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NEW STANDARDS RULE OUT PHARMACIST PRESCRIBING
The AMA 10 Minimum Standards for Prescribing

The AMA today released its new *10 Minimum Standards for Prescribing* to ensure patient safety and high-quality health care.

Developed by the AMA Council of General Practice (AMACGP) and approved by the AMA Federal Council, the Standards are consistent with medical ethics and frameworks for the quality use of medicines.

AMA President, Dr Tony Bartone, said today that the AMA’s new Prescribing Standards are all about putting the interests of patients first, and providing governments with strong evidence to reject attempts by unauthorised or inappropriately skilled practitioners who may seek prescribing rights outside of their scope of practice.

Dr Bartone said the guidelines were developed to make clear the minimum standards required of all prescribers authorised to prescribe S4 and S8 medications.

“Currently, a range of health professionals can prescribe S4 and S8 medications. The primary prescribers are doctors, but dentists, optometrists, midwives, and nurse practitioners also have authorised prescribing rights within regulated limitations and in very specific circumstances,” Dr Bartone said.

“There is a push from the Pharmacy Guild of Australia for pharmacists to have prescribing rights, but the AMA totally rejects this proposal. It is inappropriate, and unsafe for patients. Instead, the AMA wants to see pharmacists working in general practices within the scope of their practice.

“Working collaboratively with the Pharmaceutical Society of Australia (PSA), which represents individual pharmacists, the AMA developed a proposal for integrating pharmacists within general practice to assist GPs and their patients with medication management.

“Working closely with GPs in a general practice provides the ideal setting for pharmacists to use their complementary skills to ensure the quality use of medicines and the reduction of adverse drug events in patients.

“The Pharmacy Guild, on the other hand, would like to see is pharmacists paid to prescribe as well as paid to dispense. This would create a significant conflict of interest.

“The AMA has long held that separation of prescribing and dispensing is an important safety measure. It also contributes to the trust relationship between the doctor and the patient.”

Dr Bartone said the AMA Prescribing Standards will provide guidance to all prescribers in understanding their role within a patient’s GP-led multidisciplinary health team.

“It is vital that health professionals operate within their scope of practice,” Dr Bartone said.

“Doctors are the only health professionals trained to provide comprehensive medical care.

“Doctors are the only health professionals trained 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.

“GPs train for 10-14 years, some even longer. This training enables them to holistically assess, examine, investigate, and diagnose a patient presenting with undifferentiated symptoms.

“The AMA urges all governments to ensure that patient care is not fragmented, misdirected, or delayed by prescribing models that do not align with the AMA’s Standards,” Dr Bartone said.

The 10 Minimum Standards for Prescribing are:

- **Standard 1:** Prescribing by non-medical health practitioners should only occur within a medically led and delegated team environment in the interests of patient safety and quality of care.
- **Standard 2:** There must be no pecuniary or non-pecuniary benefit to the prescriber related to the choice of medicines prescribed or the dispensing of those prescribed medicines.
- **Standard 3:** Before prescribing establish a therapeutic relationship with the patient and perform a comprehensive medicines assessment to identify what other medicines, including complementary medicines, the patient is taking and consider any implications to the patient’s treatment plan.
- **Standard 4:** Prescribers ensure they:
 - a) consider the necessity and appropriateness of medications in managing the patient's health care needs,
 - b) choose the most suitable and cost-effective medicines when medicines are considered appropriate, taking into account the efficacy, potential for self-harm and the ability of the patient to adhere to the dosage regimen,
 - c) advise patients are aware of the relevant side effects of prescribed medications as well as relevant interactions between medications, and
 - d) report any adverse reactions to the TGA.
- **Standard 5:** Prescribers must maintain clinical independence.
- **Standard 6:** Prescribers must operate only within their scope of practice and comply with state, territory and legislative requirements including restrictions under the Pharmaceutical Benefits Scheme.
- **Standard 7:** Prescribers work in partnership with the patient to set therapeutic goals and with other health professionals as appropriate to select medicines and to tailor and implement a treatment plan.
- **Standard 8:** Prescribers provide clear instructions to delegated prescribers within the health care team and to other health professionals who dispense, supply, or administer the prescribed medicines.
- **Standard 9:** Prescribers with the patient consent communicate with other health professionals within the patients’ health care team about the patient’s medicines and treatment plan.
- **Standard 10:** Prescribers monitor and review the patient’s response to treatment and adjust the treatment plan as appropriate.

The standards are informed by the [AMA Code of Ethics](#), the [AMA Guidelines for Doctors on Managing Conflicts of Interest in Medicine](#), the [AMA Position Statement on Medicines](#), and the National Prescribing Service (NPS) [Competencies Required to Prescribe Medicines: Putting quality use of medicines into practice](#).

The AMA 10 Minimum Standards for Prescribing are available at <https://ama.com.au/10-minimum-standards-prescribing>

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