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PHARMACY BOARD BACKS AMA ON PATIENT SAFETY BY NOT SUPPORTING AUTONOMOUS PRESCRIBING BY PHARMACISTS

The AMA is pleased that the Pharmacy Board of Australia’s Position Statement on Pharmacist Prescribing, released yesterday, has put patient safety first by *not* pursuing a model of autonomous prescribing by pharmacists.

AMA President, Dr Tony Bartone, met the Pharmacy Board last week to reinforce the AMA’s policy on pharmacist prescribing and patient safety ahead of the release of the Position Statement.

The Pharmacy Board explains that autonomous prescribing by pharmacists would require additional regulation, changes to State and Territory legislation, and an application to the Ministerial Council, which could only proceed following the development of a registration standard. *The Board is not making an application at this time.*

Dr Bartone said the AMA applauds the Pharmacy Board’s position as a strong endorsement of the appropriate scope of practice of health professionals and in the best interests of patients and the community.

“Pharmacists are not doctors, and they should not be allowed to undertake autonomous prescribing,” Dr Bartone said.

“The Pharmacy Board has highlighted that significant issues remain with any model of pharmacist prescribing including evidence of need, conflicts of interest, and the importance of separating the prescribing and supply of medicines – all issues that were raised by the AMA.

“The Pharmacy Board position protects the safety of patients and prevents pharmacists from conflicts of interest.”

Dr Bartone said that the AMA highly values the professional role of pharmacists in working with doctors and patients to ensure medication adherence, improve medication management, and provide education about medication safety.

“The AMA supports models of care that fully incorporate pharmacists’ training and expertise, within their scope of practice,” Dr Bartone said.

“Safe, high quality patient care depends on multidisciplinary teams of health professionals, led by doctors, working together within their scopes of practice.

“Autonomous prescribing of Schedule 4 and 8 medicines by non-medical practitioners poses significant risks to patient safety.”

In its *‘Dispensing your prescription medicine: more than sticking a label on a bottle’* document, the Pharmacy Guild of Australia, which represents pharmacy owners, is in full agreement with the AMA and the Pharmacy Board by stating:

“The separation of prescribing and dispensing of medicines provides a safety mechanism as it ensures independent review of a prescription occurs prior to the commencement of treatment.”

The Pharmacy Board Position Statement states that two prescribing models are currently within pharmacists' scope of practice although, as highlighted earlier, the Board has rightly identified key concerns with these before they can be considered further.

These concerns include changes in State and Territory medicines and poisons legislation, a structured prescribing arrangement being put in place via an appropriate clinical governance framework to ensure patient safety, as well as the likely need for the development of guidance and potential additional continuing professional development.

The AMA this week released its 10 Minimum Standards for Prescribing, which are available at <https://ama.com.au/10-minimum-standards-prescribing>

The AMA model for pharmacists in general practice is at https://ama.com.au/system/tdf/documents/Pharmacists_in_General_Practice_Proposal.pdf?file=1&type=node&id=42083

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