

7 December 2025

The Hon Eric Abetz MP
Treasurer
Level 10, Executive Building
15 Murray Street
Hobart TAS 7000

Dear Treasurer,

The Pharmaceutical Society of Australia (PSA), the peak body for all pharmacists, welcomes the opportunity to provide a submission for the 2026-27 Tasmanian State Budget Community Consultation process.

As medicine safety experts and one of our most accessible frontline health workforces, pharmacists can play a greater role in improving access to medicines and health care to enable better health outcomes for all Tasmanians.

We thank the government for its commitments made during the recent election campaign and seek early action from government in this budget cycle to realise these commitments. When implemented, these measures will free up pharmacists to provide care at their full scope of practice.

PSA has prioritised four election promises as budget proposals for the Tasmanian Government's attention:

- Expand equitable access to vaccination services through Authorised Pharmacist Immunisers
- Fund a trial of collaborative models of pharmacist prescribing care in residential aged care
- Fund a pilot for collaborative pharmacist prescribing for opioid replacement therapy
- Fund 100 additional training places for pharmacists to deliver expanded healthcare services.

These measures will help strengthen health care in Tasmania, allowing pharmacists to do more to support the health system while it is under immense pressure. PSA is committed to working with the Government to improve the health and wellbeing of all Tasmanians.

Sincerely,



Joanne Gross MPS
Tasmanian Branch President

About PSA

PSA is the peak national professional pharmacy organisation representing all of Australia's 41,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to 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 are the custodians for 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.

In Tasmania, there are approximately 900 registered pharmacists working in community pharmacies, hospitals, general practices, aged care facilities, disability care organisations, Aboriginal Community Controlled Health Organisations, primary health networks, government departments and agencies, and within other private sector organisations.

The average Australian visits a pharmacy 18 times each year.^a Each of these interactions with a pharmacist is an opportunity to impart a health message, deliver primary health care, and improve the health of the Tasmanian community. To achieve this, pharmacists need support, including remuneration, allowing them to fulfil their full scope as primary healthcare providers and medicine experts.^b

^a National Australia Bank. NAB Australian Pharmacy Survey 2021.

^b Pharmaceutical Society of Australia. Contemporary Community Pharmacy Practice: White Paper. Community of Specialty Interest. Jun 2022. At: <https://my.psa.org.au/s/article/CSI-CCPP-white-paper>

Expand equitable access to vaccination services through Authorised Pharmacist Immunisers

The challenge

Tasmanian vaccination rates across age groups and disease states declining below target levels. The reasons are multifactorial, and include vaccine fatigue, increasing complexity of vaccine schedules, politicisation of vaccination and health system resourcing pressures.

Some barriers also exist within our health system. Health system complexity is a barrier to vaccination. The range of vaccinations authorised for administration by pharmacists remains confusing to patients, impeding uptake. Equitable access to state-funded vaccination programs also remains a challenge as consumers face different out-of-pocket costs for vaccine administration depending on which provider they choose to access.

The proposed approach

PSA seeks adoption of a package of measures to improve vaccination rates in Tasmania:

- Adopt the Australian Immunisation Handbook (AIH) as the formulary for Authorised Pharmacist Immunisers (API)
- Fund the administration fee for state-funded vaccines administered in community pharmacy
- Implement a state-funded flu vaccination program for children of low-income households aged 5–17 years^c
- Introduce a Meningococcal B vaccination program for infants, children and adolescents
- Fund a public awareness campaign targeting priority groups to increase awareness of community pharmacies as vaccination provider.

Why it will work

Multi-pronged strategies are needed to address declining vaccination rates. This package of measures both stimulates consumer demand for vaccination, encourages more proactive offering of targeted vaccine campaigns by pharmacists and removes financial barriers for patients.

^c Eligibility for initiative could be linked to existing Tasmanian Government criteria for other programs targeted to low-income earners (i.e. individuals and their families who are listed on a Services Australia Health Care or Pensioner Concession Card, are in Out of Home Care, and children of people who received the Family Tax Benefit Part A Supplement in the previous financial year).

The public awareness campaign, in the context of enabling pharmacists to administer vaccines in line with the AIH, would enable simplified and consistent messages targeted to consumer groups to increase uptake of vaccinations in priority populations, as well as general vaccination campaigns.

Budget implications

PSA considers program costs will be outweighed by savings in hospital presentations and admissions from vaccine-preventable diseases.

PSA considers the likely budget impact of each proposal as:

Proposal	Cost (annual)	Notes
Adopt AIH as API vaccine formulary	nil	Change only requires update to Pharmacist Vaccination Guidelines using existing Departmental resources
Administration fee for state-funded vaccines	\$ 0.04 million	Administration cost \$20.05 per vaccine Assume moderate uptake of Hep B and measles programs
Low-income household influenza vaccine program	\$ 0.2 million	Assume similar uptake to 'Ticket to play' vouchers (n=7,500 annually)
Meningococcal B vaccination program for children	\$ 1.0 million	Estimates for Men B program for babies and adolescents, estimates through primary care settings, including pharmacy. Infant only program projected to cost \$0.6 million
Public awareness campaign for pharmacist vaccination	\$ 0.2 million	Estimate includes design, print, collateral, online advertising and a limited radio campaign.
Total	\$ 1.44 million	

Benefits to Tasmania

- Increased ease and equity of access to vaccinations for Tasmanians
- Increased vaccination coverage and reduced burden of vaccine-preventable disease
- Ability to deliver clear messaging about vaccine availability to Tasmanians, increasing awareness and uptake

Fund a trial of collaborative models of pharmacist prescribing in residential aged care

The challenge

Medicine-related problems are a significant burden on our health system. It is estimated that each year, over 5,000 Tasmanians are admitted to hospital because of problems with their medicines, and a further 10,000 Tasmanians present to emergency departments. These admissions cost the Tasmanian health system \$35 million per annum, not including emergency department costs.^d

Many of these problems arise in aged care environments, with 98% of residents in aged-care facilities having experienced at least one medicine-related problem, and one in five unplanned hospital admissions of residents living in residential aged-care homes (RACHs) being due to inappropriate medicine use.^e

The proposed approach

Fund a 2-year trial of collaborative prescribing models of pharmacist care in aged care including:

- Development of collaborative prescribing framework
- Implementation of collaborative prescribing framework, including training
- Subsidisation of medicines prescribed by pharmacists within the trial
- Evaluation of the trial program

This nation-leading pilot was previously announced by the then Minister for Health, Guy Barnett, in September 2023.^{f,g}

Why it will work

The collaborative involvement of pharmacists in prescribing, monitoring and adjusting medicines leads to improved patient care and outcomes from combined expertise of healthcare professionals.

^d Medicine Safety: Take Care report, Pharmaceutical Society of Australia 2019. At: <https://www.psa.org.au/wp-content/uploads/2019/01/PSA-Medicine-Safety-Report.pdf>

^e Medicine Safety: Aged Care report, Pharmaceutical Society of Australia 2020. At: <https://www.psa.org.au/wp-content/uploads/2020/02/Medicine-Safety-Aged-Care-WEB-RES1.pdf>

^f Tasmanian Government Media Release (Nation-leading health initiative to benefit aged care residents); September 2023. At: https://www.guybarnett.com.au/files/3116/9518/7726/2023_09_14_Nation-leading_health_initiative_to_benefit_aged_care_residents.pdf

^g Tasmanian Government Media Release (Delivering nation-leading health approach to Tasmanians in remote areas); September 2023. At: www.guybarnett.com.au/files/1216/9518/7830/2023_09_14_Delivering_nation-leading_health_approach_to_Tasmanians_in_remote_areas.pdf

Pharmacist-prescribed medicines, including dose titration and de-prescribing, can optimise medication regimens and minimise the risk of adverse drug events. Integrating pharmacists as prescribers within multidisciplinary teams can expand patients' access to healthcare services.

Pharmacists have demonstrated their ability to provide timely medication assessments and adjustments, reducing the burden on other healthcare providers and improving the overall efficiency of care delivery.

Budget implications

PSA and the University of Tasmania School of Pharmacy and Pharmacology estimate the development of the collaborative prescribing framework for residential care facilities, models of care, supporting resources and implementation of a pilot across aged care sites would cost approximately \$2.5 million over 2 years.

Additional consideration would need to be given to the cost of medicines prescribed by pharmacists, which would be estimated to cost \$1 million per trial (in the absence of pharmacist-prescribed medicine attracting a PBS subsidy).

Benefits to Tasmania

- Enhanced medication management through collaborative multidisciplinary prescribing.
 - Reduction in the use of psychotropic medicines/chemical restraints, improving safety and quality of life for Tasmanians living in Residential Aged Care Homes.
 - Reduction in unplanned hospitalisations from medicine-related adverse events.
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Fund a pilot for collaborative pharmacist prescribing for opioid replacement therapy

The challenge

Demand for medication-assisted treatment for opioid dependence (MATOD) in Tasmania exceeds capacity, particularly in rural and regional areas. There is increasing recognition that community pharmacists can do more to support individuals receiving MATOD.

The proposed approach

Fund a pilot where a prescriber-chosen pharmacist can make dose adjustments for methadone or buprenorphine treatment to support the health and wellbeing of a person with opioid dependence.

Why it will work

The model has been successfully implemented in a pilot study in Melbourne's South Eastern suburbs. Results were extremely positive, with:

- pharmacist-led collaborative care provided comparable clinical outcomes to usual care; 97.2% of collaborative care patients were retained in treatment compared to 89.8% in the comparison arm
- patients reported significant increases in treatment satisfaction and quality adjusted life years (QALYs)
- pharmacists, prescribers and patients reported that collaborative care was feasible and acceptable, with high levels of support from all three groups.
- health economics assessment found the model was cost-effective compared to usual (standard) treatment.

Budget implications

PSA estimates a 12-month pilot program of the EPIC-MATOD model in the Tasmanian setting could be achieved for \$200,000.

This would fund:

- payments to pharmacists and prescribers for clinical review of patients
- a mentor to support pharmacists become confident in the model of care,
- project management and evaluation.

Benefits to Tasmania

- Greater access for patients to receive medication-assisted treatment for opioid dependence.
 - Reduced pressure on existing prescribers.
 - High rates of retention of patients in MATOD programs leading to reductions in mortality risk, overdose, illicit opioid use, opioid-related harms as well as drug-related crime and incarceration.
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Recommendation 4

Fund 100 additional pharmacists to undertake training to deliver expanded healthcare services

The challenge

Currently, 23% of Tasmanians report delaying GP visits due to unavailability of appointments or long wait times.^h Tasmania is predicted to face a shortfall of over 180 GPs by 2028.ⁱ

In September 2023, the Minister for Health announced an expansion of Tasmanian pharmacists' scope of practice to implement all recommendations arising from the Pharmacist Scope of Practice Review Final Report.^j However, the cost and duration of the required training could become a barrier to implementation as the course takes approximately 12–24 months to complete.

The proposed approach

Fund an additional 100 scholarships for pharmacists to complete the pharmacist expanded scope of practice prescribing course.

Why it will work

Subsidising more pharmacists to complete the necessary training will accelerate the implementation of a wider range of healthcare services in community pharmacies. This scholarship approach has been successful in Queensland in engaging more pharmacists to enrol in and complete pharmacist prescriber training and relevant clinical modules.

In November 2025, scholarships were made available for 150 Tasmanian pharmacists to reduce the cost burden associated with the training. Given there are more than 150 community pharmacies in Tasmania, this initiative will facilitate broad availability of full-scope pharmacists in Tasmania.

Budget implications

PSA estimates the cost of this proposal to be \$700,000.

Benefits to Tasmania

- Accelerates availability of pharmacist prescriber workforce to Tasmanians
 - Equitable and more consistent access to care in community pharmacies across
 - Reduced pressure on emergency departments and GPs.
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^h Pharmaceutical Society of Australia. Pharmacists in 2030. Canberra: PSA; 2024. At: www.psa.org.au/3d-flip-book/pharmacists-in-2030/

ⁱ Australian Government Department of Health and Aged Care. Supply and Demand Study, General Practitioners in Australia. August 2024. At: <https://hwd.health.gov.au/resources/primary/gp-supply-and-demand-study-compendium-august-2024.pdf>

^j KPMG. Pharmacist Scope of Practice Review – Final Report. KPMG; July 2023. At: https://www.health.tas.gov.au/sites/default/files/2023-09/pharmacist_scope_of_practice_review_-_final_report.pdf