



POSITION STATEMENT

Pharmacy Ownership

Position

The Pharmacy Guild of Australia strongly believes that community pharmacies must be owned by, and under the control of, pharmacists without influence from other non-pharmacist entities. This includes the way in which medicines and health services are provided to the public, the pharmacy's choice of supplier, and all other aspects of pharmacy ownership and management. Australia's pharmacy ownership laws must be maintained and enforced to prevent the community pharmacy model from being undermined by commercial interests, so that patients can continue to access high quality, safe and effective care.

Maintaining pharmacist ownership and control of community pharmacies delivers clear benefits for patients and the broader health system. It supports continuity of care, strengthens accountability for clinical decision-making, and ensures that medicines are supplied with appropriate professional oversight. This contributes to safer use of medicines, improved adherence, and better health outcomes, while maintaining high levels of public trust in community pharmacy as an accessible and reliable healthcare setting.

Pharmacy is a healthcare profession, and community pharmacies are health service centres in which the owners and clinical staff have legal and professional obligations for the pharmacy services provided. The Guild believes the public is best served when pharmaceutical services are provided from a practice which is owned and controlled by pharmacists who are personally responsible for its conduct. This protects the health and safety of the public by positioning health care providers at the centre of the provision of care rather than corporations, and ensures that safe, high quality and effective professional services are available at all times.

Pharmacy ownership provisions and location rules ensure that community pharmacies are well distributed throughout the Australian community, with 89% of Australians living within 2.5km of a pharmacy.¹ There is also a limit in most jurisdictions to the number of pharmacies that each pharmacist can own, to ensure that they can continue to meet all legal and professional responsibilities and maintain clinical governance. Ownership limits support a decentralised and diverse community pharmacy sector, contributing to competition and accessibility.

Pharmacies should be separate from other retail premises such as supermarkets or department stores, to avoid diluting the distinction between scheduled medicines (which can cause harm if used incorrectly) and ordinary items of commerce. The laws should be strengthened by adding restrictions on physical and virtual access from any non-pharmacy business to ensure the professional integrity and independence of pharmacies as healthcare providers.

All pharmacy premises should also be quality assured to national standards. Quality assurance in community pharmacy, including adherence to nationally recognised standards through accreditation under the Quality and Safety Pharmacy Program (QSPP), ensures that patients receive reliable, high-quality care. Pharmacist ownership and control strengthen these systems by ensuring direct professional

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accountability for compliance, clinical governance and continuous improvement. This reduces the risk of medication errors, inappropriate supply and conflicts between commercial and clinical priorities, and supports ongoing trust in community pharmacy as a regulated healthcare setting.

The Guild believes that there is a public benefit in legislative restrictions on pharmacy ownership both nationally and in relevant state and territory legislation, and that these must be maintained and strictly enforced to prevent the existing model of community pharmacy from being undermined by corporate interests. Pharmacist-owned pharmacies are central to supporting evolving pharmacist roles and integration with primary care, ensuring that professional judgement, clinical autonomy and patient care remain the focus of service delivery. Pharmacy ownership by pharmacists enables decisions about services, workforce and investment to be guided by clinical expertise and a deep understanding of local community needs, rather than by non-clinical, profit-driven imperatives. This creates an environment in which pharmacists are empowered to deliver the full range of services they are trained and competent to provide and innovate in response to community health needs, ultimately strengthening patient-focused care and the sustainability of the community pharmacy model.

There must also be annual licensing and registration arrangements for community pharmacies with restrictions on the use of the term 'pharmacy' for transparency, and to maintain the trust of the public. Patients have a right to know that the healthcare they receive is from a qualified professional in a well-regulated clinical setting, with strong professional oversight and accountability.

Analysis of pharmacy distribution data indicates that the community pharmacy model provides near universal access, high quality service and choice for consumers, helping to achieve Governments' overall economic, social and health policy objectives.² The community pharmacy model also actively supports the following aims of Australia's National Medicines Policy:

- Equitable, timely, safe and affordable access to a high-quality and reliable supply of medicines and medicines-related services for all Australians,
- Medicines being used safely, optimally and judiciously, with a focus on informed choice and well-coordinated person-centred care.³

Pharmacy Board of Australia Policy

In 2015, the Pharmacy Board of Australia (the Board) revised its policy to state that proprietor pharmacists must ensure that they hold the type of registration specified in the premises legislation in the jurisdiction in which the pharmacy premises is located. Regardless of registration type, proprietors' ongoing compliance with the requirements of the National Law, including all relevant registration standards and guidelines, is required.⁴ This is in contrast to its policy in 2010, where the Board adopted a policy that a pharmacist who owns a pharmacy is practising pharmacy and therefore proprietor pharmacists will be required to maintain general registration.⁵

It is the Guild's continued position that a registered pharmacist who is a proprietor of, or who has a pecuniary interest in, a pharmacy business must maintain general registration, despite some jurisdictions permitting a pharmacist with non-practising registration to own a pharmacy under their respective ownership legislation.

The Guild supports the Board's guidelines which focus on the professional responsibilities of proprietor pharmacists that ensure the safe, effective delivery of services to the public. The Guild also recommends that proprietors are aware of the Board's guidelines which require that:

'A registered pharmacist who is a proprietor of, or who has a pecuniary interest in, a pharmacy business, must maintain, and be able to demonstrate an awareness of, the manner in which that

*pharmacy business is being conducted, and where necessary, intervene to ensure that the practice of pharmacy is conducted in accordance with applicable laws, standards and guidelines.*⁷

Background

Pharmacy ownership is governed by state and territory legislation that is administered by relevant pharmacy authorities, who are also responsible for approval and regulation of pharmacy premises.

The Health Care model of Pharmacy

Governments across all political parties have collectively supported the regulation of community pharmacy in the interests of safety and equitable access to medicines and healthcare services through a competitive and thriving network of community pharmacies, supported by full-line Community Service Obligation Distributors subsidised to distribute medicines equally across the country.⁶

Community pharmacy continues to enjoy very high levels of public trust and support,⁷ significantly higher than alternatives such as supermarkets. The empirical evidence strongly supports the position that community pharmacy regulation meets the healthcare objectives of the Commonwealth Government and the Australian public by ensuring that local pharmacies are owned by registered pharmacists who are patient focused through their professional autonomy.

Published studies and international experience indicate that corporatisation and large-scale centralised ownership of pharmacies often result in negative outcomes for patients and their communities, including:

- In the United States of America, vertical integration in the pharmacy sector has been found to have impacted the accessibility of prescription medicines, created conflicts of interest, undermined access to high-quality care, and fractured patient trust.^{8,9}
- De-regulation of pharmacy ownership rules in Canada and the United Kingdom has caused a reduction in the levels of pharmacist skills and services that are being offered to patients, and corporate incentives and targets have been found to compromise the professional judgement of staff when assessing patients' clinical needs.^{10,11,12}
- In England, local communities have suffered in recent years from large-scale closures of pharmacies owned by corporate pharmacy chains.¹³ One of these chains, Sainsbury's, announced in 2023 the closure of all 237 of their pharmacies,¹⁴ and the Boots chain undertook similar closures.¹⁵
- In Estonia, de-regulation of the pharmacy sector has led to "rapid concentration of the pharmaceutical retail and wholesale markets, and pharmacies [have] formed chains owned by or linked to pharmaceutical wholesalers." A reform process began in 2020 to ban these practices, aiming to "increase the professional responsibility of pharmacists for the quality of pharmacy services."^{16,17}

Authority

Endorsed

National Council – May 2026

National Council – July 2019

National Council – March 2011

National Council – July 2004

National Council – November 2001

National Council – November 1986

Reviewed

Policy and Regulation Sub-Committee - April 2026

Policy and Regulation Sub-Committee - June 2019

Government Relations & Policy Committee - February 2011

Strategic Policy/Rural and Professional Services Committee - June 2004

References

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- ⁴ Pharmacy Board of Australia Guidelines for proprietor pharmacists, December 2015, <https://www.pharmacyboard.gov.au/Codes-Guidelines.aspx>
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