

5 December 2025

The Hon. Roger Cook
Premier of Western Australia
wa-government@dpc.wa.gov.au

Dear Premier,

The Pharmaceutical Society of Australia (PSA) appreciates the opportunity to make this pre-budget submission to the 2026-27 Western Australian Budget.

As medicine safety experts and one of the most accessible frontline health workforces, pharmacists play an important role in improving access to medicines and health care for the Western Australian population and individual patients to deliver better health outcomes.

PSA proposes four practical, evidence-based recommendations aligned to the Sustainable Health Review's key strategies. These initiatives can be implemented in 2026–27 and will deliver measurable benefits for Western Australians:

- 1. Continue funding for pharmacists to undertake prescribing training to deliver the Enhanced Access Community Pharmacy Pilot.**
- 2. Enable pharmacists to administer all vaccines to all ages, with WA-funded administration fees for vaccines in the WA Immunisation Schedule until Commonwealth funding applies.**
- 3. Continue to fund Mental Health First Aid (MHFA) training for pharmacists and pharmacy staff.**
- 4. Fund a pharmacist-led transitions of care service in community pharmacy.**

These recommendations give Western Australians greater access to care when and where they need it. PSA is committed to working with the Government to improve the health and wellbeing of all Western Australians.

Please do not hesitate to make contact if you require any further information to support this submission.

Sincerely,



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About PSA

PSA is the only peak national professional pharmacy organisation representing Australia's 41,000 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 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.

Pharmacists in Western Australia

In WA, there are 4,423 registered pharmacists working in community pharmacy, hospital, general practice, aged care, Aboriginal health services, government, the military and within other private sector organisations. Pharmacists are accessible and essential to the delivery of frontline health care and reducing pressure on our hospital system.

Recommendation 1

Continue funding for pharmacists to undertake prescribing training to deliver the Enhanced Access Community Pharmacy Pilot

The challenge

Pharmacist prescribing is being enabled in WA, but successful implementation depends on an adequate proportion of the pharmacist workforce developing this skillset.

PSA acknowledges the WA State Government's \$1.26 million commitment in the 2025-26 budget to upskill pharmacists. However, without continued funding to subsidise the training in the next budget cycle, uptake will be slow, delaying community access to the benefits of expanded pharmacist scope of practice.

The proposed approach

Fund 800 for pharmacist full-scope of practice prescribing training subsidies.

Why it will work

Pharmacists have demonstrated their ability to adapt to the increasingly complex health needs of Western Australians, the ageing population and overstretched WA health system.

Completion of training requires significant time and financial investment by pharmacists, including a minimum of 20% full-time workload time commitment from enrolled pharmacists. Funding training placements removes a major barrier, while acknowledging the additional costs pharmacy owners incur to support staff training, adjust rosters, enhance consult spaces and purchase equipment to meet best practice requirements.

Budget impact

The estimated cost to fully fund and upskill 800 pharmacists is \$10 million.

This figure is based on an average training cost of \$12,500 per pharmacist.

Benefits for Western Australians

- Greater access to healthcare services, in a timely manner.
 - Equitable access to care in community pharmacies across WA.
 - Reduced pressure on emergency departments and GPs.
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Recommendation 2

Expand equitable access to vaccination services through pharmacist immunisers

The challenge

Vaccination rates across age groups and diseases have declined 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 and NIP-funded vaccines for children aged 2–4 years 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 two measures to improve vaccination rates in Western Australia, including:

- Adopt the Australian Immunisation Handbook as the formulary for pharmacist immunisers
- Fund the administration fee for state-funded vaccines administered in community pharmacy, including influenza vaccines for children aged 2-5 years as part of the free flu program

PSA notes the recent announcement by the Minister for Health of a free influenza vaccination program for all Western Australians in 2026.

PSA welcomes the free flu campaign for all Western Australians for 2026.

PSA also welcome planned regulatory changes which will permit intranasal administration of influenza vaccines by pharmacists immunisers for Flumist® to people 2 years of age and older.

	Cholera	COVID-19	DTP	Hib	Hep A	Hep B	Herpes zoster	HPV	Influenza	JE	MMR	Men ACWY	Men B	Men C	mPox	Pneumo-coccal	Polio	Q fever	Rabies	Rotavirus	RSV	TB	Typhoid	Varicella	Yellow fever
ACT		5	5	5	5	5*	18	10	5	5	5*	5	5	5	16	50 / 70	5		5		60 / ✓ [^]		5	5	
NSW		5	5	5	5	5*	18	9	2	5	5*	5	5	5	16	50 / 70	5		5		60 / ✓ [^]		5	5	
NT		5	5	5	5	5	5	5	5	5	5	5	5	5	18	5	5				5			5	
QLD	2	✓	2	2	2	2	2	2	✓*	2	2	2	2*	2		2	2		2		✓		2	2	
SA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TAS		5	10		10	10*	18	10	5		10*	10	10			10	10				18			10	
VIC		5	5 [#]		5~	5*~	5 ^{\$}	5 [#]	5	5	5* ^{&}	5 ^{&}			5	5 ^{\$}	5~				5		5~		
WA		5	5			5*	5	5	5*		5*	5	5	5		5	5				5			5	

NIP or CVCP funded for eligible patients

State funded vaccines for eligible patients (asterisk * denotes additional eligibility beyond NIP)

Non-govt funded vaccines only

Not permitted

~Only under Victorian Community Pharmacist Statewide Program (VCPSP);

[#]For travel, min age 12 + only under VCPSP;

[&]For travel, min age 15 + only under VCPSP;

^{\$}For travel, min age 50 + only under VCPSP;

[^]Pregnant women 28–36 wks gestation

NIP funded vaccines may not be available for ordering by community pharmacies.

IMPORTANT: Additional restrictions may apply. Refer to state/territory pharmacist vaccination authorisations. Pharmacists must adhere to individual scope of practice, recommendations of the Australian Immunisation Handbook and ATAGI

Image: Comparison of vaccine formulary for pharmacist immunisers in Australian state and territories. Updated October 2025.

Notes: numbers reflect minimum age restrictions (age in years). Tick indicates no regulatory minimum age restrictions. ATAGI and AIH clinical guidance applies.

Why it will work

Pharmacist immunisers have become one of the primary providers of vaccination services in Western Australia, with nearly a third of all influenza vaccines in Western Australia in 2025 administered by community pharmacists. Expanding the formulary available to pharmacist immunisers reduces regulatory complexity and will help increase the coverage against vaccine preventable diseases.

South Australia has already adopted this model, with no noted increase in adverse events of patient misadventure. Other states have significantly wider vaccination formularies than Western Australia (see previous page), with no safety concerns identified.

Reducing inconsistency of out-of-pocket costs for individuals when accessing state-funded vaccines will help increase uptake through removal of a barrier to vaccination.

Cost

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 vaccine formulary	nil	Change only requires update to <i>Pharmacist – administration of vaccines by pharmacists</i> SASA using existing WA Health resources
Administration fee for state-funded vaccines	\$ 0.1 million	Administration cost \$20.05+GST per vaccine Assume moderate uptake of NIP-funded vaccines for people 2-4 years age Assume modest uptake of other state funded vaccines (measles, Hepatitis B)
Total	\$ 0.1 million	

Benefits for Western Australians

- Equitable access to a broader range of vaccines for all Western Australians including infants and children:
- Increased options and reduced wait time for patients to receive vaccinations.
- Improved vaccination coverage, particularly in rural and remote areas
- Reduced disease burden from vaccine preventable diseases
- Younger children and their families are not disadvantaged when seeking vaccination through their local pharmacist.

Recommendation 3

Continue to fund Mental Health First Aid training for pharmacists and pharmacy staff

The challenge

Mental health conditions, which include psychiatric disorders and other problems with mental and social wellbeing, are common and lead to poor health outcomes. In the previous 12 months 21% of Australians aged 16-85 are estimated to have experienced a mental health disorder and almost one in two Australians experience a mental health condition across their lifetime.^a

Mental health conditions are a leading cause of disease burden in Australia and leading cause of death for young people. The Australian Burden of Disease Study 2023 estimated that mental and substance use disorders are responsible for 14.5% of the total burden of disease for Australia.^b

Pharmacists are among the most accessible healthcare professionals and frequently encounter patients experiencing a mental health problem or crisis

The proposed approach

Fund 260 Mental Health First Aid training places for pharmacists and pharmacy staff.

Workshops will be delivered across regional and metropolitan Western Australia through blended online and in-person learning.

Why it will work

Mental Health First Aid (MHFA) is a globally recognised training program that empowers individuals to identify, understand, and respond to signs of mental health challenges. Over 1.5 million Australians have completed a Mental Health First Aid course.

MHFA training improves early identification, de-escalation, and referral pathways. MHFA is evidence-based, improves literacy and confidence, and has demonstrated strong engagement and impact across pharmacy workforces.

This proposal builds on successful PSA-led cohorts delivered under grants from the Mental Health Commission in 2024–25. Over 180 participants successfully completed the qualification in 2025. Scaling the course will strengthen community-based support and improve early intervention.

^a Australian Institute of Health and Welfare. Mental health. 2023. At: <https://www.aihw.gov.au/mental-health>

^b Australian Burden of Disease Study 2023. At <https://www.aihw.gov.au/getmedia/61a653c5-d991-44fb-a334-4df7c453225f/australian-burden-of-disease-study-2023.pdf?v=20231220114703&inline=true>

Cost

PSA estimates this proposal to cost \$275,000 over 12 months.

Benefits for Western Australians

- Improved mental health literacy and early intervention
 - Providing support to individuals and support to referral services
 - Stronger community-based support networks
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Recommendation 4

Fund a pharmacist-led transitions of care service in community pharmacy

The challenge

The Australian Commission on Safety and Quality in Health Care acknowledges that more than 50% of all medication errors occur during transitions of care. Poor transitions of care are associated with adverse events that result in higher rates of readmission to hospital.

The PSA's *Medicine safety: take care* report found over 90% of patients experience at least one medication-related problem on discharge from a hospital, leading to increased risk of harm and possible readmission to a hospital, placing greater pressure on the hospital system.^c This may include inaccurate or incomplete transfer of medicines information, medicines not continued as intended, inappropriate medicines, inappropriate dose, adverse effects. Much of this harm is preventable.

The proposed approach

PSA proposes the government fund a community pharmacy transitions of care service where high-risk patients are referred to a pharmacist to support the handover to primary care and other care settings.

Selected community pharmacists would be funded to undertake a review of high-risk patients within 7–14 days of hospital discharge, including:

- medicines reconciliation against discharge summaries,
- medicine counselling, including medicine adherence, resolving medicine-related problems and increasing health literacy
- liaison with GPs and follow-up for identified medicine-related problems.

It is anticipated the pharmacist review would take between 20–40 minutes per high-risk patient.

Why it will work

Establishing funded programs for pharmacist-led medicine reconciliation is essential to reduce medication errors and hospitalisations as it has proven effective in reducing medication-related problems and improving patient outcomes.

^c Medicine safety: take care, 2019, Pharmaceutical Society of Australia, <https://www.psa.org.au/advocacy/working-for-our-profession/medicine-safety/take-care/>

A number of projects have demonstrated the patient safety impact of post-discharge pharmacist reviews for high-risk patients:

- **Transition of Care Pharmacy Project (Queensland)** – patients discharging from hospital to home, or hospital to residential aged care facilities
- **Post Discharge Medication Service (SA)** conducted by community pharmacists to provide people with support and advice about their medicines within seven days of discharge from hospital.
- **Discharge Medicines Service (UK)** – NHS hospitals can refer patients who would benefit from extra guidance around prescribed medicines for provision of the Discharge Medicines Service at their community pharmacy. Pharmacy owners are paid a £400 set-up fee and £35 per service.
- **Pharmacy 777 Out of Hospital Support Service (WA):** Upon discharge a pharmacist will review the hospital discharge summary, reconcile the patients' medications, document upcoming appointments and provide a follow-up call 7 to 30 days later.

Patients were charged \$40 for this service as a pilot; however, patients struggle with this out-of-pocket cost and pharmacists identified longer consultations are required to provide an effective service.

Budget Impact

PSA estimates the initiative would cost \$ 1.23 million

Proposal	Cost (annual)	Notes
Development of program framework, project management and governance	\$ 0.15 million	Assumptions: 18-month program with 12-month period of delivery
Service fees to pharmacists	\$ 1.03 million	Service fee: \$125 (long consultation) per review. Assume 25% uptake of 5% hospital separations in Western Australia.
Evaluation	\$ 0.05 million	
Total	\$ 1.23 million	

Benefits for Western Australians

- Provide patient access to timely health care, ensure the correct medicines are taken after hospital discharge and improve medication adherence
- Prevent readmissions to hospital due to potential medication errors
- Support communication with GPs and multidisciplinary healthcare teams