On behalf of our pharmacy student members and the student body of the Sydney University Faculty of Pharmacy, the Sydney University Pharmacy Association (SUPA) would like to put forward a response to the *Pharmacy Remuneration and Regulation Discussion Paper* (The Department of Health, 2016). We believe we hold a crucial insight into the future of pharmacy. We will play a paramount role in shaping and delivering Australia’s future health care including the quality and services provided. Pharmacy students have the unique ability to work within their chosen industry whilst studying. This allows a deeper understanding of the profession. Given this well-rounded view of community pharmacy and the interactions between patients, pharmacists and pharmacies, we aim to strengthen patient-pharmacist relations, trust and respect, and also to significantly improve the quality of healthcare offered to all individuals. To best address the aforementioned, three key areas of the review have been identified; the professional services provided by pharmacies, the retail versus dispensary focus of community pharmacies and lastly, the locational rules.

1. **Professional services**

Pharmacists are healthcare professionals in their own right. The integration of more professional services into a community pharmacy will improve individual's overall access to a higher standard of healthcare. However, services should be tailored to the specific demographics and patient information of each pharmacy at the decision of the pharmacist in charge as discussed by Moullin, Sabater-Hernández and Benrimoj, 2016. This will help to achieve better quality, safe and efficacious use of medicines throughout patient populations, in conjunction with non pharmacological therapies, whilst “maintaining a responsible and viable medicines industry” (The Department of Health, 2002). Similarly, pharmacists have the ability to screen and refer in opportunistic settings, for example screening and referral for Type II diabetes mellitus (Thoopputra et al., 2016). These services cannot, nor would be effectively be provided, in large supermarket-like settings due to the lack of privacy and time constraints resulting in less pharmacist-patient exchanges and an overall loss in their experience and quality of healthcare.

Services that should be focused on and maintained with respect to consumers include: regular medication reviews, clinical interventions, the promotion of new technology to track medications (such as MedAdvisor), promoting the quality of use medicines, allied health therapeutic drug management, development and rolling out of Ihealth products. Whilst
continuing to assist consumers with additional products and medicines to aid in the overall treatment of a condition.

Examples of other, more innovative, professional services that have a place in a community pharmacy setting have been collated below and intend to address the National Health Priorities Areas (NHPA), (The Department of Health, 2012).

- Mental health clinics - for the education of both patient and carer through promotional advocacy weeks
- Obesity education and support
- Cardiovascular risk screening
- Diabetes screening and education
- Asthma management and training sessions
- First aid and injury prevention training

Each of these services of health promotion further advertise to the public the wealth of knowledge that pharmacists have. These services lead to clinical interventions that intent to build the health literacy of patients and carers and highlight the allied health teams of Australia and identify under managed morbidities and lower the health burden of patients. These services create the opportunity to build patient rapport and increase our value as health professionals, rather than retail assistants as seen by some patients.

We do believe that it is also important to focus on health for the purposes of training and education however it is the balance between dispensing and retail that is a sustainable pharmacy model. We think that students, particularly third and fourth year students, have the knowledge and motivation to be innovative and play significant roles in beginning and continuing an array of professional services in community pharmacy, to shift the focus away from the front of shop and towards quality of healthcare. Such opportunities will not only benefit the patients and the pharmacy’s business but also the students’ opportunity to continue to learn and strengthen our next generation of pharmacists.

2. Retail vs Dispensing Focus in Community Pharmacy

The community pharmacy has evolved from a supplier of medications to an opportunistic marketer for retail goods. As proposed in the Pharmacy Remuneration and Regulation Discussion Paper, this “retail setting” possibly has implications for the way patients see their medicine. As described in the NICE Clinical Guidelines of the UK (2009), the medicine-taking experience for patients is generally a negative one. The pharmacy
environment should be a support setting for patients to feel comfortable, safe and respected in order to maximise this medicine-taking experience as much as possible. Such requirements may include a consultation room for patient counselling and the increased employment of dispensary assistants to allow pharmacists more time with patients. The pharmacy should always keep in mind that the patient and their needs are the first priority, as opposed to expanding their retail potential. While economically, the retail aspect of pharmacy is supporting a sustainable community pharmacy model, there is the question of whether it is also damaging the reputation of pharmacists and our role as health care professionals. If community pharmacies main focus is on prices and the retail front of shop, they offer no more than supermarkets. Our role as pharmacists is to improve the quality of life and minimize pre-disposing risks of patients, which is not achieved solely by focusing on retail products and prices.

The other extreme however, is a pharmacy in which pharmacists focus solely on dispensing and the processing of prescriptions. We believe this is also not ideal in a community pharmacy. Defining the word “dispensing” purely as processing a prescription through a computer is not an appropriate health outcome in the best interests of the patient, since it lacks the physical communication that is undertaken by a pharmacist.

The pharmacist is a very well qualified health practitioner, specialising in the handling and supply of medication and providing practical solutions for the management of a condition. A patient’s expectations of the pharmacist and their role may, however, differ to this. A pharmacy that emphasises dispensing and a fast turnover of prescriptions may represent an ideal pharmacy to a consumer. Although the burden of time has been reduced for the patient waiting for the script, the overall outcome is a lack of patient-pharmacist interaction and suboptimal health outcomes achieved. It is the responsibility of the profession to define our health care role and to ensure patients appreciate this.

Whether a careful balance can be quantified between these two extremes (retail-based and dispensary-focused) is to be left to future studies, however, at this time, we believe it is a balance of professional services and retail/profit that is required for a pharmacy to be both professionally acceptable and economically sustainable. We should be optimising health care by expanding education opportunities in the pharmacy. This education could take the form of advice on diabetes and foot care, providing consultation spaces for community workshops, weight loss and smoking cessation programs. All of these
are opportunities to improve the health of many patients, as they are relevant to current lifestyles of many patients.

The current focus on prescription prices, particularly in metropolitan areas, is negating our core values of optimal health care (quality, safety, efficacy and accessibility) and damaging opportunities to improve patient health. Such opportunities could include picking up red flags, interactions or side effects and providing non-pharmacological techniques to complement the pharmacotherapy. The current focus on competitive prices and dollar discounts makes the discussion regarding quality and safe use of medicines very cloudy and this needs improvement.

There are extensive opportunities to expand the scope of community pharmacy, however, it is possible that the focus on retail services is holding the profession back. This situation is unlikely to change due to the competition between smaller independent pharmacies and large discount pharmacies.

There are some examples of community pharmacies that are focusing wholly on professional services, which we should be inspired by. One of our students completed a placement in a suburban pharmacy that carried no retail products and only evidence-based vitamins, thus solely focusing on the best practice and counselling on evidence-based non pharmacological practices.

3. **Location rules**

The current proportional relationship of community pharmacies to populations seems optimal and is working well. A large number of our members are working and completing clinical placements in various community pharmacies - most of which are in the Sydney metropolitan area. Overall, a strong consensus was noted that medicines are widely accessible for the metropolitan population, but limited for rural and furthermore limited for remote patients. However, rural Australian healthcare will always be limited to that of its metropolitan counterparts simply due to geographical isolation as a barrier, which the *National Medicines Policy* aims to address (Department of Health, 2014).

Whilst the relaxation of location rules may increase the affordability of medicines (simply because decreasing prices increases the competition between businesses) the overall quality of healthcare will suffer. This will be a result of cutting costs in other areas, such as staffing. There is no need to relax location rules and it will be detrimental to Australia’s overall health.
References:


