



Medical Board
Nursing and
Midwifery Board
Pharmacy Board
Ahpra

Joint statement on professional responsibilities for prescribing and dispensing medicines

We are concerned about practitioners practising in health services designed to provide customers with access to a predetermined medicine, which raises concerns that some may be putting profit ahead of patient welfare.

This statement reminds practitioners about their existing obligations and highlights how these responsibilities apply in the context of new models of care.

New models of health care, including the use of telehealth are important enablers of greater access to health services. Our concern is that some new models of care may take advantage of consumer demand for certain treatments and compromise good patient care.

It doesn't matter what model of care is used to prescribe or dispense. The health practitioner prescribing or dispensing medicines remains responsible to deliver safe and appropriate care and for ensuring that their own practice meets the standard expected by their registration Board and the community.

We urge health practitioners to think carefully before practising in any business, whether that be via a technology platform or in-person, that may not reflect the professional obligations in their respective codes of conduct.

The issue

Some emerging health service models that are disrupting the traditional therapeutic relationship between a patient and their practitioner have enabled the rapid rise in the prescription and use of specific medicines or products. Examples include businesses focussing on treatment for obesity, chronic pain and sleep disorders. Some of these models are focussed on delivering a single treatment solely in response to patient demand. They often have a high volume of telemedicine consultations and/or computer or algorithm-based prescribing of medicines, and some businesses also offer direct supply of unapproved medicines to patients.

It is of concern that in some circumstances, practitioners delivering health services within these models of healthcare may be failing to meet the standards of good practice, with risks to patient safety that have the potential to cause significant harm.

These models present challenges to health practitioners including:

- a lack of evidence and clinical guidance to support safe prescribing of new medicines (for example, medicinal cannabis products)
- a lack of access to information about a patient to support safe prescribing, supply and usage of medicines (for example, in some states and territories real-time prescription monitoring that could alert a practitioner to patient history complexity, comorbidities or contraindicated medicines already prescribed), and
- practice frameworks set up to offer a single treatment or outcome (such as weight loss medication) in response to patient demand rather than clinical need, which may potentially compromise quality and continuity of care.

Australian Health Practitioner Regulation Agency

National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

The Medical, Nursing and Midwifery and Pharmacy Boards of Australia and Ahpra are also aware of reports of potentially vulnerable practitioners, particularly inexperienced or early career practitioners, who are being misled that their practice is acceptable when it is not.

We urge health practitioners working in businesses with any of these problematic features to ensure that the framework for practice is consistent with their professional obligations.

Professional obligations when prescribing, compounding and dispensing

1. For prescribers, good care includes:
 - a. Assessing the patient in a real-time interaction, taking into account the history, the patient's views, an appropriate physical examination and any necessary investigations.
 - b. Formulating and implementing a suitable management plan.
 - c. Only recommending treatments when there is an identified therapeutic need and a reasonable expectation of clinical efficacy and benefit for the patient.
2. All practitioners have professional obligations to communicate effectively with patients and other treating practitioners to facilitate coordination and continuity of care. Working in collaboration requires authorised prescribers to be available when pharmacists need to discuss a patient's therapy (including any issues in relation to prescription requirements).
3. A pharmacist can refuse to dispense and supply a prescribed medicine if they believe that it is not safe to do so, however, they must communicate their concerns to the prescriber and patient so that alternative options can be considered.
4. All health practitioners involved in prescribing and dispensing have individual legal and professional responsibilities when a compounded medicine is prescribed and subsequently dispensed.
5. A compounded medicine should only be prescribed by a medical or nurse practitioner and prepared by a pharmacist where it is clinically indicated and if:
 - an appropriate commercial product is unavailable, or
 - a commercial product is unsuitable, and
 - it is not prohibited by law.
6. As is the case for any commercial product, before a prescription for a compounded medicine is provided and the medicine is compounded and supplied, all practitioners must know and comply with the requirements of their state or territory drugs and poisons (or equivalent) legislation, and consider any relevant practice standards and guidelines.
7. Good care includes recognising and respecting the rights of patients or clients to make their own decisions which includes the right to know all the available options and choose where they wish to access prescribed medicines. Health practitioners must not enter into arrangements for exclusive supply of prescriptions from a health practitioner/prescriber or other third party, although pharmacists may offer to retain prescriptions for subsequent dispensing with the patient's or client's consent.
8. The Boards' codes of conduct, standards of practice and guidelines also contain important guidance in relation to conflicts of interest. Patients rely on the independence and trustworthiness of their health practitioners for any advice or treatment. In the case of 'closed loop prescribing' where the prescriber and supplier of medication are not independent, there is an onus of responsibility on all health practitioners involved in care to ensure that they are working in the best interests of the patient.

Regardless of what model of care they use to prescribe or dispense, all health practitioners should be prepared to be able to explain to their Board how their practice meets their professional obligations to provide safe and appropriate health care.