

Consumer and carer views of Australian community pharmacy practice: awareness, experiences and expectations.

Abstract

Objectives To explore consumer awareness, experience and expectations of Australian community pharmacy practice, from the perspectives of consumers with chronic health conditions, carers, or both.

Methods Semi-structured in-depth interviews were undertaken in four diverse regions of Australia. The constant comparison method was used for analysis purposes.

Key Findings Ninety-seven interviews were conducted. Participants had limited understanding regarding the role of community pharmacy staff and the Pharmaceutical Benefits Scheme (PBS). Pharmacists were viewed primarily as medication suppliers, and the services provided by pharmacy, such as Home Medication Reviews, are predominantly unknown. Confusion still exists with respect to generic medications, medication pricing and how the PBS safety net system works.

Conclusions There is public uncertainty about specific aspects of Australian pharmacy practice. This is despite the introduction of newer professional services targeting chronic health conditions and extensive marketing campaigns involving pharmacy. If community pharmacy is to better assist consumers with chronic conditions, there needs to be improved community awareness of the professions current scope of practice and the system it works within.

Keywords community pharmacy, chronic conditions, role, knowledge, patient education

Introduction

There has been an increasing demand at an international level for pharmacists, like any other health professional, to assist with combating the increasing rates of chronic health conditions.^[1] Some countries have seen the introduction of public health^[2,3] or disease management services^[4] within community pharmacies, extending their role in assisting consumers to become more informed about their medication(s). In 2011, the Australian Government initiated remuneration for community pharmacists to provide specialized services, such as primary health care for diabetes, cardiovascular disease and mental health conditions.^[5] These are examples of chronic health conditions, which are long-term ailments. The above initiatives are particularly important for consumers with a chronic health condition(s) who are more likely to utilize community pharmacies and need to effectively manage their condition(s) long term.

Given the evolving role of community pharmacy, many studies have been conducted which either focus on consumer's awareness of and views regarding the provision of pharmacy services,^[3,6-10] or the community pharmacist's role.^[11-14] There appears to be a low level of consumer awareness and demand for the provision of public health or disease management services.^[3,9,10] A consistent finding is that consumers generally perceive the pharmacist's role solely as medication providers and advisors on medication use.^[11-13,15,16] When exploring the role of community pharmacists in Scotland, Gidman and Cowley identified that the general public's opinion was divided on their role in services beyond medication supply and the management of minor ailments; services such as health promotion and opportunistic screening.^[11] The authors recommended that a larger study be undertaken with a more diverse population to explore these views further, particularly given the limited

qualitative research on consumer attitudes about community pharmacy.^[11] There is minimal research focusing on the consumer's view of pharmacy as a whole;^[17,18] studies have mostly focused on the pharmacist's responsibilities or a particular service, involving either the general public or participants with a specific chronic health condition.^[3,7,9,11,12,14] Considering the breadth of chronic conditions that consumers can have, a study which focuses on this population as a whole, regardless of the condition they have, is needed.

Since the introduction of a more active approach in chronic disease management, what was previously known about the general public's knowledge of Australian pharmacy is outdated. Although there have been social marketing initiatives to improve public awareness of various aspects of pharmacy practice, to our knowledge there are no evaluations of their impact on consumer knowledge of pharmacy practice. The non-profit organization NPS (National Prescribing Service) MedicineWise provides educational resources and conducts extensive media campaigns aimed to make all Australians 'medicine wise.'^[19] Their 2010 national consumer survey demonstrated that further work was needed to increase the public's knowledge of the NPS as an organization and the resources they provide, such as tools to identify a medication's active ingredient(s).^[20] Although their work is vital in educating consumers about the Quality Use of Medicines, the organization does not exclusively promote the role of pharmacy in the health system.

The community pharmacy sector needs to appreciate and understand consumers' current knowledge of pharmacy, including the services provided and role of community pharmacy staff, as this can affect how consumers view the role of community pharmacy. If there are any gaps in this knowledge, then an increased effort needs to be made now to

improve consumer understanding about what community pharmacy can do. This is important so that the public can fully utilize the services offered by community pharmacies, to better manage their chronic health conditions. This study aimed to explore the current awareness, experience and expectations of Australian community pharmacy practice, from the perspective of a range of consumers with chronic health conditions and from various backgrounds. To capture the multi-cultural population of Australia, participation included those from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islanders.

Method

To enable the researchers to explore the unique perspectives of the individual, a qualitative approach utilizing semi-structured in-depth interviews was chosen.

Eligibility

To incorporate a range of different perspectives,^[21] participants were recruited from four diverse Australian regions: the rural and semi-rural regions of Mount Isa (Queensland) and Northern Rivers (New South Wales), and the metropolitan areas of Logan-Bauesert (Queensland) and Perth (Western Australia). Participants had one or more chronic health conditions, including those who were newly diagnosed within the past six months, were an unpaid carer for someone with a chronic health condition, or both, i.e. a carer and had a chronic health condition.

Procedure

A University Human Research Ethics Committee granted ethical approval (PHM/12/11/HREC). Previous stakeholder research on a similar topic informed the development of an interview guide.^[22,23] Feedback on the interview guide was sought from the research team which comprised: chief investigators, senior researchers and a consumer researcher (CC) to ensure the project was consumer focused. A Reference Group including health care stakeholders from various cultural backgrounds also reviewed the guide to ensure cultural appropriateness.^[24] Questions focused on the participant's experiences with their community pharmacy and the staff, the roles of community pharmacy staff, and how community pharmacy could better assist them to manage their conditions. To encourage a standardized interviewing technique, two researchers (SM, AS) conducted the first 10 interviews, trained two other researchers (CC, CM) in this process, and transcribed the first 20 interviews to refine the interview guide and familiarize themselves with the data. Consequent interviews were conducted individually or in pairs (SM, AS, FK, CC, CM) during May-October 2012, depending on the participant's location and preferences, such as religious beliefs and cultural needs.

Interviews averaged 50 minutes in duration, were audio-recorded and conducted either via telephone ($n=48$) or face-to-face ($n=49$). All but two interviews, which were not audio-recorded as per participant requests, were transcribed verbatim and a sample of transcripts was checked for accuracy purposes. Participants were primarily coded depending on whether they were a consumer (C), carer (CA), consumer/carer (CC) or consumer with a health professional background (CH). Participants were also coded according to whether they had self-identified as an Aboriginal and Torres Strait Islander (IND) or from a culturally and linguistically diverse background (CALD).

Data analysis

The qualitative data analysis package QSR NVIVO 9[®] and a constant comparison method was used for analysis.^[25,26] Initial coding of data into themes was conducted by three researchers (SM, AS, FK), who did not code the interviews they personally conducted. Initial coding was also discussed with the consumer researcher (CC) to minimize researcher bias, and an analysis framework was established. After initial coding, further interviews were explored to develop sub-themes, leading to category refinement. The constant comparison method, which represents the inter-related process of data collection and analysis, allowed participants to influence the study findings in an essential way than if analysis was completed after data collection had finished.^[27] Reliability of the coding was ensured by a research team member (MK) who checked the coding for randomly selected samples of data. The analysis process was frequently discussed and reviewed between the researchers and with the research team to ensure data credibility and trustworthiness.^[28] Data saturation was established when participants' experiences and perspectives became recurring with previously collected data.^[29]

Results

Participants

A total of 97 interviews were undertaken; the mean age was 57.2 years (range, 16-83 years) and the majority of participants were female ($n=65$, 67.0%). There were a range of cultural backgrounds and chronic health conditions such as cancer, diabetes, cardiovascular, mental health, musculoskeletal, neurological, renal and respiratory conditions (Table 1).

[Insert Table 1 here]

Themes

Two overarching themes were identified: role understanding, i.e. what participants know about the role(s) of pharmacy and its staff, and Pharmaceutical Benefits Scheme (PBS) knowledge (Figure 1). To promote access to medications, the Australian Government introduced the PBS; a range of medications are listed on a national formulary and subsidized for Australian residents. In this study, pharmacists were primarily viewed as medication suppliers, with medication management, such as confirming medication appropriateness and providing advice, recognized as a secondary role. Participants acknowledged that pharmacists and pharmacy support staff, including pharmacy and dispensary assistants, had vastly different roles; support staff assisted pharmacists by helping with consumer enquiries and were deemed to have limited training. Under the theme of PBS knowledge, there was confusion about how the safety net system worked; when consumers reach a certain monetary threshold from PBS medication use, the Australian Government further subsidizes these medications for the rest of the financial year. This confusion also extended to price differences between community pharmacies and the promotion of generic medications, which are of similar quality, safety and efficacy to the original brand, i.e. they are bio-equivalent.^[30]

[Insert Figure 1 here]

Role understanding

When describing what the pharmacist's role was, the majority of participants commented that this predominantly, or only, involved medication supply:

...I've never thought of a chemist being able to help me with asthma or diabetes... it's a mental block I've got about chemists, all they do is give you the tablets. [C_1053]

This was particularly the case for elderly consumers who were more inclined to seek medical advice from their doctor:

I would tend to go to the GP first. I suppose it's built into my system after 50 years of doctors. [C_003]

Though it is a professional expectation that pharmacists provide current and relevant medication information to consumers,^[31] the pharmacist's medication supply role did not necessarily align with an expectation of counseling for all participants:

...I got that great advice from the pharmacist there who took the time, stepped right out and talked to me and in fact, I thought "Oh gosh, she better go back," I started to worry. [CA_1057]

No...they just handed the drugs over there was...no mention of how to use it... I wouldn't have really expected it at that time, now I would. I think they should [C_008]

When participants discussed the pharmacist's role, some recognized the importance of counseling when initiating a new medication:

...that's been really, really good because they've [pharmacist] asked if this is the first time you've ever taken it ...and they've stood there and really explained the side effects and about it... [C(IND)_1082]

The value of medication counseling was also re-enforced for consumers with repeat prescriptions. Limited counseling was acknowledged for repeat prescriptions or when participants were, or had been, health professionals and knowledge was assumed:

...I guess they've just always assumed that...I'm already taking the medication and already know...it would be nice if whoever's taking the script just says, "Are you familiar with and comfortable with taking the medication? And if not would you like to have a chat to our pharmacist." [CH_1045]

Pharmacists also had an important role to ensure medication safety, by providing medication management services such as dose administration aids, which are dose packaging units to assist consumers to take their medication, and checking for drug interactions:

If I go to buy vitamins or something, I say, "Oh look, will that interact?" Which a lot of people don't. And they sort of say, "Oh God...that's not a good one with Warfarin." [C_1072]

However, it was a challenge to explore the pharmacist's role further, with some commenting that they were unsure what the pharmacist's skill set or responsibilities were. Others were unaware of the services available from community pharmacies, including those newly funded by the Australian Government.^[5] This limited knowledge could be because these services were not offered by their regular pharmacy, they visited various pharmacies, failed to notice offered services because they had no need of them, or they utilized their doctor instead:

I don't think they offer that service [blood pressure monitoring] at all over the counter. That should be strictly your responsibility at home or the physician's visits.
[C_1085]

Home Medication Reviews (HMRs) can also optimize safety for consumers at higher risk of medication misadventure, a service where an accredited pharmacist conducts an in-depth review and evaluation of a person's medication usage in their own home.^[32] However, some consumers had never been offered, or heard of this service:

I had no idea what I was in for, sort of thing, and had never heard of it [HMR], didn't even know it even existed. [C_1175]

This was particularly the case in rural communities with no local pharmacy, and was acknowledged as a desirable service for consumers with chronic health conditions.

Participants also commented on the role differences between pharmacists and pharmacy support staff:

The pharmacist, to me, is a person that distributes a medication and puts the dosage and your name and everything on it, and the assistant is the one that actually serves it to you. [C(IND)_1097]

Although most participants verified that pharmacy support staff assisted consumers with non-prescription medicine requests and helped the pharmacist, there was limited recognition of the role of dispensary assistants to complete the technical work of prescription supply. One participant was quite averse to the situation, believing that pharmacy support staff were under-qualified:

...sales assistants from the general floor are being used in the pharmacy department to actually take the medicines off the shelf and put them in the box and then the...pharmacist checks... them. But, I don't feel as safe with that one. [C_015]

There was limited knowledge about the responsibilities and training of pharmacy support staff. Furthermore, given that this consumer was of an older age range, her initial experience with community pharmacy is likely to be a vastly different interaction from how pharmacy is practiced today, such as the pharmacist working beyond the dispensary.

PBS knowledge

Some consumers were unaware of how the PBS safety net system worked. There was confusion as to what they had to do in order to obtain discounted PBS medication prices.^[33]

...I never reached or never been involved with the safety net before...out of the blue I said...can you tell me a bit more about this...? So the chemist herself came down to talk to me and asked me where I had been, what I've done... [CH_007]

The participant was unaware that she had to keep an official record of their purchased PBS medications. Others were not aware of their rights regarding medication dispensing and safety net history. The following participant described receiving a more personalized service elsewhere, yet chose to stay at their regular pharmacy because their medication history was stored there:

...they do all my safety net card and they've got all the records of when I've had all the meds [medication] that I've had dispensed, so that is the big draw card as to why I always go back there...[C_1052]

There was significant discussion regarding the use of generic medications, which are generally cheaper^[34] and therefore highly valued by some consumers:

...if it's the same thing and you can save yourself ten or fifteen dollars, to me I'm like why not... [C_1107]

Another believed that generic medication should be chosen for the sole purpose of saving the Australian Government money:

...it costs them [the government] a fortune I know for drugs, I suppose it's better if we all co-operate a bit anyway [C_1059]

Conversely, others expressed frustration with generic medications, and were particularly annoyed when community pharmacy staff continually asked if they wanted a generic brand. There were numerous reasons for declining substitution: risk of allergies to excipients, the impression that health professionals were promoting generic brands to generate profits, or uncertainty regarding their quality or composition:

...I'm not too sure that the generic might be of the same standard or quality as what you're prescribed originally... [C_1025]

As generic brands may look completely different to the original product, other participants were concerned about, or had experienced medication confusion as a result of brand substitution:

You know even a different packet the old people will say no, you're trying to poison me that's not the right tablet... [C(IND)_010]

Confusion and frustration also extended to pricing differences between pharmacies:

...all pharmacists vary; they're not all the same price in a lot of things that you get... some things are eight or nine dollars difference. Now to me, if it's the same supplier why aren't those, the medication that you get all the same? [C_1042]

Due to the depth of the interviews, further comments on these themes are provided in Table 2.

[Insert Table 2 here]

Discussion

Participants in this study had limited knowledge about the role of community pharmacy beyond medication supply and advice, especially in relation to new roles and services. There was also a narrow understanding of the Australian pharmacy system, with confusion about the push for generic medications, how medications are priced and in what ways PBS safety net information can be documented and stored.

There are some limitations to this study. Qualitative research methods were used to explore the perspectives of a large number of carers, and consumers with varying chronic illness(s) and social backgrounds. Hence, the findings cannot be generalizable to pharmacy consumers with minor or acute ailments. The study is also specific to the Australian context. Furthermore, self-reported data can be influenced by participant and interviewer bias,^[35] although the latter was minimised by using a standardised interview framework to guide data collection and analysis.

Although consumers with chronic health conditions are more likely to utilize community pharmacies, i.e. in comparison to consumers with minor ailments that are less likely to require continuing medication, participants had difficulty discussing how pharmacy

could better help them. It is concerning that they were unsure about what community pharmacy can do beyond the provision of medication. This is best exemplified when a participant worried about taking up the pharmacist's time for counseling purposes, thereby preventing them from dispensing medication. This pre-conception that consultation times are not necessarily part of the pharmacist's role was also identified by Twigg *et al.*^[12] It reflects a lack of consumer knowledge of the pharmacist's skill and responsibility to ensure medication safety; it is not just about providing the right medication, but using the medication correctly. Considering that the World Health Organization estimated that half of consumers worldwide used their medications incorrectly,^[36] community pharmacy staff have an important role in medication management. Given there was evidence of limited counseling for consumers with repeat prescriptions, continual improvement in the provision of medicines information is essential and concurs with other study findings.^[18,37] Therefore, community pharmacy staff need to assess their daily practice to ensure that they are providing a professional service to consumers, which would subsequently increase consumer awareness, and expectations of, their role/s.

HMRs aim to optimize patient medication safety, yet recent studies have identified that eligible non-recipients of the HMR service were mostly unaware of this program^[38] and that further community promotion is needed.^[39] Our findings also identified that some participants, particularly those in rural areas with no local community pharmacy, have never heard of or been offered the HMR program. This is both disappointing and concerning given the acknowledged benefits of this service,^[38,39] and that participants with chronic health conditions are at higher risk of medication misadventure. The findings that consumers are unaware of the range of available professional community pharmacy services,^[6] or do not expect additional services,^[18] is also an international concern. Whilst new medication use

review services such as MedsCheck can promote medication management in Australian pharmacies,^[40] it also provides a suitable opportunity for pharmacists to inform high risk people about HMRs, thereby increasing awareness of pharmacy services in general.

Consumers are still confused about generic medications. This uncertainty also corroborates existing literature, with a recent Australian study finding that, compared to consumers with acute ailments, those with chronic conditions were less likely to accept brand substitution.^[41] The authors indicated that this could be due to concerns around efficacy.^[41] Subsequently, community pharmacy staff need to do more than ask consumers ‘*would you like the generic brand?*’ Although educational campaigns have been implemented in Australia,^[19] pharmacy staff need to provide ongoing public education about generic medication. Consumers need to understand why the Australian government is encouraging the use of generics, and that given the recent PBS reforms, pharmacists are provided limited remuneration for dispensing medications.^[34] This need for consumer education also extends to medication pricing; participants were frustrated and unsure why there were differences in medication pricing between community pharmacies. This reflects unfamiliarity with the PBS pricing structure and how pharmacists are remunerated; pharmacists are not paid on the basis of providing medication advice and have tried to maximize profits in other ways, such as discounting medicines to improve customer traffic.^[42]

It is likely consumers new to the Australian health system, or those who have just started using PBS medication, are unfamiliar with how the PBS system works. This is also reflected in another similar health system.^[43] However, even a consumer participant who was a health professional was unclear about the process of reaching the PBS safety net.

Community pharmacy staff should proactively ask consumers if they are aware of the PBS safety net threshold, explain what it is, and confirm eligibility. Consumers also need to understand their rights to their personal information. Participants should not have to settle for a pharmacy solely on the basis of their record keeping skills, particularly if the consumer believes the pharmacy is offering a less personalized service. Some participants were both unaware of the ease in which their medication history can be acquired and given to another pharmacy, or that they can obtain medications from other pharmacies and how this can be easily documented for safety net purposes.

Implications of the findings for policy and practice

Irrespective of previous, extensive marketing campaigns regarding pharmacy or medications, this study emphasizes that consumers still have poor or limited knowledge about pharmacy practice and medicines. This was highlighted with generic medications. Although the NPS MedicineWise has conducted campaigns about this topic,^[44] there are still consumers who are unsure about what they are and the reasons why community pharmacies offer generic medications. There is a clear need for policy makers, government departments, consumer health and pharmacy organizations to further evaluate why such marketing campaigns are not reaching all consumers who utilize medication. There may be a need for greater use of simultaneous mass media campaigns and a coordinated grass-roots approach. In addition, further exploration is needed to identify other factors influencing the apparent lack of knowledge of community pharmacy's role/s. Whilst this paper cannot provide these answers, community pharmacy staff can certainly be better utilized in marketing the pharmacy's role.

Community pharmacy staff need to become more involved by working collaboratively with governments, other health professionals and health consumer

organizations to promote the role of pharmacy. This recommendation will not come as a surprise to health professionals, as it is often discussed, yet with respect to community pharmacy's current structure, is extremely difficult to achieve. However, initiatives can be introduced at the grass roots level with community pharmacy staff providing consumer education, for example, on generic medications. Emphasis on how they differ from original brands and why there is a directive from the Australian Government to move towards generic medication is critical. Community pharmacy staff should also focus on developing a relationship with consumers, as this will support the opportunity to provide further education. For example, a relationship would facilitate medication counseling, which is needed for optimizing the quality use of medicines. There also needs to be greater awareness of the aspects which facilitate the operation of community pharmacy as a whole, including the PBS system and medication pricing. Whilst there is information available on government websites regarding the PBS system,^[45] community pharmacy staff can refer consumers to this information, or even better, explain it in a way that is relevant to the customer. In order for this to work, pharmacists need to ensure that staff have expert knowledge on pharmacy practice and the system it works within, and if not, to implement training in this area.

Community pharmacy staff should always offer to check if consumers are familiar or comfortable with using their medication, thereby promoting a medication management role. Consumer education on the pharmacy's role should also incorporate the co-responsibility of the consumer, who ideally should be medicines wise. For example, consumers should also ask questions to confirm medication safety, such as is this medication safe to use with what I currently take? This is particularly important if the consumer wants to initiate a new medication and they are unknown to the community pharmacy staff. Ultimately, this

education would improve consumer understanding of, and how they value, the pharmacist's role and emphasize the importance of medication safety.

Conclusion

This study has shown that, from the consumer's perspective, community pharmacy has a long way to go before they are more effectively utilized. It is evident that consumers with chronic health conditions have limited knowledge of pharmacists as the medicine experts within an overall health system. Whilst pharmacies are increasing their provision of clinical services for a range of chronic health conditions, they are still viewed by consumers through the narrow lens of medication supply. With pharmacies relatively accessible to communities, increased public awareness of the scope of practice of community pharmacy and the system it works within is needed to facilitate optimal use of this health care destination.

References

1. World Health Organization. Noncommunicable diseases country profiles 2011. 2011. http://www.who.int/nmh/publications/ncd_profiles2011/en/ (Accessed 10 January 2013).
2. Eades C *et al.* Public health in community pharmacy: A systematic review of pharmacist and consumer views. *BMC Public Health* 2011; 11(582): 1-13.
3. Saramunee K *et al.* How to enhance public health service utilization in community pharmacy?: General public and health providers' perspectives. *Res Social Admin Pharm* 2012 (accessed 14 February 2013, epub ahead of print).
4. George P *et al.* The evolving role of the community pharmacist in chronic disease management - a literature review. *Ann Acad Med Singapore* 2010; 39(11): 861-867.
5. Medicare Australia. Pharmacy Practice Incentive Program. 2012. <http://www.medicareaustralia.gov.au/provider/pbs/fifth-agreement/pharmacy-practice-incentives.jsp> (Accessed 16 January 2013).
6. Gidman W *et al.* Understanding public trust in services provided by community pharmacists relative to those provided by general practitioners: a qualitative study. *BMJ Open* 2012; 2(3): 1-11.
7. Mansell K, Perepelkin J. Patient awareness of specialized diabetes services provided in community pharmacies. *Res Soc Admin Pharm* 2011; 7(4): 396-405.
8. Carter SR *et al.* Patients' willingness to use a pharmacist-provided medication management service: The influence of outcome expectancies and communication efficacy. *Res Soc Admin Pharm* 2012; 8(6): 487-498.
9. Volmer D *et al.* Change in public satisfaction with community pharmacy services in Tartu, Estonia, between 1993 and 2005. *Res Soc Admin Pharm* 2009; 5(4): 337-346.

10. Krska J, Morecroft CW. Views of the general public on the role of pharmacy in public health. *J Pharm Health Serv Res* 2010; 1(1): 33-38.
11. Gidman W, Cowley J. A qualitative exploration of opinions on the community pharmacists' role amongst the general public in Scotland. *Int J Pharm Prac* 2012 (accessed 14 January 2013, epub ahead of print).
12. Twigg MJ *et al.* The current and future roles of community pharmacists: Views and experiences of patients with type 2 diabetes. *Res Social Adm Pharm* 2012 (accessed 14 February 2013, epub ahead of print).
13. Youmans SL *et al.* Older African Americans' perceptions of pharmacists. *Ethn Dis* 2007; 17(2): 284-290.
14. You JH *et al.* Public perception on the role of community pharmacists in self-medication and self-care in Hong Kong. *BMC Clin Pharmacol* 2011; 11(19): 1-8
15. Cavaco AM *et al.* Consumers' perceptions of community pharmacy in Portugal: a qualitative exploratory study. *Pharm World Sci* 2005; 27(1): 54-60.
16. Gastelurrutia MA *et al.* Customers' expectations and satisfaction with a pharmacy not providing advanced cognitive services. *Pharm World Sci* 2006; 28(6): 374-376.
17. Haugbolle LS *et al.* A user perspective on type 1 diabetes: sense of illness, search for freedom and the role of the pharmacy. *Patient Educ Couns* 2002; 47(4): 361-368.
18. El Hajj MS *et al.* Public's attitudes towards community pharmacy in Qatar: a pilot study. *Patient preference and adherence* 2011; 5: 405-422.
19. National Prescribing Service. Towards a medicinewise Australia. 2012. <http://www.nps.org.au/about-us/what-we-do> (Accessed 21 January 2013).

20. National Prescribing Service. NPS Evaluation Report No.14 2010-11 2012. http://www.nps.org.au/_data/assets/pdf_file/0007/137869/NPS_Evaluation_Report_No_14_2010_11.pdf (Accessed 21 February 2013).
21. Carney O *et al.* The use of the Nominal Group Technique in research with community nurses. *J Adv Nurs* 1996; 23(5): 1024-1029.
22. Sav A *et al.* Treatment burden among people with chronic illness: What are consumer health organisations saying? *Chronic Illn* 2012 (accessed 13 February 2013, epub ahead of print).
23. McMillan SS *et al.* Community pharmacy in Australia: the health hub destination of the future. *Res Soc Admin Pharm* 2012 (accessed 14 February 2013, epub ahead of print).
24. Roulston K. Considering quality in qualitative interviewing. *Qualitative Research*, 2010; 10(2): 199-228.
25. Boeije H. A Purposeful Approach to the Constant Comparative Method in the Analysis of Qualitative Interviews. *Quality & Quantity* 2002; 36(4): 391-409.
26. Glaser BG. The Constant Comparative Method of Qualitative Analysis. *Social Problems* 1965; 12(4): 436-445.
27. Ezzy D. *Qualitative analysis: Practice and innovation*. Crows Nest, NSW: Allen & Unwin, 2002.
28. Lincoln Y.S, Guba E.G. *Naturalistic Inquiry*. USA: Sage Publications, Inc., 1985.
29. Bowen GA. Naturalistic inquiry and the saturation concept: a research note. *Qualitative Research* 2008; 8(1): 137-152.
30. Therapeutic Goods Administration. Acronyms and Glossery. 2011. <http://www.tga.gov.au/about/glossary.htm#g> (Accessed 03 October 2012).

31. Pharmaceutical Society of Australia. Professional Practice Standards - Version 4 - June 2010. ACT: Pharmaceutical Society of Australia, 2010.
32. Medicare. Home Medicines Review (HMR). 2012. <http://www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/hmr.jsp> (Accessed 03 October 2012).
33. The Australian Department of Human Services. PBS Safety Net. 2012. <http://www.medicareaustralia.gov.au/provider/pbs/pharmacists/safety-net.jsp> (Accessed 12 February 2013).
34. Beecroft G. Generic drug policy in Australia: a community pharmacy perspective. *Australia and New Zealand health policy* 2007; 4: 1-7.
35. Richman WL *et al.* A Meta-Analytic Study of Social Desirability Distortion in Computer-Administered Questionnaires, Traditional Questionnaires, and Interviews. *J Appl Psychol* 1999; 84(5): 754-775.
36. World Health Organization. Continuity and Change: Implementing the third WHO Medicines Strategy 2008-2013. Switzerland; 2009.
37. Collum JL *et al.* Exploring patient expectations for pharmacist-provided literacy-sensitive communication. *Res Soc Admin Pharm* 2012 (accessed 13 February 2013, epub ahead of print).
38. Carter SR *et al.* Home Medicines Reviews: a quantitative study of the views of recipients and eligible non-recipients. *Int J Pharm Prac* 2012; 20(4): 209-217.
39. White L *et al.* Consumer perspectives of the Australian Home Medicines Review Program: benefits and barriers. *Res Soc Amin Pharm*, 2012; 8(1): 4-16.

40. The Pharmacy Guild of Australia. About MedsCheck and Diabetes MedsCheck. 2012. http://www.5cpa.com.au/sites/5CPA/Initiatives/Medication_Management/MedsCheck_and_Diabetes_MedsCheck/About%20MedsCheck.page (Accessed 12 February 2013).
41. Chong CP *et al.* A nationwide study on generic medicines substitution practices of Australian community pharmacists and patient acceptance. *Health policy (Amsterdam, Netherlands)* 2011; 99(2): 139-148.
42. Annabel B. Retail management: A destination for health, not price. *AJP* 2012; 93(1102): 63.
43. Babar Z-U-D *et al.* Migrant health in New Zealand: exploring issues concerning medicines access and use. *J Pharm Health Serv Res* 2013; 4(1): 41-49.
44. National Prescribing Service. Campaigns and events. 2012. <http://www.nps.org.au/conditions-and-topics/topics/campaigns-events> (Accessed 17 January 2013).
45. Commonwealth Australia. About the PBS. <http://www.pbs.gov.au/pbs/about-the-pbs> (Accessed 21 January 2013).

Table 1: Participant data

Participant characteristics		<i>n</i>	%
Carer/consumer	Consumer (C) [#]	69	71.1
	Carer (CA)	12	12.4
	Carer/consumer (CC) [#]	16	16.5
Location	Logan/ Beaudesert (QLD)	41	42.3
	Mt Isa/ North West (QLD)	15	15.5
	Perth (WA)	20	20.6
	Northern Rivers (NSW)	21	21.6
Race/cultural background	Aboriginal and Torres Strait Islander (IND)	23	23.7
	Culturally and linguistically diverse (CALD) e.g., Asian, Middle Eastern, European, Pacific Islander	19	19.6
	Caucasian	55	56.7
Chronic condition(s)*	One	10	11.8
	Two or more	75	88.2

Four consumers and one consumer/carer had a health professional background

**Data for consumer (C) and carer/consumer (CC) participants only*

Table 2: Additional quotes to illustrate themes

Role Understanding	
Medication Supply	<p><i>I don't even know what they [community pharmacy] offer. Really, I just go there to get pills. [C_002]</i></p> <p><i>Fill out those scripts. [CA(IND)_1146]</i></p> <p><i>You go to a doctor...they then give you the medication, then you go to the chemist...their job is to give you the medication. [C(CALD)_1069]</i></p>
Medication Management	<p><i>...they're there to help to make us better and to pass on the information that the doctor's prescribed...I think they help to make sure you understand what the medication is for and how to take it. [CC_1034]</i></p> <p><i>...I've never really had a community pharmacist say, "Oh do you need to know more about this medication?" Now look probably because my pharmacy knows me very well, they know I'm a registered nurse that might be part of it as well. [CC(CH)_1049]</i></p> <p><i>I would like the pharmacist to see you as a person and actually automatically sort of say, "Oh look, when you come in here do you want me to organise, always look at your current meds [medication] and what we're suggesting for you?" ...[CC_1166]</i></p>
Pharmacy Assistants lack training	<p><i>Well I usually do ask to speak to the pharmacist, I don't know whether that sounds a bit snobby or not.... rather than explain everything to someone and I've heard her say, "I don't know, I'll have to ask someone else." [CC_1034]</i></p> <p><i>I wanted to get some throat lollies and because I'm a diabetic I go in and she [pharmacy assistant] just give me these things with a high sugar. And I just said, "Well I can't have them, I'm a diabetic." And, "Oh is that a problem?" I said, "It is, I need to take Difflam® or whatever it was." So here's a lady they had employed and had not trained her, not her</i></p>

fault... [C_1150]

...your pharmacist is, sort of, deal with your drugs, that sort of, qualified. Where you get, yeah your chemist staff is unqualified as such, they learn through experience... [C_1060]

Pharmacy
Assistants
support
pharmacists

So the main person there is the chemist, the one who's giving you the medicine, themselves. But all the sales ladies there, they're just there to ask what you want, what you need, which one do you want, which one do you need. [CC(CALD)_1067]

PBS Knowledge

Medication
prices

I can tell you about, the medicine I buy here for \$14.95 I can buy in [location] for \$8.95. A lot of the non-prescribed medicines I get here are between \$6.00 and \$15.00 dearer. I've complained and I've complained and they tell you it's freight. Well I do a lot of freight in my business; it's not freight, its greed... [C_1150]

Generic brands

...they wanted to give me some bloody generic brands...I said, "No, you haven't got the proper brand?", "No we don't stock it." I thought well gee, you really should stock the bloody original one first and then have the generic brand as an option. You can at least give the patient the option... When you're used to a tablet that's orange...then they give you a bloody white one, you just think, "Jeez, what's that one? Have I doubled up on that one..." [C_1059]

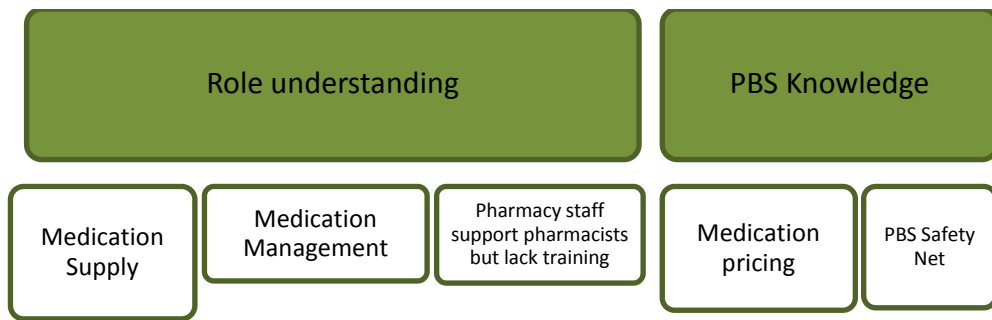


Figure 1: Key themes from the data