

Review of Pharmacy Remuneration and Regulation

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To whom it may concern,

I am a registered pharmacist currently working in the town of Ulladulla, which is within the federal electorate of Gilmore, in NSW. I would like to make a submission as part of a response to the interim report of the Review of Pharmacy Regulation and Remuneration (Jun 2017).

As you are aware, every 5 years the Australian Government and the Pharmacy Guild of Australia come to an agreement that provides funding to community pharmacies for dispensing medications and providing specialised pharmacy services to the community. Under the current version, known as the 6th Community Pharmacy Agreement (6CPA), the agreement provides funding and subsidies for rural pharmacies to support the employment and training of intern pharmacists, allowances for continuous professional development, and access to an emergency locum pharmacist service if an adverse event arises with a pharmacist in a rural area.

To be eligible for the funding according to the 6CPA guidelines, one of the criteria is that the pharmacy must be in a rural area based on an index that determines access and remoteness to pharmacies. As you are aware, this is known as the PhARIA index, which is compiled by the University of Adelaide's population research centre, known as the Australian Population and Migration Research Centre. Each locality is categorised on a scale of 1 - 6, where category 1 is classed as being 'highly accessible' to category 6 as being 'very remote'. An example is that cities like Sydney and Melbourne are category 1, Batemans Bay is category 2, Bawley Point and Sussex Inlet, both towns that are within the same federal electorate of Gilmore, are category 3, etc. In order to be eligible for rural funding allowances, a locality must be in category 2 - 6.

In local terms, the town of Ulladulla is currently classified as PhARIA category 1, which means that we are classed as equivalent in terms of access to pharmacies like the larger city centres and not entitled to the same funding that other towns within the region, such as the other towns that I mentioned earlier, can access this important funding to assist rural pharmacies.

To use comparisons, Ulladulla and Batemans Bay, towns which are both within the same federal electorate and are of similar population size and demographics, have the same number of pharmacies within their respective local townships (3). If you include suburbs adjoining the townships, both townships have the same number of pharmacies in their greater areas (5). Furthermore, the index that is utilised by the federal Department of Health to categorise rurality/remoteness for the medical profession, the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA), classifies both the Ulladulla and Batemans Bay townships as RA2 (inner regional), which essentially should be comparable to a PhARIA classification of 2.

The problem that I have is that Section 5.9 of the interim report does not adequately seek to address the issue of inconsistent PhARIA classifications. The questions that I would like answered are:

- 1) How can there be such a discrepancy in the classifications as detailed by the previous comparisons?
- 2) How do the administrators of the PhARIA determine the classifications?
- 3) Why is there not a process to dispute these classifications through the federal Department of Health and/or the Pharmacy Guild of Australia and seek resolution?

I would kindly request the Panel review the rationale behind the classifications regarding the PhARIA system and seek to address these issues as stated above. Resolution would assist pharmacies and pharmacists in similar situations access this important mode of funding.

Thank you kindly for taking the time in reviewing my submission to the above issue and I look forward to your reply.

Yours Faithfully,

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