

# Parliament of Victoria

## Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023

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Bill Brief

Parliamentary Library & Information Service

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## Bill information

**Introduced:** 30 May 2023

**House:** Legislative Assembly

**Second Reading:** 31 May 2023

**Commencement:** On the day after the day on which it receives the Royal Assent.

Links to key documents including the Bill, Explanatory Memorandum, Statement of Compatibility and Second reading Speech can be found at the [Library's Infolink page for this Bill](#).

For further information on the progress of this Bill, please visit the [Victorian Legislation and Parliamentary documents website](#).

# Introduction

While the concept of community pharmacists having the powers to prescribe is not new, Australia has only recently begun investigating expanding community pharmacists' role in the diagnosis and treatment of minor illnesses. In 2020, Queensland was the first state to undertake a trial of a pharmacist prescribing scheme. The New South Wales trial began in May 2023 and Victorian trial is expected to commence in October 2023.

Pharmacists have been advocating for a larger role in this space for many years, but the medical community has been hesitant. The COVID-19 pandemic highlighted strains on the health care system, and the shortage of general practitioners (GPs) has added additional stress with it becoming more difficult for patients to get appointments, especially at bulk-billing clinics. Advocates for pharmacists being able to prescribe argue that allowing pharmacists to diagnose and treat certain simple conditions will alleviate some of the strain on GPs and, possibly, hospital emergency departments. The medical community, however, believes that pharmacists do not have the training to be able to make these clinical decisions properly and safely.

In the lead-up to the 2022 Victorian state election, the Labor government announced that it would run a pharmacist prescribing pilot program in 2023.<sup>1</sup> The Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023 is the first step in that process.

This paper will explain how the proposed pilot will be run, what stakeholders have to say about the proposal, and some of the key issues to consider in this area. It will also touch on other jurisdictions' pharmacist prescribing programs.

## 1 | Second reading speech

The Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023 was introduced in the Legislative Assembly on 30 May 2023 by the Minister for Health, the Hon. Mary-Anne Thomas. The second-reading speech was given on 31 May 2023. In her speech, the Minister stated that the aim of the pilot is to 'make it easier for Victorians to access the primary health care services they need in their communities'.<sup>2</sup> The Minister acknowledged that GPs are the 'cornerstone of the primary healthcare system' but underscored that pharmacists are 'accessible and trusted health professionals [who] can contribute towards removing some of the strain on the healthcare system'.<sup>3</sup>

The Minister outlined how the Bill will allow the Secretary of the Department of Health to amend the Drugs, Poisons and Controlled Substances Regulations 2017 to give pharmacists permission to prescribe Schedule 4 drugs. Currently, pharmacists are only able to administer Schedule 2 and Schedule 3 drugs without a prescription from an authorised medical provider (GP, registered optometrist, nurse-practitioner, etc.).<sup>4</sup>

The Minister stated that the pilot program will be developed with the assistance of pharmacy, general practice, clinicians, and consumer groups. The findings of the trial will go

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<sup>1</sup> D. Andrews (Premier) & M-A. Thomas (Minister for Health) (2023) *Delivering more access to care for common conditions*, media release, 23 November.

<sup>2</sup> M-A. Thomas, Minister for Health (2023) 'Second reading speech: Drugs, Poisons and Controlled Substances Amendment (Authorising Pharmacists) Bill 2023', *Debates*, Victoria, Legislative Assembly, 31 May, p. 2114.

<sup>3</sup> *ibid.*

<sup>4</sup> Therapeutic Goods Administration (date unknown) 'Scheduling basics of medicines and chemicals in Australia', Department of Health and Aged Care website.

on to ‘inform policy settings on the role of pharmacists and pharmacies that will improve Victorians’ access to safe primary health care’.<sup>5</sup>

## 2 | The Bill

This Bill will make amendments to the *Drugs, Poisons and Controlled Substances Act 1981*. It will commence the day after it receives Royal Assent.

The Bill will insert new paragraphs (fb) and (fc) into section 129(1) of the *Drugs, Poisons and Controlled Substances Act 1981* (Vic).<sup>6</sup> New section 129(1)(fb) will allow for regulations to be made around the ‘supply, dispensing, administration, use or sale of specified Schedule 4 poisons’ by pharmacists without a prescription or authorisation from another medical professional. This will only occur under specified circumstances.<sup>7</sup>

New section 129(1)(fc) will allow for the Secretary of the Department of Health to approve these new rules, without limiting any other powers of the Secretary.<sup>8</sup>

## 3 | The pilot

While the Bill only addresses the legal changes required to give pharmacists permission to administer Schedule 4 drugs without a prescription, the second-reading speech and the announcement of the trial by the Andrews Government during the 2022 election campaign provide insights into how the pilot is intended to run.<sup>9</sup>

In the media release for this election commitment, the Government stated, ‘For many Victorians, it’s incredibly hard to get in to see a local GP’, and for women who ‘simply’ need a script renewal, going to the GP can be a ‘frustrating experience’. The Government committed \$19 million for a 12-month pilot program to begin in October 2023.<sup>10</sup>

In the second-reading speech, the Minister for Health stated that pharmacists who are ‘appropriately authorised and trained’ will be allowed to provide treatment for three condition groups:

- continued supply of oral contraceptive pills for women without a prescription
- treatments for some mild skin conditions
- antibiotics for uncomplicated urinary tract infections (UTIs) in women.<sup>11</sup>

A further trial for pharmacists who receive additional training will allow them to administer select travel vaccines. Pharmacists will be required to follow ‘clear structured protocols and guidelines for prescribing the medicines’.<sup>12</sup>

The Government intends for there to be no out-of-pocket costs for the community, with patients paying no more than if they visited a bulk-billing GP. Pharmacists will receive \$20 per consultation – to be paid for by the Government. The Government is using the assumption that 50 per cent of people with a condition eligible for treatment will use the service, meaning that the pilot could facilitate the distribution of approximately 232,000

<sup>5</sup> M-A. Thomas, Minister for Health (2023) op. cit., p. 2114.

<sup>6</sup> [Drugs, Poisons and Controlled Substances Amendment \(Authorising Pharmacists\) Bill 2023](#)

<sup>7</sup> *ibid.*, s 3.

<sup>8</sup> *ibid.*

<sup>9</sup> D. Andrews (Premier) & M-A. Thomas (Minister for Health) (2023) op. cit.

<sup>10</sup> *ibid.*

<sup>11</sup> M-A. Thomas, Minister for Health (2023) op. cit., p. 2114.

<sup>12</sup> *ibid.*

repeat oral contraceptives, 130,000 treatments for UTIs, 66,000 prescriptions for minor skin conditions and 41,000 travel vaccinations.<sup>13</sup>

## 4 | Stakeholder responses to the Bill

### Pharmacists

Pharmacists have been advocating for an expanded role in the primary health care system for many years. In November 2022, the Pharmacy Guild of Australia Victorian Branch ‘welcomed’ the election campaign announcement and the introduction of the Bill.<sup>14</sup> President of the branch, Anthony Tassone, said, ‘Pharmacists are highly skilled and qualified medicines experts, who already assess, diagnose and treat common conditions everyday’. He called the pilot a ‘practical step’ that will ‘relieve the burden’ on the healthcare system. He said that this was a way for the ‘health professional workforce to not just work harder but be able to work smarter’.<sup>15</sup>

### Medical community

The Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP) have been critical of pharmacist-prescribing programs and the Victorian Government’s election commitment. Following the trial’s announcement, AMA Victoria wrote that:

... the concept of pharmacist prescribing is superficially compelling, but it takes years of knowledge, training and experience to become a general practitioner ... yesterday’s announcement opens up the very real risk that the wrong treatment may be given to the wrong person at the wrong time by the wrong person.<sup>16</sup>

The RACGP welcomed the Government’s commitment to increasing the number of general practitioner trainees, but was disappointed in the Government’s move to give pharmacists more prescribing power. RACGP Victoria Chair, Dr Anita Muñoz, said:

... it is disappointing to hear decision-makers oversimplify and minimise the important function of the GP in consultations ... When a GP consults with a patient we don’t simply hand over a script because patient care is much more complex than that - we provide whole person care.<sup>17</sup>

The RACGP was also critical of the use of GP ‘workforce challenges’ as a reason to give pharmacists more power and warned of a possibility that antimicrobial resistance could become more prominent due to the overprescribing of antibiotics.<sup>18</sup>

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<sup>13</sup> Department of Treasury and Finance (2022) ‘[EC 067 – Backing pharmacists to boost our health system](#)’, *2022 Victorian Election Costings*, Melbourne, DTF, 24 November.

<sup>14</sup> The Pharmacy Guild of Australia Victorian Branch (2022) [Community pharmacy UTI pilot and repeat contraceptive prescribing a win for Victorian patients](#), media release, 23 November.

<sup>15</sup> *ibid.*

<sup>16</sup> AMA Victoria (2022) [AMA Victoria statement on Victorian Government announcement on pharmacist prescribing and incentivising general practice](#), media release, 24 November.

<sup>17</sup> Royal Australian College of General Practitioners (2022) [RACGP welcomes Victorian GP workforce plan but warns expanding pharmacy scope a step in the wrong direction](#), media release, 23 November.

<sup>18</sup> *ibid.*



## Consumers

In their December 2022 Australia's Health Panel survey, Consumers Health Forum of Australia (CHF) asked consumers their views on pharmacist prescribing.<sup>19</sup> Although the survey was not specifically targeted at Victorians, there has not been a lot reported on how the general public feels about pharmacist prescribing.<sup>20</sup> When asked 'Do you think that community pharmacists should be able to issue NEW medication prescriptions?', 18 per cent of respondents answered 'Yes', 54 per cent said 'In some circumstances' and 26 per cent said 'No'. The remainder were unsure.<sup>21</sup> The results for community pharmacists being able to issue repeat prescriptions were different: 49 per cent selected 'Yes', 41 per cent 'In some circumstances' and 9 per cent 'No'.<sup>22</sup> CHF concluded that while the general public was mostly in favour of community pharmacists being given some powers to prescribe, people would like to ensure that there is communication between pharmacists and other medical providers.<sup>23</sup>

The National Aboriginal Community Controlled Health Organisation also criticised the trials. It argued that the fragmenting of care for diseases which are especially prevalent in Aboriginal and/or Torres Strait Islander peoples may lead to adverse impacts.<sup>24</sup>

## 5 | Other jurisdictions

### Queensland

Following a trial that ran from June 2020 to December 2021, Queensland pharmacists are now able to treat UTIs in women aged between 18 and 65.<sup>25</sup> During the trial, pharmacists treated 12,509 patients.<sup>26</sup> The pilot was made permanent in July 2022.

Following the trial, the North Queensland Community Pharmacy Scope of Practice Pilot was launched, which will allow pharmacists to treat, diagnose and prescribe medicines for a wider range of conditions.<sup>27</sup> These include common medical conditions such as: nausea and vomiting; reflux; mild skin conditions; hormonal contraception; oral health screening; weight management; support to quit smoking; and medicines usually prescribed as part of chronic disease management (e.g., cardiovascular disease risk reduction, asthma and chronic obstructive pulmonary disease).<sup>28</sup>

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<sup>19</sup> Consumers Health Forum of Australia (2023) *Results of Australia's Health Panel survey on pharmacy prescription*, Canberra, CHF, February.

<sup>20</sup> J. Doggett (2023) 'On pharmacist prescribing, what do health consumers think?', *Croakey Health Media*, 1 March.

<sup>21</sup> Consumer Health Forum of Australia (2023) op. cit., p. 6.

<sup>22</sup> Consumer Health Forum of Australia (2023) op. cit., p. 12.

<sup>23</sup> Consumer Health Forum of Australia (2023) op. cit., p. 19.

<sup>24</sup> National Aboriginal Community Controlled Health Organisation (2023) *Expanded scope proposed for pharmacists 'out of scope'*, media release, 3 February.

<sup>25</sup> Y. D'Ath (Minister for Health and Ambulance Services) (2022) *Queensland women guaranteed greater access to treatment for UTIs*, media release, 7 July; A. Palaszczuk (Premier) & S. Miles (Minister for Health and Ambulance Services) (2020) *Queensland moves to make the pill and UTI medications available over the counter*, media release, 8 March.

<sup>26</sup> L. Nissen, E. Lau & J. Spinks (2023) *The management of urinary tract infections by community pharmacists: A state-wide trial : Urinary Tract Infection Pharmacy Pilot – Queensland (Service Evaluation Report - Approved April 2023)*, Brisbane, QUT, p. 12.

<sup>27</sup> Y. D'Ath (Minister for Health and Ambulance Services) (2022) *North Queensland pilot program to deliver more effective primary health care*, media release, 13 October.

<sup>28</sup> Queensland Health (2022) *North Queensland Community Pharmacy Scope of Practice Pilot – Frequently Asked Questions*, Brisbane, Queensland Government, 13 October; Queensland Health (2022) *North Queensland Community Pharmacy Scope of Practice Pilot*, Brisbane, Queensland Health, October; The Pharmacy Guild of Australia (2023) *First cohort of community pharmacists embarks on university*

During the original trial, pharmacists were required to complete a 2-hour online course and pass a multiple-choice online test. Those participating in the current pilot must complete a 'prescribing education and training program for non-medical practitioners that is equivalent to a post graduate certificate and includes 120 hours of learning in practice'.<sup>29</sup> They must also enrol in a clinical education and training program that covers diagnosis of conditions covered in the plan and obtain accreditation for delivering certain vaccinations.

In announcing the expanded trial, the deputy director-general, Clinical Excellence Queensland, Dr Helen Brown said:

Pharmacists have always been an integral part of healthcare delivery.

I am confident in their ability to manage the additional responsibilities, given they are already highly trained and well-regulated health professionals and will undertake additional training as part of the pilot in order to safely offer these services to our community.<sup>30</sup>

Chris Owen, president of the Pharmacy Guild of Australia Queensland Branch, called the permanent continuation of the trial an 'historic day for women's health care' and 'applauded' the government for making changes that would ensure community pharmacists are 'at the forefront of advances in women's health'.<sup>31</sup>

RACGP vice president and chair of RACGP Queensland Dr Bruce Willett called the pilot 'fundamentally flawed' and called on the Government to stop the new pilot program.<sup>32</sup> The National Council of Primary Care Doctors, a group representing several professional medical organisations, wrote to both the Queensland and federal health ministers to express its concern about the pilot being expanded and the ability for pharmacists to be allowed to prescribe 'despite lack of training, qualifications or expertise'.<sup>33</sup> The National Council also expressed concern over the impact this could have on Aboriginal and/or Torres Strait Islander healthcare in the region.

Following the original pilot, the Queensland University of Technology released an evaluation following a survey of participants. They found that the treatment delivered by pharmacists resolved issues in 87 per cent of cases.<sup>34</sup> It also found that 192 patients were treated, despite being ineligible for participation in the trial.<sup>35</sup> The report stated:

Community pharmacists in Queensland were found to follow the treatment protocol and referred appropriately to GPs when UTI symptoms had not resolved. The findings of this evaluation suggest that there is an opportunity to decrease the workload of GPs managing minor ailments such as UTIs.<sup>36</sup>

The AMA and the RACGP have, however, been critical of the trial and QUT's evaluation. They completed their own evaluation survey of GPs to understand their response to it. Over 1,300 GPs responded to the survey, with one in five GPs seeing a patient with complications following a pharmacist consultation, 240 patient complications were reported because of the UTI pilot and more than 50 per cent of respondents reported that a permanent change

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[course today for the North Queensland Community Pharmacy Scope of Practice Pilot](#), media release, 28 March.

<sup>29</sup> Queensland Health (2022) [North Queensland Community Pharmacy Scope of Practice Pilot](#), Brisbane, Queensland Health, October, p. 5.

<sup>30</sup> Y. D'Ath (Minister for Health and Ambulance Services) (2022) op. cit.

<sup>31</sup> The Pharmacy Guild of Australia (2022) [UTI program now permanent in QLD](#), media release, 12 October.

<sup>32</sup> Royal Australian College of General Practitioners (2023b) [RACGP: Troubling new details of Queensland UTI pilot show hundreds of patients wrongly treated](#), media release, 22 May.

<sup>33</sup> National Council of Primary Care Doctors (2022) [Pharmacists playing doctors ... North Queensland patients at risk](#), media release, 10 February.

<sup>34</sup> Nissen et. al. (2023) op. cit., p. 18.

<sup>35</sup> *ibid.*, pp. 35–36.

<sup>36</sup> Nissen et. al (2023) op. cit.

would deter them from working in North Queensland.<sup>37</sup> Dr Stephanie Dawson-Smith, a Queensland GP, wrote an analysis of the evaluation, which was fully endorsed by AMA Queensland.<sup>38</sup> Dr Dawson-Smith has six broad areas of criticism, including concerns over the evaluation's methodology and how the data was collected and analysed. She also expressed concern over how the trial was run.

## New South Wales

New South Wales is currently conducting a trial of allowing pharmacists to prescribe treatments for UTIs.<sup>39</sup> The trial began on 15 May 2023, with around 100 community pharmacies participating. In July 2023, the trial will be extended to 1,000 pharmacies and will include dispensing of the oral contraceptive pill.<sup>40</sup> The NSW Government has committed to covering the \$20 patient consultation rebate, even if no medicines are dispensed.<sup>41</sup>

The trial is being run by the University of Newcastle, in association with the University of Technology Sydney, Macquarie University, University of New England, Charles Sturt University, The George Institute for Global Health and the Hunter Medical Research Institute. Authority was given to pharmacists by Dr Kerry Chant, the state's Chief Health Officer, under the *Poisons and Therapeutic Goods Act 1966* (NSW). The trial is to be registered with the Australian New Zealand Clinical Trials Registry.<sup>42</sup>

The Pharmaceutical Society of Australia called the trial 'a high win for NSW patients', whereas RACGP's immediate past President Adjunct Professor, Karen Price, called the program 'madness,' stating:

Healthcare is about more than just writing prescriptions and sending people out the door on their way. This alarming NSW scheme promises to be little more than a dangerous script writing service that puts patient safety in jeopardy.<sup>43</sup>

## South Australia

The Parliament of South Australia recently established a Select Committee on Access to Urinary Tract Infection Treatment, which is due to report by 31 August 2023.<sup>44</sup> The inquiry's terms of reference include examining the 'applicability of implementing Queensland's Urinary Tract Infection Community Pharmacy Service'. The hearing process is ongoing.

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<sup>37</sup> AMA Queensland (2022) *Survey Report: Urinary Tract Infection Pharmacy Pilot Queensland and North Queensland Pharmacy Scope of Practice Pilot*, Kelvin Grove, AMA Queensland, May. The Pharmacy Guild responded to the survey results [here](#).

<sup>38</sup> Dr S. Dawson-Smith (2022) *The UTIPP-Q and QUT – A Case of Research Misconduct?*, letter to Dr Anne Walsh, Acting Director Office of Research Ethics and Integrity, Queensland University of Technology, 30 August.

<sup>39</sup> R. Park (Minister for Health & Minister for Regional Health) (2023) *Statewide pharmacy prescribing trial to begin*, media release, 11 May.

<sup>40</sup> NSW Health (2023) 'NSW Pharmacy Trial', NSW Health website.

<sup>41</sup> Park (2023) op. cit.

<sup>42</sup> M. Woodley (2023) 'Confusion over UTI pharmacy prescribing ethics approval', *newsGP*, 15 May.

<sup>43</sup> Pharmaceutical Society of Australia (2022) *Better access to medicines a huge win for NSW patients*, media release, 13 November; Royal Australian College of General Practitioners (2022) *RACGP to NSW Government: Stop this madness before it's too late*, media release, 13 November.

<sup>44</sup> Select Committee on Access to Urinary Tract Infection Treatment (2023) 'Inquiry into Access to Urinary Tract Infection Treatment', Parliament of South Australia website.



## United Kingdom

The United Kingdom has allowed pharmacist prescribing in some form or another since 2003, mostly within multidisciplinary teams at GP clinics.<sup>45</sup> From 2026, however, when a pharmacy graduate registers with the General Pharmaceutical Council, they will automatically be approved to be a prescriber. Pilots of the program began in 2023.<sup>46</sup>

Pharmacists wanting to be independent prescribers must enrol in a full-time university course, which includes at least 26 days of study and complete a minimum of 23 days supervision in a practice environment.<sup>47</sup>

In recent years there have been reports of pharmacists overprescribing antibiotics and deaths caused by the misdiagnosis of patients by pharmacists. The British Pharmacists' Defence Union wrote to its members in 2019 about several incidents involving GP practice-based pharmacists and online pharmacists. The union said that they have 'seen a number of serious incidents recently and are currently in the early stages of dealing with cases where patient deaths have been reported'.<sup>48</sup> This is not the model currently being trialled in Australia.

## New Zealand

In New Zealand, accredited community pharmacists can prescribe antibiotics for suspected UTIs and can resupply the oral contraceptive pill without a prescription.<sup>49</sup> Pharmacists who have completed the appropriate postgraduate certificates can also work in multidisciplinary teams, with broader approval to diagnose and treat.<sup>50</sup> In 2021, the 37 pharmacist prescribers active at the time were given authorisation to prescribe nearly 200 additional medicines. In consultations before the changes, 61 per cent of submissions were in favour and 39 per cent were not. The opposition was mostly from non-pharmacy professional groups.<sup>51</sup>

## Canada

Each Canadian province and territory sets its own regulations around pharmacist treating and prescribing. Pharmacists in Alberta have the broadest scope to diagnose and treat patients, whereas Nunavut and the Northwest Territories cannot diagnose or prescribe any medicines.<sup>52</sup> Since 2006, pharmacists in Alberta who have practiced for one year and

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<sup>45</sup> M. Zhoua, J. Desborough, A. Parkinson, K. Douglas, D. McDonald & K. Boom (2019) 'Barriers to pharmacist prescribing: a scoping review comparing the UK, New Zealand, Canadian and Australian experiences', *International Journal of Pharmacy Practice*, 27, p. 480.

<sup>46</sup> Dr K. Ridge (2023) 'Pharmacist prescribing – professional revolution or damp squib?', *The Kings Fund*, 4 April.

<sup>47</sup> General Pharmaceutical Council (2023) 'Pharmacist independent prescriber', General Pharmaceutical Council website.

<sup>48</sup> PDA (2019) *PDA urgent guidance for all PDA members following a number of critical incidents involving GP practice-based pharmacists*, media release, 19 November.

<sup>49</sup> Pharmaceutical Society of New Zealand (date unknown) 'Selected Oral Contraceptives', Pharmaceutical Society of New Zealand website; Pharmaceutical Society of New Zealand (date unknown) 'Urinary Tract Infections', Pharmaceutical Society of New Zealand website.

<sup>50</sup> Australian Pharmacy Council (2021) 'Pharmacist prescribers', Australian Pharmacy Council website; Ministry of Health (NZ) (2021) *Pharmacist prescribers can now prescribe more medicines*, media release, 10 November.

<sup>51</sup> Ministry of Health (2021) op. cit.

<sup>52</sup> Canadian Pharmacists Association (2023) 'What pharmacists can do across Canada', Canadian Pharmacists Association website, June; Canadian Pharmacists Association (date unknown) 'Common Ailment Prescribing in Canada', Canadian Pharmacists Association website; Alberta College of Pharmacy (2023) 'FAQ', Alberta College of Pharmacy website.

received authorisation have been able to prescribe almost any medication, apart from narcotics.<sup>53</sup>

## 6 | Key issues

### Access to medical care

One of the main arguments for expanding the role of pharmacists is that they can assist with broadening access to medical care. The COVID-19 pandemic and the shortage of GPs, especially those who bulk bill, have meant that it has become more difficult for people to access proper medical care. Many in favour of pharmacist prescribing argue that allowing pharmacists a greater role in diagnosis and treatment will assist with easing the strain on GP clinics and even hospital waiting rooms.<sup>54</sup> The Pharmacy Board has stated that:

A well-trained pharmacist workforce with expertise in medicines management with the ability to prescribe has the potential to facilitate safe and improved access to medicines for all Australians.<sup>55</sup>

Many doctors, however, are critical of this argument, believing there are better ways to address the strain on the healthcare system.<sup>56</sup>

### Training and expertise

The training required to become a pharmacist prescriber has been a point of contention between the pharmacists and the medical community. Many in the medical field have been critical of the training proposed, believing that it is inadequate for ensuring proper diagnosis and patient safety.<sup>57</sup> The AMA has said that it:

... 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.<sup>58</sup>

The RACGP states that it is 'concerned about the conflation of diagnosing and prescribing skills' and that 'the role of diagnosis in prescribing ... being diminished. Medical training is required to diagnose'.<sup>59</sup>

The peak pharmacist bodies have responded to the need for proper training. In 2019, the Pharmacy Board of Australia released a position statement on pharmacy prescribing, stating that:

the Board is of the view that pharmacists do not need to complete any additional formal post graduate studies to prescribe under a structured prescribing arrangement or under supervision.<sup>60</sup>

<sup>53</sup> A. Killick (2023) 'Alberta pharmacists lead Canada in filling care gap', *CBCRadio*, 8 April.

<sup>54</sup> The Pharmacy Guild of Australia (2022) *Community pharmacy UTI pilot and repeat contraceptive prescribing a win for Victorian patients*, media release, 23 November.

<sup>55</sup> Pharmacy Board of Australia (2019a) *Discussion paper*, Canberra, Pharmacy Board of Australia, p. 6.

<sup>56</sup> K. Price & S. Dawson-Smith (2023) 'GPs dissect pharmacy prescribing folly', *newsGP*, 26 January.

<sup>57</sup> M. Liotta (2023) 'Pharmacist prescribing labelled 'unreasonable and unsafe'', *newsGP*, 18 April.

<sup>58</sup> Australian Medical Association (2023) *AMA submission to Accreditation standards for pharmacist prescriber education programs - Consultation paper one*, Barton, AMA, April.

<sup>59</sup> Royal Australian College of General Practitioners (2023a) *RACGP response to Australian Pharmacy Council Accreditation Standards for pharmacist prescriber education programs. Consultation paper one*, East Melbourne, RACGP, April.

<sup>60</sup> Pharmacy Board of Australia (2019b) 'Pharmacist prescribing – position statement – 15 October 2019', Pharmacy Board of Australia website.

They do, however, recognise the need for skills gaps to be addressed through continual professional development, short courses or credentialling with ‘appropriate clinical governance frameworks’ in place.<sup>61</sup>

The Pharmacy Board of Australia has asked the Australian Pharmacy Council to develop accreditation standards for pharmacist prescriber education programs. This is in part to ensure consistency across the profession and to assist with workforce mobility.<sup>62</sup> An environmental scan and literature review was published in February 2023 and a consultation paper published in March 2023.<sup>63</sup>

To participate in the Queensland pilot, pharmacists had to complete a 2-hour online training module and multiple choice test.<sup>64</sup> Dr Willet stated that:

if pharmacists are struggling to stick to the criteria in situations that are comparatively simple like emergency contraception or UTIs, it does call into question how they will handle more complex things around managing heart disease and diabetes.<sup>65</sup>

## Antibiotic resistance

The Urological Society of Australia and New Zealand (USANZ) has raised concerns over the ‘rising threat of antibiotic resistance in the community’ and the possibility of pharmacists overprescribing antibiotics to women presenting with UTI symptoms.<sup>66</sup> Ashani Couchman, a member of the USANZ board of directors, is concerned that although UTIs are ‘perceived as a really simply thing, especially in women’, diagnosis of a UTI can be a ‘knee-jerk response’ to symptoms that can present in various health events, which can lead to misdiagnosis and errors in treatment.<sup>67</sup>

The RACGP and AMA have also expressed concerns about the overprescribing of antibiotics.<sup>68</sup>

In a hearing of the South Australian Select Committee on Access to Urinary Tract Infection Treatment, Associate Professor Morgyn Warner, the chair of the South Australian Expert Group on Antimicrobial Resistance, highlighted the rise of antimicrobial resistance and the link between the overprescription of antibiotics and antibiotic resistance. She also expressed concerns with pharmacists prescribing antibiotics for a UTI without confirming the infection through a pathology test. The Group concluded that:

Under certain limited and protocol-driven circumstances, pharmacy-provided antibiotics may be appropriate for treating UTIs. Such protocols would ideally link in GPs as part of coordinated care.<sup>69</sup>

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<sup>61</sup> *ibid.*

<sup>62</sup> Pharmacy Board of Australia (2018) ‘Pharmacist prescribing forum Outcomes Report 2018’, *Pharmacy Board of Australia*, September, p. 6.

<sup>63</sup> Australian Pharmacy Council (2023) *Accreditation Standards for pharmacists prescriber education programs: environmental scan and literature review*, Canberra, Australian Pharmacy Council, February; Australian Pharmacy Council (2023) *Accreditation Standards for pharmacists prescriber education programs: Consultation paper one*, Canberra, Australian Pharmacy Council, March.

<sup>64</sup> Nissen et. al. (2023) *op. cit.*, p. 9.

<sup>65</sup> M. Woodley (2023) ‘Evidence of ‘protocol deviation’ in Queensland UTI pilot’, *newsGP*, 4 May.

<sup>66</sup> Urological Society of Australia and New Zealand (2022) *Urologists Join Health Experts Warning of Dangers of Pharmacists Prescribing Antibiotics*, media release, 15 December.

<sup>67</sup> N. Robinson (2023) ‘Doctors claim Australia throws ‘caution to the wind’ in pharmacists’ prescriptions’, *The Australian*, 11 April.

<sup>68</sup> D. Hendrie (2020) ‘Experts call for end to controversial pharmacy prescribing trial’, *newsGP*, 29 July; A. Tsirtsakis (2023) *op. cit.*; Royal Australian College of General Practitioners (2023a) *op. cit.*

<sup>69</sup> Assoc. Prof. M. Warner, South Australia Expert Advisory Group on Antimicrobial Resistance (2023) ‘Submission to the Select Committee on Access to Urinary Tract Infection Treatment’, *Inquiry into Access to Urinary Tract Infection Treatment*, June, Adelaide, The Committee.

## Conflict of interest

Many groups have raised concerns around pharmacists having a conflict of interest in overprescribing medication, which could then be purchased in their own pharmacies. The AMA states that ‘there is a real risk that pharmacy owners will pressure prescribing pharmacists to prescribe for the benefit of the dispensing fee’.<sup>70</sup>

The Pharmacy Board has also commented on this issue. In its position statement on pharmacist prescribing, the Board stated:

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.<sup>71</sup>

In the Queensland trial, 60 per cent of participating pharmacists either agreed or strongly agreed with the following statement: ‘It was difficult to charge the patient for the UTI service when I did not supply an antibiotic’.<sup>72</sup> Some GPs have claimed that this demonstrates ‘a conflict of interest where the pharmacist feels more comfortable charging for the service if they prescribe’ and that ‘prescribing also allows them to maximise profits by dispensing and selling the medication prescribed’; however, it could also be reflective of an ‘overall professional culture born from the fact that pharmacists typically do not charge for health-related clinical consultations’.<sup>73</sup>

## Lack of accreditation standards and consistency across training programs

The AMA has expressed concern over states and territories beginning pharmacist prescribing pilots before national standards of training and accreditation have been established. Peak pharmacy bodies have also recognised the need for national accreditation and standards. In 2018, the Pharmacy Board of Australia held a Pharmacist Prescribing Forum to examine the issue, and the Australian Pharmacy Board is currently working towards developing accreditation standards for pharmacy prescribing education programs.<sup>74</sup>

The Pharmacy Board had stated there are no regulatory barriers for pharmacists to prescribe under two of the three models outlined in the Health Professionals Prescribing Pathway, developed in 2013 by Health Workforce Australia: ‘Prescribing via a structured prescribing arrangement’ and ‘Prescribing under supervision’.<sup>75</sup> However, The AMA is critical of the states that are working towards approving pharmacist prescribing programs without a national approach, saying it:

... wonders whether the premiers and health ministers who approved these programs understand the role, purpose and function [of the] 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

<sup>70</sup> Australian Medical Association (2023) op. cit.

<sup>71</sup> Pharmacy Board of Australia (2019b) op. cit.

<sup>72</sup> K. Price & S. Dawson-Smith (2023) ‘GPs dissect pharmacy prescribing folly’, *newsGP*, 26 January.

<sup>73</sup> *ibid.*; Nissen et. al. (2023) op. cit., p. 38.

<sup>74</sup> Pharmacy Board of Australia (2022) *Accreditation standards for pharmacist prescribing*, media release, 6 October.

<sup>75</sup> Pharmacy Board of Australia (2019b) op. cit.; Health Workforce Australia (2013) *The Health Professionals Prescribing Pathway*, Health Workforce Australia.

pharmacist prescribing, we have no faith that the accreditation standards developed through this process would be applied regardless of their quality.<sup>76</sup>

The association believes that state governments have approached this in such a way that will make future reform harder.

## Adverse medical effects

Although the evaluation of the Queensland trial found that most patients received proper care, the GPs who took part in the AMA survey expressed concern over adverse medical effects coming out of misdiagnosis of patients.<sup>77</sup> GPs reported that sexually transmitted diseases, pregnancy and an ectopic pregnancy, which could have been fatal, were misdiagnosed as UTIs.<sup>78</sup>

RACGP Vice President and Chair of RACGP Queensland, Dr Bruce Willett, has stated that the algorithms and checklists used for pharmacist prescribing are not ‘fail safe’ and the specialist medical training which GPs undertake is needed to make a proper evaluation of a patient.<sup>79</sup>

## Fragmentation of care

Although all parties agree that pharmacists are an integral part of the health care system, there is concern that pharmacist prescribing could lead to fragmentation of care. Dr Willett highlighted a House of Commons report into general practice in the United Kingdom which he said showed that UK national policy had, by the report’s admission, ‘concentrated far too much on accessibility rather than continuity of care—and that’s been to the detriment of the whole health system, including the hospital system’.<sup>80</sup>

The National Aboriginal Community Controlled Health Organisation also expressed concerns over the possibility of further fragmented care for Aboriginal and/or Torres Strait Islander peoples.<sup>81</sup>

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<sup>76</sup> Australian Medical Association (2023) op. cit.

<sup>77</sup> AMA Queensland (2022) op. cit.

<sup>78</sup> *ibid.*

<sup>79</sup> A. Tsirtsakis (2023) ‘RACGP declines participation in pharmacy prescribing stakeholder group’, *newsGP*, 2 March.

<sup>80</sup> *ibid.*; Health and Social Care Committee (2022) *The future of general practice*, final report, London, October, p. 20.

<sup>81</sup> National Aboriginal Community Controlled Health Organisation (2023) op. cit.



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