

Uncap care – fairer access to safe use of medicines

A Heads of Agreement between the Albanese government and PSA for the First Pharmacy Programs Agreement (1PPA) was announced in December 2025.

Without urgent investment in programs delivered by pharmacists covered by the agreement in the 2026-27 Federal Budget, these medicine safety programs will become more unsustainable. This will leave even more patients at risk of emergency hospitalisation and death due to unresolved problems with their medicines.

These medicine safety programs are delivered by credentialed pharmacists in settings away from community pharmacies, such as in patient homes and within residential care facilities.

These programs are not a part of the Eighth Community Pharmacy Agreement.

Reinstate service fee indexation

Indexation of funds that pharmacists receive from the government for the delivery of pharmacy services in the homes of patients and in aged-care settings has been frozen since 2019 (with the freeze initiated by the former government).

PSA is requesting that service fee indexation for the delivery of these services is reinstated, including catch-up.

The freezing of indexation has meant that pharmacists who deliver these services have, effectively, had yearly pay-cuts for the past seven years. The indexation freeze is compromising patient and medicine safety as remuneration increasingly fails to cover the cost of providing reviews to complex and geographically dispersed patients.

Reinstating indexation for Home Medicines Reviews (HMRs) and Residential Medication Management Reviews (RMMRs) should be a priority.

Remove monthly caps on HMRs

Currently, the maximum number HMRs a pharmacist is allowed to provide each month is capped at 30, as mandated by the government.

PSA is seeking to remove the monthly cap on services delivered by a pharmacist.

Unless the current monthly cap is lifted, patients will continue to wait months for time-critical HMRs. Artificially limiting the access patients have to care increases avoidable harm and results in higher downstream costs to the health system – including preventable hospitalisation. The negative impact on patient care is starker in rural/remote parts of Australia because there are very few alternatives for patients who require help.

More flexible service delivery

Government restrictions mean credentialed pharmacists are bound by outdated and inefficient program rules which get in the way of providing medicine safety services.

PSA is seeking more flexible arrangements for the delivery of programs – including delivery of some services via telehealth or in other culturally appropriate locations

Without more flexible arrangements, the support patients receive from medicine safety programs and the health outcomes for patients will both suffer, particularly in rural/remote parts of Australia.

About PSA

The Pharmaceutical Society of Australia (PSA) is the only government-recognised national peak body which represents all of Australia's 41,000 pharmacists, practising in all areas of practice across the health system.

PSA's role includes being the custodian of setting and maintaining professional practice standards for pharmacists (and relevant practice guidelines).

PSA is the custodian of the Code of Ethics for Pharmacists and leads the development of the Competency Standards.

