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Transcript: AMA Vice President, Dr Chris Zappala, ABC Radio Queensland, *Regional Drive with Sheridan Smith*, Tuesday, 27 August 2019

Subject: Pharmacy ownership laws

SHERIDAN SMITH: Our GPs - some of them anyway - are pushing for the right to have their own pharmacy attached to the surgery. It is an idea that is causing a fair bit of controversy, particularly amongst pharmacists who warn that it could create a conflict of interest for GPs. Doctors, however, are saying it will improve outcomes for patients.

Chris Zappala is a Queensland-based thoracic specialist, and Vice President of the Australian Medical Association. He joins you to have a look at this issue. Good afternoon, Dr Zappala.

CHRIS ZAPPALA: Good afternoon, Sheridan.

SHERIDAN SMITH: Why do doctors want this? What are the pros? Let's look at those first.

CHRIS ZAPPALA: I think one of the most common things we hear from patients these days is not only do they want high quality care, which fortunately we can largely take as a given in this country, but they want it to be convenient and accessible as well. And so the whole notion behind this is that if we create hubs centred onto the GP practice where primary care is going to be delivered to all patients, then it's going to be more convenient. So, if you've got a dispensing pharmacy as part of the general practice, or co-located, and integrated in so they're doing, for example, medication checks and so on, and liaising with the general practitioner, then that whole model of health care is a lot better. And there is actually evidence that that's more efficient and gives better outcome. So, it's about creating a hub centred on the GP that becomes a one-stop shop so the patients can get everything they needed done at their usual local general practice.

SHERIDAN SMITH: Would this be doing a pharmacist out of a job?

CHRIS ZAPPALA: Well, I don't think so, because we still need the pharmacist to dispense the medication. I mean, the AMA's very clear that there is value in separating dispensing from prescribing, and we still do feel that GPs and pharmacists can work very successfully together. For example, there are pharmacists already integrated into general practice who do medication reviews and have other roles. And that's not to forget, of course, all of the pharmacists who are working in, for example, hospitals - where I'm standing at the moment - where we have an integrated care plan as it is at the moment.

So, if we create pharmacies and pharmacists as part of the GP team, along with, you know, psychologists, dietitians, physios, et cetera, then all of that can be brought to bear in an expert way - in a hub-type model, if you want - for patients' benefit, without them having to go round all different places. The current pharmacy ownership laws are very restrictive, and allow pharmacies to be owned only by a select few, which of course are then set up for- you know, other reasons, and not necessarily integrated within a general practice. And that's the problem.

SHERIDAN SMITH: So, what would it mean, Chris, for Queenslanders - particularly in regional and remote areas - that might currently have, say, a local pharmacy but no GP or vice versa?

CHRIS ZAPPALA: Well, I think that the general practitioner should always be the focal point and the cornerstone of good community care for all patients. Now, it won't be possible in all instances to get a GP there, but there are other models. For example, we can do telehealth consultations from general practice that connect patients in really rural and outlying areas to general practitioners. There might be models where GPs visit certain towns for periods of time. And yes, in between those periods, the pharmacist will have an important role, no question. But it's still done as part of the integrated team, and if there's a problem they're communicating that back to the general practitioner, so they're not desperate and out on their own trying to do their own thing. They're part of the team and everyone's pulling in the same direction. I think that's the important principle.

So, even where distance is an issue and remoteness, there are still models of care that are GP-centred that can deliver high quality to these patients. And that's what we need to be pushing for. And the final thing in that is that, of course, we've got these new training programs for general practitioners which are very exciting, looking at upskilling GPs for rural and regional practice, and that's been very successful in Queensland, and is slowly being taken up in other States as well. So, I think we will see a gradual improvement in the workforce from the general practitioner perspective in rural and regional areas.

SHERIDAN SMITH: Let's look a little bit at the economics of running a general practice. How tight are the margins?

CHRIS ZAPPALA: The margins are tight. They're very tight. And that's one of the reasons that the AMA has been calling for more funding in general practice in general. But of course, our colleagues in rural and remote areas do need a little bit of an extra hand as well, as do the patients in those areas. So there definitely needs to be more funding across the board in general practice, and there are some initiatives on the table - as you may be aware - that are looking at block funding for general practitioners to create databases and look through their information that they have on patients to offer high quality care. So, there are some quality improvement payments that are in the pipeline already.

There's also a system that the Government has announced which the AMA agrees with, where patients actually nominate - if they're over 70 years of age - their general practice, and that becomes their centre, their hub, and there is funding provided to that general practice to provide holistic ongoing care for that patient going forward. And that model is extremely important and viable as well in regional areas, as well. So, there's a few things like that that are happening that will help general practice, but there's no question that the funding does need to be looked at and increased over time, so that they can do the job that they're trained for as well as possible.

SHERIDAN SMITH: You're hearing from Dr Chris Zappala this afternoon, the Vice President of the AMA. We're talking about the GP push for the right to have a pharmacy attached to their surgery.

We've looked at the, I guess, the positives. Just to have a look at the flipside, if you feel there may be one, is there a danger, Dr Zappala, that there may unintentionally have the opposite effect for some regional areas, like if it makes the pharmacy chains less viable to be in an area where it's not particularly profitable? Are they likely to close down, or not go into some of those smaller areas?

CHRIS ZAPPALA: Look, I hope that that's not the case. And obviously we're always going to be challenged by getting any service of any type into those very remote and rural areas where the population and the infrastructure is very small. But again, I think we have to be more innovative in those instances and use, for example, telehealth or telemedicine, and online options. For example, online pharmacy options for patients, telehealth appointments with general practitioners.

I remember when I did my rural relieving as part of my job as a junior doctor in Queensland, and you may have heard of this program over the years. I got punted out to Augathella and I had a fantastic time. But part of my job, once a week, was to travel down the road to Morven and do a clinic. And that was the one doctor clinic that they had a week. And that wasn't too bad because I had an excellent nurse who was based there as well, and if she had a problem she rang the doc up in Augathella, and there was a pharmacy. And then on the Thursdays I went up to Tambo and did a clinic.

So, my point is that you can have other models, people can move around, we can do telehealth, we can do online services, et cetera, that hopefully are going to connect up some of these smaller areas. But I completely agree, it's a challenge, but there are options that we're working on.

SHERIDAN SMITH: I've got a text here - I'll see what you think of this one - Simon has texted in to say that pharmacists fought for the right to be able to sell and to dispense flu jabs taken from GPs' income, how funny that chemists are now unhappy about the reverse situation.

CHRIS ZAPPALA: It's regrettable, isn't it? I think at the end of the day we can't devalue what we train general practitioners for at least a dozen years to do, and the expectation that we have for them. And it's not just about giving a flu jab, walk out. If we reduce primary care to that sort of contact, then we've missed the point of it completely. It's about the opportunities to do preventative health, for example, to say: last time you spoke to me about this, let's have another chat about that, we haven't checked your cholesterol in a while, let's check your blood pressure and do these, you know, other investigative things, or have a chat, how's the family - when you've got a general practice that knows you well, you get that end to end seamless care. And that's when outcomes are better.

And so any model of care that looks like it might be more convenient or cheaper, but actually takes patients away from GP-centred care, or fragments the care that they're received into

different parts of the community, is not a good thing. And we should oppose it strenuously because we should never allow convenience to be a substitute for quality. And I think that's one of the important things that we should always parse through these ideas that come through sometimes.

[Excerpt]

Grab from Health Minister Greg Hunt

[End of excerpt]

SHERIDAN SMITH: Your thoughts on Minister Hunt's words there?

CHRIS ZAPPALA: Well, I think they got it wrong. Anyone can own a doctor's practice; anyone can own any business really in this country. I mean, why pharmacists should be so protected that a pharmacy is only owned by an elite small group of pharmacists is beyond understanding, to be perfectly honest. And it seems to be that there's a bit of protectionism going on, and I'm not quite sure how the community is served by having that to be the case. And I do not think, when you speak to pharmacists in general, I do not think that all pharmacists are in favour of that sort of exclusivity that exists in that way. So, if we believe in free market forces and convenience and all the rest of it, then that means that if there are alternate models of dispensing and pharmacy that are actually good for the community and good for patients, then we should look at them. And if the current rules of restrictive ownership block that sort of innovation and evolution, then they are a problem.

SHERIDAN SMITH: Thanks for being so generous with your time this afternoon. We appreciate it.

CHRIS ZAPPALA: Good afternoon.

SHERIDAN SMITH: Cheers, Dr Chris Zappala there, he is the Vice President of the AMA.

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