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AMA CALLS FOR DISCUSSION ON HOW AND WHERE MEDICINES ARE DISPENSED

The AMA today released [*The future of dispensing*](#), a discussion paper on Australians having affordable and accessible medicines into the future, and it explores alternative dispensing models for medications.

AMA President Dr Omar Khorshid said the discussion paper aims to consider how, where and why medicines are dispensed in Australia and to promote discussion among health professionals, doctors and consumers.

“The AMA earlier this year launched its [*Vision for Australia’s Health*](#), which outlines a blueprint for the future of the Australian healthcare system that is based on the core principles of access, sustainability and patient empowerment that is led by medical practitioners,” he said.

“To that end, a good starting point is to consider three simple questions: how, where and why do we dispense medicines in Australia?”

“Pharmacists have and will continue to have a critical role in the provision of health care in Australia, and we want to ensure we are making the best use of our highly-trained pharmacist workforce.

“We need to separate out issues around the business of owning pharmacies, as opposed to the role of pharmacists in general, and to restart the discussion about who can own pharmacies, and where they are located.”

Dr Khorshid said for decades patients had attended GPs and prescriptions were generated, which were taken to a pharmacy.

“But is it the best way for us to provide care for patients? We know that pharmaceuticals are the largest out-of-pocket health cost for Australians.

“Now is the time to actively plan for the future. The outdated pharmacy ownership rules are undeniably anticompetitive, they drive up costs for consumers and governments and are even more punitive to rural and remote Australians because they have less competition with restrictive location rules.”

Dr Khorshid said the discussion paper did not formally endorse a particular model of care, however, as an immediate step the AMA called on the Government to allow pharmacies to dispense up to three months of medicines for patient convenience if a doctor deemed it was safe.

The discussion paper also puts forward other AMA policy positions, including:

- Pharmacy ownership and location rules should be relaxed, given the anti-competitive nature of the pharmacy sector, and allowing non-pharmacists to own pharmacies.
- The distinction between prescribing and dispensing must be maintained, and commercial interests must be separated from professional decision making and values.
- Pharmacy ownership rules should be reformed to facilitate co-location of pharmacies and medical practices.

Dr Khorshid said that during the COVID-19 pandemic doctors and pharmacists had rapidly adopted e-prescribing.

“This shows us all that we can make changes quickly and successfully to our health system. We want to see this momentum continue on how to reform the dispensing system,” he said.

Dr Khorshid said there was scope to consider the use of enabling technology, such as online pharmacies, to improve patient access while retaining the separation between prescribing and dispensing.

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