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**AMA SLAMS PHARMACY PATHOLOGY TESTS AS  
 “OPPORTUNISTIC AND WASTEFUL”**

A move by pharmacies to sell pathology screening tests to patients, bypassing a patient’s usual GP, will leave patients out of pocket and put patient care at risk, the AMA says.

Recent reporting has indicated some pharmacies are offering screening tests for diabetes, heart health, kidney function, fatigue, vitamin D deficiency, and general health – some of which include pathology screening.

The tests cost between \$25 and \$220, with no rebate under the Medicare Benefits Schedule (MBS) for the patient.

“This is more than worrying – it is opportunistic, wasteful and bordering on irresponsible,” AMA Vice President, Dr Tony Bartone, said today.

“It makes absolutely no sense on any level, and is only fragmenting care and discouraging continuous, life-long care. It is the antithesis of the medical home model of care.

“Pharmacists are simply not trained to assess whether a patient requires a pathology test.

“This requires significant training and expert clinical judgement to determine whether the ordering of pathology tests is actually appropriate for a patient and the subsequent interpretation and management of that result.

“Unnecessary tests are a waste of patients’ money and can cause unnecessary worry, confusion or even more unnecessary downstream costs for patients.

“If a pharmacist thinks one of their customers has risk factors that merit further investigation, they should encourage them to see their GP as the first step, so that their GP can undertake an examination to determine whether any further diagnostic tests are warranted.

“This also means that if tests are ordered, they are clinically justified and will attract an MBS rebate, so the patient avoids paying the full cost of the test.

“The AMA fully supports the evidence-based advice and guidelines issued by NPS MedicineWise, and specialist medical Colleges, on when tests should be ordered, for example, to test for vitamin D or iron deficiency.

“For example, current guidelines recommend against testing asymptomatic patients for these deficiencies unless they fall into particular high risk categories.

“Health checks, screening activities, and diagnostic tests should only be conducted if they are clinically indicated, evidence backed, and cost effective - that is, they benefit patients and don't incur unnecessary costs.

"This kind of opportunistic health testing only caters to the worried well, without reaching those most at risk or in need of preventive health care.

“We have been watching the continuous march of pharmacy into areas beyond its traditional scope of practice into areas such as vaccinations. This move goes too far.”

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