

Dear Sirs

I have been a retail pharmacist for 30 odd years and during that time have witnessed retail pharmacy spiral down to what can only be described as a cross between a major hardware chain and a national entertainment retailer with the emphasis on cheap prices and super fast dispensing resembling fast food outlets.

When I graduated from pharmacy and continued my studies as a post graduate in clinical pharmacy I was constantly reminded by my learned peers that as a pharmacist I represented the last person between the patient and the grave and further more as one of my medical colleagues expressed "medicines are nothing more than poisons with the side effect that they might prove beneficial to the patient"

Accordingly from the outset I developed a personal structured dispensing protocol that I attempt to follow to this day. This protocol concerns itself with the accuracy of the patients details both personal and with respect to Medicare, the PBS and the social security system, the suitability of the medication with respect to the patient's medical condition and any other medications whether synthetic or natural that he or she may be taking and lastly ensuring that the patient fully understands why they are taking the prescribed medication and that they are aware of and self monitor to detect any unwanted side effects.

Such a protocol is time consuming and requires diligence and patience it cannot be rushed!

But what has happened over the decades largely as a result of decreased remuneration by governments to the pharmacist is that employers force pharmacists to take shortcuts and pre occupy themselves with selling other goods so as to ensure the viability of the pharmacy business. In essence this has lead to a plethora of marketing groups that has destroyed the pharmacy profession and its image. There is considerable in fighting amongst pharmacists and a preoccupation by pharmacy owners venturing into areas that they know very little or nothing about.

Governments determination to prune the PBS system has lead to less than satisfactory dispensing standards. In many pharmacies that I have worked in I was not permitted to supply a CMI to the patient because the pharmacy could not afford the cost of photocopy paper. Instead I was advised to counsel the patient only if they requested further information and even then direct them to the internet.

The emergence of generics has further compounded the problem, I have seen patients on any given therapeutic molecule receive numerous generic variants that has resulted in the patient taking multiple doses of the same medication in the belief that they were different. Those who have not are weary and suspicious of the pharmacists intentions in supplying generics and I must state even though it might sound cynical that when I dispense a generic manufactured in India or China I think to myself "good luck" Such a thought is not without foundation as it has been reported that the FDA in the past shut down a manufacturing facility in China that produced generics for an multinational pharmaceutical giant and recently the British Health department imposed a ban on medicines that have documentation provided by a commonly used Indian certification company.

In the USA annually an average 125,000 individuals die from pharmaceutical/ medical errors. Australia may well follow suit if we do not turn retail pharmacy around and return to

proper dispensing standards that ensure and safeguard the health of a nation and prevent unnecessary hospital admissions.

Retail pharmacy cannot support the PBS in the way that it presently does.

Pharmacists are highly qualified having spent four years at University followed by a year of internship and now having to undertake continuing education as part of their right to practice. These stringent requirements are poorly remunerated. This has come about by the Pharmacy Guild of Australia lack of negotiating skills with respect to the PBS and its unsavory attitude towards employees, the previous absence of a strong retail pharmacist union plus the fact that we have an oversupply of graduates.

Presently the retail pharmacist skills are undervalued and under employed there is an urgent need to reverse this situation for the health of the nation.

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