

11 March 2019

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Dear xx

Your action required re proposed Pharmacy Council in Queensland

As the President of AMA Queensland, I am writing to you today to express my concerns regarding the proposed establishment of a pharmacy council and the proposal to increase the scope of practice for pharmacists in Queensland to include prescribing, which is currently being considered by the Health Communities, Disability Services and Domestic and Family Violence Prevention Committee.

AMA Queensland does not support the establishment of a pharmacy council in Queensland, as, based on the issues paper from the committee, it would appear most of its proposed functions and powers are already vested in legislation and the Pharmacy Board of Australia, thus duplicating processes that would provide few, if any, additional benefits.

AMA Queensland considers that the current arrangements have been serving patients and the broader health system extremely well and that the move to an 'independent' body whose secretariat and executive could potentially be stacked with pharmacy industry representatives presents a serious threat to that stability.

AMA Queensland does not support extending the scope of pharmacists to include prescribing, not only in the interests of patient safety and quality in health care, but also due to the conflict of interest which would occur if this proposal was to be approved.

AMA Queensland agrees with the Pharmacy Guild who say that the "separation of prescribing and dispensing of medicines provides a safety mechanism as it ensures independent review of a prescription occurs prior to the commencement of treatment."ⁱ If, the scope of practice for pharmacists and pharmacy assistants was to be extended to allow them to become both a prescriber and a dispenser, this safety mechanism would be put at risk and it would expose pharmacists to an inherent conflict of interest.

Doctors are careful to consider whether or not they have a conflict of interest in providing advice. In this, doctors in Australia are guided by two documents. The first is the Medical Board of Australia's (MBA) *Good Medical Practice: A Code of Conduct for doctors in Australia*. The second is the *AMA Code of Ethics*. As defined by the MBA, a conflict of interest is what arises when a doctor, entrusted with acting in the best interests of patients, also has financial, professional or personal interests, or relationships, which may affect their care of the patientⁱⁱ.

Doctors avoid the conflict of providing advice and prescribing with the associated financial gain of selling medications, by avoiding the latter entirely and concentrating solely on providing high-quality healthcare and advice to the patient. The measured and appropriate use of medications depends on this separation of responsibility.

The additional aspect of the pharmacist's conflict of interest as a prescriber and dispenser is the opportunity within a pharmacy setting to upsell products that have no evidence base, and few, if any, proven health benefits. Our general practitioner (GP) members have offered many examples of upselling experienced by their patients, such as pharmacists recommending Inner Health Plus when dispensing antibiotics or Glucosamine when the patient has their arthritis medication dispensed.

The AMA places a high value on the professional role of pharmacists working with medical practitioners to: ensure medication adherence; improve medication management; and provide education about medication safety. AMA Queensland fully supports pharmacists undertaking roles within their scope of practice. That means those activities and clinical services which are covered in their core education and training. Prescribing, however, is not within pharmacists' scope of practice.

Whereas public opinion suggests that visiting a pharmacist may be more convenient than visiting a GP, empirical evidence from the ABSⁱⁱⁱ, the BEACH data^{iv}, the OECD^v, the *British Medical Journal*^{vi} and numerous other sources clearly demonstrates that you are likely to live longer and achieve better health outcomes overall by seeing your GP regularly.

If pharmacists were given approval to prescribe, this would lead to fragmentation of care and place in doubt the trust and understanding which exists when a patient and doctor have a long term relationship based on comprehensive care.

Main concerns

- Establishing a Pharmacy Council would duplicate powers that already exist, and provide few, if any, benefits.
- Increasing the scope of practice for pharmacists in Queensland to include prescribing would lead to a conflict of interest, and provide the opportunity within a pharmacy setting to upsell products that have no evidence base, and few, if any, proven health benefits.

Conclusion

This is a significant issue for AMA Queensland, as it threatens the very foundation of continuity of care for the people of Queensland, namely, the doctor-patient relationship which is based on trust, understanding and comprehensive care.

AMA Queensland calls on all members of the Queensland Parliament to oppose the establishment of the Pharmacy Council and the proposal to increase the scope of practice of pharmacists, as it will increase the risks to patient safety and lead to poorer health outcomes for all Queenslanders.

If you require further information, please contact Jeff Allen, AMA Queensland Policy Manager on (07) 3872 2262 or email policy@amaq.com.au.

Yours sincerely

Dr Dilip Dhupelia
President, AMA Queensland

ⁱ Pharmacy Guild of Australia, Dispensing your prescription medicine: more than sticking a label on a bottle, https://www.guild.org.au/__data/assets/pdf_file/0020/5366/the-dispensing-process.pdf

ⁱⁱ Medical Board of Australia, *Good Medical Practice: A Code of Conduct for doctors in Australia*, Online. URL: <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>

ⁱⁱⁱ Australian Bureau of Statistics, *Patient Experiences in Australia: Summary of Findings 2016-17*, Canberra

^{iv} Lyndal J Trevena, Christopher Harrison and Helena C Britt, *Med J Aust* 2018; 208 (3): 114-118. || doi: 10.5694/mja17.00225 Published online: 19 February 2018

^v OECD (2017), *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris

^{vi} Pereira Gray DJ, Sidaway-Lee K, White E, *et al*, Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality, *BMJ Open* 2018;8:e021161. doi: 10.1136/bmjopen-2017-021161

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