3

The Review recommends that:

- (a) Pharmacy ownership structures permitted by various State and Territory *Pharmacy Acts* be retained as being consistent with the defined principle of pharmacist ownership and effective control of pharmacy businesses;
- (b) *Pharmacy Acts* recognise, in addition to sole trading pharmacists and pharmacist partnerships, corporations with shareholders who are:
- (1) All registered pharmacists; and
  - (2) Registered pharmacists and prescribed relatives of those pharmacists; and
- (c) Due to the risk of conflicts of interest of shareholders, and the difficulties in determining the extent to which minority shareholdings may compromise pharmacist control of a pharmacy, operating companies with minority shareholdings held by non-pharmacists are not considered to be appropriate ownership structures for pharmacy businesses.

### Recommendation 4

The Review recommends that:

- (a) State and Territory restrictions on the number of pharmacies that a person may own, or in which they may have an interest, are lifted;
- (b) The effects of lifting the restrictions be monitored to ensure that they do not lead to undue market dominance or other inappropriate market behaviour; and
- (c) Legislative requirements that the operations of any pharmacy must be in the charge, or under the direct personal supervision, of a registered pharmacist are retained.

### Recommendation 5

The Review recommends that:

- (a) Friendly societies may continue to operate pharmacies, but that:
- (1) Regulations specific to the establishment and operation of pharmacies by friendly societies pharmacies, that do not also apply to other pharmacies and classes of proprietors, should be removed; and
  - (2) Any friendly society that did not operate pharmacies in a jurisdiction on 1 July 1999 or any other prescribed date should not own, establish, or operate a pharmacy in that jurisdiction in future, unless it is an entity resulting from an amalgamation of two or more friendly societies operating a pharmacy at that date;
- (b) Permitted corporately-owned pharmacies continue to be restricted under grandparenting arrangements where these apply;
- (c) The relative financial and corporate arrangements of pharmacist-owned pharmacies and friendly society pharmacies, as these may affect the competitiveness of these pharmacies with each other, could be referred for definitive advice to the Australian Competition and Consumer Commission (ACCC), or another agency or authority of comparable and appropriate standing; and
- (d) The findings of any such inquiry may be taken into account as part of legislative reform processes in this regard.

### Recommendation 6

The Review recommends that:

- (a) Any statutory prohibition on natural persons or bodies corporate, not being a registered pharmacist, or other permitted entity, having a direct proprietary interest in community pharmacies are retained;
- (b) "Proprietary interest" be defined clearly in *Pharmacy Acts* as relating to the direct ownership of, or a partnership, shareholding or directorship in a pharmacy operating entity;
- (c) Subject to the proprietor of a pharmacy remaining responsible and accountable for the safe and competent practice of professional services in that pharmacy, provisions in *Pharmacy Acts* relating to:
  - (1) Preventing parties other than a registered pharmacist to have a lawfully permitted association with a pharmacy business, but not including a proprietary interest as defined in Recommendation 6(b);
  - (2) Inserting specific terms in commercial documents relating to those businesses;
  - (3) Preventing considerations for third parties based on of a pharmacy's turnover or profit;
  - (4) Preventing pharmacies having preferred wholesale suppliers of medicines;
  - (5) Otherwise preventing pharmacy proprietors from developing lawful business associations with other parties; and
  - (6) Allowing regulatory authorities to intervene inappropriately in matters of this nature; are removed; and
- (d) Removed provisions of the types described in Recommendation 6(c) are replaced in each *Pharmacy Act* with a statutory offence, with appropriate and substantial penalties for individuals and corporations, of improper and inappropriate interference with the professional conduct of a pharmacist in the course of his or her practice.

### Recommendation 7

The Review recommends that:

- (a) Legislative requirements for the registration of pharmacy premises be removed provided that:
  - (1) Acts, regulations and related guidelines can continue to require pharmacy proprietors and managers to ensure that their premises are of a minimum standard of fitness for the safe and competent delivery of pharmacy services;
  - (2) The responsibilities of pharmacy proprietors and managers, and of registered pharmacists, under State and Territory drugs and poisons legislation are not compromised;
  - (3) Acts or regulations may require the proprietor of a pharmacy to notify a regulatory authority, in writing, of the location or relocation of a pharmacy; and
  - (4) Regulatory authorities, their employees or agents may enter and inspect pharmacy premises to investigate complaints, conduct spot checks, or act on the reasonable suspicion of guidelines being breached; and
- (b) Regulations requiring the registration of pharmacy businesses by regulatory authorities are removed, given that pharmacists are already registered in each State or Territory, and that business registration is not connected to the safe and competent practice of pharmacy.

### Recommendation 8

The Review recommends that Commonwealth, State and Territory governments ensure that legislation and agreements for the delivery of professional pharmacy and health care services negotiated with pharmacy proprietors and their representatives, require:

- (a) An acceptable range of services to be provided; and
- (b) Appropriate quality assurance and professional practice standards to be adopted by community pharmacies covered by the agreements.

## **LOCATION OF PHARMACIES**

The Commonwealth approves a pharmacy to supply medicines subsidised by the PBS. Under a ministerial determination made under section 99L of the *National Health Act 1953*, the Commonwealth imposes strict controls on approving a new pharmacy, and on relocating existing pharmacies, for PBS purposes. These location-based controls help to give effect to the Australian Community Pharmacy Agreement between the Commonwealth and the Pharmacy Guild of Australia.

In themselves, and however willingly they may be accepted by the community pharmacy industry, these location controls are an anti-competitive layer of regulation and government intrusion on the community pharmacy industry and market.

The restrictions assist a rational distribution of PBS-funded services, and help the Commonwealth to manage the costs of the PBS as a demand-driven programme. Given, that PBS sales and dispensing remuneration form the greater parts of a pharmacy's overall turnover, the PBS location criteria are central to operating a financially viable pharmacy, and they also help to insulate pharmacies from new competitors in their catchment areas.

These regulations restrict free and effective competition in the community pharmacy industry. The Review concludes that it cannot be shown conclusively that the current restrictions are entirely in the public interest. It also suggests that there may be more "competition-friendly" mechanisms, particularly in terms of an efficiency-linked PBS remuneration structure for pharmacies, that could also substitute for the existing new pharmacy approval measures to keep the overall number of pharmacies to a level consistent with community need.

The Commonwealth's regulatory restrictions on pharmacy relocation have, however, served little justifiable purpose since a major rationalisation of pharmacy outlets was completed in the early 1990s, and should be removed as soon as practicable.

In theory, the current restrictions could be dispensed with, or replaced, when the current Australian Community Pharmacy Agreement ends in mid 2000. In practice, and given the considerable investment in pharmacy infrastructure and pharmacy businesses based on present arrangements, there is merit of achieving change through a phased transition of several years, perhaps commencing on 1 July 2001. The Review suggests some practical features of a transitional framework in Appendix 5 to this Report.

In making these comments, however, the Review is aware that the parties to the Australian Community Pharmacy Agreement – the Commonwealth and the Pharmacy Guild of Australia – effectively have the last word by determining what is incorporated in any forthcoming Agreement and subsequently given legislative force.

It is up to these two parties to agree on arrangements that benefit the Australian community as a whole in terms of greater competition in the community pharmacy industry, as expressed in terms of fair access to better quality professional services at a reasonable cost.

## LOCATION OF PHARMACIES – RECOMMENDATIONS

### Recommendation 9

The Review recommends that:

- (a) Some form of restriction on the number of pharmacies as outlets for the Pharmaceutical Benefits Scheme (PBS) is retained;
- (b) The parties to the Australian Community Pharmacy Agreement consider, in the interests of greater competition in community pharmacy, a remuneration system for PBS services that restricts the overall number of pharmacies by rewarding more efficient pharmacy businesses and practices, and providing incentives for less efficient pharmacy businesses to merge or close; but
- (c) If remuneration arrangements consistent with Recommendation 9(b) are not practical, controls on the number of pharmacies through restricting new pharmacies' eligibility for approval to supply

pharmaceutical benefits could be retained but, if so, any “definite community need” criteria for those approvals should be made more relevant to the needs of underserved communities, particularly in rural and remote areas.

### Recommendation 10

The Review recommends that Pharmaceutical Benefits Scheme (PBS) related restrictions on the relocation of pharmacies from one site to another are phased out.

### Recommendation 11

The Review recommends that, consistent with recommendations 9 and 10, the current Pharmaceutical Benefits Scheme (PBS) new pharmacy and relocated pharmacy approval restrictions be reformed and/or phased out from 1 July 2001.

### Recommendation 12

The Review recommends that:

- (a) Legislation to support specific programmes and initiatives to assist the retaining and enhancing of pharmacy services in rural and remote areas is considered to be of a net public benefit; and
- (b) Non-transferable approvals to supply pharmaceutical benefits conferred, in limited circumstances, on a specific rural or remote locality are considered to be a justifiable restriction on competition in the public interest.

### Recommendation 13

The Review recommends that, should new pharmacy and relocated pharmacy approval restrictions continue after 1 July 2001, that:

- (a) Approvals, for Pharmaceutical Benefits Scheme (PBS) purposes, of pharmacies located in eligible medical centres, private hospitals and aged care facilities, and intended to serve those facilities, are considered without reference to the distance of a given facility's site from the nearest existing pharmacy; and
- (b) Measures as proposed in Recommendation 13(a) are incorporated in any transitional or ongoing regulatory measures concerning the approval of new and relocated pharmacies to supply PBS benefits.

## **REGISTRATION OF PHARMACISTS**

Regulating whom may practise pharmacy, and how it is practised, helps to assure the Australian public that pharmacists are competent and the professional services that they provide are safe.

Consistent with this assumption, the Review sees the relevant legislative provisions it has to examine as being not only pharmacist registration and registration requirements. It also sees as directly relevant the constitution, functions and powers of the regulatory authorities that administer *Pharmacy Acts* and regulations, and the accountability of pharmacists to the community through complaints, investigative and disciplinary processes.

On balance, and taking into account that there is an information asymmetry between pharmacists and consumers, the Review believes that it is reasonable to regulate aspects of the practice of pharmacy and its practitioners. The qualification is that such regulation should only be to the minimum level needed to ensure the safe and competent practising of pharmacy.

Consistent with its other recommendations, the Review also concludes that regulating pharmacists and pharmacy practice should not intrude unduly on the commercial and “non-pharmacy” aspects of running a pharmacy. It also concludes that, as far as possible, standards for safe and competent pharmacists and pharmacy services should be set or adopted

by governments on behalf of the community at large, and administered and implemented by regulatory authorities such as Pharmacy Boards.

The Review is also concerned to ensure that regulatory authorities are demonstrably open, transparent, and effective, so that they are always seen as being directly accountable to the community and not just to their profession. For this reason, it is important to ensure that authorities are composed of appointed rather than elected members. Appointees could be expected predominantly to be pharmacists, but should also include lay members of the community capable of articulating a consumer point of view. Ideally, authorities should also include a lawyer member who can assist and advise on legislative interpretation and procedural matters.

As a matter of particular interest, the Review has some views about the minimal requirements in State and Territory *Pharmacy Acts* relating to pharmacists renewing their registration.

Generally, registration renewal occurs with the payment of a prescribed annual fee, and without any active mechanisms to assure regulatory authorities, and through them the community, of the ongoing competence of the pharmacist. While these mechanisms are acceptable in themselves, when they are viewed in conjunction with complaints and disciplinary processes against incompetent and dangerous practitioners. The time may have come, however, to consider appropriate and defensible competency assurance benchmarks as part of re-registration processes.

## REGISTRATION OF PHARMACISTS - RECOMMENDATIONS

### Recommendation 14

The Review recommends that:

- (a) *Pharmacy Acts*, delegated legislation and statutory instruments concentrate on setting out the minimum regulatory requirements for the safe and competent delivery of pharmacy services by, or under the supervision, of pharmacists;
- (b) Legislation sets out clearly the roles, responsibilities and powers of decision-making, regulatory and reviewing authorities in administering that legislation; and
- (c) *Pharmacy Acts* distinguish between the responsibilities of governments to approve and formally set professional practice standards, professional instructions and procedural guidelines, and those of regulatory authorities to implement and enforce those standards, instructions and guidelines.

### Recommendation 15

The Review recommends that:

- (a) The appointment, composition, functions and charter of regulatory authorities should be set out clearly in legislation and should not unduly restrict or hamper competitive and commercial activity in the pharmacy industry by the way they operate; and
- (b) Regulatory authorities are appointed, composed and structured so that they are accountable to the community through government, and focus at all times on promoting and safeguarding the interests of the public.

### Recommendation 16

The Review recommends that:

- (a) Pharmacy remains a registrable profession, and that legislation governing registration should be the minimum necessary to protect the public interest by promoting the safe and competent practice of pharmacy;

- (b) Legislative requirements restricting the practice of pharmacy, with limited exceptions, to registered pharmacists are retained;
- (c) Legislative limitations on the use of the title “pharmacist” and other appropriate synonyms for professional purposes are retained;
- (d) Legislative requirements for a registered pharmacist, to have particular personal qualities, other than appropriate proficiency in written and spoken English, and good character, are removed;
- (e) Legislative requirements for membership of a professional association or society as being necessary for registration as a pharmacist are removed;
- (f) Legislative requirements specifying qualifications, training and professional experience needed for initial registration as a pharmacist are retained; but
- (g) States and Territories should move towards replacing qualifications-based criteria with solely competency-based registration requirements if and as appropriate workable assessment mechanisms can be adopted and applied.

### **Recommendation 17**

The Review recommends that:

- (a) Existing re-registration requirements for pharmacists re-entering the profession following a period out of practice are retained; and
- (b) Regulations enabling regulatory authorities to impose conditional registration, or supervised or restricted practice prior to re-registration, for pharmacists returning to practice or constricted in their abilities to practise, are retained.

### **Recommendation 18**

The Review recommends that, within three to five years, States and Territories should implement competency-based mechanisms as part of re-registration processes for all registered pharmacists.

### **Recommendation 19**

The Review recommends that:

- (a) Complaints and disciplinary processes are set out clearly in *Pharmacy Acts* and delegated legislation;
- (b) Grounds for the incompetence to practise of, and professional misconduct by a pharmacist, are defined clearly in legislation; and
- (c) Complaints investigation, disciplinary processes, and penalties imposed by regulatory authorities are accessible, public, transparent and subject to the principles of natural justice and external review.

### **Recommendation 20**

The Review recommends that, in the interests of promoting occupational and commercial mobility, the Commonwealth, States and Territories explore and consider adopting nationally consistent or uniform legislation, or specific legislative provisions, on pharmacy ownership, pharmacist registration and the regulation of pharmacy professional practice.

## ***CONCLUSION***

The Review commends its findings and conclusions to Commonwealth, State and Territory governments.

It believes that it has sought to address its Terms of Reference independently, impartially and comprehensively. It also believes that it has developed constructive advice that would help to reduce the encrusted layers of regulation enveloping the pharmacy profession and the community pharmacy industry, while maintaining the Australian community’s interest in ensuring that pharmacy services are safe, competent and readily accessible.

Just as importantly the Review's findings and recommendations, if implemented, have the potential to make pharmacy practice and the community pharmacy industry more competitive and more responsive to the needs of both urban and rural communities.