Tasmania's 20-Year Preventive Health Strategy - Stakeholder Consultation

May 2025

Introduction

Formerly known as the Society of Hospital Pharmacists of Australia (SHPA), Advanced Pharmacy Australia (AdPha) is the **progressive voice of Australian pharmacists and technicians**, built on 80 years of hospital innovation that puts people and patients first. AdPha supports all practitioners across hospitals, transitions of care, aged care and general practice clinics to realise their full potential. We are the peak body committed to forging stronger connections in health care by extending advanced pharmacy expertise from hospitals to everywhere medicines are used.

AdPha's Tasmanian Branch Committee commends the progress of the Tasmanian Government in committing to all recommendations arising from the independent **Tasmanian Pharmacist Scope of Practice Review** Final Report. By embracing all twelve recommendations, the government not only acknowledges the evolving role of pharmacists but also takes a crucial step toward optimising the health system's capacity and improving overall patient outcomes.

Further, AdPha congratulates Tasmania on being the first jurisdiction to announce **collaborative prescribing in aged care through the pilot of a pharmacist co-prescribing model in residential aged care facilities**—demonstrating national leadership in advancing medicines management and improving resident care. AdPha has been a longstanding advocate for collaborative prescribing and remains the sole provider of a nationally recognised pharmacist credential in collaborative prescribing.

To support the objectives of Tasmania's Preventive Health Strategy, AdPha recommends **enhancing the role of pharmacists across both primary care and hospital settings**. AdPha's Tasmanian branch committee's submission outlines key actions to achieve this. As highly accessible and trusted healthcare professionals, pharmacists are well positioned to contribute meaningfully to prevention, early intervention, safe and effective medication management, and the long-term sustainability of the healthcare system.

If you have any queries or would like to discuss our submission further, please contact Jerry Yik, Head of Policy and Advocacy at jyik@adpha.au.

Recommendations

1. Implement a **pharmacist-led opioid stewardship program** at all Tasmanian hospitals to reduce opioid harm for Tasmanians post-surgery.
2. Invest in dedicated **pharmacist outreach and in-reach programs**, particularly targeting hospital discharge, aged care transitions, and vulnerable populations, to prevent avoidable hospital admissions and re-admissions.
3. Fund a 12-month ***PPMP in Collaborative Primary Care Settings Pilot*** program, administered through AdPha in partnership with other relevant professional organisations.
4. Invest in a **hospital pharmacy workforce plan** that supports retention and recruitment, including funding for expanding the number **Residency and Registrar training program positions** and recognition of the pharmacy workforce through the Australian and New Zealand College of Advanced Pharmacy (ANZCAP).
5. Expand the roles and **scope of practice for pharmacy technicians** to include clinical pharmacy services such as taking Best Possible Medication Histories (BPMH), Tech-Check -Tech, screening discharge prescriptions, and facilitating communication with ongoing care providers to improve patient access and hospital flow.

Response to submission questions

1. What else does a healthy, active life mean to you and your community?

AdPha envisions a healthy, active life for consumers as one where access to medicines supports and enhances their quality of life, rather than disrupting it. This includes ensuring individuals have the information and support they need to make informed decisions about their treatment options, empowering them to actively participate in their healthcare and achieve the best possible outcomes.

2. Are the focus areas appropriate for the next 20 years? Why or why not?

AdPha strongly supports **Focus Area 2: 'Reduce and eliminate exposure to harmful products or behaviours.'** This is a key priority for AdPha and its members. We are committed to promoting the safe and quality use of medicines, implementing safeguards to prevent the misuse of high-risk prescription medications. At the same time, we advocate for appropriate access to treatment and harm reduction services for individuals managing addiction.

Focus Area 4: 'Strengthen prevention across the life course' also aligns closely with the goals of all healthcare professionals. AdPha recognises the importance of early and sustained prevention strategies and supports a proactive, multidisciplinary approach to promoting health and preventing illness at every stage of life.

Finally, **Focus Area 5, 'Take a health equity approach'** is strongly supported by AdPha. We believe all Australians should have equitable access to clinical pharmacy services and essential medicines, regardless of geographic location, cultural background, or socioeconomic status.

3. Are the enablers appropriate for the next 20 years? Why or why not?

AdPha considers the proposed enablers to be appropriate. In particular, a skilled pharmacy workforce will be essential to future-proof the health system and support the implementation of new and emerging evidence—whether through the delivery of clinical services or the use of innovative therapies. However, several challenges are explored, and actions are recommended to address workforce challenges below.

4. Do you have any example actions that could be considered under each focus area and enabler?

FOCUS AREA 2: REDUCE AND ELIMINATE EXPOSURE TO HARMFUL PRODUCTS OR BEHAVIOURS

Proposed action

RECOMMENDATION 1: Implement a **pharmacist-led opioid stewardship program** at all Tasmanian hospitals to reduce opioid harm for Tasmanians post-surgery

Rationale

Investment in opioid stewardship programs can **reduce the incidence of opioid-related harm** stemming from opioid initiation in hospitals. Pharmaceutical opioids are present in over 70% of opioid-induced deaths.[1] With this increasing trend of misuse of prescription opioids in Tasmania and Australia[2], opioid stewardship programs in hospitals show great potential for reducing harm when supported by adequate funding and management.

Opioid analgesic prescribing in Tasmania has increased almost sevenfold from around 19,300 scripts in 1999 to around 127,400 scripts in 2010, despite Tasmania's population remaining relatively static during this period[3]. Evidence indicates that one-third of adults receiving long-term opioid therapy have had their first opioid prescription from a surgeon, indicating that **postsurgical prescribing in hospitals is an important point of intervention**.[4]

Opioid stewardship involves coordinated interventions to improve, monitor and evaluate the use of opioids in patients for acute, chronic, or acute on chronic pain. The recently released *Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard*[5] outlines the appropriate use and review of opioid analgesics for the management of acute pain to optimise patient outcomes and reduce the potential for opioid-related harm in Australia. Hospital pharmacists are experts in medicines management and utilise their knowledge to recommend appropriate pain medicines selection and dosing to inform appropriate and safe prescribing by doctors.

Tasmania's Department of Health document *A Review of Opioid Prescribing in Tasmania: A Blueprint for the Future*[6] outlines recommendations to address the harms caused by opioids[7]. A pharmacist-led opioid stewardship service in an acute setting aligns with several of these recommendations this includes education of health practitioners in pain and opioid management, support of appropriate acute pain management and opioid risk management strategies and ensures that a non-opioid prescribing specialist **pharmacist is a central member of a multidisciplinary pain management team** in a hospital.

The service would see an opioid stewardship pharmacist working collaboratively with prescribers, pharmacists, nurses and patients in each acute hospital region (South, North, and North West). Similar to the well-established antimicrobial stewardship model, opioid stewardship is backed by strong research showing effective risk mitigation for patients at risk

of opioid harm. This approach is also supported by PainAustralia, the national peak body working to improve the quality of life of people living with pain, their families, and carers, and to minimise the social and economic burden of pain.

The pharmacist-led program has been implemented in Victorian and Queensland hospitals with successful outcomes obtained. An audit after two years of implementation in Victoria demonstrated lower quantities of oxycodone dispensed to patients, increased analgesic weaning in hospitals and inclusion in medical discharge summaries. Pharmacist-led opioid de-escalation in orthopaedic patients was shown to reduce opioid requirements by 25%. Investment in opioid stewardship programs can reduce the incidence of opioid-related harm stemming from opioid initiation in hospitals[8].

The Opioid Prescribing Toolkit developed in Queensland further highlights the success of opioid stewardship where the average number of oxycodone tablets supplied on discharge decreased from 19.9 to 11 tablets. This was matched with an increase in the proportion of patients having a de-escalation plan handed over to their general practitioner.

These approaches explored above allow for inappropriate opioid prescribing to be identified and addressed, contributing to improved preventive health outcomes for Tasmanian consumers.

FOCUS AREA 4: STRENGTHEN PREVENTION ACROSS THE LIFE COURSE

FOCUS AREA 5: TAKE A HEALTH EQUITY APPROACH

Proposed action

RECOMMENDATION 2: Invest in dedicated **pharmacist outreach and in-reach programs**, particularly targeting hospital discharge, aged care transitions, and vulnerable populations, to prevent avoidable hospital admissions and re-admissions.

AdPha recognises that **transitions of care**—such as hospital discharge or movement between aged care, community, and hospital settings—are **high-risk periods for medication-related harm**. Safe, coordinated medication management during these times is essential for preventing adverse events and improving patient outcomes. AdPha's recently developed *Standard of Practice for Pharmacy Services Specialising in Transitions of Care*[9] provides much-needed guidance for pharmacists operating in these settings, supporting safer and more consistent practices across the continuum of care.

Pharmacist outreach into aged care, primary care, and community environments, and in-reach into hospitals and transitional care units, has been shown to **reduce medication errors, improve continuity of care, and enhance health outcomes**—particularly for vulnerable populations[10]. These models ensure that pharmacists are actively involved in reviewing medications, communicating with care teams, and supporting patients through complex care transitions.

While pharmacists may currently screen discharge prescriptions in some hospitals, extending this service to aged care and transitional care settings is equally important, given the

complexity and frequent adjustment of medicines during these transitions. However, workforce and capacity constraints limit consistent delivery across all hospitals. Addressing these gaps by expanding pharmacist involvement would enhance medication safety and continuity of care for vulnerable patients.

Telehealth or virtual clinical pharmacy services further strengthen these efforts and provide healthcare equity by extending pharmacist expertise to rural and remote communities. In Tasmania, telehealth is currently integrated into Virtual Care Services encompassing programs such as Care@Home, Hospital@home and Hospital in the Home (HiTH) which supports both acute short-term illnesses (e.g., respiratory conditions) and chronic disease management. Additionally, telehealth enables the Primary Health Clinical Pharmacy Service to provide in-reach clinical pharmacy support to District Hospitals, improving access and continuity of care in under-served areas.

Investing in and expanding these outreach and in-reach models—supported by appropriate standards, infrastructure, and workforce planning—will be essential to delivering equitable, safe, and sustainable preventive healthcare across Tasmania.

ENABLERS

ENABLER 3: CONTEMPORARY AND SUSTAINABLE FUNDING MODELS

ENABLER 6: SUPPORT NEW AND EMERGING EVIDENCE

Proposed actions

RECOMMENDATION 3: Fund a 12-month ***PPMP in Collaborative Primary Care Settings Pilot*** program, administered through AdPha in partnership with other relevant professional organisations.

Rationale

Annually, there are 250,000 medication-related hospital admissions in Australia, costing the healthcare system $1.4 billion per year.[11] **Two-thirds of medication-related hospital admissions are potentially preventable**.[12] However, health workforce shortages continue to impact the availability of timely and quality care for patients, and disproportionately affect those living in rural and remote areas of Australia. Without enabling pharmacists to practice to their full scope and prescribing medicines on the PBS in collaborative care arrangements, workforce shortages will continue to impact on safe and quality care and timely access to subsidised medicines.

AdPha commends the progress of the Tasmanian Government in committing to all recommendations arising from the independent *Tasmanian Pharmacist Scope of Practice Review Final Report*[13]. By adopting all 12 recommendations, the government demonstrates its commitment to recognising the **evolving role of pharmacists and strengthening the health system's capacity** to deliver better patient outcomes. Supporting health professionals to work to their full scope is essential to addressing workforce shortages and ensuring the long-term

sustainability of primary healthcare.

Pharmacists are highly trained professionals with a deep understanding of medications, and expanding their scope of practice empowers them to contribute significantly to patient care. This aligns with broader healthcare goals of maximizing the capabilities of the entire healthcare workforce to address the increasing complexity of modern healthcare needs. Healthcare professionals such as nurses and pharmacists, working to their full scope of practice can handle some roles that are currently performed by general practitioners. The distribution of responsibilities will **reduce primary care wait times** and improve consumer access to timely healthcare.

According to the Australian Bureau of Statistics[14], over **58% of people reported waiting more than four hours to see a GP** for urgent care, highlighting the strain on primary care services.

AdPha believes that all healthcare should be collaborative to achieve best patient health outcomes. Pharmacists are highly skilled healthcare professionals with in-depth knowledge of medicines and their appropriate use. Given that medicines are the most common health intervention, as medicines experts across diverse clinical specialties, pharmacists should be present at every touchpoint of patient care, working collaboratively in multidisciplinary team-based care models to optimise medicines management. This aligns with AdPha's *Pharmacy Forecast Australia 2023* report[15], which recommends embedding non-dispensing pharmacists in primary care settings under Theme 1: Pharmacist and Technician Scope of Practice and Expanded Prescribing.

In hospitals, collaborative pharmacist prescribing models, such as **Partnered Pharmacist Medication Charting (PPMC)** and Partnered Pharmacist Medication Prescribing (PPMP), are well established and have demonstrated success in improving patient safety, reducing medication errors, and alleviating workflow pressures.

Expanding the PPMP model to aged care and general practice can address critical challenges such as medication-related harm, inappropriate polypharmacy, and overburdened healthcare providers. With Australia's ageing population and the increasing complexity of chronic disease management, incorporating pharmacists' expertise in these settings through the collaborative prescribing of medicines, and enabling PBS subsidy where appropriate, is essential to enhance the primary care workforce capacity and patient outcomes.

Embedding **pharmacist-led deprescribing** as a core component of preventive health strategies will help to reduce medicine-related harm, particularly among older adults and those with complex medication regimens. This should include funding for regular pharmacist-led medication reviews in primary care, aged care, and hospital settings, supported by appropriate workforce ratios and integration within multidisciplinary teams.

AdPha commends Tasmania for being the first jurisdiction to introduce collaborative prescribing in aged care through the recently announced **pilot of a pharmacist co-prescribing model in residential aged care facilities.** This initiative demonstrates national leadership in advancing medicines management and enhancing care for residents. AdPha

believes there is further opportunity to expand this model to include pharmacists working in general practice settings.

According to the National Health Workforce Dataset, in 2023 there were over 600 pharmacists practicing in general practice and aged care settings. These pharmacists are already highly valued members of the primary care team, providing a range of patient-level, clinical governance, and education and training activities, some of which include;

- medication reviews
- medication management and reconciliation at transitions of care
- medication stewardship
- quality use of medicines (QUM) and clinical audits
- coordinating nursing staff, student placements and delivering education programs

A UK-based literature review[16] further exploring the employment or integration models of pharmacists practicing in general practice settings, and their activities and impact, validated the usefulness of their services for patients and practices, especially in relation to medication use. Researchers also noted that government funding should be considered when large-scale and long-term integration of pharmacists into general practice is desired.

However, current regulations restrict the ability of pharmacists to autonomously prescribe PBS-subsidised medicines, even in collaborative care settings where multidisciplinary teams are already working to optimise patient outcomes. AdPha's proposal to enable **pharmacists to prescribe medicines under the PBS in general practice and aged care** settings, which requires Federal government policy changes, would help reduce bottlenecks in care delivery exacerbated by workforce shortages, and ensure timely and safe access to subsidised treatments.

ENALER 7: BUILD A SKILLED WORKFORCE

Proposed action

RECOMMENDATION 4: Invest in a **hospital pharmacy workforce plan** that supports retention and recruitment, including funding for expanding the number Residency and Registrar training program positions and recognition of the pharmacy workforce through the Australian and New Zealand College of Advanced Pharmacy (ANZCAP)

Rationale

AdPha welcomes the Tasmanian Government's Health Workforce 2040 strategies and strongly supports their focus on building a sustainable, skilled healthcare workforce. In particular, AdPha emphasises the urgent need for a dedicated **Pharmacy Workforce Plan**, following the formal recognition of pharmacist shortages by Jobs and Skills Australia in the national **Occupation Shortage List (OSL)** since 2022. Tasmania has been particularly affected, with ongoing regional shortages of hospital pharmacists placing strain on service delivery and

patient care, and ongoing workforce retention issues with the Tasmanian-trained pharmacists seeking opportunities on the mainland.

However, AdPha acknowledges that achieving this vision will require overcoming **significant workforce challenges**, as outlined in Enabler 7 of the strategy. Building a skilled pharmacy workforce—particularly in Tasmania's rural and regional areas—remains one of the state's most pressing barriers. While the delivery of pharmacy education across Tasmania's North, North West, and South presents an opportunity to train students locally, clear employment pathways and practical placement opportunities must be prioritised to retain graduates. Despite these efforts, AdPha remains concerned that the number of locally graduating pharmacists remains insufficient to meet projected workforce demands, underscoring the need for long-term planning, investment, and national collaboration.

The rise in chronic diseases combined with an **ageing population with complex medication regimens** places a growing burden on the Australian health system. The increased demand and service pressure is particularly acute in north-western Tasmania, where recruitment is chronically difficult. As outlined in the recently released Tasmanian Skills Plan, action 1.6. *Supporting excellence in our health and care workforce*, AdPha welcomes the Tasmanian Government's commitment to continue to prioritise funding for training in the health and care sectors.

There is also a need for retention strategies for pharmacists to achieve **parity in pay** when benchmarked with other Australian states. Currently, Tasmania falls significantly behind in the equivalent pay scale by being one the lowest paid pharmacists for equivalent professional years and grading after the first year of registration. In accordance with the Allied Health Professionals Public Sector Unions Wages Agreement 2022, AdPha welcomes the $10,000 market allowance awarded to all existing and new pharmacists working in Tasmanian public hospitals for a period of 18 months. AdPha would support an ongoing market allowance for pharmacists, particularly in regional areas, or the development of a pharmacist-specific wages agreement to minimise the disparity in salaries nationally.

AdPha has developed the **Resident and Registrar Training Program** to support pharmacy workforce development, with over 650 pharmacists and technicians trained nationally—nearly 20 of whom are from Tasmania. AdPha commends the Tasmanian Government for its strong commitment to building the pharmacy workforce by approving additional Pharmacy Educator positions to support early career pharmacists and enabling the permanent appointment of hospital pharmacy interns, helping to retain talent within the system that trained them. In 2025, this commitment was further demonstrated by making Residency Program positions available to all 23 interns across the state. This investment is expected to result in a structured workforce pipeline by 2026, with potentially 23 interns, 23 first-year residents, and 23 second-year residents in Tasmania's public health system.

AdPha has launched the **Australian and New Zealand College of Advanced Pharmacy (ANZCAP)** which enables recognition of pharmacists and technicians at Resident, Registrar and Consultant levels, supporting them to develop and grow their skills in 40 different disciplines and be recognised. This will assist hospitals and health services in recruiting

suitably qualified and skilled pharmacists to the right roles, particularly specialist and senior roles.

AdPha also recommends **extending the Registrar Training** program to additional specialties at the Royal Hobart Hospital where there is specialist capacity. AdPha commends the Tasmanian Government for being an 'early adopter' of Advanced Training Residencies in Pharmacy Leadership and believes that extending this training opportunity to disciplines such as Critical Care, Oncology, and Paediatrics will improve workforce development and patient care.

SKILLED WORKFORCE

Proposed action

RECOMMENDATION 5: Expand the roles and **scope of practice for pharmacy technicians** to include clinical pharmacy services such as taking Best Possible Medication Histories (BPMH), Tech-Check -Tech, screening discharge prescriptions, and facilitating communication with ongoing care providers to improve patient access and hospital flow.

Rationale

AdPha recognises Tasmania's leadership in advancing pharmacy scope of practice, particularly through the early adoption of the Bedside Medication Management (BMM) model. There is now a valuable opportunity to build on this foundation by **expanding the role of pharmacy technicians into a broader range of clinical activities**, including taking Best Possible Medication Histories (BPMH), performing Tech-Check-Tech, screening discharge prescriptions, and facilitating communication with ongoing care providers.

In Tasmania, clinical pharmacy technicians are currently employed in a limited number of wards within major acute public hospitals, where they already perform many of these functions and play a key role in supporting initiatives such as pharmacists drafting discharge prescriptions—an approach aimed at **improving patient access and hospital flow**.

However, pharmacy technicians remain an **underutilised workforce** with significant potential to increase the capacity of pharmacists in delivering medication management programs. Their existing contributions are already recognised in the *Advanced Pharmacy Australia Clinical Pharmacy Standards*[17], which highlight their roles in:

- developing or reviewing Medication Management Plans (MMPs) (Quality element 18.3),
- reconciling medicines during transitions of care (Quality element 18.3),
- systematically documenting patients' medicines management for timely access by clinicians (Quality element 18.5), and
- collaborating to facilitate transitions of care by providing accurate, complete medicines information in a timely manner (Quality element 20.1).

As pharmacists continue to expand their roles to meet growing healthcare demands, ease

system pressures, and support the broader clinical workforce, it is essential that pharmacy technicians are also empowered to advance their scope of practice. Broadening the responsibilities of pharmacy technicians will enhance the delivery of care by allowing pharmacists and other healthcare professionals, such as nurses, to concentrate on more complex clinical tasks—ultimately improving efficiency, patient outcomes, and overall system effectiveness.

5. What services and actions are important for your community's health and wellbeing?

Clinical pharmacy services and actions described in this submission.

6. What is already working well in your community or sector?

Collaborative prescribing and **multidisciplinary care** demonstrated in Tasmania have shown promising results in improving patient outcomes, optimising medicine use, and enhancing healthcare system efficiency. Tasmania is leading the way nationally through its pilot of a **pharmacist collaborative prescribing model in residential aged care facilities.** This innovative approach allows pharmacists to work alongside general practitioners and aged care staff to co-manage medications, ensuring timely, safe, and appropriate prescribing.

Multidisciplinary care is also being strengthened through **pharmacist integration into outreach services**, such as the Primary Health Clinical Pharmacy Service, which provides in-reach clinical pharmacy support to District Hospitals across the state. Pharmacists work closely with medical, nursing, and allied health professionals to support transitions of care, medication reconciliation, and chronic disease management—particularly in rural and remote areas.

Additionally, initiatives such as Care@Home demonstrate the value of pharmacist involvement in **virtual care models**. Pharmacists contribute to telehealth services supporting short-term acute care, chronic disease management, and Hospital in the Home (HiTH) programs. These models enhance access, reduce hospital admissions, and support patient-centred care in the community.

Collectively, these examples highlight how **collaborative prescribing** and multidisciplinary practice are not only feasible in Tasmania's unique geographic and health system context, but also effective in addressing workforce limitations and improving the quality and safety of care. Expanding these models with sustained funding and policy support could further strengthen Tasmania's preventive health capacity over the long term.

7. How can we improve or redesign our current preventive health initiatives?

By incorporating actions described above.

8. How can we make sure preventive health initiatives are inclusive and respect cultural values and practices?

To ensure preventive health initiatives are inclusive and respectful of cultural values and practices, it is vital to engage directly with diverse communities, including Aboriginal and Torres Strait Islander peoples, refugees, and immigrant populations. **Collaborating with community-led organisations**—such as Aboriginal Community Controlled Health Organisations (ACCHOs)—helps ensure services are culturally safe and tailored to specific community needs.

Pharmacists working in these settings must be culturally responsive, support health literacy, and build trust through respectful, accessible care. For refugee and immigrant populations, this includes providing language support, recognising different health beliefs, and addressing barriers to access.

Ongoing **cultural competency training and workforce diversity** are essential to embedding inclusivity across all levels of preventive health planning and delivery.

9. What are the best ways to keep you informed about preventive health initiatives?

Via media releases and email.

10. How can we make sure our strategy adapts to changing health needs and environments over the next 20 years?

To ensure the preventative health strategy remains responsive to changing health needs and evolving environments over the next 20 years, it is essential to build in mechanisms for continuous monitoring, evaluation, and adaptation. Regular, **scheduled reviews** of the strategy—ideally every 3 to 5 years—will allow for the integration of emerging evidence, shifts in community health trends, and advancements in health technology.

The strategy should remain flexible enough to align with changes in national health priorities, funding models, and broader federal government initiatives. **Coordination** across local, state, and federal levels will be critical to maintaining alignment and leveraging shared resources.

Additionally, the strategy must be responsive to broader societal and environmental changes. This includes recognising the growing impact of climate change and environmental sustainability on public health. Incorporating climate resilience and environmentally sustainable health practices will be increasingly important in ensuring long-term effectiveness and equity.

Embedding a culture of collaboration—with consumers, healthcare providers, researchers, and policy makers—will also help ensure the strategy evolves with the needs and expectations of the Tasmanian population. This adaptive, evidence-informed approach will be essential for maintaining a relevant, future-focused preventative health system.

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11. How can government play a coordinating role?

The Tasmanian Government is well-positioned to lead and align efforts across the health system by:

Strategic Workforce Planning

- Develop a **Pharmacy Workforce Plan** under Health Workforce 2040.
- Funding for expanding the number Residency and Registrar training program positions.
- Establish **clear employment pathways** for pharmacy graduates across all regions.

Integrated, Funded Models of Care

- **Invest in pharmacist-led outreach and in-reach services**, particularly at transitions of care and for vulnerable populations.
- Expand and support **telehealth pharmacy services**, especially in rural and remote areas.
- Introduce **dedicated funding streams** for preventive pharmacy services beyond hospital budgets.

Workforce Utilisation and Innovation

- **Expand pharmacy technician roles** (e.g. Tech-Check-Tech, Clinical Technicians) to expand scope and free up pharmacists for further clinical care.
- Scale up **successful pilot models**, such as pharmacist collaborative prescribing in aged care.

Equity and Cultural Inclusion

- Support pharmacist involvement in **ACCHOs and refugee health services**, ensuring culturally safe, inclusive care.
- Embed **health equity** into all programs and workforce initiatives.

Governance and Continuous Improvement

- Regularly **review and adapt programs** to meet evolving health needs.
- **Implement and uphold clinical standards**, such as those for transitions of care and deprescribing.
- Foster **multidisciplinary collaboration** across the healthcare system.

12. How can we foster collaboration between government agencies, non-government organisations (NGOs) and the private sector to improve preventive health efforts?

No comment.

13. What changes in laws or regulations are needed to support long-term preventive health initiatives?

The Federal Government should also authorise pharmacists in the National Health Act 1953

and associated National Health (Pharmaceutical Benefits) Regulations 2017 to be **eligible prescribers of pharmaceutical benefits prescribed in collaborative care models** such as PPMP, which has expanded to the majority of Australian jurisdictions in acute settings.

AdPha's proposal to enable pharmacists to prescribe medicines under the PBS in general practice and aged care settings, which requires Federal government policy changes, would help reduce bottlenecks in care delivery exacerbated by workforce shortages, and ensure timely and safe access to subsidised treatments.

14. What funding mechanisms should be put in place to sustain preventive health efforts over the next 20 years?

To sustain preventive health efforts over the next 20 years, dedicated and **consistent funding mechanisms** are essential—particularly for integrated, team-based care models. Funding for **pharmacists in general practice** should be prioritised, recognising their role in medication management, chronic disease prevention, and early intervention.

In-reach and outreach pharmacy services, including those delivered via telehealth, also require dedicated funding streams. Currently, these services often rely on hospital pharmacy budgets or are tied to other outreach programs, limiting their reach and long-term viability. In Tasmania, remote pharmacy support exists via a telehealth phoneline, but it is underutilised and lacks the infrastructure to be fully effective.

Investing in digital health infrastructure—particularly a **statewide digital health record**—is a foundational step. This would improve continuity of care, enable better coordination across services, and support the effective delivery of preventive health initiatives in both urban and rural settings.

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