

THE PHARMACY GUILD OF AUSTRALIA

Final Submission

Introduction

The Pharmacy Guild

The Pharmacy Guild of Australia was established in 1928 and registered under the then Conciliation and Arbitration Act (now Workplace Relations Act) as a national employers' organisation and today represents approximately 90% of the 5000 independent community pharmacies across Australia.

The Guild exists to advance the interests and viability of its members who are pharmacy owners by enhancing, developing, and promoting the value of community pharmacy to the public, governments, and the health sector.

Community Pharmacies

The term "Community Pharmacy" is used to distinguish those pharmacies which operate providing a general service to the community as compared with those pharmacies which are attached to public hospitals or public health institutions. The clear distinction being that those pharmacies attached to public hospitals or health institutions provide an in-house service to patients of the State or Territory hospital or institution. Community pharmacies on the other hand provide a primary health care service to all members of the public including the provision of medicines (prescription and non-prescription); health-related education and information; an increasing array of health care services such as medicines reviews, testing and screening of disease states and health promotion.

There is a network of almost five thousand community pharmacies spread throughout urban, regional and rural Australia, always staffed by a pharmacist who is able not only to dispense and give advice about medicines but who also assists in the delivery of health services in a variety of other ways.

Pharmacists are highly trusted¹ and immediately accessible without an appointment. It is estimated that on average each person in Australia visits a community pharmacy 14 times per year.

Community pharmacies provide an accessible, safe, efficient, nationwide, professional, health care service to all Australians and provide quality advice and service from a health care professional. As a primary health care provider they are involved in health promotion, early intervention, prevention, assessment and general management of health. They are often the first point of contact between the public and the health care system.

Community pharmacy makes a significant contribution to the Australian economy with an annual turnover of 12 billion dollars worth of sales each year. The number of scripts generated in a year is around 230 million. Community pharmacists are the “custodians” of the \$6 billion PBS, provide an estimated \$200 million in tax revenue and employ some 15,000 salaried pharmacists and 30,000 pharmacy assistants.²

Community Pharmacists

Pharmacists are highly qualified health professionals who have undertaken a four year undergraduate degree, or two year post graduate study in pharmacy, plus a one year internship. Ongoing professional development for pharmacists is essential and they are required to undertake 20 hours of professional development annually in order to obtain the minimum of 20 Continuing Professional Education (CPE) points to maintain registration in order to practice as a pharmacist. All related professional development is underpinned by The Quality Use of Medicines (QUM) which is a central objective of Australia’s National Medicines Policy.

Pharmacy and Dispensary Assistants

In order to provide the most efficient and effective pharmaceutical service to the Australian community, pharmacists require the assistance of skilled, highly trained and

¹ Readers Digest Professional Trust Survey, May 2007

² Guild Digest 2007

specialised pharmacy and dispensary assistants. Pharmacy and dispensary assistant develop knowledge over many years of continued service and draw on a broad skill set which includes customer service, marketing, dispensary, administration, business management, healthcare information and product knowledge. Pharmacy and dispensary assistants gain this broad skills set through the Community Pharmacy Training Package. This nationally accredited and recognised package includes the Certificate II, III and IV in Community Pharmacy. Through the Community Pharmacy Training Package, the Pharmacy Guild of Australia provides a significant career path for young Australians, particularly young women.

Pharmacy assistants play an important role as part of the health care team and in the provision of *Pharmacy Medicines* (Schedule 2) and *Pharmacist Only Medicines* (Schedule 3).

As part of the industry' quality assurance program pharmacy and dispensary assistants who are involved in the sale of *Pharmacy* and *Pharmacist Only Medicines* must complete mandatory training. This unit of competency ensures that pharmacy and dispensary assistants meet the requirements for the supply of these medicines and provide their patients with positive health outcomes.

Further to this training, it is also necessary for pharmacy assistants to undertake refresher training. Refresher training needs to be undertaken annually and focuses on the protocols used to supply Pharmacy and Pharmacist Only Medicines. Training in product knowledge or disease state management would also meet this requirement.

Selling medicines is not just like selling groceries. Medications are potentially dangerous items and need to be supplied with appropriate counselling for safe and effective use. Patients need to receive detailed professional advice from pharmacy and dispensary assistants to use them properly.

Predominance of Women

Women tend to be drawn to the role of community pharmacist and to that of pharmacy assistant because of their innate nurturing and empathetic behaviour when relating with the unwell, vulnerable and elderly members of the community. It follows that women are over-represented both among professional pharmacy staff and pharmacy assistants. Over 85% of all persons engaged in community pharmacy are female. Between 40% to 50% of the female cohort are in the prime child bearing age range.

Pharmacy as a Small Business

The predominant model of operation of a community pharmacy is that of a small business. Whilst the public often identify with banner groups of community pharmacy such as, Terry White, Capital Chemist, Amcal, Chemmart etc., these groups generally comprise separate independent small businesses which band together under a common brand name for marketing, management or promotional purposes. There are few genuinely large businesses in community pharmacy.

One purpose of state and territory legislation governing the operation of community pharmacy has been to ensure that local community pharmacies are maintained as discreet, separate businesses. Legislation in all states and territories requires that a pharmacy must be operated by a registered pharmacist (and indeed require that a pharmacist to be physically in the pharmacy whilst the pharmacy is open). Furthermore, community pharmacies are directly regulated by the National Health Act and regulations made under that Act regulate the Commonwealth-funded Pharmaceutical Benefits Scheme (PBS), which allows community pharmacies to dispense medications listed on the PBS. These regulations cover the location of PBS-approved pharmacies and pricing of PBS-subsidised drugs to ensure that consumers have equal access to these life-saving drugs no matter where in Australia they live.

Community pharmacy is recognized by the Federal Government and by state and territory governments as being an important part of the health care system. In particular, the unique position of the pharmacist as a key part of the frontline primary health care has been recognised and supported by governments in all jurisdictions.

One outcome of the responsibilities placed on community pharmacy by governments is the need for high staff ratios to ensure a uniformly high standard of professional service to patients and strict adherence to the quality use of medicines (QUM), a key component of the National Medicines Policy.

Parental Leave and Community Pharmacy

The Pharmacy Guild of Australia understands the imperative for the Government to implement a practical and workable scheme of parental leave, both to meet the growing community demand for such a scheme and to bring Australia in line with increasingly common practices in comparable overseas countries. It is compelled to stress, however, the difficulties some of the proposals listed in the issues paper would have on a community pharmacy as a specific small businesses with a larger than average cohort of women employees of child bearing age.

Parental leave whether paid or unpaid will have a significant impact on community pharmacy. Some of the financing options suggested within the issues paper would have a crippling effect on community pharmacy.

The following anecdotes may help in providing insights into the employment experiences of community pharmacies and provide some insight into the problems posed by any parental leave system not fully funded by Government.

I was employed by Kensington Pharmacy from high school, through university and then as a full time employee. When I had my son I used my sick leave, holidays and unpaid maternity leave to be home for 6 months. During that time I made myself available if problems arose. After that time I returned to work permanent part time. I remained at the pharmacy for 32 years, 20 of which I was employed as the manager.

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Inquiry in to Paid Maternity, Paternity and Parental Leave*

We also had a core staff of five women, four of whom had children and remained employees using unpaid maternity leave to retain their positions. Rosters were always organised to support these women during school holidays etc. They had years of employment with the same pharmacy between them ranging from 10 to 20 years continuous service. They were all local residents and also represented the local ethnic communities. This was a true community pharmacy.

Janelle, NSW

We had a long term staff member come back after maternity leave. We paid her entitlements for holiday and long service but said there would be a job whenever she was ready.

We discussed the terms of re-employment before she actually left. ie she would come back 2-3 days a week, rather than full time.

Carlene, NSW

In our stores, Kelly has had 1 period of maternity leave in her 13 odd years. Commencing maternity leave as a full-time employee and then returning on a part-time basis for a period and now full-time currently.

Tammy commenced with us March 2000 as a full-time employee and commenced maternity leave in April 2003. Commencing back as part-time and still employed to this day. Also, Sue has been at that store, employed by a couple of different employers, for 20 + years. I know she has a couple of children and would imagine that she would have taken maternity leave during that time, and is still there.

Amanda, Victoria

Over the last 23 years of owning my pharmacy, I have employed approx 20 staff (including the current 9). Of these, most stay for a long period (5 - 10 years), and 4 have had children, taken unpaid maternity leave, and returned to work after 9 months to a year. They return on a part-time basis, generally starting with one day, and increasing to 3 when they feel ready. I currently have 4 young mums - with children under 5, working 2 - 3 days per week.

Judy, Tasmania

The New Zealand Model

The Pharmacy Guild notes that the New Zealand approach to paid parental leave is for the Government to fully fund the 14 weeks paid parental leave but to do so at the lesser of the predetermined rate or the actual wage rate of the person taking the leave. It appears that the effective rate of payment for paid parental leave is the predetermined rate,

currently NZ\$391.28. The Pharmacy Guild also notes that the New Zealand model gives paid parental leave to self employed persons, currently NZ\$112.50.

The Pharmacy Guild supports the New Zealand model of having paid parental leave paid out of general revenue.

The New Zealand model avoids the significant and likely crippling cost burden on the community pharmacy industry with its preponderance of both small business and high numbers of child bearing age employees.

The New Zealand model would also address the particular issue of pharmacists in community pharmacy who often have 2 or more regular workplaces in community pharmacy and where their status may be either of both as employee or self employed “locum”.

The Pharmacy Guild makes the observation that as the Australian economy is significantly stronger than the New Zealand economy and the prospects for Australia and its economy are significantly better than for New Zealand. The Government should give consideration to adopting a fully government funded paid parental leave system in Australia, recognising that this is a community responsibility and set the level of payments at a reasonable level so as to not create an added burden to small business.

The Pharmacy Guild would also like to raise two other issues pertinent to the Commission’s inquiry.

Return to Work

Most community pharmacies maintain ongoing continuity of staffing arrangements with pharmacy assistants working in the same business for many years. This is achieved because of the flexible working conditions available in pharmacy and the provision for unpaid leave to accommodate family and lifestyles of employees. The examples cited

above are testament to the flexible arrangements offered within community pharmacy to support continuity of service.

Returning to Work during a period of Parental Leave

The provision of 14 weeks paid parental leave followed by a longer period of unpaid parental leave can create the clear expectation that the person on leave is barred from working during that period.

There are strong reasons for creating an environment in which a person on paid or unpaid parental leave is permitted to return to work occasionally without jeopardising either the entitlement to payment or the right to continue the parental leave.

In community pharmacy where staffing levels are small and both employee/employee and employee/customer relationships are often very close, a person on parental leave will often want to accept a fill-in shift so as to have the opportunity of returning to work for a 'break' and to 'catch up' with other employees and customers. The community which exists around a community pharmacy is often very strong and such brief returns to work are as beneficial to the employee on parental leave as they are to the wider community served by the pharmacy.

The Pharmacy Guild notes that S.28 of the Industrial Relations Act (QLD) provides that:

"An employee and employer may agree that the employee break the period of parental leave by returning to work for the employer, whether on a full-time, part-time or casual basis."

Whilst this addresses part of the issue, it is clearly limited to a situation where all parental leave under the Queensland legislation is unpaid leave. A much more comprehensive provision would be needed to ensure that an employee who did return for any work during a period of paid parental leave did not suffer a loss of entitlement to the paid parental leave generally.

Maintaining Skill and Knowledge levels whilst on parental leave

A critical issue which always faces community pharmacy in relation to a return to work by an employee who has been on a period of parental leave is to ensure that the employee has the current knowledge necessary to operate effectively in the community pharmacy.

With the constant change in the number and type of product lines it is very easy for an employee in community pharmacy to fall behind the latest knowledge by being absent from work for an extended period of parental leave.

Any system of paid parental leave should consider the need to assist employees to update their skill levels before they return to work. Such assistance could be either directed through the employee or the employer.

In community pharmacy such assistance could be to pay the employer for the reasonable costs of providing update training to the returning employee. In community pharmacy the prime providers of occupational skills update training are the Pharmacy Guild in relation to Pharmacy Assistants and the Pharmaceutical Society in relation to Pharmacists.