Pharmaceutical Society of Australia

2025 FEDERAL ELECTION PLATFORM

Empowering pharmacists, powering health care

About PSA

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 locations.

PSA is committed to supporting pharmacists to help Australians access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the healthcare needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and serves as the custodian of safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

Acknowledgement of Country

In the spirit of reconciliation, PSA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

Australia's health system is facing existential challenges. With an expanding and ageing population presenting increasingly complex health needs, accessibility to quality health care is becoming a significant challenge for many Australians.

Several government reviews have identified areas and recommendations for change, ranging from less duplication and cutting of unnecessary red tape, to an increased focus on greater integration of services and more flexibility.

But many of these recommendations remain unactioned.

This Federal Election is a once in a generation opportunity for real, effective reform to Australia's health care system. It is a chance to set our health systems up to be more resilient, more equitable, and more capable of meeting the growing needs of our population.

The Pharmaceutical Society of Australia (PSA) calls on all major parties, crossbenchers, and independents to commit to policies that fully leverage the skills and expertise of pharmacists. This includes prioritising the Quality Use of Medicines and medicine safety, implementing long-overdue recommendations, and ensuring all healthcare professionals can work to their full scope of practice.

This election platform is an urgent call for action on policies which have been delayed for too long. The health and wellbeing of Australians cannot wait any longer.

In 2025 we urge our leaders to commit to system reform that not only addresses Australia's current health needs, but also sets our system up to tackle future challenges too.

Hand-in-glove with colleagues across the health sector, we can build a healthcare system that is more resilient, equitable and capable of meeting the needs of every Australian.

Now is the time to commit to action.

A/Prof Fei Sim FPS
National President

PSA's election platform

What is the issue?	What is PSA asking for?

Supporting professional practice, education and training of pharmacists

Pharmacists need to be supported to practise 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.

PSA's policy priority

Fund measures designed to enhance the professional practice of pharmacists

PSA calls for funding for all measures committed to by the current government, supporting the highest standard of professionalism and enhancing the professional practice of pharmacists as outlined by PSA.

This includes:

- transforming practice standards and guidelines into clearer, more measurable criteria that support the safe and quality use of medicines, and
- establishing quality indicators to assess pharmacists' performance.

Investing in the professional practice of pharmacists will:

- **reduce harm from medicines:** minimising medicine errors and adverse drug events through pharmacists adhering to updated, evidence-based guidelines and the introduction of quality indicators
- **increase quality of medicine use:** driving effective medication management for rational use of medicines, achieving their intended clinical goals
- **increase transparency and accountability:** improving transparency in pharmacists' performance through demonstrable practice standards and measurable quality indicators, ensuring quality care and value for money
- **reduce unwanted variation in performance:** setting clearer performance expectations for pharmacists to increase consistency in patient experience
- **enhance health literacy:** empowering patients with greater knowledge and understanding of their medications, increasing their autonomy and ability to manage their health.


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Implement all recommendations of the Scope of Practice Review

The Scope of Practice Review highlighted the urgent need to address the significant challenges facing our health system, including workforce shortages, rising patient demand, and outdated workflows and regulations.

PSA strongly endorses the Final Report of the "Unleashing the Potential of our Health Workforce" Scope of Practice Review[1] and urges all political parties to commit to implementing all its 18 of its recommendations.

In implementing these recommendations, priority should be given to:

- supporting pharmacists working across primary care to undertake full scope training
- improving access to PBS medicines.

Upskilling pharmacist workforce to practise at full scope

The challenge

Over the past decade, pharmacists have increasingly transitioned from traditional roles in community pharmacies and hospitals to additional primary care settings, such as general practice and Aboriginal Health Services.[2,3] Simultaneously, community pharmacy pilot programs in most Australian jurisdictions have allowed community pharmacists the opportunity to expand their roles to support unmet community need[4,5].

While highly qualified and trusted, pharmacists are required to undertake additional clinical training to assume these expanded roles. Time and financial constraints frequently limit participation in these training opportunities, particularly more comprehensive training courses which often require many months and thousands of dollars of personal investment.

PSA's solution

PSA proposes funding for 8,000 training places over five years for pharmacists to undertake full scope training.

The following education programs would be eligible for this initiative:

- scope of practice prescribing training for community pharmacists, recognised by the Australian Pharmacy Council (APC) and jurisdictional regulators
- foundation training packages for practice setting training (e.g. general practice, Aboriginal Health Services, disability care etc.)
- credentialing to undertake Home Medicine Reviews and participate in ACOP, recognised by APC.

Why it will work

Enhancing pharmacist capabilities addresses critical gaps in the current healthcare system. By equipping pharmacists with advanced skills through extended scope training, they will be able to deliver more comprehensive care, manage chronic conditions, and offer preventive services. This approach improves management of acute and chronic health conditions, reducing the burden on other healthcare providers, leading to a more efficient and accessible healthcare system.

The measure could be implemented quickly. Many of these training programs are already in place and accredited. Others are actively under development or undergoing accreditation.

Investing in pharmacist training is a cost-effective strategy, enhancing the efficiency of the healthcare system. This cost-effective strategy enhances the efficiency of the healthcare system, as extended scope pharmacists can provide preventive care, manage chronic conditions, and reduce hospital admissions.

Benefits

- enhanced patient care through expanded pharmacist capabilities
- increased accessibility to healthcare, particularly in rural and underserved areas
- cost-effective healthcare through a reduction in emergency department visits and hospital readmissions.

Permitting pharmacists to prescribe PBS medicines within their scope of practice

The challenge

Pharmacists have long prescribed medicines (e.g. over-the-counter medicines, emergency supply of medicines) and the range of medicines pharmacists prescribe has expanded in recent years (e.g. treatment of UTIs, naloxone, oral contraception, treating skin conditions etc.). However, patients are currently unable to access medicines at PBS prices where prescribed by pharmacists.

In some cases, bespoke funding arrangements are established. However, in most cases patients either have to pay the full cost of these medicines or need to seek a PBS prescription from another health professional such as a GP or nurse practitioner.

This is inefficient and inequitable for patients and delays access to treatments.

PSA's solution

PSA proposes pharmacist be added to the list of health professionals able to issue PBS prescriptions, subject to individual scope of practice.

Where pharmacists have legal authority to prescribe medicines, consumers should be able to access these via the PBS.

As the scope of practice of pharmacists evolve, including legal authority to prescribe more medicines, the breadth of PBS medicines prescribed will evolve.

Why it will work

Some pilot projects, such as the Victorian Community Pharmacist Statewide Pilot for uncomplicated urinary tract infections, have subsidised treatments to match out-of-pocket costs to the comparable PBS co-payment.[6] Participating pharmacists have told PSA this has been critical for uptake of the program and focusing interactions on clinical, rather than administrative conversations.

Simplification of other access mechanisms for funded medicines (i.e. National Immunisation Program (NIP)) has increased uptake by eligible Australians and reduced barriers to access.

Benefits

- → Reduced out-of-pocket costs for Australians
- → Increased uptake of cost-effective pharmacist services where prescribing occurs
- → Reduced red-tape in administration of the PBS

Reducing harm caused by avoidable medicine errors and mistakes

Medicine use is common, and sadly problems caused by medicines are also common. Yet our health system doesn't effectively share and learn from these mistakes.

Australians are paying for this with their taxes and their lives.

The challenge

These conservative estimates of the harms caused by medicines in Australia are alarming. As is Australia's failure to achieve its goals of halving the extent of medicine-related harm in the WHO Medication Without Harm Challenge (2020-2025).[9,10]

Existing medicine safety learning and reporting systems are ad hoc, limited to specific facilities, not connected and usually rely on the goodwill of health professionals for contribution. Similarly, Coroners have made numerous recommendations on deaths which could have been prevented if stronger medicine safety systems were in place.

Significant investment in system changes is required. This includes far more coordinated recording, collation and reporting of data used to support clinical decisions and health system design.

PSA's solution

Implement a nationally coordinated incident monitoring and pharmacovigilance program to drive safer care at a provider and population levels.

Key components of the system include:

- mandatory no-blame reporting of medicine safety incidents for all health providers
- patient and health practitioner reporting of adverse events to medicines, and
- feedback to health providers, health practitioners, consumers and regulators on system learning.

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

Why it will work

Patient safety incident monitoring is recognised as fundamental to reducing harm within health settings.[11–13] Several government agencies have highlighted the need for such a system:

- Australian Commission for Quality and Safety in Health Care (ACSQHC) has previously investigated the feasibility of establishing a national reporting system for medicine safety incidents.
- National Digital Health Strategy[14] identifies the need for improving incident reporting capabilities and replacing underused, disjointed paper recording with a dedicated digital national framework for medicines adverse event reporting.
- Therapeutic Goods Administration has undertaken public consultations regarding improving reporting of adverse events for medical devices.

Mandatory incident (including errors and near-misses) reporting and learning systems have been introduced in other like countries such as Canada, United Kingdom, Ireland and New Zealand.

250,000
Australians are admitted to hospital each year due to a problem with their medicines.[7]

An additional
400,000
Australians attend hospital each year due to problems with their medicines.[7]

This costs Australia's health system at least
$1.4 billion
annually.[7]

At least two-thirds of this harm is preventable.[8]

Benefits

For Australians

- → Safer primary care, leading to reduced deaths and hospitalisations caused by medicine errors
- → Patients and their carers provided greater opportunity to report problems with medicines which contributes to central warning systems and local review

For pharmacists

- → Demonstrate impact of clinical contribution to reducing harm caused by medicines

For government

- → Central reporting of medicine-related problems to regulatory bodies (e.g. TGA), and to the Department of Health to inform health policy and health system functioning
- → Build a stronger patient safety culture in primary care

Improving access to Home Medicine Review services

For too long, patients have been at risk of harm from their medicines while waiting in an administrative queue for credentialed pharmacists to undertake essential medicine review services.

It's time to eliminate the caps and implement overdue reforms to the Home Medicines Review (HMR) program.

The challenge

Caps on the number of monthly HMRs that a credentialed pharmacist can claim create significant barriers to timely medicine reviews for at-risk individuals, particularly older Australians and those living in rural and remote areas. This leads to patients having to wait in an administrative queue.

When a general practitioner refers a patient for a HMR, they expect the service to be delivered promptly. However, many pharmacists report that patients often experience lengthy waits of a month or more for their reviews. This situation is worsened by a lack of capacity among providers and a program that has not evolved to meet contemporary healthcare practices and needs.

These structural issues are particularly pronounced in rural and remote areas, where geographical barriers and workforce limitations complicate access to necessary services. The shortcomings of the HMR program place patients at real risk of harm from adverse drug events, drug-drug interactions, and misunderstandings regarding how to take their medicines correctly.

PSA's solution

PSA proposes removing monthly HMR service caps and implementing other urgent reforms to the HMR program.

These urgent reforms include:

- **providing flexibility in location,** allowing HMRs to be conducted outside a patient's home, with the location determined by the patient
- **reinstating telehealth service** which was removed after successful implementation under COVID-19 pandemic measures
- **aligning the criteria** for HMRs between the relevant Medicare Benefits Scheme (MBS) item rules and the HMR program rules
- **apply annual indexation** to HMR service fees in line with other pharmacy programs and services.
- **increasing rural travel allowance** to include loadings and indexation

Why it will work

Timely medicine reviews decrease medicine-related hospital admissions and improve patient outcomes.

Removing monthly caps will significantly increase the capacity of the credentialed pharmacist workforce, particularly in rural and remote areas where there are few providers. This change, and other urgent HMR program reforms will encourage more pharmacists to pursue credentialing, further increasing future capacity in the system. Consequently, more HMRs can be provided when necessary, preventing harm before it occurs.

PSA is adamant that health needs should drive the HMR service.

A credentialed pharmacist could complete more than 30 services per month while maintaining service quality and improving patient outcomes. A Professional Service Review (PRS)-like mechanism for HMR service delivery could compare claims from similar businesses and/or credentialed pharmacists, flagging any anomalies and outliers for audit.

Benefits

For Australians

- → Faster access to HMRs, particularly for older Australians, people with chronic conditions, and those in rural and remote areas.
- → Reduced risk of medication mismanagement, leading to fewer hospital admissions and improved health outcomes.
- → More comprehensive, personalised medication support that enhances quality of life and overall well-being.

For pharmacists

- → Increased financial viability for credentialed pharmacists, encouraging more pharmacists to pursue accreditation and expand their scope of practice.

For government

- → Significant cost savings by preventing medication-related hospital admissions, reducing the burden on the healthcare system.
- → More efficient use of the pharmacist workforce, optimising their role in medication management and primary care.

Payment for pharmacist conducting HMRs has not increased since 2019 although other costs such as fuel and electricity have soared.

Credentialed pharmacist

[There's been a] lack of indexation for years!! It's insulting.

Credentialed pharmacist

Monthly caps make the program less accessible as some patients cannot be seen until the next month.

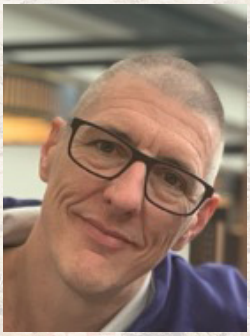
Credentialed pharmacist

What is a HMR?

A HMR involves a credentialed pharmacist visiting a patient at home to assess their medicines and ensure they are being used correctly. The pharmacist then prepares a report for the referring doctor containing recommendations to address problems identified at the visit.

On average, four medicine-related problems are detected during every HMR. HMRs are also associated with a reduction in hospitalisation rates for older people living in the community at high risk of medicine-related hospital admission.[7]

Case study: Bridging the gap in rural medication management



Introduction

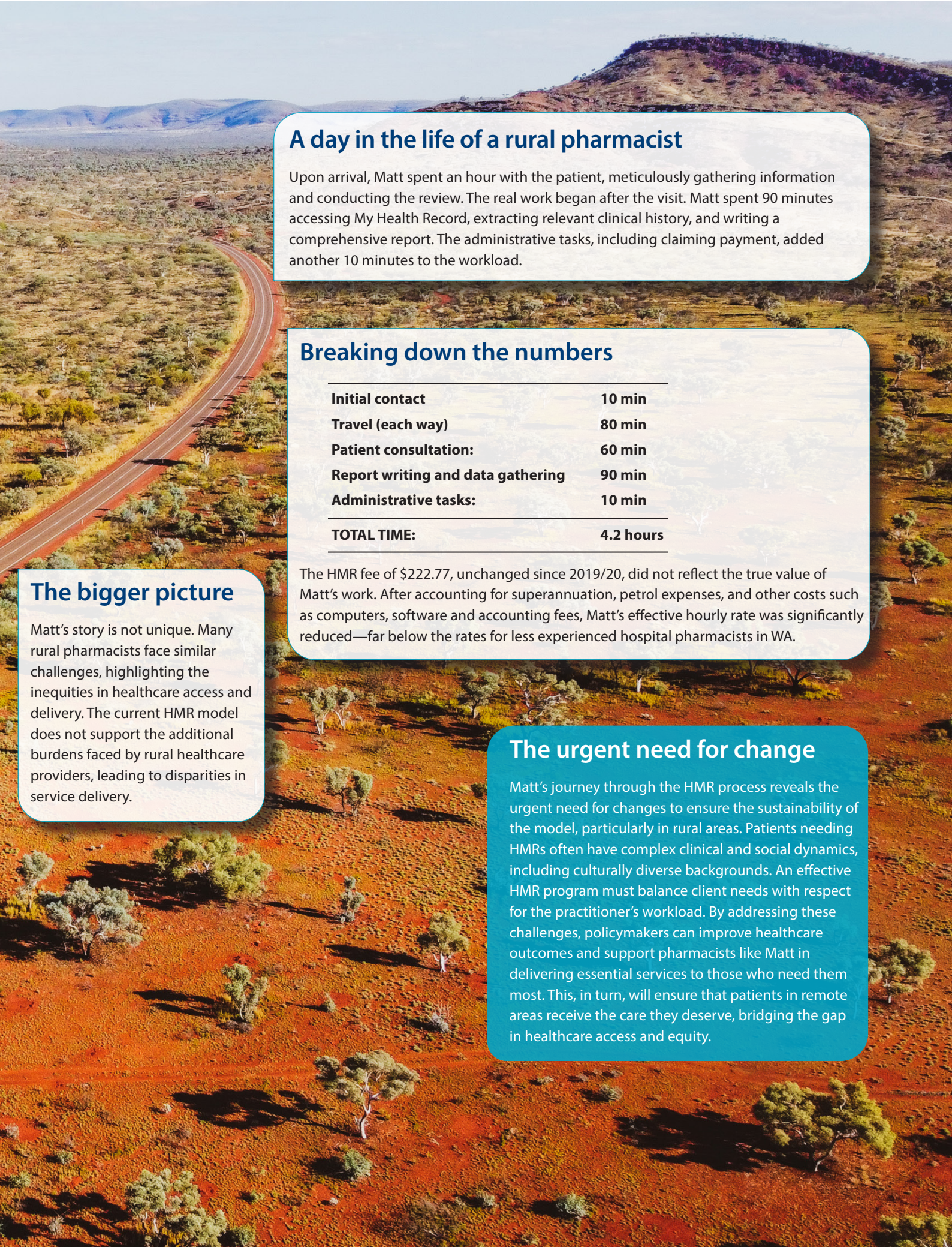
Meet Matt, a dedicated clinical pharmacist from Western Australia (WA) with over 20 years of experience. Matt's journey in healthcare has been driven by a passion for improving patient outcomes, especially in rural and remote areas. However, recent experiences with the Home Medicines Review (HMR) model have highlighted significant challenges that need urgent attention.

The journey begins

Matt received a referral for an HMR for a patient living in a remote area. As a credentialed medication review pharmacist, Matt knew the importance of conducting the review at the patient's residence. Matt contacted the patient, explained the process, and gained consent—a straightforward 10-minute conversation. But this was just the beginning.*

The long road ahead

The patient's home was 53.1 km away, translating to a round trip of 106.2 km. Despite the significant travel distance, the current HMR model does not provide additional compensation for trips under 200 km. Matt embarked on the journey, knowing that travel time and fuel expenses would not be adequately covered.



A day in the life of a rural pharmacist

Upon arrival, Matt spent an hour with the patient, meticulously gathering information and conducting the review. The real work began after the visit. Matt spent 90 minutes accessing My Health Record, extracting relevant clinical history, and writing a comprehensive report. The administrative tasks, including claiming payment, added another 10 minutes to the workload.

Breaking down the numbers

Initial contact	**10 min**
Travel (each way)	**80 min**
Patient consultation:	**60 min**
Report writing and data gathering	**90 min**
Administrative tasks:	**10 min**
TOTAL TIME:	**4.2 hours**

The HMR fee of $222.77, unchanged since 2019/20, did not reflect the true value of Matt's work. After accounting for superannuation, petrol expenses, and other costs such as computers, software and accounting fees, Matt's effective hourly rate was significantly reduced—far below the rates for less experienced hospital pharmacists in WA.

The bigger picture

Matt's story is not unique. Many rural pharmacists face similar challenges, highlighting the inequities in healthcare access and delivery. The current HMR model does not support the additional burdens faced by rural healthcare providers, leading to disparities in service delivery.

The urgent need for change

Matt's journey through the HMR process reveals the urgent need for changes to ensure the sustainability of the model, particularly in rural areas. Patients needing HMRs often have complex clinical and social dynamics, including culturally diverse backgrounds. An effective HMR program must balance client needs with respect for the practitioner's workload. By addressing these challenges, policymakers can improve healthcare outcomes and support pharmacists like Matt in delivering essential services to those who need them most. This, in turn, will ensure that patients in remote areas receive the care they deserve, bridging the gap in healthcare access and equity.

Accelerating uptake of Aged Care On-site Pharmacists

Early engagement with the Aged Care On-site Pharmacist (ACOP) program has been reported as slow. Improving pay rates for this crucial program is essential to increasing its uptake.

The challenge

ACOP was introduced in July 2024 and aims to improve the use of medicines in Residential Aged Care Homes (RACHs). Despite its potential benefits[15,16] time spent, outcomes where applicable and who the pharmacists communicated with to undertake the activity. Six pharmacists were integrated into 7 RACFs. Overall, they recorded 4252 activities over 12 months. OSPs conducted 1022 (24.0%, early uptake has been slow.

Many long-term Residential Medication Management Review (RMMR) providers are hesitant to transition to the ACOP model because of lower remuneration and reduced flexibility compared to the existing RMMR/QUM services model. This is despite pharmacists working under the ACOP programs having increased responsibility and accountability for patient safety and oversight of medicine use in aged are facilities.

PSA's solution

PSA proposes increasing the remuneration for pharmacists participating in ACOP by 15%.

This increases pay to $697.50 (ex-GST) for each full day that an ACOP is working on-site. This is equivalent to $159,030 (ex-GST) for one full-time equivalent (FTE).

PSA proposes this is funded through reallocation of existing program funds (allocated budget of $333.7 million).

Why it will work

ACOP was based on pilot programs showing strong improvements to patient safety. Critical to the success of those pilot programs was engagement of pharmacists with expertise and experience in geriatrics and clinical governance systems.

Increasing remuneration to be commensurate with similar roles in the hospital sector or credentialed pharmacist cohort will attract pharmacists to work in this emerging role, making it more appealing to experienced pharmacists, encouraging greater participation and engagement. Fair compensation will also help retain existing experienced pharmacists in the aged care sector, ensuring continuity of care and better health outcomes for residents.

The funding based on a grade 2 levels is highly inadequate. It should be minimum level 3 if not higher. There needs to be increased funding based on experience.

Credentialed Pharmacis

Atrocious pay, restrictive hours, inflexibility, no rural loading, no pay increase for experience. It's insulting.

Credentialed Pharmacist

Benefits

For Australians

- → Improved medication management and safety for aged care residents.
- → Enhanced quality of care in aged care facilities.
- → Better health outcomes and reduced hospital admissions due to medication-related issues.

For pharmacists

- → Fair and competitive remuneration for their expertise and services.
- → Increased job satisfaction and retention in the aged care sector.
- → Opportunities for professional growth and development.

For government

- → Full utilisation of the allocated budget for the ACOP measure.
- → Improved efficiency and effectiveness of the aged care system.
- → Positive impact on public health and reduced healthcare costs.

Integrating pharmacists into Aboriginal and Torres Strait Islander health services

PSA recommends providing permanent funding for Aboriginal and Torres Strait Islander health services to employ pharmacists as part of their primary healthcare teams, as supported by the Medical Services Advisory Committee (MSAC).

The challenge

Aboriginal and Torres Strait Islander peoples face significant challenges in accessing medicines and ensuring their safe and appropriate use. These challenges stem from financial and geographic constraints, poor interactions with clinicians, and system barriers that hinder the transfer of patient information between community pharmacists and Aboriginal and Torres Strait Islander Primary Health Services.

Although there are programs designed to reduce barriers to accessing medicines for Aboriginal and Torres Strait Islander communities, much more is needed to reduce health inequities.

The Strengthening Medicare Taskforce report (December 2022) recommended improved funding systems for team-based care models in primary care and more flexible funding approaches. Additionally, it recommended that the government should 'grow and invest in Aboriginal Community Controlled Health Organisations (ACCHOs) to commission primary care services for their communities, building on their expertise and networks in local community need.'[17]

PSA's solution

Fund integrated pharmacists to work within the primary care team of all eligible Aboriginal and Torres Strait Primary Health Services.

The role of the integrated pharmacist focuses on providing education and support related to medicine use, conducting medicine reviews, and overseeing clinical governance. They are not responsible for dispensing medicines.

In line with the preference expressed by stakeholders during the MSAC consultation process in 2022,[18] PSA recommends that funding be directed to the National Aboriginal Community Controlled Health Organisation (NACCHO) to implement this program. This would include funding for PSA to provide administrative support, as well as education, training, and mentoring for pharmacists, alongside the establishment of a dedicated community of practice for pharmacists participating in the program.

Why it will work

The Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC) demonstrated success through a multi-state approach where pharmacists were embedded within the primary care teams of Aboriginal Community Controlled Health Services in Queensland, the Northern Territory, and Victoria.

These integrated pharmacists operated within the existing primary healthcare framework, delivering culturally safe preventive care to Aboriginal and Torres Strait Islander peoples, facilitating communication with external healthcare providers, performing medication reviews, and providing education and support to individuals with chronic health conditions.

The IPAC project provided evidence that investment in integrated pharmacists results in savings for the health system. In March 2023, the MSAC supported a funding application based on the data collected during the IPAC initiative, concluding that the estimated cost of providing integrated, collaborative, and culturally appropriate person-centred care to improve health outcomes for Aboriginal and Torres Strait Islander peoples represents good value for money.

Benefits

For Australians

- → Improved health outcomes and overall quality of life for Aboriginal and Torres Strait Islander peoples through:
- → more empowered individuals who better understand their condition and their medicines and are more adherent with medicine regimens
- → reduced avoidable emergency presentations and hospital admissions from medicine-related adverse events
- → better access to medicines through strengthened relationships between ACCHOs and community pharmacies.

For pharmacists

- → Expanded clinical opportunities through work in primary care teams, focusing on medication management and patient education
- → Increased job satisfaction from providing culturally appropriate care and seeing positive patient outcome

For government

- → Reduced healthcare costs through better chronic disease management and fewer hospital admission
- → Improved allocation of healthcare resources by integrating harmacists into primary care team
- → Enhanced overall public health by addressing health disparities and improving access to care for Aboriginal and Torres Strait Islander communities

The pharmacist has been able to change some quite non-compliant patients to compliant patients with clear communication, rapport, and technical prowess.

Health Service Manager

I don't know how we were managing medications with patients without the input of a pharmacist.

Health Service Director

Incorporating pharmacists within more general practice primary care teams

PSA recommends increasing WIP funding to support the employment of more pharmacists in general practice.

These on-site pharmacists will assist patients with chronic and complex health conditions, thereby enhancing the safety and efficacy of medication use.

The challenge

Australia's population is ageing and presenting increasingly complex health needs. GP pharmacists are critical to addressing these needs.

Currently, WIP funding is allocated for nurse practitioners and other allied health professionals. However, this funding is quickly depleted, with nurses accounting for >80% of the funded hours. This disparity hinders general practices' ability to employ other allied health professionals, such as pharmacists, who are crucial in managing medicines safety.

PSA's solution

PSA proposes doubling the WIP funding (up to $130,000) to enable general practices to employ GP pharmacists to work primarily on-site with other health professionals.

This initiative aims to improve the safety and efficacy of medicine use.

We also recommend reserving a portion of the increased WIP to ensure that a practice can employ 0.3 fulltime equivalent (FTE) on-site pharmacists for every 1 FTE GP in the practice.

The measure would initially target an uptake of:

- 10% of general practices in Year 1
- 15% of general practices in Year 2

This incentive payment is not intended to serve as a salary and does not cover the complete costs associated with the role. Achieving these targets will require the practice to contribute other salary offsets for the pharmacists (including leave entitlements and superannuation).

Why it will work

In the UK, GP pharmacists work alongside other healthcare professionals as part of a multidisciplinary team, working closely with GPs to resolve medicine-related issues. This collaboration allows GPs to focus on diagnosing and treating patients.

In Australia, some general practices already employ pharmacists, who contribute to better, more coordinated patient care, particularly concerning medicines use. These pharmacists conduct pre-consultation appointments to gather health information, review consultation notes, assess pathology results, and make recommendations to GPs for adjusting medicines and dosages.

Benefits

For Australians

- improved patient safety and health outcomes
- reductions in medicine-related hospital admissions
- improved patient health literacy

For pharmacists

- additional opportunities for career progression
- increased job satisfaction through direct impact on patient care

For government

- better resource allocation and reduced waiting times.
- Improved public health outcomes and lower long-term healthcare costs
- efficient use of health resources

Investing in funding for GP pharmacists is investing in better patient care, more efficient practices, and a healthier future for all.

Dr Swapna Chaudhary, GP Pharmacist

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Our election platform is a call to action for a healthcare system that truly meets the needs of all Australians. By empowering pharmacists, we can power patient care; reducing harm caused by medicines and building a more resilient and equitable health system.

PHARMACEUTICAL SOCIETY OF AUSTRALIA LTD.
ABN 49 008 532 072

NATIONAL OFFICE
Ngunnawal and
Ngambri Country
Level 1, Pharmacy House
17 Denison Street
Deakin ACT 2600

PO Box 42
Deakin West ACT 2600

P: 02 6283 4777
F: 02 6285 2869
E: psa.nat@psa.org.au

BRANCH CONTACT DETAILS
P: 1300 369 772

AUSTRALIAN CAPITAL TERRITORY
Ngunnawal and
Ngambri Country
Level 1, Pharmacy House
17 Denison Street
Deakin ACT 2600

PO Box 42
Deakin West ACT 2600
E: act.branch@psa.org.au

NEW SOUTH WALES
Cammeraygal Country
32 Ridge Street
North Sydney NSW 2060

PO Box 162
St Leonards NSW 1590
E: nsw.branch@psa.org.au

QUEENSLAND
Turrbal and Yuggera Country
Level 2, 225 Montague Road
West End QLD 4101

PO Box 6120
Woolloongabba QLD 4102
E: qld.branch@psa.org.au

SOUTH AUSTRALIA
Kaurna Country
Suite 7/102 Greenhill Road
Unley SA 5061
E: sa.branch@psa.org.au

TASMANIA
Nipaluna Country
161 Campbell Street
Hobart TAS 7000
E: tas.branch@psa.org.au

VICTORIA
Wurundjeri Country
Level 1, 381 Royal Parade
Parkville VIC 3052
E: vic.branch@psa.org.au

WESTERN AUSTRALIA
Whadjuk Noongar Country
136 Stirling Highway
Nedlands WA 6009
E: wa.branch@psa.org.au

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Pharmaceutical Society of Australia