

**Review of Pharmacy Remuneration and Regulation**  
**Submission #11; 17-Aug-2016; Tim Rudd**

Dear Sir/Madam

I am very concerned about point 42 in the discussion paper. I note that the panel has looked at other countries in which location rules have been removed. Many/most of these countries are not physically as large as Australia. Also Australia has an unusually low population density which deserves due consideration. Many of our residents live in small rural towns instead of built up urban areas.

As Vogler et al point out, deregulation tends to result in more pharmacies opening in urban areas which already have good accessibility.

My example relates to the town of Bawley Point in NSW. Bawley Point is a small town located 25 minutes from Ulladulla. Bawley has a population of approximately 500 residents, mainly elderly. They have a very marginal pharmacy.

Based on Voglers research, if deregulation occurs, then more pharmacies are likely to open in Ulladulla because it is more populous. This would put pressure on Bawley Pharmacy. It is highly likely that Bawley would lose some business to new discount outlets which would likely engage in predatory pricing, which would render Bawley pharmacy unviable. Then the Bawley residents would be faced with a 50 minute return trip for scripts and access to vital pharmaceutical care such as getting an urgent asthma reliever or epipen.

Bawley is only one of many examples. Other small communities likely to suffer from the closure of their pharmacy include Broulee, Culburra and Tuross Heads.

Lastly I would like to point out that deregulation doesn't always result in more pharmacies. In the USA, there is approx 1 pharmacy per 10000 people due to large corporate dominance.

Thank you for reading my submission. I can be contacted on ....

Regards  
Tim Rudd