

Trent Twomey

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The Australian Pharmacy Professional Conference & Trade Exhibition (APP) is the largest pharmacy conference and trade show in Australia. The event will be held from May 3-6, 2018 on the Gold Coast, Queensland. *Retail Pharmacy* is proud to support APP by featuring many exclusive interviews with APP2018 speakers.



Tell us about your professional background.

TT: My wife Georgina and I bought into our first pharmacy 10 years ago and we have never looked back. With more than 100 staff spread across four local government areas and some 400km, I'm very lucky to have married a pharmacist.

I graduated from pharmacy school at James Cook University in Townsville in 2004. This was the second new pharmacy school to open in Australia in nearly half a century, and marked the explosion of new graduates that changed the pharmacy workforce for the better. I was also enrolled in a bachelor of business as an overload and graduated from that during my intern year.

What are your priorities as Queensland Branch President?

TT: I'm very fortunate to be following in the shoes of two strong Queensland Guild presidents and to still have them serving with me on the Queensland branch, which is characterised by the frontier entrepreneurial spirit that defines our state. QCPP, Project Stop, APP, Guild ITP – the list just goes on. I'm excited to be leading a stellar branch committee that counts among its ranks the national Pharmacy of the Year winner, and I look forward to working with the Guild's longest-serving branch director, Robyn Ede, to strengthen the 1,140 Queensland pharmacies that employ more than 14,000 people.

You have a national role at the Guild as Chair of the Viability Committee and have stated that the core professional service of dispensing needs to be well remunerated. Can you elaborate?

TT: The core clinical function of dispensing is at the heart of who we are and what we do. The role of medication provision cannot ever be separated from the role of medication management and review. As a community pharmacist, I provide primary-healthcare advice centred around and anchored by the quality use



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of medicines. I'm responsible for ensuring that I provide not just the right product, but also the right advice.

We cannot separate the technical function of product provision from the function of counselling and review. If I hand out a product, I cannot abdicate my professional responsibility to counsel and review. It is irrelevant whether a medical, nursing or, in fact, another pharmacy colleague has reviewed my patient in another setting. I'm handing out their medication, so I'm professionally responsible for that patient.

There is a myth that has circulated for some time in our profession and needs to be corrected. It has been said that the evolution of paid professional services in community pharmacy has been funded by new monies that have been advocated for by the profession. This is simply not true. The accurate and indisputable source of every single dollar to fund the nearly \$1.5 billion in professional pharmacy services has come from cuts to the core clinical function of dispensing in community pharmacy.

These professional services need to stay linked to the community-pharmacy network, not just because that is where the funds have come from, but because that is what is in the best clinical interest of millions of Australians who use and rely on the PBS to provide for the quality use of medicines.

The Guild has announced the Community Pharmacy 2025 (CP2025) project to help inform the next negotiations. What are your hopes for this project?

TT: I don't just want pharmacies to be 'viable' in 2025, I want them to flourish. The 5,700

community pharmacies in Australia represent the quintessential private/public partnership between the state and a network of small family businesses. We have a highly skilled and highly trained workforce, employing more than 70 per cent of the 30,000 registered pharmacists and more than 60,000 trained pharmacy assistants.

The CP2025 project has the full economic and political support of the Pharmacy Guild of Australia. Consulting firm Pottinger was chosen for its nimble, creative and out-of-the-box approach to guide our organisation on a journey that will enable our part of the primary-healthcare sector to improve the health of Australia.

There are also critics of the sector, who say the PBS is an area of uncontrolled and unsustainable spending in the health budget. Guild data debunks this myth. What should pharmacists know and be able to speak about as advocates of the PBS?

TT: The PBS is not just sustainable, but is in negative-growth territory. The Guild's health economists are some of the best. We're deep in negotiations with health, finance and treasury, and are confident the 2017/18 midyear economic and fiscal outlook will be presented in a much clearer way – that community pharmacy has given its pound of flesh and it's time the government looked elsewhere for health savings.

In terms of health policy, the federal government seems to be continually seeking savings from the PBS. How can it change its mindset to see the PBS as an investment in health?

TT: The great possibility for our business lies in the extension of professional scope of practice. The relative legislative changes that are required to give effect to this desire are state- and territory-based. If you compare the narrow and restrictive scope of practice of an Australian community pharmacist with almost any other developed country, we rank last. Australian pharmacists win the wooden spoon for professional scope worldwide. The other Guild state presidents and I are looking to New Zealand, Canada, the US and Europe for ways we can work with the states and territories to do more to close the gap in primary-healthcare delivery.

You will not find a stronger, more determined advocate for advancing the practice of community pharmacy and improving the health of our community than me. **RP**