Pharmacy Pilot down for AMA (WA)

The AMA (WA) has withdrawn from the Enhanced Access Community Pharmacy Pilot (EACPP) Advisory Board.

Under the EACPP, pharmacists who have completed an approved graduate certificate course will be able to assess, manage and treat a range of conditions in a community pharmacy setting, including asthma, smoking cessation, shingles, impetigo, mild psoriasis, and mild to moderate acne. The pilot builds on existing pharmacy services: immunisation, treatment of urinary tract infection (UTIs), and resupply of oral contraceptive pills (OCPs).

AMA (WA) President Dr Kyle Hoath wrote to Minister for Health and Mental Health, Hon Meredith Hammat, to inform her of the decision.

The AMA (WA) has consistently stressed to all levels of Government that the EACPP raises significant patient safety and clinical governance concerns, including an increased risk of missed or incorrect diagnoses, fragmented continuity of care, and avoidable harm in the absence of enforceable safeguards.

Cognisant of the Government's determination to proceed with implementing the EACPP as an election commitment, despite being forewarned of the risks, the AMA (WA) remained engaged in consultation and advisory processes in good faith, notwithstanding our misgivings regarding the model. This was in the hope that our feedback, if taken on, would minimise and mitigate risks to patients and the community.

However, the EACPP continues to progress in a way that does not adequately resolve the fundamental patient safety, continuity of care, and governance risks the AMA (WA) repeatedly put on the record. In these circumstances, the AMA (WA) decided it could not continue to participate in a process that risks being perceived as endorsement of a flawed and unsafe model.

Our other concerns around the EACPP relate to the scope-responsibility mismatch, conflict of interest issues associated with diminished separation of prescribing and dispensing, and broader concerns about the adequacy and credibility of consultation and clinical standards.

"AMA (WA) members have repeatedly recorded concerns about pharmacy prescribing reforms, including concerns about consultation processes and clinical standards," Dr Hoath wrote, concluding that 'we remain prepared to re-engage should there be a genuine undertaking to address the patient safety, continuity of care and clinical governance concerns that have consistently been raised in relation to the EACPP'." ■

Inquiry into Guardianship and Administration

In May 2026, the AMA (WA) made a submission to the Legislative Assembly Community Development and Justice Standing Committee (the Standing Committee) inquiry into the guardianship and administration system in Western Australia. The submission focused on the role and conduct of the State Administrative Tribunal (SAT) and, in particular, the ongoing lack of reimbursement for medical practitioners who prepare medical reports required for proceedings under the *Guardianship and Administration Act 1990* (WA) (the Act).

SAT decision-making in this jurisdiction depends on timely, high-quality medical evidence. However, the current system relies heavily on unfunded and uncompensated clinical labour, often provided by non-salaried treating general practitioners (GPs) and other non-GP specialists working outside the public sector, to perform an essential statutory function for vulnerable Western Australians.

In its Final Report for Project 114 on the Act from December 2025, the Law Reform Commission of Western Australia (the Commission) stated that "the lack of remuneration for medical and other experts who spend time completing and giving evidence in proceedings under the Act should be addressed".

The Commission did not make a formal recommendation on this issue, noting that reimbursement arrangements would not ordinarily be addressed in legislation and may intersect with Commonwealth Medicare settings.

The AMA (WA) appreciated advice from the Attorney General, Hon Dr Tony Buti MLA, in May 2026, stating that he is giving careful consideration to reimbursement and had instructed the Department of Justice to investigate the matter.

The AMA (WA) respectfully submitted to the Attorney General and Standing Committee that a practical Western Australian solution to this longstanding issue does not depend on Commonwealth involvement –namely, a State-funded reimbursement mechanism for SAT-requested medical reports. ■