

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



**AMA FORMS WORKING GROUP TO DRIVE POLICY, STRATEGY,
 AND ADVOCACY ON PHARMACY AND DISPENSING**

The AMA has formed a new General Practice Pharmacy Working Group to drive policy, strategy, and advocacy on pharmacy and dispensing, and to provide the Government with strategic AMA general practice input to the Seventh Community Pharmacy Agreement.

The new Working Group, which will consult with the AMA Council of General Practice (AMACGP) to develop an advocacy blueprint on new dispensing models, was created following an Urgency Motion passed at the August meeting of the AMA Federal Council.

The Motion reads:

Federal Council resolves to form a General Practice Pharmacy Working Group which will consult with AMACGP to develop an advocacy blueprint for the next Federal Council meeting regarding new dispensing models, including doctor ownership of pharmacies dispensing from general practice, which will offer patients enhanced convenience, safety, and quality care in their access to medications.

AMA President, Dr Tony Bartone, said today that two priority issues for consideration by the Working Group will be the pharmacy ownership rules and the pharmacy location rules.

“The AMA has long called for the Commonwealth pharmacy regulations to be amended to enable pharmacies and medical practices to be co-located,” Dr Bartone said.

“The AMA supports high-quality primary health care services that are convenient to patients, enhance patient access, and improve collaboration between health care professionals.

“Co-location of medical and pharmacy services would clearly facilitate this.

“The AMA also wants to see State and Territory pharmacy regulations changed to allow broader ownership of pharmacy businesses. The AMA wants to see an end to pharmacies only being owned by pharmacists.

“Incorporating pharmacy services into general practice, under the ownership of a medical practitioner, would improve patient care by allowing GPs to lead a team of co-located health professionals in providing multidisciplinary health care to patients at the local community level.

“Many general practices already provide co-located services with pathology collection centres, and in-house psychologists, physiotherapists, dieticians, and podiatrists.

“Adding pharmacy to the mix would have benefits for patients, pharmacists, and GPs.

“Under such an arrangement, each health professional would be able to work collaboratively to their full potential and scope of practice in a well-supported, multidisciplinary, team-based environment.

“Patient medication management, compliance, and literacy would be improved, delivering better health outcomes for patients and reducing the number of adverse medication events.

“This is evidence-based world’s best practice.

“With shortages of pharmacists in rural and remote areas, consideration also needs to be given to moving away from community pharmacy as the vehicle for dispensing medicines.

“Rural doctor groups have clearly identified that there are very few rural towns that have a pharmacy and no doctor.

“They also report that, in smaller rural towns, pharmacies are rarely open after hours, or for any significant time over a weekend.”

Dr Bartone said the formation of the Working Group is well-timed to coincide with the development of the Seventh Community Pharmacy Agreement.

“With negotiations for the Seventh Pharmacy Agreement now underway, there is an enormous opportunity for the AMA to inform the Government how it could increase competition in the pharmacy space, provide pharmacists with improved opportunities for working to their scope of practice within general practice, and safely deliver patients more convenient access to prescribed medicines,” Dr Bartone said.

“It is important that all key stakeholders have input to the next Pharmacy Agreement,” Dr Bartone said.

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CONTACT: John Flannery 02 6270 5477 / 0419 494 761
 Maria Hawthorne 02 6270 5478 / 0427 209 753

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