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AMA submission to Accreditation standards for pharmacist prescriber education programs - Consultation paper one

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The AMA does not support autonomous pharmacist prescribing. There is no training program for pharmacists other than a medical degree that will provide the training and experience required to autonomously prescribe. That is to fully assess a person, initiate further investigations, make a diagnosis, and understand the full range of clinically appropriate treatments for a given condition, including when to prescribe and, importantly, when not to prescribe medicines.

The AMA notes that while the APC is developing these accreditation standards the North Queensland pilot has commenced enrolling pharmacists in their training program. While the AMA appreciates the intention of this project and the APC in seeking to set accreditation standards, we question the point given these trials are commencing with unaccredited training and have bypassed nationally agreed processes and regulatory arrangements. There is no guarantee that these standards will be applied or observed.

This project is an attempt to enforce some semblance of structure and legitimacy to a series of programs that have completely ignored the established pathways to developing prescribing competencies for non-medical health professionals, specifically the agreement in 2016 of the Australian Health Ministers to introduce a national governance framework and process for non-medical health practitioners to apply to prescribe or expand their prescribing of medicines, and the National Prescribing Competencies Framework.¹

This agreement by Health Ministers acknowledged the risk to patient safety highlighted in the Health Professionals Prescribing Pathway Project Final Report (HPPP) of 2013.² The final report described the ever-increasing ad hoc and inconsistent practices and approaches to education, practitioner competence and prescribing occurring across various non-medical health professions and within various jurisdictions. The primary objective of the HPPP project was to address these critical concerns and it now appears the unilateral actions of state governments will see a return to the turmoil that Ministers had previously sought to address.

The programs have also ignored the Pharmacy Board's own position statement on prescribing which states:

"The Board's view is that autonomous prescribing by pharmacists requires additional regulation via an endorsement for scheduled medicines. This would require the Board to make an application to the Ministerial Council for approval of endorsement for scheduled medicines under section 14 of the National Law and to develop a registration standard for endorsement of registration. An application

¹ NPS Medicinewise (2021) [Prescribing Competencies Framework](#).

² Health Workforce Australia (2013) [The Health Professionals Prescribing Pathway](#).

could only occur after completion of preparatory work to develop a case proposing the need for an endorsement as outlined in the [AHPRA Guide](#). The Board is not making an application for approval of endorsement for scheduled medicines at this time.”³

We are now in a position where autonomous prescribing will occur in some of Australia’s states despite this statement, and this very consultation is attempting to limit the significant risks they will pose.

The AMA wonders whether the premiers and health ministers who approved these programs understand the role, purpose and function National Registration and Accreditation Scheme that they are responsible for. As they have wilfully ignored the position of the pharmacy board on autonomous prescribing and dismissed the processes and procedures for developing competencies for pharmacist prescribing, we have no faith that the accreditation standards developed through this process would be applied regardless of their quality.

The AMA notes that the APC has reviewed the literature and is aware of the Pharmacy Board’s position as well as the HPPP and the National Prescribing Competencies Framework. As such, the APC will be familiar with the AMA’s concerns.

The AMA remains particularly concerned with the following issues raised by the Pharmacy Board in their position statement:

“Conflicts of interest need to be managed such as the capacity for a service provider to generate additional income by prescribing and supplying the prescribed medicines and/or pharmacists prescribing medicines when treatment by another health practitioner is in the patient’s interest...

“Separation of prescribing from the supply of medicines to ensure that an independent check of the prescribing occurs needs to be addressed in the development of any model of pharmacist prescribing.”

The AMA is unclear how a training program that will be developed presumably for pharmacists working in community pharmacies (but not necessarily owning them) can adequately address these issues without ensuring that all pharmacists employed in the community pharmacy receive the training. In particular, there is a real risk that pharmacy owners will pressure prescribing pharmacists to prescribe for the benefit of the dispensing fee.

The reality is that these trials, and the approach taken by state governments, will make reform discussions much harder in the future. They have bypassed critical checks and balances in the system and done nothing more than undermine our confidence in a system that should operate for the protection of patients.

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³ Pharmacy Board of Australia (2019) [Pharmacist prescribing - Position statement](#).