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Original Research

Results of a cross-sectional survey of Community Pharmacists' attitudes to the introduction of 60-day dispensing of selected Pharmaceutical Benefits Scheme prescription items in Australia.

Ahmad Alzayadi, Bruce Sunderland, Richard Parsons, Petra Czarniak

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Abstract

Background: A 60-day dispensing policy modification to the Pharmaceutical Benefits Scheme (60-DDPBS) was announced unexpectedly by the Australian Government in April 2023. This has provided prescribers with an option of selecting a 60-day rather than 30-day supply of up to 320 medicines available on the scheme without changed remuneration to community pharmacies. Objectives: To evaluate the economic and professional impacts of the 60-DDPBS on community pharmacies in Western Australia (WA). **Methods:** A questionnaire which utilized a combination of Likert scale questions and open-ended questions to capture quantitative and qualitative data was mailed to a random sample of 250 community pharmacies in WA. Returned questionnaires were coded in an Excel spread sheet and analysed using descriptive statistics. Qualitative responses were thematically analysed. **Results:** Responses were from 76 (30.4%) recipients. Most were male (48/76, 63.2%) and 35/75 (46.7%) sole proprietors. There were 15/74 (20.3%) pharmacies located >10 km from another pharmacy. There were 41/74 (55.4%) that expected their profit to decrease by ≥ 21%, and there were 35/74 (47.3%) who expected this profit decrease as well as a decrease in pharmacy or non-pharmacy staff. Four themes emerged from the free-hand responses provided by respondents. Two described the views respondents expressed regarding the approach taken by the government for its implementation ("government distrust following the shock decision" and "consequences of 60 day dispensing"). The other two themes related to more direct "economic responses" regarding future viability of their community pharmacy and "future outlook" of community pharmacy in Australia. Many respondents indicated significant financial stress, potential closures, and pharmacist and non-pharmacist staff losses from the profession as a result from 60-DDPBS. In addition the mental health of many professionals is under stress. The public neediest of pharmacy services have received no benefit. The disrespect shown for pharmacy as a profession and the immediate and longterm economic impacts are stressful for pharmacists. **Conclusion:** Severe financial stress, causing charging for services previously often provided for free and the expectation that many pharmacists will leave the profession are the economic and professional implications resulting from 60-DDPBS. Policy makers and professional bodies should mitigate these findings.

INTRODUCTION

In Australia, a 60-day dispensing policy of Pharmaceutical Benefits Scheme (60-DDPBS) medicines was unexpectedly announced by the Minister for Health and Aged Care in April 2023, legislated in June 2023 and commenced with the first tranche of medicines being dispensed at 60-day, rather than 30-day intervals in September 2023. The second tranche commenced on 1st March 2024. Further medicines became eligible for 60-DDPBS dispensing in September 2024, amounting to approximately 320 medicines becoming eligible for such prescribing.[1] This has provided prescribers with an option of retaining the previous 30-day supply period, or increasing it to 60-day supply. Up to five repeats for either option are permitted. The policy was based on the premise that a cohort of patients paid unnecessary costs for their medicines, when they had stable ongoing medical conditions. In addition, the normal maximum dispensing period could be extended from six to 12 months eliminating unnecessary medical consultations and fees just to receive a new prescription.[2] Owing to a current shortage of general practitioner (GP) appointments this would free up additional appointment times for the public requiring an urgent consultation. The introduction of 60-DDPBS had strong support from the Royal College of General Practitioners and the Australian Medical Association, but was opposed by the Pharmacy Guild of Australia (PGA) and the Pharmaceutical Society of Australia (PSA).[3-5]

The Pharmaceutical Benefits Scheme (PBS) subsidises a wide range of medicines included in a formulary for the Australian public. It includes a patient contribution, which at the time of this survey was for each basic item provided, up to AUD$ 30.00 for general patients and AUD$ 7.30 for a patient holding a Concession Card. The scheme also includes safety net thresholds which commence for general patients when their annual contribution exceeds AUD$1563.50, when the cost of further prescriptions reverts to the concessional contribution fee. When it exceeds AUD$ 262.80 for concessional card holders no fee is charged for further prescription items. Additional charges can be made for specific brands.[6]

Ahmad ALZAYADI. PhD - Curtin Medical School, Curtin University, Perth, Western Australia. ahmad.al-zayadi@curtin.edu.au
Bruce SUNDERLAND. PhD - Curtin Medical School, Curtin University, Perth, Western Australia. B.Sunderland@curtin.edu.au
Richard PARSONS. PhD - Curtin Medical School, Curtin University, Perth, Western Australia. R.Parsons@curtin.edu.au
Petra A. CZARNIAK*. PhD – Curtin Medical School, Curtin University, Perth, Western Australia. P.Czarniak@curtin.edu.au

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The 60-DDPBS proposal was stated by the Minister to provide the public with "cheaper medicines" since it could reduce medicine costs by potentially halving the number of prescriptions dispensed for these 320 items.[7] This constituted a major cost saving for patients and particularly the government, entirely at the expense of community pharmacists. These savings for patients were incurred with a risk of a reduction of medical and pharmacist oversight of their health, but may also result in some patients requiring a mix of 30 and 60 day medicine durations, saving nothing on medical appointments, travel or waiting times. In addition having larger amounts of medicines in their possession can be unsafe as the recent opioid crisis has shown.[8]

A recently published Penington Report indicated that 1,675 unintentional drug-induced deaths occurred in Australia in 2021, with a non-indigenous rate of 5.0 per 100,000 population, but notably at an indigenous rate of 20 per 100,000.[9] Some indigenous people live in areas in Australia where there are few, if any, community pharmacies. The equivalent data for the United States of America (USA) was 32.4 per 100,000 where high throughput dispensing pharmacies are the norm.[9]

The PGA commissioned an economic analysis of 60-DDPBS which reported on the potential costs of its introduction to community pharmacies in Australia. It foreshadowed a closure of smaller neighbourhood pharmacies amounting to 250 to 300 in Australia (approximately 5% of all pharmacies) with a much higher impact on pharmacies located in rural and remote regions of Australia.[10] These pharmacies are in several areas of Australia already suffering declining local communities, owing to farm mechanisation and fly-in fly-out employment.

This sudden and unexpected change in pharmacy remuneration has given rise to significant levels of debate between the pharmacy organisations and the government largely around the matter of the economic viability of community pharmacies.[11] Dependent on the mix of 30-day and 60-day prescriptions, the 60-DDPBS policy has the potential to markedly reduce pharmacy income. It also places in jeopardy the provision of and public access to other pharmaceutical services such as medication reviews, dose administration aids packaging, and vaccinations which have been provided from community pharmacies, especially smaller neighbourhood pharmacies, frequently without charge, or for a small fee.[12]

Currently, no research has been published that has evaluated community pharmacist's perceptions of these significant and sudden changes to their community pharmacy practice and viability which therefore impacts on patients access to community pharmacies and provision of their services in Australia. A systematic review on the impact of longer versus shorter prescriptions identified improved medication adherence with longer prescriptions and increased medication waste in the USA.[13] A retrospective analysis in the United Kingdom showed that for longer prescription durations more wastage per prescription occurred and savings were mainly in GP consultation time.[14]

AIM

This study aims to evaluate the economic and professional impacts of the 60-DDPBS policy on community pharmacies in Western Australia (WA).

Ethics approval

This study received approval from the Curtin University Human Research Ethics Committee (approval number HRE2023-0527 18 September 2023).

METHODS

Questionnaire development

A paper-based questionnaire was developed based on the specific objectives of the study, focusing on the economic impact of the 60-DDPBS on pharmacies in WA. The construction of the questionnaire involved reviewing relevant literature and identifying key areas of interest related to economic factors such as opening hours and staffing requirements. Face and construct validation was conducted by a group of six community and academic pharmacists to ensure the clarity and relevance of the questions. Some minor amendments and additions were made as a result of the validation.

Questionnaire Structure

The final six-page questionnaire consisted of four sections with 20 questions dedicated to economic factors, including opening hours and staffing requirements. These sections included Part A: Pharmacist demographic details (9 questions), Part B: Potential impact of 60-DDPBS including changes in pharmacy opening hours, adjustments made to accommodate the new regulation, and the impact of any changes on staffing levels (7 questions), Part C: Preliminary measures taken by pharmacists in response to the 60-DDPBS policy including discussing it with clients (2 questions) and Part D: Option based questions (2 questions). The questionnaire utilized a combination of Likert scale questions and open-ended questions to capture quantitative and qualitative data regarding respondents' perceptions and actions taken by pharmacists and their professional bodies to respond to the 60-DDPBS. A copy of the questionnaire is provided in the supplementary appendix.

Study Population and Sample Size

The study population comprised community pharmacist proprietors and managers in WA. A random sample of pharmacies was obtained from a current list of community pharmacies obtained from the Pharmacy Registration Board of WA.[15] The sample size determined to achieve adequate precision in estimating the prevalence of responses related to economic factors. A sample size of 96 pharmacies would be adequate to obtain 95% confidence intervals with a precision of <10% for any estimated proportions (for certain attitudes etc). To account for an estimated response rate of approximately 40%, a total of 250 pharmacies were invited to participate in the study.

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Data Collection

The self-administered questionnaires, accompanied by a cover page explaining the study objectives and the importance of participation, were mailed to the selected pharmacies on 29th September 2023. A reply paid envelope was provided to facilitate the return of completed questionnaires. The envelopes and cover pages were addressed to the 'pharmacist manager or proprietor' to ensure the appropriate recipient. Consent was based upon willingness to return the completed questionnaire. As it was anonymous all pharmacies sent the questionnaire were telephoned in late October requesting that if they had not responded, to forward a reply within a few days.

Data Analysis

All responses from completed questionnaires were coded and entered into a Microsoft Excel spread sheet. Descriptive statistics obtained using SPSS Version 29 (Amonk NY: IBM Corp.) were presented to summarise the demographic information and questionnaire responses, from participating pharmacies. Perceptions were based upon Likert Scale questions with responses anchored at Strongly Agree and Strongly Disagree. Qualitative comments provided by respondents free-hand, in comments sections of the questionnaire, were analysed thematically.[16] An inductive approach was adopted. All responses were read and re-read and then classified under sub-themes that emerged and represented related responses. From the sub- themes, themes were then identified. These analyses were performed by BS and checked by PC. A pharmacy was classified as "vulnerable" if they responded that they "expect to decrease pharmacist or non-pharmacist staff "and they "expect profit to decrease by at least 21%". Any associations between vulnerability and other pharmacy variables (location, etc), were examined using Chi square or Fisher's Exact tests. The p value for significance was set at $p< 0.05$.

RESULTS

Of 250 eligible questionnaires, 76 (30.4%) were returned and used in the analysis. The demographic data presented in Table 1 illustrates the profile of the respondents. A majority of respondents were male 48/76 (63.2%), with the most common age groups being 31-40 and 41-50 years, each 22/76 (28.9%). Regarding the characteristics of the pharmacies surveyed, one-third had been serving the public for more than 30 years (33.3%). The majority were situated within the metropolitan and regional areas 59/76 (77.6%) and almost half operated as sole proprietorships 35/75 (46.7%). Street-front locations occurred in more than one-third 28/76 (36.8%). Almost all pharmacies indicated that they offered a variety of health and medicine additional services 73/76 (96.1%). In terms of proximity, most pharmacies were located 1-2 km from the nearest pharmacy (45/74; 60.8%), although 15/74 (20.3%) were greater than 10 km distant.

Perceptions for the 60-DDPBS policy

Table 2 shows that more than half of the respondents 41/74 (55.4%) expected their profit to decrease by more than 20%.

Table 1. Demographic data of respondents and pharmacy characteristics (N = 76)

Characteristics	Number of respondents n (%)
Gender	
Male	48 (63.2)
Female	28 (36.8)
Age (years)	
21-30	8 (10.5)
31-40	22 (28.9)
41-50	22 (28.9)
51-60	15 (19.7)
>60	9 (11.8)
Period the pharmacy had served the public (years) (N=75)	
<10	12 (16.0)
10-19	21 (28.0)
20-29	17 (22.7)
>30	25 (33.3)
Sole proprietorship (N=75)	
Yes	35 (46.7)
No	40 (53.3)
Modified Monash Model (MMM) location (N=76)	
Metropolitan (MMM 1)	52 (68.4)
Regional (MMM 2)	7 (9.2)
Rural (MMM 3-5)	11 (14.5)
Remote (MMM 6-7)	6 (7.9)
Pharmacy location (more than one option may apply)	
Street-front[(a)]	28 (36.8)
Neighbourhood	4 (5.3)
Small shopping centre (less than 30 shops)	27 (35.5)
Large shopping centre	7 (9.2)
Medical centre	9 (11.8)
Nature of the pharmacy [(a)]	
Pharmacy provides a range of health and medicine additional services.	73 (96.1)
Pharmacy always advertises discounts.	20 (28.5)
Pharmacy employs pharmacist interns.	39 (51.3)
Pharmacy usually has more than one pharmacist on duty at the same time.	33 (43.4)
Nearest pharmacy (kilometre) (N=74)	
1-2	45 (60.8)
3-4	10 (13.5)
5-10	4 (5.4)
>10	15 (20.3)

Footnote: [(a)] More than one response was received for some locations and nature of the pharmacy (it could be a street-front medical centre; or, provides additional services but advertises as a discount pharmacy); MM: https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm (accessed 18 March 2024)

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Additionally this would incur decreased levels of pharmacist staffing in half of the pharmacies 37/74 (50.0%) and notably by two-thirds for non-pharmacist staff 53/74 (71.6%). Alarmingly, two-thirds 51/74 (68.9%) were unsure that they can manage their bank loans. Furthermore, 29/71 (40.8%) expected the goodwill value of their pharmacy to decrease by more than 20%.

Although slightly more than one-half anticipated that they would continue as a proprietor 42/74 (56.8%), almost one third 24/76 (31.6%) were considering selling their business and another one quarter 18/71 (25.4%) leaving the profession, resulting from the 60-DDPBS policy. Initiatives to counteract the 60-DDPBS regulation have included: more than two thirds (70.6%) contacted their local Member of Parliament and many had contacted the PGA (51/74 68.9%). A large number (62/75; 82.7%) had frequently discussed the introduction of the 60-DDPBS with their clients. Interestingly, respondents reported a large majority 59/71 (83.1%) indicated that they found that most patients/clients were either opposed to or unsure whether they liked or disliked the proposed change when it was discussed with them (Table 2).

Pharmacists' opinions on 60-DDPBS

Figure 1 highlights the proprietor/manager's opinions upon selected statements regarding 60-DDPBS. Notably 80% of respondents strongly agreed/agreed that The Royal College of General Practitioners played a key role in the introduction of the 60-DDPBS regulation. Most respondents however considered the 60-DDPBS would not have a negative impact on their relationships with their local GPs, although many were still undecided. Three quarters of the respondents hold the current Labor government responsible for its introduction. Meanwhile, 42% agreed that they were satisfied with how the PGA has managed its introduction thus far, with 36% agreeing that they were satisfied with how the PSA managed its introduction. Just 38% agreed that they believed that they were unable to influence the government's position on this matter.

Alarmingly, 81% of respondents strongly agreed/agreed that

Table 2. Perceptions of the economic impacts of the 60-day dispensing of pharmaceutical benefit prescriptions (60-DDPBS) (N=76)

Respondent Perceptions	**Number of respondents n(%)**
Profit (N=74)	
Decrease overall profit by 0%-10%	11 (14.9)
Decrease overall profit by 11%-20%	22 (29.7)
Decrease overall profit by 21%-30%	26 (35.1)
Decrease overall profit by >30%	15 (20.3)
Staffing (N=76)	
Increasing pharmacist staff	0
Increasing non-Pharmacist staff	0
Increasing pharmacist interns	2 (2.6)
Maintaining current pharmacist staff.	19 (25.0)
Maintaining current non-pharmacist staff.	12 (15.8)
Maintaining current pharmacist interns.	3 (3.9)
Decreasing pharmacist staff (N=74)	37 (50.0)
Decreasing non-pharmacist staff (N=74)	53 (71.6)
Decreasing pharmacist interns (N=75)	20 (26.7)
Opening hours of the pharmacy (N=74)	
Stay the same	35 (47.3)
Decrease by 10 to 20%	31 (41.9)
Increase by 10 to 20%	0
Decrease by 20 to 30% (N=76)	6 (7.9)
Increase by 20 to 30%	0
The pharmacy may be amalgamated with another one	0
The availability of medications (N=76)	
Immediate additional shortage of medications	24 (31.6)
Increased shortage of medications in the longer term	53 (69.7)
Ability to manage bank loans within the following time-frames (N=74)	
6 months	6 (8.1)
12 months	7 (9.5)

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>12 months	10 (13.5)
Unsure	51 (68.9)
Goodwill value of pharmacy (N=71)	
Maintain its current value.	7 (9.9)
Decrease by 10%	15 (21.1)
Decrease by 11-20%	20 (28.2)
Decrease by 21-30%	21 (29.6)
Decrease by >30%	8 (11.3)
Future prospects (N=76)[(a)]	
Continuing as a proprietor	42 (56.8)
Becoming an employee pharmacist	6 (7.9)
Closing the business	1 (1.3)
Selling the business if possible	24 (31.6)
Leaving the profession	18 (25.4)
Proprietor/Manager responses to the 60-DDPBS (N=76) [(a)]	
Contacted the Pharmacy Guild of Australia	51 (68.9)
Contacted the Pharmaceutical Society of Australia	17 (22.7)
Contacted my local Member of Parliament	53 (70.7)
Contacted the Health Minister's Office.	20 (28.2)
Attended one or more protest meetings.	12 (16.7)
Frequently discussed the introduction of the 60-DDPBS with my clients	62 (82.7)
Displayed 60-day protest posters in my pharmacy	35 (46.1)
Posted messages on social media regarding 60-DDPBS	20 (26.3)
Patients' reactions to the 60-DDPBS (N=71)	
Most patients/clients were supportive of the proposed change	12 (16.9)
Most patients/clients were opposed to the proposed change	31 (43.7)
Most patients/clients were unsure whether they liked or disliked the proposed change.	28 (39.4)

Footnote: [(a)] More than one option could be selected.

the 60-DDPBS will affect their stress levels at work and 67% strongly agreed/agreed that 60-DDPBS could result in some mental health issues for them. In terms of medicine wastage, 74% strongly agreed that the introduction of 60-DDPBS will increase medicine wastage.

More than 90% strongly agreed/agreed that concession patients who regularly reach the safety net will not benefit financially from the 60-DDPBS, yet it is this group that frequently receive "Webster" type compliance packaging from community pharmacies. It is notable that 92% of community pharmacists indicated that charges will have to be made for compliance repackaging, yet the group in greatest need of this service will be levied that charge, without receiving any financial benefit from the policy. There were 35 pharmacies (46.1%) which were identified as 'vulnerable' (expect profit to decrease by at least 21% and expect to decrease in pharmacy and non-pharmacy staff). Any association between vulnerability and rural and remote pharmacies; those providing additional services; those who agreed to or were neutral about how the PGA or the PSA had managed the introduction of 60-DDPBS were assessed. These analyses did not identify any significant associations. This may be due to the low response rate.

Qualitative Findings

Themes emerging from the analysis

Following thematic analysis, four clear themes emerged from the free-hand responses provided by respondents for several sections of the questionnaire. Two of them "Government distrust following the shock decision" and "Consequences of 60 day dispensing" described the views respondents expressed regarding the approach taken by the government for its implementation. They expressed their opinions about a range of consequences to the profession and the public. The other two themes related to the more direct "economic responses" including a range of outcomes that affected the viability of their community pharmacy and "Future outlook" which gave some perspective of how respondents described their future in community pharmacy in Australia.

1. Government distrust following the shock decision

Some respondents were dismayed that a government would ignore the 'Seventh Community Pharmacy Agreement' [(CPA 7)] signed agreement under which the PBS was to be managed

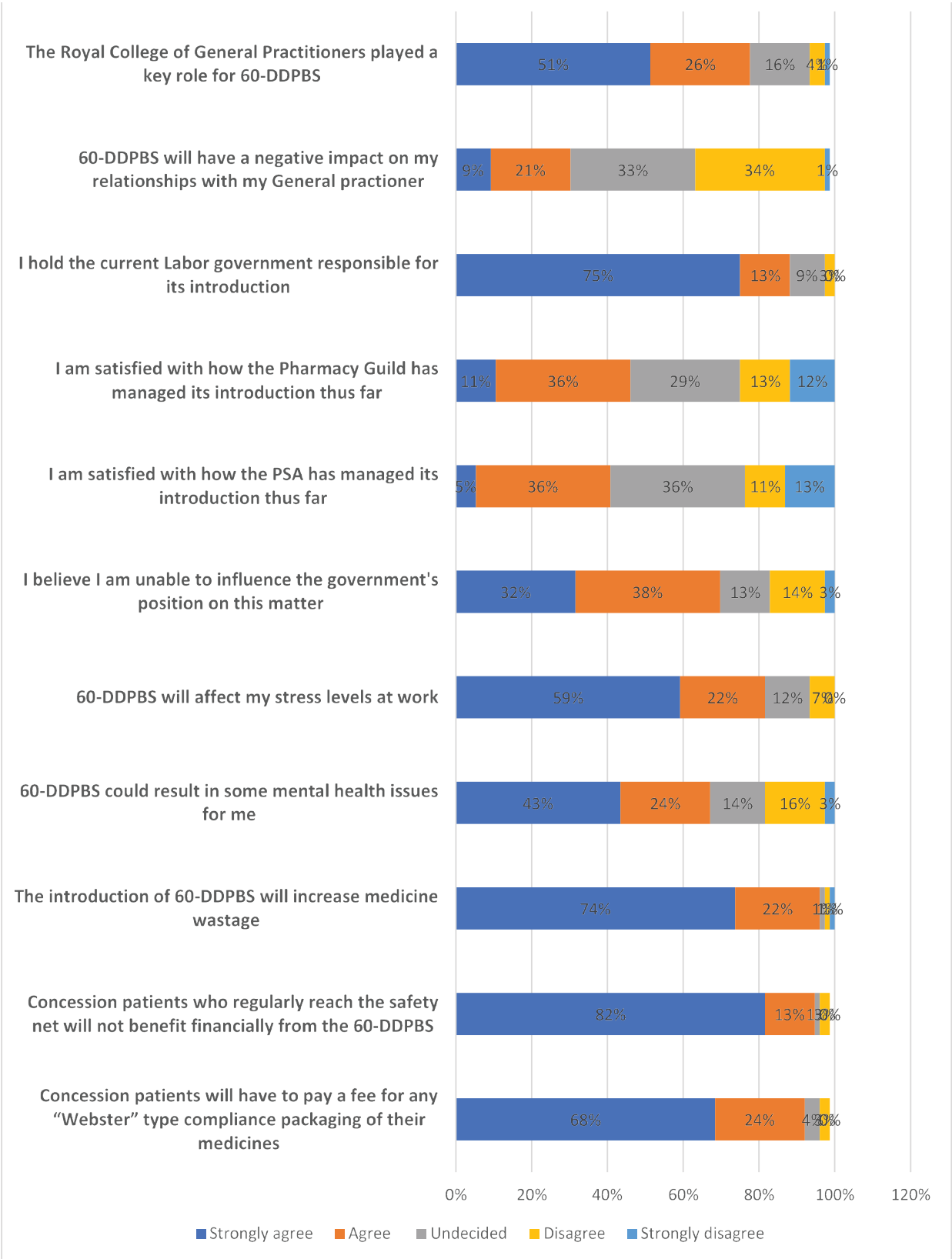

Figure 1. Community pharmacist's views on aspects of the 60-day dispensing policy

for a five year period, ending June 2025.[15] They reported that to make such a massive change without discussion with the profession was demeaning. They expressed their displeasure regarding the way it was introduced and the associated disregard for the profession of pharmacy.

"This is a poorly designed policy that has little benefit for the public, is disastrous for pharmacy, that has been implemented poorly, with no consultation for political reasons." (Respondent 62)

"Plenty of other areas the government could have focussed on to help with cost of living without destroying the PBS and hurting small business." (Respondent 2).

"Wake up Australia! this is just another occasion where we help out the ailing hospital system and carry the load of the GP's inability to work longer hours." (Respondent 15)

""No consultation with the profession shows Labor's total disregard for the profession! This is systematic destruction of healthcare in Australia." (Respondent 22)

"It is the profession that has suffered. Halving the dispensing fee is devaluing the contribution the community pharmacist makes to the community. Businesses will adapt or die, but the people in the profession are the ones affected, which is passed onto the community." (Respondent 39)

"I will never vote for a Labor government ever again in my lifetime." (Respondent 59)

"Please educate the doctors in changes to the prescription details." (Respondent 37)

"I have found customers sympathising with us, however they do not really understand the details and more than our superficial impacts." (Respondent 70)

"It is amazing how many patients believe it is very poor policy." (Respondent 43)

2. Consequences of 60 day dispensing

There was a range of concerns expressed regarding carrying more stock with less remuneration, and consumers harassing pharmacists because, as a result, they think all medicines are eligible for 60 day dispensing intervals. In addition respondents indicated that many "free" services can no longer be provided, or will have to be funded by the patient. In rural and remote areas, although some transitional government funding (Regional Pharmacy Transition Allowance[16]) was provided to enable proprietor's to increase the scope of services provided by rural and remote community pharmacies, staffing and related issues potentially hamper providing an expanded scope in these settings.

"Despite the additional transitional funding to remote pharmacies, they must be aware that finding staff to further increase scope will be challenging and many remote pharmacies will not have an opportunity to participate in re-investment opportunities." (Respondent 12)

"Webster (repackaging medicines into compliance aids) fees increased at outset and look to double again by the end of the month as we are over the DAA (dose-administration aid) cap." (Respondent 28)

"It has made me aware of the financial implications of the services like "Websters" we provide and how much we undervalue our services." (Respondent 22)

"Yet if we did not provide all the free healthcare advice and take all the risks with stock and helping out the ailing Australian public, the hospitals would be crumbling down with patient overload." (Respondent 15)

3. Economic responses

A range of responses was received regarding the direct economic impacts of 60-DDPBS dispensing. Some responses indicated that they could not immediately determine the level of the economic impact. Other respondents, as shown below, have made immediate decisions, and reductions in staffing levels have already occurred or will be implemented in the near future.

"It is a single pharmacy town and the risk of closure is very high." (Respondent 4)

"If this program runs for a reasonable length of time, profits will keep reducing as uptake picks up." (Respondent 63)

"Our pharmacy relies predominately on dispensing. Currently the pharmacy does not make any profit. It will annihilate our pharmacy if it is implemented:" (Respondent 68)

"Have reduced staffing levels to an absolute minimum." (Respondent 21)

"I will not be hiring an intern next year." (Respondent 47)

4. Future outlook.

Several respondents reported a bleak outlook for their future in pharmacy and their community pharmacy.

"I will attempt to keep the business, but have already begun another degree." (Respondent 43)

"The most disheartening aspect is that the government clearly has no respect for pharmacists so why do I want to be in a neglected profession." (Respondent 47)

"While this is bad, I believe in the role of a pharmacist and our ability to adopt to the new environment." (Respondent 45)

"I have a new business loan. I am not really in a position to sell." (Respondent 51)

"Already in the process of selling my 2 sole trader pharmacies. Settlement expected in the next 1-2 months." (Respondent 71)

And the final word!

"Good luck with the survey, I doubt if it will change anything." (Respondent 67)

DISCUSSION

The study has evaluated community pharmacists' perceptions

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and views on the economic and professional consequences of the 60-DDPBS policy on community pharmacies in WA. Noteworthy findings have emerged, revealing substantial concerns among proprietor and managing pharmacists regarding the economic impacts on their businesses from the introduction of the 60-DDPBS policy. These have especially negatively affected current profit, staffing and good-will levels to such an extent that their perceived capability to keep the pharmacy open will be a major challenge for approximately half of the respondents. A majority anticipated a significant reduction in overall profit, with 34% expecting a decrease between 21% and 30%. This widespread apprehension indicates potential challenges to the financial viability of pharmacies under the new 60-DDPBS policy. The Ergas economic analysis which was funded by the PGA, indicated approximately 3% of pharmacies would close and 25% would be under significant pressure.[10] That analysis was only based on data available prior to its introduction. This study would indicate that more than 25% of respondents will experience severe financial pressure as a result of the 60-DDPBS policy. Moreover, this study has suggested significant job cuts for pharmacy staff, as 49% of respondents expected a reduction in pharmacist staff and 70% anticipated a decrease in non-pharmacist staff.

The Minister has recognised that pharmacies in regional, rural and remote locations may have a much higher likelihood of closure and in July, 2023 doubled the Regional Pharmacy Maintenance Allowance and introduced A Regional Pharmacy Transition Allowance to support a change from dispensing to other services from 2023-2024 to 2026-2027 fiscal years.[18] Both were announced well before this survey and would have been taken into account by respondents. As indicated in this study, obtaining suitable staff, especially pharmacists in rural and remote areas is difficult and additional costs of housing and transport have to be funded, which are costs not incurred when hiring pharmacists in the metropolitan area.

Expectations regarding changes in opening hours varied, with 46% anticipating no change and 41% expecting a decrease of 10 to 20%. This suggests that while some pharmacies may adapt without altering their operating hours, a considerable proportion may face challenges necessitating adjustments. The study also underscores potential decreased medication availability, as 70% of participants expected an increased shortage of medications in the long term. This aspect is critical, as it directly impacts patient access to essential medicines. Although medicine shortages have been experienced prior to the COVID-19 pandemic, the increased pharmacist time involved in contacting prescribers and identifying other sources of supply or suitable substitutes, is costly. Other financial concerns loom large, with 50% of participants expressing uncertainty about managing their bank loans, indicating potential financial instability within the pharmacy sector. This is a major factor as banks may foreclose when current loans taken out on earlier data, subsequently change as a result of 60-DDPBS changes. It is likely that 60-DDPBS will for some require financing for increased stock holdings. Additionally, 28% expected a decrease in the goodwill value of their pharmacies by 21-30%, further highlighting the financial challenges posed by the 60-DDPBS.

Individual respondents have been active in contacting their local Member of Parliament and discussing it with their clients. Many contacted the PGA but few the PSA. Neither organisation was considered to have handled its sudden introduction well. Notably the PGA published several media releases regarding staffing losses, pharmacy closures and likely impact on the community.[19] With the exception of identifying the publishing of the Ergas economic report by the PGA[10], the PSA is yet to publish any media statement regarding any aspect of the impact of 60-DDPBS on its members and/or the public, almost 12 months after its initial announcement.[20]

The qualitative findings identify concerns for community pharmacists' wellbeing as a result of potential loss of business viability and job losses. Further, the standing and respect pharmacists have consistently held as health professionals, has been demeaned by the government's cheap medicines campaign, with a subsequent impact within the public.[7] The announcement and implementation of 60-DDPBS policy has influenced respondents perspectives on their continued role within pharmacy as a profession. Respondents as a result of 60-DDPBS have indicated that only slightly more than half (55%) anticipate continuing as proprietors, 32% are considering selling their businesses, and 24% contemplate leaving the profession. This suggests a significant level of uncertainty and discontent within the pharmacy community, with potential implications for the sustainability of community pharmacies and access to PBS medicines for the community.

The PBS is a Commonwealth Government scheme initiated in 1948, but established as its current model from 1960. It was established to enable essential medicines to be made affordable for all Australians. It relies on a distribution of community pharmacies to make available medicines provided under the scheme to the community.[6] Proprietor pharmacists carry the financial risks associated with any small business to provide and dispense medicines for the community. Over recent decades, to improve business stability, successive CPAs have been signed by the PGA and PSA with the government for five year durations. This announcement of the 60-DDPBS was during the tenure of CPA 7 which was not expected, without negotiation during the current agreement.[17] Establishment of government funded dispensaries across the whole of Australia to provide medicines would be a massive cost and policy change if community pharmacies were no longer able to maintain viability in areas where the public require access to medicines. Comparisons with other countries is limited because of different health systems. The United Kingdom system has some similarities to Australia, where a multiple cohort study showed fewer GP consultations were the main cost saving for prescriptions of longer duration, but was associated with more medication waste.[14]

LIMITATIONS

The response rate of 30.4% (76 out of 250 eligible questionnaires), suggested a moderate level of participation

among the surveyed pharmacists. One respondent indicated they saw responding would change nothing, perhaps provides a perspective on the rate achieved. However, the study acknowledges potential limitations, including self-reporting bias, the sample of respondents possibly being those most affected, and therefore concerns about the generalizability of the findings.

The study's comprehensive analysis of economic, operational, financial, and psychosocial impacts provides valuable insights into the challenges faced by community pharmacies in WA under the 60-DDPBS. The perspectives of proprietor pharmacists highlights the need for thoughtful policy considerations to address the diverse challenges within the pharmacy community.

CONCLUSIONS

High numbers of respondents indicated significant financial stress, potential closures, and pharmacist and non-pharmacist staff losses from the profession as a result from 60-DDPBS. In addition the mental health of many professionals is under stress. Policymakers, healthcare stakeholders, and professional bodies should carefully consider these findings to address and mitigate the challenges faced by community pharmacists and ensure the sustainability of the healthcare system. The 60-DDPBS policy could lead to a small number of high throughput pharmacies which will further diminish the value of pharmacy as a profession and the PBS.

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CONFLICTS OF INTEREST

Three authors are academic pharmacists and one works part-time as a community pharmacist. One author is a statistician. None are pharmacy proprietors, or have any elected or funded role in the Pharmacy Guild of Australia or the Pharmaceutical Society of Australia.

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AUTHORS' CONTRIBUTIONS

All authors contributed to the study conception and design. Material preparation, data collection and data analysis were performed by Richard Parsons, Ahmad Alzayadi and Petra Czarniak. The first draft was written by Ahmad Alzayadi and all authors commented on all versions of the manuscript. All authors read and approved the final manuscript.

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Impact Statements

- This study evaluated the impacts of changing the dispensing interval from 30-days to 60-days for selected medicines available on the Pharmaceutical Benefits Scheme in Australia
- Findings identify perceived reductions in profit, staffing, good will and "free" pharmacy services
- Rural and remote pharmacies are likely to experience greater economic hardship
- The findings identify the need for policy makers and professional bodies to navigate these challenges effectively and collaboratively