4 July 2014

Mr Keir Delaney
Secretary, Legal and Social Issues Committee
Legislative Council
Parliament House
Spring Street
Melbourne VIC 3002

By email to: lsic@parliament.vic.gov.au

Dear Mr Delaney

Inquiry into community pharmacy in Victoria – stocking specific medications

Further to the Pharmacy Board of Australia submission to the Legal and Social Issues Committee regarding its inquiry into community pharmacy in primary and preventative care in Victoria dated 27 June 2014, I provide further information as requested in your letter dated 26 June 2014.

Stocking specific medications

Pharmacists delivering pharmacy services in community pharmacies are responsive to patient needs in relation to supply of medications and other items sold in pharmacies. If certain medications or items are not stocked at a pharmacy, pharmacists routinely source these for supply to consumers.

Medications such as ‘the morning after pill’ and items such as condoms are available from the vast majority of pharmacies. The Board is aware that some pharmacists may refuse to supply these items on the basis of their personal beliefs.

Practice requirements for pharmacists

The Board has not issued a policy or guideline requiring pharmacists to stock particular medications or other items. The Board’s Code of conduct for pharmacists (the Code of conduct), published on its website at www.pharmacyboard.gov.au/Codes-Guidelines.aspx outlines:

2.4 Decisions about access to care

Practitioner decisions about access to care need to be free from bias and discrimination. Good practice involves:

f) being aware of a practitioner’s right to not provide or participate directly in treatments to which the practitioner objects conscientiously, informing patients or clients and, if relevant, colleagues of the objection, and not using that objection to impede access to treatments that are legal, and

g) not allowing moral or religious views to deny patients or clients access to healthcare, recognising that practitioners are free to decline to provide or participate in that care personally.

In the above circumstances, it is the Board’s view that good practice would be for a pharmacist to provide information to patients or clients about how medication or other items may be accessed to meet their needs.

The Code of conduct also outlines the following:

‘Codes of ethics for pharmacists

The Pharmacy Board of Australia advises pharmacists to also be guided by a code of ethics relevant to their practice. The Board endorses the Code of ethics for pharmacists 2011 published by the
Pharmaceutical Society of Australia Ltd and the Code of ethics – February 2012 published by the Society of Hospital Pharmacists of Australia. Given the definition of practice as it applies to pharmacy, other codes of ethics may also be applicable to pharmacists’ practice. Pharmacists are advised to ensure that, in addition to complying with the Code of conduct for registered health practitioners, they be guided by the code(s) of ethics relevant to their practice."


“A pharmacist has a right to decline provision of care based on a conscientious objection. However, this right should not prevent the consumer from accessing health care that they are entitled to. Therefore in these circumstances the pharmacist should inform the consumer of the objection and appropriately facilitate continuity of care for the consumer.”

Facilitating access to medicines and other items

In the case of condoms, these are routinely available from a range of retail outlets such as supermarkets. A decision by a pharmacist not to supply or dispense scheduled medicines such as ‘the morning after pill’ may cause an inconvenience for consumers in regional areas where other community pharmacies are located a considerable distance from the local pharmacy.

It would be possible for other health professionals authorised to possess and supply scheduled medicines to make a supply directly to patients, for example, medical practitioners. This may be impractical in locations where a medical practitioner is accessible only periodically or not at all, consequently requiring a consumer to travel potentially long distances in order to obtain the scheduled medicines they require.

Direct supply with appropriate counselling is the preferred option, however, scheduled medicines may also be accessed via the internet, mail-order dispensing and other indirect supply of medicines which are services provided by many pharmacies. While these services are unlikely to ensure treatment that is required within a short time frame (e.g. administration of the ‘morning after pill’ within 72 hours of unprotected intercourse), other treatments (e.g. oral contraceptive pill or ovulation stimulants) may be supplied within the required timeframe.

Failure to facilitate access to medicines and other items

In the event that a notification was made about a pharmacist who did not facilitate access to required medicines, the Board would need to consider the circumstances in order to determine whether the pharmacist should be sanctioned under the Health Practitioner Regulation National Law, as in force in each state and territory.

If you would like to discuss the submission further, do not hesitate to contact me

Yours sincerely

Stephen Marty
Chair