

2025 FEDERAL ELECTION PLATFORM

Empowering pharmacists, powering health care

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 40,000 pharmacists working in all sectors and across all areas of practice.

What is the issue?

What is PSA asking for?

Supporting professional practice, education and training of pharmacists

Pharmacists need to be supported to practice at full scope.

PSA's immediate policy priority is that all measures committed to by government which are designed to enhance the professional practice, education and training of pharmacists be fully funded.

Upskilling pharmacist workforce to practise at full scope

Pharmacists are not yet fully enabled to provide the complete range of care Australians need, highlighting the need for capability enhancement as outlined in Reform A2 of the Scope of Practice Review.

Fund education courses for pharmacists in primary care to undertake full scope-of-practice training

- Fund scope-of-practice training packages for 8,000 pharmacists over five years.
- Courses include extended scope of practice training, including practice-setting specific training (e.g. community pharmacy, general practice, aged-care, pharmacists in Aboriginal Health Services).
- PSA estimates this will cost \$48 million.

Improving access to PBS medicines

Patients cannot access PBS-subsidised medicines through pharmacists' primary health care services, adding to their cost-of-living pressures

Permit pharmacists to prescribe PBS medicines within their scope of practice

- Amend the National Health Act 1953 to provide legal authorisation for pharmacists to prescribe medicines on the PBS.
- Examples include antibiotics for uncomplicated urinary tract infections, hormonal contraception, and nicotine replacement therapy for smoking cessation.

Reducing harm caused by avoidable medicine errors

Over 250,000 hospital admissions annually are a result of medicine-related problems. Most of this harm is preventable.

Establish and implement a national incident logging and pharmacovigilance system

- The system will harness technological advances, including more automated collation of patient data and facilitate much greater patient-reported adverse event reporting.

Improving access to Home Medicines Review services

Since 2014, monthly caps and red tape have limited Home Medicines Reviews (HMRs), delaying patient access and increasing hospitalisation risk.

Remove service provider caps for HMRs

- Remove the 30 services/month restriction on pharmacists providing HMRs, reducing the risk of harm to patients caused by delays.
- Support these changes with additional reforms to enhance access, including increased flexibility in the location of the review, reinstating telehealth options and annual indexation of service fees.
- Implement a Professional Service Review (PSR)-style mechanism to monitor service delivery and maintain program integrity.
- Estimated additional budget of \$19.6 million over 5 years.

Accelerating uptake of Aged Care On-site Pharmacist program

The Aged Care On-site Pharmacist (ACOP) program was introduced in July 2024. Early engagement has been reported as slow, meaning residents continue to be exposed to an unacceptable level of harm from their medicines.

Increase remuneration of ACOPs to attract skilled and experienced credentialed pharmacists to the role

- Increase the remuneration for pharmacists participating in the ACOP measure by 15%, increasing remuneration to \$697.50 (ex-GST) for each full day working on-site.
- Increasing ACOP remuneration will improve engagement in the measure, support the program's sustainability and success.
- No additional funding would be required; this would support the full expenditure of the allocated budget of \$333.7 million.

Integrating pharmacists within Aboriginal and Torres Strait Islander health services

Aboriginal and Torres Strait Islander communities face significant barriers to accessing and using medicines safely and effectively.

Permanent funding for Aboriginal and Torres Strait Islander Primary Health Services to employ pharmacists

- Direct funding to NACCHO for program implementation, including administrative support, education, training and mentoring.
- Focus on education, medicine reviews, and clinical governance (excluding dispensing).
- This would require an estimated budget of \$61 million over six years, including training and support programs.

Incorporating pharmacists within more general practice primary care teams

General practices need more support to employ pharmacists to improve medicine safety for patients with chronic and complex health conditions.

Double the Workforce Incentive Program (WIP) funding to support the employment of on-site pharmacists in general practice

- Reserve a portion of the increased WIP to ensure 0.3 FTE on-site pharmacists for every 1 FTE GP.
- Based on the maximum potential payment, the measure would cost up to \$49.3 million in the first year, and \$74 million in subsequent years.