Pharmacists play an important role in Canberra healthcare

These trained professionals give invaluable advice and support to the community, **GABRIELLE COOPER** writes

I read with interest the somewhat unoriginal article by Dr Richard Denniss, executive director of the Australia Institute ("Pharmicists' special case", Forum, June 9, p7). The line of discussion highlighted his personal frustration with not being able to access a pharmacy, in his suburb, at a time of his convenience.

In addition he complains about having to wait for healthcare service (both within general practice and the pharmacy) and pay for what he considers to be overpriced and at times inappropriate medications.

As a pharmacist and academic it is frustrating to read such an emotive and simplistic analysis of a much more complex issue i.e. that of access to primary healthcare in Canberra. There are 74 pharmacies in the ACT. Most of the 375 registered pharmacists in the ACT are not owners and therefore not members of the Guild, the organisation which Dennis has aimed most of his attack. Primary healthcare is provided by a range of health professionals that includes community pharmacists.

The consumer is provided with primary healthcare service and pharmaceuticals at a price, through Medicare and the PBS, that the Commonwealth considers affordable and provided by well-qualified healthcare professionals in a timely manner.

The role of the pharmacist, both within community and hospital pharmacies, is an important part of the whole healthcare system. Medications are the most commonly used health intervention used to treat and prevent illness but can be a significant cause of harm and potential hospital admission without professional oversight. Primary care is provided to the community by the pharmacist through the role he or she plays in the triaging of patients who walk into the door, wanting advice, clinical guidance or referral. Pharmacists often communicate with general practice and hospital clinicians to ensure their patients receive optimal pharmaceutical care. This unremunerated role provides consumers access to a trained health professional without an appointment and reassures them in making their own health decisions. It is an invaluable role.

Pharmacists (including owners) are registered health professionals and their professional conduct and behaviours are governed by the Pharmacy Board of Australia. They are required by law to undertake professional development, and are audited.

This education focuses on the appropriate use of medications, including antibiotics, as can be evidenced by the current popular NPS "Antibiotic resistance" modules (something to stop "the profitable delusion that antibiotics are good for colds") Ownership of a pharmacy by someone other than a pharmacist places that individual outside the control of the regulator and the law.

Denniss's article implies that community pharmacy is equivalent to any other retail business when it is clearly not. Pharmacy is heavily regulated due to the nature of the products sold and the legal requirements governing procurement, recording, monitoring, and clarifying with prescribers and informing patients and carers.

The pharmaceutical stock held is expensive and time-limited owing to the nature of the pharmaceuticals.

Duplication of pharmacies within small geographic areas would be unviable as evidenced by the closure of small local pharmacies over recent years and owing to the increase in the so called "discounting" model of pharmacy and internet pharmacy.

These innovations may have been a boon for the worried well but challenging for those who are aged, poor or displaced.

Other than those medicines on the Pharmaceutical Benefits Scheme most medicines are not price controlled. The pharmacy will price these items as other retail outlets do, to cover costs and provide a profit, to keep the business viable for the proprietor.

Dennis's suggestion that Coles and Woolworths would provide medications at a much lower price shows a lack of understanding of their business model or the PBS.

These multinational organisations have done little to assist the viability of local suburban stores let alone local pharmacies.

Community pharmacies have undergone significant practice change over the past 20 years with many committing to complex care delivery both within the pharmacy (e.g. opioid replacement programs and chronic disease support) or external to the pharmacy (i.e. medications reviews in consumers' homes or residential aged-care facilities to minimise harm caused by complex medication regimes required for chronic disease management).

Much of this clinical work is focused on the ageing community in collaboration and communication with general practice and the acute care hospitals.

They also play a significant role in providing education through clinical placements for students in training.

Most of these activities go unseen by the general community but are very much seen and valued by those who care for the very young or old, those whose social circumstances are poor and those with physical or mental health issues.

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