IN THE FAIR WORK COMMISSION

Fair Work Act 2009

s. 156 – 4 yearly review of modern awards

AM2016/28 - Pharmacy Industry Award 2010

REPLY STATEMENT OF DR GEOFFREY MARCH

I, Geoffrey March, of [redacted] in the state of South Australia, say as follows:

1. I make this statement from my own knowledge, save where otherwise indicated. Where I refer to matters within this statement on the basis of information and belief, I identify the source of that information and believe those matters to be true.

Changes in approach to pharmacy

2. I understand a witness, NW, gives evidence to the effect that changes in education have not been necessary to perform some of the work done by pharmacists. I respond as follows.

3. The new educational approach – the patient centred approach - started to be implemented partially in about 1998 (see my first statement paragraph 31). Across the universities in Australia over the next few years it was rolled out to all students as a key part of the course: see paragraph 35. The primary reason the courses were so elementally and structurally reshaped was because of the change in the nature of the work presaged by the patient centred approach. In a formal sense patient centred approach commenced in 2000 with the adoption of the National Medicines Policy. It had been discussed beforehand for a number of years. The increasing depth and breadth of knowledge that arose from the patient centred approach, and the greater complexity of the tasks performed by pharmacists as a result, is detailed above.

4. The patient-centred approach became a core part of pharmacy practice in 2000 with the adoption and implementation of the National Medicines Policy. That policy is binding on all pharmacists. At its heart is the Quality Use of Medicines (QUM), which means:

4.1. **Selecting management options wisely by:** - considering the place of medicines in treating illness and maintaining health and recognising that there may be better ways than medicine to manage many disorders.

4.2. **Choosing suitable medicines** if a medicine is considered necessary so that the best available option is selected by taking into account: - the individual - the clinical condition - risks and benefits - dosage and length of treatment - any co-existing conditions - other therapies - monitoring considerations - costs for the individual, the community and the health system as a whole.

4.3. **Using medicines safely and effectively** to get the best possible results by: monitoring outcomes, - minimising misuse, over-use and under-use, and - improving people's ability to solve problems related to medication, such as negative effects or managing multiple medications.

5. Before the patient centred approach the safe storage and dispensation of medication was the core of pharmacists' practice. That focus – the core, the fundamental task, shifted with the patient centred approach. Pharmacies were often called dispensaries. This is not to say that pharmacies no longer dispense medication. Of course they do. It remains one of their functions. Nor do I say that they were only ever dispensaries and did not involve speaking with patients. Of course they did. But the focus and function changed. This change necessitated changes in education of pharmacists. The extent of the educational change in pharmacists reflects the fundamental nature of the changes on the job as the result of patient centred approach.

6. It was necessary to train pharmacists to engage in this new approach. This was done in the manner described in the first statement. The topics identified in paragraph 33 of the first statement are all topics that are based on the new patient centred approach. They all involved either a fundamental change, or a significant change, compared with the approach under the traditional model. Drawing on the changes identified in paragraph 33 of my first statement:

7. **Pharmacists' roles and responsibilities:** as the function of a pharmacist changed, so did their role and responsibilities. Selecting the best medication involves a more informed, complex task that simply filling a prescription. It requires greater engagement with the patient. The patient centred approach is at the core of the code

of ethics and practice of pharmacists. The second principle of the code of ethics is 'a pharmacist practises and promotes patient centred care.' That was not mentioned in the 1998 code of ethics. Ensuring patients get the best from their medication not only requires considering the patients but also wider matters, such as 'other therapies, monitoring considerations, costs for the individual, the community and the health system as a whole'. These are more complex judgments than was required by the pre-1998 approach. Students had to be trained to perform them. They became the centrepiece of the new role and responsibilities of pharmacists.

8. **Understanding the health care system and inter-professional learning and collaboration:** At a basic level pharmacists always had to understand something about the health care system. The QUM changed that requirement. Under the QUM pharmacists are part of a partnership with other health professionals. The QUM states:

'Each partner accepts that all must be engaged in a cooperative endeavour to bring about better health outcomes for all Australians, focusing especially on people's access to, and wise use of, medicines. The term "medicine" includes prescription and non-prescription medicines, including complementary healthcare products. Each partner accepts the responsibility to contribute to the achievement of the objectives of the policy, drawing on their unique perspectives and abilities. These contributions will require co-ordination and integration with each other to ensure optimal outcomes.'

9. This partnership approach required more skills, and greater knowledge by pharmacists compared with the pre-QUM approach. The work of pharmacists is now performed as part of an integrated treatment. From the patient centred approach onwards pharmacists have been taught to take a multi disciplinary focus. This approach alerts the student to the fact that they are no longer a standalone health professional but work as part of multi-disciplinary environments. As the QUM states, '*these contributions (by different partners, including pharmacists) ... require co-ordination and integration with each other to ensure optimal outcomes.*'

10. **The role of standards, guidelines and ethics in practice:** the vast number, detail and complexity of post 2000 standards, guidelines are detailed in the annexures. A number of the standards and guidelines are new. A number concern old topics that must be addressed in new ways. All require more complex judgments.

11. **Communication theory and skills development, cultural sensitivity, behavioural theory and application, problem solving skills including the basis of the pharmaceutical care model:** these are the so called soft skills that became part of the core skills of pharmacists trained in the last generation. They are not taught prior to the patient centred approach being adopted (or to the extent they were, they were incidental or minor compared with their fundamental nature now). These skills are engaged by pharmacists in every interaction. Sometimes they will be central to understanding the patient's needs. Sometimes they are secondary. But they are always engaged. When a person is trained in behavioural theory and cultural sensitivity the skill is not switched on and off.

12. **Literature researching and critical evaluation skills:** There is a vast array of situations pharmacists are now called upon to undertake critical analysis, critical thinking, critical appraisal and critical judgement. To select the best medication requires more than simply mirroring the positions advanced by various drug companies. It is a function of continual learning and engagement with the emerging literature. The requirement for continuing education through mandatory CPD is a reflection of pharmacy as a lifelong learning process now. Becoming a pharmacist is not a function of didactic learning. The idea that the role of pharmacists is performed by memorising lists of drugs for ailments misunderstands the nature of the role. In terms of critical enquiry - the ability to critique - what is now required is the best and appropriate medication and skills in decision making. The types of knowledge that a student pharmacist is required to demonstrate is not only technical skills but also the rationale for treatment, justification for treatment, within the broader framework discussed above.

Collective bargaining

13. It has been suggested that the granting of this award application will decrease the inclination of employers to engage in collective bargaining.

14. Other than "National Pharmacies", dealt with below, no other community pharmacies have consistently entered into collective agreements with their pharmacist employees since 1998.

15. Collective bargaining is effectively dead in this sector. Twenty years of collective bargaining against award rates has not resulted in hardly any collective agreements. Increasing the award rate is unlikely to change that.

16. Since 1998 the only area of community pharmacy that has actively and continuously been involved in collective bargaining is National Pharmacies.

17. National Pharmacies is classified as a Friendly Society (not for profit) under the various pharmacy regulation Acts and is not subject to the same ownership rules as other community pharmacies. That is, there is limited restricted in the number of pharmacies it can run, for example in South Australia it has 32 stores, whereas other pharmacists are restricted to ownership of 4 to 6 pharmacies.

18. There have been a number of collective agreements registered for pharmacists employed at National Pharmacies since 1998. The current National Pharmacy Agreement covers some 180 pharmacists employed at 51 pharmacies across South Australia and Victoria.

19. In 2009/10 a number of Multi Business agreements were registered. They predominantly covered pharmacies in New South Wales and Queensland. They were non-union agreements. These agreements provided an increase in minimum rates of pay but maintained the penalty rates that applied to pharmacies within their state prior to the introduction of the modern Pharmacy Industry

    Award in 2010. These agreements have now passed their nominal expiry date and have not been renegotiated. The current minimum rate applying in these agreements is now lower than the minimum rate applying in the Pharmacy Industry Award.

20. There are no other collective agreements within community pharmacies across the country.

21. Pharmacies tend to have 20 or fewer employees per pharmacy. They are small businesses, as detailed elsewhere, they usually engage a handful of pharmacists. They are difficult to organise, being in geographically disparate locations. They are dominated by professional who have a calling to serve and, thereby, are less likely to take industrial action.

22. APESMA has found it difficult to commence bargaining within the community pharmacy industry even though we have made attempts a number of times. We believe this is because of the small business nature of the industry and the small number of pharmacists employed within each pharmacy.

Practice Standards

23. Since 1998 there have been significant changes in competency and practice standards and guidelines, which are produced by the Pharmaceutical Society of Australia, applying to community pharmacists.

24. Since 1998 the following documents include new competency and practice standards or guidelines:

a. Guidelines for pharmacists providing Home Medicine Reviews (HMR) services (2011) (GM6);
b. Guidelines for pharmacists providing medicines use review (Medscheck) and diabetes medicine medication management (Diabetes Medscheck) services (2012) (GM7);
c. Standards and guidelines for pharmacists performing clinical interventions (2011) (GM8);
d. Guidance for the Provision of Pharmacist Only Medicine – emergency Contraception (2017, 2015, 2008, 2003) (GM9);
e. Guidance for the provision of Pharmacist Only Medicine – Prochlorperazine (2015, 2011) (GM10);
f. Practice Guidelines for the Provision of Immunisation services within Pharmacy (2014, 2013) (GM11);
g. Community pharmacy and HIV (2015) (GM12);
h. Guidelines for pharmacists issuing certificates for absence from work (2010) (GM13);
i. Consumer Medicines Information and the pharmacist (2007) (GM14);
j. Guidelines for pharmacists on providing medicines information to patients (2000) (GM15);
k. Guidelines for pharmacists on PBS brand substitution (2004) (GM16);
l. Practice guidelines for the provision of sleep apnoea services within pharmacy (2015) (GM17);
m. National eHealth record system – guidelines for pharmacy (2013) (GM18);
n. Guidelines for Dose Administration Aids services (2007) (GM19);

o. Advanced Practice Framework: Extended? Advanced? What's the Difference? Australian Pharmacist 2015 (GM20);
p. Understanding advanced and extended professional practice Australian Pharmacist 2015: Dose Administration Guidelines (GM21).

25. The following comparative competency and practice standards or guidelines are attached:

a. Competency Standards for Pharmacists in Australia (2001) (GM22);
b. National Competency Standards Framework for Pharmacists in Australia (2016) (GM23);
c. Professional Practice Standards – Evaluation report (1999) (GM24);
d. the Professional Practice Standards Version 5 (2017) (GM25);
e. Code of Ethics for Pharmacists (1998) (GM26);
f. Code of Ethics for Pharmacists (2011) (GM27);
g. Code of Ethics for Pharmacists (2016) (GM28).

26. The following documents show significantly changed competency and practice standards or guidelines since 1998:

a. Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists (2012) (GM29);
b. Guidance for the provision of Pharmacist Only Medicine – Combination analgesics containing codeine (2015, 2011) (GM30);
c. Guidance for the provision of Pharmacist Only Medicine – Orlistat (2015, 2011, 2005 (GM31);
d. Competency Standards (2016): Pharmacy standards review project – final report for the Pharmacy Practitioner Development committee (2015) (GM32).

27. The following documents show competency and practice standards or guidelines applying to work which has been performed in a new way since 1998:

a. Guidance for the provision of Pharmacist Only Medicine – Famciclovir (2015, 2012) (GM33);
b. Guidance for the provision of Pharmacist Only Medicine – short acting beta-agonists (2015, 2011) (GM34);

c. Guidance for the provision of Pharmacist Only Medicine – Chloramphenicol for ophthalmic use (2015, 2010) (GM35);
d. Guidance for the provision of Pharmacist Only Medicine – Fluconazole (2015, 2011, 2005) (GM36);
e. Guidance for the provision of Pharmacist Only Medicine – Proton Pump Inhibitors (2015, 2011, 2008 {Pantoprazole only}) (GM37);
f. Guidance for Di-gesic and Doloxene dispensing (2014) (GM38);
g. Guidelines to employment of other health practitioners in pharmacy (2000) (GM39);
h. Guidelines for Managing Pharmacy Systems for quality and Safety (2002) (GM40);
i. Guidelines for pharmacists providing services to people with impaired vision (2000) (GM41);
j. Guidelines for pharmacists providing opioid pharmacotherapy services (2004) (GM42);
k. Guidelines for pharmacists' relationships with the pharmaceutical industry (2002) (GM43);
l. Guide to providing pharmacy services to Aboriginal and Torres Strait Islander people (2014) (GM44);
m. Australians stay healthier – PSA's call to action on chronic disease (GM45);
n. Mental Health care project – a framework for pharmacists as partners in mental health care (2013) (GM46);
o. The provision of Pharmacy services to Residential Aged Care Facilities (2001) (GM47).

Geoffrey John March

30/04/2018

List of Annexures

The annexures can be viewed via the following links:

- **Annexure 'GM-6'** - Guidelines for pharmacists providing Home Medicine Reviews (l-IMR) services (2011)
- **Annexure 'GM-7'** - Guidelines for pharmacists providing medicines use review (Medscheck) and diabetes medicine medication management (Diabetes Medscheck) services (2012)
- **Annexure 'GM-8'** - Standards and guidelines for pharmacists performing clinical interventions (2011)
- **Annexure 'GM-9'** - Guidance for the Provision of Pharmacist Only Medicine- emergency Contraception (2017, 2015, 2008, 2003)
- **Annexure 'GM-10'** - Guidance for the provision of Pharmacist Only Medicine- Prochlorperazine(2015, 2011)
- **Annexure 'GM-11'** - Practice Guidelines for the Provision of Immunisation services within Pharmacy (2014, 2013)
- **Annexure 'GM-12'** - Community pharmacy and I-IIV (2015)
- **Annexure 'GM-13'** - Guidelines for pharmacists issuing ce1iificates for absence from work (201 0)
- **Annexure 'GM-14'** - Consumer Medicines Information and the pharmacist (2007)
- **Annexure 'GM-15'** - Guidelines for pharmacists on providing medicines information to patients (2000)
- **Annexure 'GM-16'** - Guidelines for pharmacists on PBS brand substitution (2004)
- **Annexure 'GM-17'** - Practice guidelines for the provision of sleep apnoea services within pharmacy (2015)
- **Annexure 'GM-18'** - National eHealth record system- guidelines for pharmacy (2013)
- **Annexure 'GM-19'** - Guidelines for Dose Administration Aids services (2007)
- **Annexure 'GM-20'** - Advanced Practice Framework: Extended? Advanced? What's the Difference? Australian Pharmacist 2015

- **Annexure 'GM-21'** - Understanding advanced and extended professional practice Australian Pharmacist 2015: Dose Administration Guidelines

- **Annexure 'GM-22'** - Competency Standards for Pharmacists in Australia (2001)

- **Annexure 'GM-23'** - National Competency Standards Framework for Pharmacists in Australia (2016)

- **Annexure 'GM-24'** - Professional Practice Standards- Evaluation report (1999)

- **Annexure 'GM-25'** - the Professional Practice Standards Version 5 (2017)

- **Annexure 'GM-26'** - Code of Ethics for Pharmacists (1998)

- **Annexure 'GM-27'** - Code of Ethics for Pharmacists (2011)

- **Annexure 'GM-28'** - Code of Ethics for Pharmacists (2016)

- **Annexure 'GM-29'** - Guidelines for the Continued Dispensing of eligible prescribed medicines by pharmacists (2012)

- **Annexure 'GM-30'** - Guidance for the provision of Pharmacist Only Medicine- Combination analgesics containing codeine (2015, 2011)

- **Annexure 'GM-31'** - Guidance for the provision of Pharmacist Only Medicine- Orlistat (2015,2011,2005)

- **Annexure 'GM -32'** - Competency Standards (2016): Pharmacy standards review project final report for the Pharmacy Practitioner Development committee (2015)

- **Annexure 'GM-33'** - Guidance for the provision of Pharmacist Only Medicine- Famciclovir (20 15, 2012) (GM33);

- **Annexure 'GM-34'** - Guidance for the provision of Pharmacist Only Medicine short acting beta-agonists(2015, 2011)

- **Annexure 'GM-35'** - Guidance for the provision of Pharmacist Only Medicine- Chloramphenicol for ophthalmic use (2015, 2010)

- **Annexure 'GM -36'** - Guidance for the provision of Pharmacist Only Medicine- Fluconazole (2015,2011, 2005)

- **Annexure 'GM-37'** - Guidance for the provision of Pharmacist Only Medicine - Proton Pump Inhibitors (2015, 2011,2008 {Pantoprazole only})

- **Annexure 'GM-38'** - Guidance for Di-gesic and Doloxene dispensing (2014)

- **Annexure 'GM-39' -** Guidelines to employment of other health practitioners in pharmacy (2000)

- **Annexure 'GM-40'** - Guidelines for Managing Pharmacy Systems for quality and Safety (2002)

- **Annexure 'GM-41'** - Guidelines for pharmacists providing services to people with impaired vision (2000)

- **Annexure 'GM-42'** - Guidelines for pharmacists providing opioid pharmacotherapy services (2004)

- **Annexure 'GM-43'** - Guidelines for pharmacists' relationships with the pharmaceutical industry (2002)

- **Annexure 'GM-44'** - Guide to providing pharmacy services to Aboriginal and Torres Strait Islander people (2014)

- **Annexure 'GM-45'** - Australians stay healthier- PSA's call to action on chronic disease

- **Annexure 'GM-46'** - Mental Health care project- a framework for pharmacists as partners in mental health care (2013)

- **Annexure 'GM-47'** - The provision of Pharmacy services to Residential Aged Care Facilities (2001)