Review of Pharmacy Remuneration and Regulation
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Blackmores Submission to the Review of Pharmacy Remuneration and Regulation 2016
Blackmores is Australia’s leading natural health company. Founded in 1932, Blackmores has the knowledge and deep historical commitment to health and wellbeing to provide this submission on the Discussion Paper published by the Pharmacy Review Panel in July, 2016.

As industry leader for more than 80 years, Blackmores is dedicated to an evidence-based approach to natural health through industry accredited education, scientific research and professional advisory services. For health professionals and consumers alike, Blackmores is a trusted source of natural health advice.

Blackmores is committed to ensuring primary health practitioners are able to advise on the appropriate use of medicine and as such has established the Blackmores Institute, a centre dedicated to educating primary healthcare practitioners. Blackmores Institute supports a number of Australian universities and research bodies including University of Sydney, Western Sydney University, National Institute of Complementary Medicine, University Technology Sydney, Swinburne University, the Heart Research Institute and Macular Disease Foundation of Australia.

Blackmores Limited is an ASX 100 publicly-listed company with more than 1,000 employees in Australia, New Zealand and Asia. The Blackmores group provides a range of evidence-based vitamins, minerals and herbal medicines as well as a range of nutritional foods to support public health and better patient outcomes.

All Blackmores’ products adhere to stringent TGA requirements, with the majority of Blackmores Group therapeutic products being Listed Medicines in Australia. Blackmores is an Australian company to also have registered natural medicines, a mineral product (MagMin) available on restricted PBS and three additional products available through RPBS. These products were put forward and supported by healthcare professional demand. Demand for more supplements on PBS continues as we have been approached by rural doctors practicing in indigenous healthcare for another of our products to become available on restricted PBS for their indigenous patients.

Retail sales of CM’s in Pharmacy are estimated to contribute $400m per annum in GST to government
Background to the Review of Pharmacy Remuneration and Regulation

The Pharmacy Review initiative arose from negotiations between the Australian Government and the Pharmacy Guild of Australia during the 6CPA. Within the 6CPA, item 8 states that the independent panel is to review:

1. Remuneration for supplying government subsidised drugs.
2. Pharmacy location rules.

It was anticipated that the review also consider PBS supply chain arrangements, such as the logistics and distribution of medicines, including their regulatory requirements and cost to the Commonwealth and the Australian community.

The 6CPA does not mention complementary medicines (CMs) being part of the review yet the Discussion Paper has included several questions which raise the issue of whether removing retail products such as vitamins & dietary supplements (VDS) compromises pharmacy viability and whether keeping VDS compromises professional practice, customer’s expectations of a healthcare service and if customers receive any benefit from their provision within a pharmacy setting. A question about supplying non evidence-based products was also raised. Whilst CMs are not mentioned specifically in this regard, comments by the Chair of the Review Panel, Professor Stephen King, during public briefings suggest the evidence behind over-the-counter (OTC) complementary medicines is also being questioned. As such, Blackmores’ submission will focus on these areas.

The term ‘CM’ refers to a diverse range of products and therapies with a spectrum of evidence supporting their use. This includes vitamins, minerals and nutritional supplements, herbal medicines as well as lifestyle and nutritional medicine. Many OTC CMs are recommended by medical healthcare professionals, allied health practitioners and medical specialists (including ophthalmologists, dermatologists, obstetricians, cardiologists, respiratory specialists, gastroenterologists and endocrinologists). In fact, three CMs, vitamin D, iron with vitamin C, and multivitamins with minerals are amongst the 100 most frequently recommended medicines by general practitioners (Britt, H. et al, 2016). Magnesium, calcium, iodine, omega 3 essential fatty acids, vitamin B12 and folic acid supplements are also commonly recommended. NHMRC guidelines also recommend nutritional supplementation for women considering pregnancy, are pregnant or breastfeeding, such as folic acid and iodine. We are also seeing increasing recommendation of CMs for other conditions with growing evidence for specific needs. For example, AREDS research has proven the benefit of a specific antioxidant formula for slowing the progression of macular degeneration.

Primary healthcare providers, including pharmacists, are recognised as being critical to providing and developing new approaches to healthcare delivery in our communities, with the principle of patient-centred care at the core. Patient-centred care is internationally recognised as a dimension of the broader concept of high-quality healthcare and requires active engagement with patients, development of shared treatment goals and reaching concordance in pharmacy practice.
Blackmores’ Submission

1. Use of OTC VDS amongst Australian consumers, including those purchased in pharmacies is significant. In the interest of patient safety it is vital pharmacists are knowledgeable about CM products. Customers expect pharmacists to be knowledgeable about these products and provide information about their safe and appropriate use. As the community medication experts, this is a natural fit and does not detract from their professionalism but is actually a consumer expectation. In turn, pharmacists see it as part of their professional commitment and their responsibility.

Pharmacists are the most accessible primary healthcare providers in the community. No appointment is necessary to access their services, pharmacists are always on site and many pharmacies have extended work hours. As such, they play a vital role in primary healthcare in Australia and are intrinsic to the success of the governments Quality Use of Medicine (QUM) objective under the National Medicines Policy.

QUM refers to helping customers select management options wisely, choose suitable medicines if necessary and help them use medicines safely and effectively. Complementary medicines are specifically named as falling under the QUM framework as consumers will benefit from professional advice about appropriate use to promote beneficial health outcomes and minimise risks.

OTC VDS are part of the publics’ approach to healthcare as evidenced by the significant number of people using CMs to prevent disease, manage symptoms and enhance quality of life. A national survey of 1,121 Australian pharmacy customers found that 72% had taken an OTC complementary medicine product within the previous 12 months (Braun et al 2010). Of note, 24% of respondents reported having hypertension, 21% arthritis and 12% asthma. Additionally, 4% were taking warfarin, 14% the oral contraceptive pill and 1% digoxin. These results indicate that people of all ages use VDS but importantly for pharmacy practice, a significant number are older, have comorbidities and also take prescription medicines which may interact with some VDS. Advice from a qualified healthcare professional, such as a pharmacist, promotes patient safety.

The same study identified that 27% of people were taking VDS recommended by their medical practitioner. In regards to consumer expectations, over 93% of pharmacy customers thought it was important for pharmacists to be knowledgeable about CMs and 85% also thought it important that pharmacists were aware of the CM products patients were using. Furthermore, 92% want pharmacists to provide safety information about CM products and 90% want them to check for safety issues.

These combined results clearly indicate that consumers see community pharmacy as an appropriate place to access CM products and information, seeing the pharmacist’s role as important to this provision. It also indicates that consumers don’t perceive pharmacists professionalism as being compromised. In reality, there is strong consumer expectation for more involvement from pharmacists. The inclusion of CMs into the QUM framework is entirely appropriate from the consumer perspective.
The availability of VDS in community pharmacies means pharmacies will attract consumers seeking evidence-based CM medicines. It also signals to the public that the pharmacist is an appropriate person to ask about safe and appropriate use. Since many pharmacy customers are also taking prescription medications, have comorbidities and are increasingly elderly, it could be argued that the role of the pharmacist in providing an individualised medicines review/counselling service is becoming more important. A good medicines counselling service will minimise the risk of drug interactions and adverse reactions and promote good compliance in accordance with medical recommendations and the available evidence. This has clear benefits for patients and for public health outcomes.

Research into pharmacists’ own views about the provision of OTC CMs and customer expectations clearly shows that they see CMs as part of contemporary pharmacy and counselling as part of their professional role.

Kanjanarach et al (2011) conducted a survey of 212 community pharmacists in NSW whereby both pharmacist owner/managers and pharmacist employees provided their views about CMs. Respondents matched well with the general workforce characteristics so results can be generalised. They found that the majority of pharmacists viewed CMs as having therapeutic value. Over 90% want the public and health colleagues to think of pharmacists as a source of information about CMs and 72% felt that counselling and providing information about CMs is part of their professional responsibility. Importantly, 88% of pharmacists would not sell VDS to a customer for health problems or health maintenance if they thought taking them was inappropriate.

Tiralongo et al (2010) found similar results from a national survey of 736 pharmacists, which included those working in community pharmacy but also hospital, industry and the military. Nine out of ten respondents felt that pharmacists have a professional responsibility to counsel customers about CMs and 89% stated that consumers are expecting more information about CMs from their pharmacist than previously. Clearly, consumer demand is high for pharmacist advice and pharmacists not only recognise this increase in demand but include it in their personal views of pharmacy practice.

In regards to contributing to the safety of patients, the same national survey found that community pharmacists were more likely to be told of an adverse reaction to a CM product by a consumer. This identifies an additional public health service provided by community pharmacists that are at the coal face talking with customers using CMs. The detection and reporting of suspected adverse events is an important task. Under-reporting of adverse events to all medicines, including VDS, is already an issue which is likely to worsen if VDS are not available in community pharmacies where pharmacists can easily intervene. This has obvious public health benefits and promotes better healthcare outcomes.
2. The most commonly used OTC complementary medicines in Australia are vitamins and mineral supplements, essential fatty acids, probiotics and herbal medicines which are underpinned by traditional and/or scientific evidence. Consumers have confidence in OTC CMs.

In 2000, the Institute of Medicine (renamed the National Academy of Medicine) defined Evidence Based Practice “as an integration of the best research evidence with clinical expertise and patient values”. Professor David Sackett, widely regarded as the pioneer of modern-day evidence based medicine consistently voiced his fear that clinical practice could become tyrannised by external evidence which may be inapplicable or inappropriate for an individual patient if clinical expertise is not applied. This has been called ‘cookbook’ medicine as it fails to take into account the clinician and patient perspectives.

Evidence for OTC VDS products comes chiefly from both scientific and traditional evidence, which are used as a basis for rational prescribing, together with an understanding of the individual consumer and their preferences, the underlying disease pathology and the mechanism of action of treatments. It is also combined with consideration for relative risks and benefits. This is evidence based practice.

Scientific evidence regarding in vivo research to elucidate mechanisms of action together with case series, randomised trials, systematic reviews and epidemiological studies has grown considerably around VDS and herbal medicines over the last four decades, chiefly since several governments have started investing in research. Most notable is the US government but there has also been investment from India and China. This is important to note as creating evidence requires significant funding and lack of patent protection means a greater reliance on non-industry sources than patentable pharmaceutical medicine research. As with pharmaceutical medicines, the evidence base is constantly growing and continual improvements in prescribing relies on continuing research.

In addition to scientific evidence, the TGA and World Health Organisation (WHO) recognise traditional use as a legitimate evidence source for use of herbal and traditional medicines. Traditional use claims in the TGA listed medicines can be supported with evidence that demonstrates significant history of use in the specified tradition for the specified therapeutic purpose. WHO recognises the importance of traditional medicine as clearly stated in their general guidelines for the methodologies on research and evaluation of traditional medicines (WHO 2000) and is further confirmed by the inclusion of both scientific and traditional evidence in the WHO herbal medicine monographs.

Whilst many people are familiar with the Medline database for scientific evidence, a comprehensive review published in *Health Information and Libraries Journal* identified forty-five databases for CM indicating the breadth of information available goes well beyond Medline and is available in multiple non-English languages (Boehm et al. 2010). These databases originate from the USA, UK, Germany, Australia, China, Singapore, Korea, India, Brazil and Taiwan.

A review of the scientific evidence for OTC CMs is beyond the scope of this submission however panellists may find the following resources useful:
• Natural medicines comprehensive database
• Allied and Complementary Medicine database (AMED)
• NAPRALERT
• WHO herbal medicine monographs
• Natural Standard Herbal Pharmacotherapy- An Evidence based approach ; Ulbricht U, Seamon S, Mosby/Elsevier, 2010
• Natural Standard Herb and Supplement Guide – an evidence based reference, Ulbricht C; Elsevier, 2010
• Fundamentals of Complementary and Alternative medicine, 5th edt; Micozzi M; Elsevier, 2014
• Encyclopaedia of Human Nutrition, 3rd edition, Editor-in-Chief: Benjamin Caballero Elsevier, 2013

In addition to the general medical journals, there are numerous peer-reviewed specialty journals:

3. Important role for OTC nutritional supplements

The Australian Health Survey (2011-2012) confirmed that eating patterns in both adults and children are far from ideal. The survey found fruit was only consumed by six out of ten people in the previous 24 hours. Regular fruit consumption was least likely amongst teenage and young adult males with only 45% of 14-18 year olds and 39% of 19-30 year olds reporting any fruit consumption the previous day.

Nutritional supplements form the largest share of OTC VDS used by the Australian public and pharmacy customers. Whilst the majority are used to supplement inadequate diets, some are recommended by the NHMRC for specific health states. For example, iodine supplementation is recommended for all women considering pregnancy, who are pregnant or who are breastfeeding. The NHMRC states “The main health concern of mild iodine deficiency during pregnancy and breastfeeding is its negative effect on the brain and nervous system of unborn children and infants,
in particular reduced intelligent quotient (IQ).” In addition to this the Australian population has a number of mineral and vitamin deficiencies such as vitamin A in children and vitamin D (Paxton et al. 2013). Magnesium deficiencies are also evident in a number of health conditions (Geiger 2012; Longstreet 2009 and 2007; Brimblecombe 2013). A cross-sectional Australian survey of over 18,000 women found that fewer than 2% were achieving the recommendation for five serves of vegetables daily, only 22% of pregnant women met the intakes for dairy products and 32% of women overall failed to meet the requirements for fruit intake (Mishra et al 2014).

Whilst public health initiatives aim to improve people’s diets, the reality is that the majority of Australians have inadequate diets providing a rationale for the use of nutritional supplements as a stop gap until good diets can be attained. Kanjanarach et al (2011) identified that 82% of pharmacists agreed that when counselling customers about CMs they should also provide education about proper eating, healthy behaviours and healthy lifestyles. The availability of VDS in community pharmacy once again enables pharmacists an opportunity to promote important public health initiatives directly with consumers.

4. The sale of VDS makes a significant contribution to the financial viability of community pharmacies. Removing VDS jeopardises the financial security of these small businesses. Less viable community pharmacies are likely to shift the burden of healthcare to general practice and hospitals. The economic impact of this shift would be considerable.

Tiralongo et al (2010) identified that 72% of pharmacists felt that OTC VDS were an important part of the financial business of retail pharmacies. Australian industry sources confirm that sales of OTC CM products in retail pharmacies comprise 20-25% of front-of-shop (non-dispensary) retail sales. This is consistent for retail pharmacies in suburban shopping strips, large shopping malls and smaller pharmacies attached to medical centres or in rural locations. In metropolitan pharmacies this is between 7-12% of total sales, including PBS subsidised medicines and other dispensary items.

Discussion Paper questions
The Discussion Paper notes (p 14-15) that the business model for the pharmacy sector in Australia is both retail and healthcare and quotes the April 2016 IBISWorld report to illustrate the proportion of income pharmacy received from prescriptions as opposed to non-prescription business. Figure 5 of the Discussion Paper shows the products and services segmentation as:-

- 61.5% prescription medicines
- 16.0% scheduled non-prescription medicines
- 15.5% other general retail products
- 7% cosmetics and beauty products

The Discussion Paper asks:-
**Question 3** Should there be a maximum ratio of retail space to professional area within pharmacies to maintain the atmosphere of a healthcare setting for community pharmacies receiving remuneration for dispensing PBS medicines?

Blackmores’ comments
- As stated above, more than 70% of pharmacists believe that OTC VDS are an important part of the financial viability of retail pharmacies. Any attempt to arbitrarily control the allocation of retail space for prescription and other goods would seriously disrupt the viability of existing pharmacies and introduce a ‘chilling effect’ on private sector investment and innovation in Australian pharmacy.
- Controlling the allocation of retail space would increase costs to government for the distribution of PBS medicines to the Australian community. Bureaucratic audit and compliance costs would be significant and high administration costs would be imposed on pharmacists.
- Increasing government regulation in the pharmacy sector is contrary to the Government’s policy of being ‘open for business’. It is easy to pose the question whether there should be a maximum ratio of retail space to professional area within pharmacies, however, in the real world of business this proposition would not be supported by consumers, pharmacists, suppliers or pharmacy employees. Furthermore, the absence of any meaningful retail expertise in the bureaucracy to implement such a policy would inevitably lead to adverse and unintended consequences.

**Question 4** Should Government funding take into account the business model of the pharmacy when determining remuneration, recognising that some businesses receive significant revenue from retail activities?

Blackmores’ comments
- There is a presumption in this question that to, “…receive significant revenue from retail activities” should somehow be perceived as a negative. This is a strange proposition in a market economy. That the public policy objective of distributing PBS medicines across the country can be achieved through a profitable retail pharmacy model is an accomplishment rather than a cause for concern.
- A profitable retail pharmacy not only achieves the primary policy objective of distributing medicines but it also provides social benefits such as introducing young people to the workforce. At any one time thousands of young Australians are experiencing the world of work for the first time in Australian pharmacies. Particularly in rural and regional Australia, a job in the local pharmacy is where many learn to arrive at work on time, handle cash, speak to customers, learn basic administration and gain knowledge of the pharmacy profession. This first exposure to the workforce establishes lifetime skills and attitudes and leads many young people to participate in further study.
Pharmacy remuneration for dispensing

The Discussion Paper notes (p 25) that the retail setting for pharmacy may have implications for the way patients see their medicine, potentially reducing its value to the same as any other retail product. Moreover, the retail/healthcare hybrid creates cross-subsidies allowing some healthcare activities to be subsidised by the ‘front of shop’, which might obscure the true cost of healthcare in pharmacy.

The Discussion Paper asks:-

**Question 26** Should there be limitations on some of the retail products that community pharmacies are allowed to sell? For instance, is it confusing for patients if non-evidence based therapies are sold alongside prescription medicines?

Blackmores’ comments

- The patient view of CMs has been captured in numerous surveys. Drawing from the national pharmacy customer survey, it was found that consumers had more confidence in CM products than OTC products (74% vs 65%) and 72% thought their CM products were effective (Braun et al 2010). This suggests that whilst detractors of CMs try to maintain the divide between CMs and pharmaceutical drugs based on perceived lack of evidence, consumers hold a different view.
- We responded to the question of evidence in Section 2 earlier.

**Question 27** Would a community pharmacy that solely focused on dispensing provide an appropriate or better health environment for consumers than the current community pharmacies? Would such a pharmacy be attractive to the public? Would such a pharmacy be viable?

Blackmores’ comments

- A paternalistic view of healthcare which judges CMs as inappropriate for inclusion in community pharmacy places a major barrier before patients wishing to participate in decisions about their own healthcare with their pharmacist. It is community pharmacy where people discuss their healthcare needs, seek guidance for the rational use of OTC medicines, which include CMs, and are able to take part in a discussion about treatment options.
- The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe. Specifically in regard to key rights, as described in the charter:-
  1. Respect for patients values – they value CM.
  2. Participation – community pharmacy is the ideal location for joint decision making about OTC treatments, including CM.
3. Communication – community pharmacy is the ideal place for patients to receive advice that is informed by evidence.

4. Safety – community pharmacy is the ideal situation for people to receive advice about the safe and appropriate use of all medications, including CM, as pharmacists can advise on drug interactions and play a role in preventing and detecting potential adverse reactions.

- A dispensing only pharmacy model could cause some pharmacies to close due to insolvency. This would have a major impact on the healthcare system, especially in rural areas where access to medicines and healthcare would become strained. In rural communities pharmacists are often the only easily accessible primary healthcare professionals and are already under pressure with an aging population. The reduced public access to pharmacy services, which has implications beyond CMs, shifts the burden to GPs and practice nurses. This not only strains the health system but also makes healthcare inaccessible in rural areas where availability of GPs and nurses is difficult. Accessibility to healthcare has been identified as a major concern for aging Australians (NAB 2016). Under a dispensing only model supermarkets will become the main channel for distribution. As there is no professional advice available in supermarket outlets there is reduced opportunity to detect and prevent adverse reactions, drugs interactions and reduced opportunity for the promotion of QUM in regards to CM.

**Consumer experience**

The Discussion Paper states (p 47) the Panel has been told that community pharmacists face conflicts of interest between their role as retailers and as healthcare professionals. The Paper says this tension between treating consumers as customers or patients was attributed to the contrast in remuneration from dispensing and the revenue generated from the sale of OTC medicines and complementary products. The Paper says the Panel has also heard that many complementary products do not have evidence-based health benefits and as such, the sale of these products in a pharmacy setting may misinform consumers.

The Discussion paper asks:-

**Question 115 Does the availability and promotion of vitamins and complementary medicines in community pharmacies influence consumer buying habits?**

**Blackmores’ comments**

- As stated previously, consumers expect pharmacists to be knowledgeable about vitamins and complementary medicines and provide information about their safe and appropriate use. As the community medication experts, this is a natural fit and is in fact a consumer expectation. In turn, pharmacists see it as part of their professional commitment and their responsibility.
• It has also been noted previously that pharmacists play a vital role in primary healthcare in Australia and are intrinsic to the success of the QUM objective under the National Medicines Policy. QUM refers to helping customers select management options wisely, choosing suitable medicines if necessary and helping them use medicines safely and effectively. Complementary medicines are specifically named as falling under the QUM framework as consumers will benefit from professional advice about appropriate use to promote beneficial health outcomes and minimise risks.

**Question 116** Should complementary products be available at a community pharmacy, or does this create a conflict of interest for pharmacists and undermine healthcare?

Blackmores’ comments

• The qualifications of pharmacists combined with their contact with the public places community pharmacy in a unique position to identify high risk populations and promote healthcare by motivating patients to take preventative measures such as the use of CMs. Pharmacists encouraging appropriate CM usage has significant healthcare cost savings potential and productivity benefits for different communities. The ASMI 2014 report 'Targeted Use of Complementary Medicines: Potential Health Outcomes and Cost Savings in Australia,' by economic research firm Frost and Sullivan examined six complementary medicines, all with evidence of efficacy, across four chronic disease conditions - osteoporosis, cardiovascular disease (CVD), age-related macular degeneration and depression. The biggest gains identified in the study are in the area of osteoporosis and osteopenia - conditions which resulted in approximately 140,822 fractures in 2012 and affect some 1.8 million people at a cost of approximately $3 billion per annum. Frost and Sullivan found the relative risk of an individual in the target population experiencing an osteoporosis-attributed fracture is reduced by 19.7% given the use of calcium and vitamin D at preventive intake levels. This translates to a potential of 36,783 avoidable osteoporosis-attributed fractures in 2015 given 100 per cent utilisation of calcium and vitamin D by the high risk population. The report estimated that between 2015 and 2020 average annual hospitalisation costs of $922 million can be potentially saved and average annual productivity gains of $900 million can be realised for the same period if all women aged over 50 who were diagnosed with osteoporosis or osteopenia take a preventive dose of calcium and vitamin D. The Frost & Sullivan Report identifies the cost of healthcare services in Australia (over $140bn in 2013) and concludes that, “the impact of preventive healthcare on well-being and the potential decrease in total healthcare expenditures and increases in productivity gains in Australia are solid arguments for the daily use of certain CMs”. Given this evidence it is difficult to see how the availability of CMs in community pharmacies could undermine healthcare.

• Further evidence of the gains to healthcare from CMs can be shown by the 2015 Blackmores commissioned analysis of the economic benefits of the ONTRAC study (Chen 2015), which showed that taking an oral vitamin B3 derivative, nicotinamide, reduced the recurrence of
non-melanoma skin cancers (NMSCs) by 23%. NMSCs are the second most expensive cancer in Australia, and each year an estimated 600,000 people present to doctors with NMSCs, utilising an estimated one million Medicare services and resulting in 100,000 hospital admissions. The analysis found that treating high risk NMSC patients, using the ONTRAC study protocol, could avoid more than 600,000 Medicare items, 50,000 hospitalisations and save governments more than $320 million over the next 10 years.

Question 117 Do consumers appreciate the convenience of having the availability of vitamins and complementary medicines in one location? Do consumers benefit from the advice (if any) provided by pharmacists when selling complementary medicines?

Blackmores’ comments
- Blackmores experience is that pharmacists have a strong sense of responsibility in providing beneficial advice to consumers about the use of CMs. This is supported by independent studies such as the Kanjanarach survey of 212 pharmacists from 164 pharmacies in New South Wales. This survey found that nearly 80% of pharmacists agree or strongly agree that pharmacists should advise customers in choosing CMs. The model tested by the survey, “which demonstrated high validity and reliability, identified acceptance of responsibility for ensuring safe use of CMs as the key determinant of pharmacists’ professional practice with respect to these therapies. Moreover, the better the evaluation of the patient’s need for the product, the less likely that a client would be sold an inappropriate or unnecessary CM. Confidence in knowledge of CMs and profit motives did not appear to influence pharmacist practice in relation to CMs.” Any recommendation that removes the close proximity between CM availability and professional pharmacy advice would clearly work against the vital interests of consumers of CMs.

Question 118 Does the ‘retail environment’ within which community pharmacy operates detract from healthcare objectives?

Blackmores’ comments
- As noted above, the 2010 Braun et al survey of 1,121 pharmacy consumers found that 27% of people were taking VDS recommended by their medical practitioner. In regards to consumer expectations, over 93% of pharmacy customers thought it was important for pharmacists to be knowledgeable about CMs and 85% also thought it important that pharmacists were aware of the CM products patients were using. Furthermore, 92% want pharmacists to provide safety information about CM products and 90% want them to check for safety issues.
- These results clearly indicate that consumers see community pharmacy as an appropriate place to access CM products and information, seeing the pharmacist’s role as important to this provision. It also indicates that consumers don’t perceive pharmacists professionalism as being compromised. In fact, there is strong consumer expectation for more involvement
from pharmacists. The inclusion of CMs into the QUM framework is entirely appropriate from the consumer perspective.
References


Longstreet and Vink 2009, ‘Correlation between total and ionic magnesium concentration in human serum samples in independent of ethic or diabetic state’, *Magnesium Research*, vol. 5

Longstreet et al 2007, ‘Correlations suggest low magnesium may lead to higher rates of type 2 diabetes in Indigenous Australians’, *Rural and Remote Health*, vol.7, no. 4.


Paxton et al 2013, ‘Vitamin D and health in pregnancy, infants, children and adolescents in Australia and New Zealand’, *Medical Journal of Australia*


