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Transcript: AMA President, Dr Tony Bartone, 3AW, *Breakfast with Ross Stevenson and John Burns*, Tuesday, 27 August 2019

Subject: Changes to pharmacy ownership rules

ROSS STEVENSON: Righto, so the story goes like this. Pharmacists want to do some of the work that traditionally doctors have done, so doctors have come in and said: well, the law should be changed, and we should be allowed to own pharmacies.

Dr Tony Bartone, President of the Australian Medical Association. Doc, good morning to you.

TONY BARTONE: Good morning Ross.

ROSS STEVENSON: Is there a law that says you're not allowed to own pharmacies?

TONY BARTONE: Yes, State and Territory regulations prohibit the ownership of pharmacies by anyone other than a pharmacist.

ROSS STEVENSON: Okay. And you say, no, change that law, there's no reason why doctors shouldn't be allowed to own them.

TONY BARTONE: Well, it's about following world's best practice and understanding that by having doctors and co-located pharmacists working together in tandem in general practice, we not only increase convenience and access for our patients, but it's also about improving health outcomes. And that's what the evidence has shown right around the world, when all members of a healthcare team work in collaboration together with the patient, with their file, with their records, with their history all together in the one location.

It's what happens now in a ward round in hospital, where you get all the team members coming around, doing the ward round. The pharmacist is a member of that team. That's not what happens in the community [indistinct] ...

ROSS STEVENSON: [Talks over] I assume that the pharmacist in the team under your plan would be an employee of the doctor.

TONY BARTONE: Look, there are many models of that. Certainly, already at the moment we have pharmacists working as non-dispensing pharmacists in general practice. They're called GP pharmacists and they are working almost to the top of their scope. They just can't dispense. By taking it to the next level, we'll have that opportunity to have the same service, same access, and the same health outcomes available to our patients in the community.

ROSS STEVENSON: I think I read that they want- the pharmacists say- says no, no, [indistinct] you can't put doctors- you can't let doctors own pharmacies, or they'll just dispense four million tablets to every patient to make themselves rich.

TONY BARTONE: Well, that's an interesting proposition, but nothing could be further from the truth. And, in fact, if you look at what they're saying could be a risk is what's happening at the moment now, if - even using their own plan of what they want to achieve is - they're seeking to increase the amount of primary care services in their retail space. So, really,

you know, it doesn't fly. There are so many regulations, so many restrictions, and so many avenues to ensure that our ethics are guided by a long history of putting patients first. And this is what's guiding all of this advocacy in this area, is what's best for the patient.

ROSS STEVENSON: Does a doctor, a medical practitioner, have the education in pharmacology that a chemist has in order that he can sell jellybeans?

TONY BARTONE: [Laughs] If you look at the training that a medical practitioner goes through for their career, for their undergraduate training and their postgraduate training, it would dwarf the training that is available on the other side of the counter in all aspects of taking a history, diagnosing, implementing a treatment plan, and then formulating any other therapeutic interventions required.

ROSS STEVENSON: A jury has been described as 12 people whose job it is to determine which side has the best lawyer. Who's got the best lobbyist here?

TONY BARTONE: Well, evidence would suggest that this is the last remaining cartel in the community that needs to be looked at in terms of anti-competitive practices. Many, many eminent economists and regulators have suggested that it's time to remove the restriction on pharmacy ownership and co-location rules. And so therefore I would suggest that in the past they have had- I think the community is the one that's missing out. The patients and members of the community are missing out, and they're left suffering with lack of access to more competitive practices and the convenience and access, so I'd suggest that at the moment it might be changing.

ROSS STEVENSON: Thank you. Dr Tony Bartone from the AMA.

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