



Speech By
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MEMBER FOR MOGGILL

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**HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND
FAMILY VIOLENCE PREVENTION COMMITTEE**

 **Dr ROWAN** (Moggill—LNP) (3.14 pm): I rise to address report No. 12 of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee of the 56th Parliament, that being the *Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland*. At the outset, I acknowledge the great work done by the LNP's Mark McArdle, the member for Caloundra, and Marty Hunt, the member for Nicklin. There were 210 written submissions to this inquiry. It was very important that Queenslanders, as well as professional and community organisations, had their say.

I would like to acknowledge the work of pharmacists across Queensland. Many community based pharmacists do significant work in not only our urban areas but also in rural and regional Queensland as well as in our residential aged-care facilities. Their role in providing opiate substitution therapy and other programs is vitally important. We also have pharmacists in our hospital systems, particularly in Brisbane—in hospitals such as the Wesley, St Andrew's and the Greenslopes Private Hospital. They do a great job. The Pharmacy Guild of Queensland, with Kos Sclavos and Trent Twomey, and the Pharmaceutical Society of Australia, with Mark Lock, do great work representing pharmacists in both the community sector and in hospitals. I would also like to acknowledge general practitioners, the Australian Medical Association, the Rural Doctors Association, and the Royal Australian College of General Practitioners.

The committee examined some fairly contentious areas. One of those relates to scope of practice. Many in this House would be aware that collaborative models of care can be very important in achieving good clinical outcomes for patients. Some of the areas that were examined in relation to vaccinations and antibiotic prescribing can be very contentious but, within collaborative models of care, they can provide significant benefits to patients as long as there not any unintended consequences. By that I mean we have significant issues in Queensland in relation to antimicrobial stewardship and antibiotic resistance. Having some of those collaborative models to ensure that we do not have further growth in microbial resistance and antibiotic-resistant bacteria is very important. There are good collaborative models in other jurisdictions. I noted the recommendations of the committee in relation to scope of practice.

Recommendation 6 of the report relates to the establishment a Queensland pharmacy advisory council. The committee found that there could be significant benefits to the establishment of that council. I acknowledge the conclusions of the committee in relation to that issue. The pharmacy advisory council could add value in Queensland.

Finally, I note the committee's recommendations in relation to pharmacy ownership. I think those recommendations are very sound and reasonable. The aim of this report was to enhance patient care in Queensland, to have collaborative models of care and to ensure the potential expansion of

vaccination coverage so that some transmittable diseases can be reduced or prevented by vaccinations. That is very important. As a state jurisdiction, the last thing we would want is to continue to have outbreaks of the flu or other illnesses.

Pharmacists provide a wealth of health education as well as health advice and health intervention. We need to ensure that the pharmacy models are robust and sound and that there are not any adverse outcomes when it comes to workforce recruitment and retention, particularly in rural and regional Queensland. Our general practitioners, our medical specialists, our nurses and our midwives are all very important. By working together in collaborative models of care, that can be good for patients and the health system, both public and private. It could also ensure value for the taxpayers in terms of the expenditure of public dollars. I commend this report to the House. I encourage all members to read it, because the recommendations of the committee could provide even better patient and clinical outcomes.