

ADVANCED  
PHARMACY  
AUSTRALIA



# FEDERAL PRE-BUDGET SUBMISSION **2025-26**

January 2025






# Introduction

Advanced Pharmacy Australia (AdPha) (formerly known as the Society of Hospital Pharmacists of Australia (SHPA) 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 is pleased to present its 2025-26 Federal Pre-Budget Submission, featuring nine targeted recommendations that offer cost-effective solutions to enhance the efficiency and capacity of Australia's healthcare system. Anchored across three key focus areas: scope of practice, workforce development and sustainability, and medicines access, our recommendations aim to optimise patient care, improve medication safety, and ensure equitable and affordable access to medicines for all Australians.

Central to this submission are **three priority recommendations** that address pressing healthcare needs:

-  **Establish bilateral Pharmaceutical Reform Agreements (PRAs) with New South Wales and the Australian Capital Territory** to deliver equitable access to PBS medicines, support safer discharges and transitions of care, and ease reliance on overstretched primary healthcare systems.
-  **Pilot the Partnered Pharmacist Medication Prescribing (PPMP) collaborative care model in Aged Care and General Practice settings**, expanding on its footprint in hospitals to improve timeliness, safety and quality of medicines management for patients, and support capacity for doctors and nurses.
-  **Fund and establish a dedicated Medicine Shortages and Discontinuations Clinical Advice Service** to support healthcare practitioners with timely, consistent and accessible advice required to manage medicine shortages effectively, ensuring safe and timely alternatives for patients.

These priority initiatives, alongside our broader recommendations, represent critical opportunities to strengthen Australia's healthcare infrastructure and enhance health outcomes for all communities.

## Background

Pharmacists, as medicines experts, operatively manage and clinically ensure the safe, efficient and effective use of medicines within Australia's hospital system. Hospital pharmacists are responsible for almost a quarter of all Pharmaceutical Benefits Scheme (PBS) medicines expenditure, accounting for just over \$3 billion in expenditure from public and private hospitals each year.

Pharmacists are highly skilled in providing clinical pharmacy services that help mitigate unnecessary healthcare costs by reducing medication wastage, minimising medication-related harms, optimising medication use, shortening hospital stays, and preventing hospital readmissions. These benefits translate to substantial cost savings for the Federal Government, including reduced Medicare expenses. An Australian economic analysis confirmed the value of clinical pharmacy services, showing a \$23 return for every \$1 invested.<sup>1</sup>

Pharmacists working to their full scope of practice are instrumental in alleviating pressures on medical colleagues, while pharmacy technicians, through efficient medication management and clinical support, enable pharmacists and nurses to dedicate more time to direct patient care and other clinical activities. Pharmacists and pharmacy technicians working to their full scope not only improves patient outcomes but also enhances healthcare system efficiency.

AdPha members practice across the continuum of care, spanning hospitals, transitions of care, and primary care settings such as general practices, aged care facilities, and Aboriginal Community Controlled Health Organisations (ACCHOs). Clinical pharmacists practicing to their full scope within multidisciplinary teams deliver highly specialised, evidence-based care that increases patient safety, satisfaction, and capacity in the primary care sector while reducing costs associated with preventable hospital admissions and specialist referrals.

The Final Report from the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*<sup>2</sup> further validates these approaches, highlighting the importance of removing barriers to full scope of practice and strengthening multidisciplinary care to meet current and future healthcare system needs.



AdPha welcomes the opportunity to partner with the Australian Government in implementing the proposed solutions in a cost-effective and efficient manner, fostering advancements in the pharmacy sector for the benefit of patient care and Australia's overall healthcare system.

For more information about our submission, please contact: **Jerry Yik, Head of Policy and Advocacy**, [policy@adpha.au](mailto:policy@adpha.au).







# List of Recommendations In AdPha's 2025-26 Federal Pre-Budget Submission




## SCOPE OF PRACTICE

-  1. Enable pharmacists to prescribe medicines on the Pharmaceutical Benefits Scheme (PBS) in established collaborative care models, to facilitate safe and quality, timely access to subsidised medicines and improve efficiency in healthcare.
-  2. Fund a pilot of the Partnered Pharmacist Medication Prescribing (PPMP) collaborative care model to be implemented in Aged Care and General Practice settings, expanding on its footprint in hospitals to improve timeliness, safety and quality of medicines management for patients, and support capacity for doctors and nurses.

## WORKFORCE DEVELOPMENT AND SUSTAINABILITY

-  3. Fund AdPha's development of pharmacy technician sector-specific training and resources to support the growth and advancement of this underutilised workforce, which increases the capacity of the healthcare system, enabling more efficient care delivery and improved patient access to services.
-  4. Fund the expansion of the profession's leading Standards of Practice Series developed by AdPha, to guide the profession in delivering best practice clinical, operational and specialty pharmacy services for Australians.
-  5. Provide financial support for AdPha's Training Programs which support pharmacy workforce development, assist to address pharmacist workforce shortages and ensure consistent, high-quality patient care across all healthcare settings via:
  - Funding the two-year Pharmacy Resident Training Program and Registrar Training Program in private hospitals
  - Funding the two-year Community Pharmacy Resident Training Program in community pharmacies
  - Providing relocation funding and living allowances for public and private sector pharmacists undertaking the two-year Pharmacy Resident Training Program
-  6. Increase the Rural Loading Allowance to expand access to Home Medicine Reviews (HMRs) in rural and remote areas, ensuring broader uptake of this critical service for patients in underserved regions.

## MEDICINES ACCESS

-  7. Establish bilateral Pharmaceutical Reform Agreements (PRAs) with New South Wales (NSW) and Australian Capital Territory (ACT) to achieve timely and equitable access to Pharmaceutical Benefits Scheme (PBS) medicines for patients, support safer discharges and transitions of care and ease reliance on the primary healthcare system.
-  8. Fund and establish a dedicated Medicine Shortages and Discontinuations Clinical Advice Service to support healthcare practitioners with timely, consistent and accessible advice required to manage medicine shortages effectively, ensuring safe and timely alternatives for patients.
-  9. Enhance First Nations' access to medicines and clinical pharmacy services to improve medicines compliance, transitions of care, and the safe and quality use of medicines by:
  - Funding Aboriginal Community Controlled Health Organisations (ACCHOs) to employ non-dispensing pharmacists based on the Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC) project
  - Enabling Section 94 public and private hospital pharmacies to be Approved Service Providers in the Indigenous Dose Administration Aid (IDAA) Program

# Scope Of Practice Recommendations

PBS

## ✓ RECOMMENDATION 1

**Enable pharmacists to prescribe medicines on the Pharmaceutical Benefits Scheme (PBS) in established collaborative care models, to facilitate safe and quality, timely access to subsidised medicines and improve efficiency in healthcare.**



## ✓ RECOMMENDATION 2

**Fund a pilot of the Partnered Pharmacist Medication Prescribing (PPMP) collaborative care model to be implemented in Aged Care and General Practice settings, expanding on its footprint in hospitals to improve timeliness, safety and quality of medicines management for patients, and support capacity for doctors and nurses.**

### ● Proposed action

The Federal Government should fund a 12-month *PPMP in Collaborative Primary Care Settings Pilot* program, administered through AdPha in partnership with other relevant professional organisations. This would include the training and credentialing of collaborative pharmacist prescribers, recruiting and coordinating the placement of pharmacists with pilot sites in general practices and aged care facilities, and undertaking an evaluation of the pilot. AdPha welcomes the opportunity to provide the Government with a detailed implementation plan in 2025.

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.

### ● Rationale

Annually, there are 250,000 medication-related hospital admissions in Australia, costing the healthcare system \$1.4 billion per year.<sup>3</sup> Two-thirds of medication-related hospital admissions are potentially preventable.<sup>4</sup> 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.

As outlined in the Final Report from the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*<sup>2</sup>, enabling health professionals to practice to their full scope is crucial for addressing workforce shortages and ensuring the sustainability of our primary healthcare system. According to the Australian Bureau of Statistics<sup>5</sup>, 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](#)<sup>6</sup>, 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. Further details on these models and their proven benefits are provided in [Appendix A](#).

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.

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<sup>7</sup> 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, would help reduce bottlenecks in care delivery exacerbated by workforce shortages, and ensure timely and safe access to subsidised treatments.

### ● Expected outcomes and benefits

- **Cost savings for the healthcare system:** As seen in PPMC/PPMP practices in hospitals, collaborative pharmacist prescribing prevents adverse outcomes, which is likely to decrease avoidable hospital admissions and their associated costs. Similar reductions in patient length of stay, comparable to hospital efficiencies, could lead to fewer complications and significantly lower overall healthcare costs. Facilitating more direct access to PBS subsidised medicines prescribed by pharmacists in collaborative care settings, is also likely to result in reduced emergency department visits and hospital admissions due to delayed treatments.
- **Strengthened primary care capacity:** Integrating pharmacist prescribing into multidisciplinary teams alleviates workload pressures on GPs, enabling them to focus on more complex cases while improving overall system sustainability.
- **Improved timely access to PBS medicines:** Enabling pharmacists to prescribe medicines under the PBS in general practice and aged care settings will reduce bottlenecks in care delivery allowing patients, particularly those in aged care or managing chronic conditions, to access essential, subsidised medicines in a timely fashion without unnecessary delays, improving continuity of care and overall health outcomes.
- **Enhanced patient outcomes:** Collaborative pharmacist prescribing ensures medication optimisation, and a reduction in prescribing error rates, leading to better patient outcomes.

### ● Alignment with government priorities

These recommendations aligns with key government priorities, including:

**Strengthening Medicare:** These initiatives directly support the *Strengthening Medicare Taskforce*<sup>8</sup> calling for enabling health professionals to work to their full scope of practice within multidisciplinary care models. By addressing barriers to workforce capacity, enhancing access to timely care, and modernising funding and care delivery systems, enabling pharmacists to prescribe PBS subsidised medicines supports government objectives to strengthen primary care, improve patient outcomes, and enhance the efficiency of Australia's healthcare system.

**Scope of Practice:** These initiatives align with the Final Report of the *Scope of Practice Review*<sup>2</sup>, again emphasising the importance of enabling health professionals to work to their full scope of practice within multidisciplinary care models. These reforms are pivotal for creating a more integrated and sustainable health workforce capable of meeting current and future healthcare demands.

**Primary Health Care Reform:** This initiative aligns with the [Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032](#)<sup>9</sup> focus on enhancing primary care capacity and Action area B: Boost multidisciplinary team based care.

● **Cost of investment:**

- **\$1.4 million** to support a 12-month *PPMP in Collaborative Primary Care Settings Pilot* program, implemented across ten general practices and five aged care facilities.
- Enabling pharmacist prescribing of PBS medicines within collaborative care models is not expected to incur additional costs and is, in fact, likely to result in cost savings by optimising existing resources and reducing inefficiencies in care delivery.

# Workforce Development And Sustainability



## ✓ RECOMMENDATION 3

**Fund AdPha's development of pharmacy technician sector-specific training and resources to support the growth and advancement of this underutilised workforce, which increases the capacity of the healthcare system, enabling more efficient care delivery and improved patient access to services.**

### ● Proposed action

The Federal Government should allocate funding to AdPha to accelerate the development and dissemination of sector-specific training and resources, including the implementation of the first Australasian Competency Standards Framework for Technicians. This funding will:

- Facilitate skills recognition and career progression for technicians.
- Enhance the capacity of technicians to perform advanced roles to meet evolving healthcare system needs, such as supporting pharmacists in clinical and medication management tasks.
- Address workforce shortages and increase healthcare system capacity

The Federal Government should also partner with AdPha to leverage pharmacy technician scope expansion in hospitals, such as tech-check-tech, completing Best Possible Medication Histories (BPMH) for newly admitted patients, and Bedside Medication Management Supply, to other parts of the healthcare system. All these models have resulted in safer, and more efficient care for patients. These models can be utilised to expand the roles of pharmacy technicians in primary care settings, enabling them to:

- Support pharmacists and reduce bottlenecks in service delivery by taking on specialised tasks and freeing up pharmacists and nurses to priorities clinical tasks.
- Improve efficiency in primary care practices, aged care facilities, and other community-based healthcare settings.

### ● Rationale

AdPha is committed to advocating for the growth of pharmacy technician and pharmacy assistant roles, as part of efforts to advance Australia's pharmacy workforce. Since 2017, when technicians were welcomed as voting members, AdPha has championed their professional development. This commitment was further solidified in 2024 with the addition of a Technician Director position on our Board, reflecting the essential role technicians play in pharmacy care.

AdPha is leading the development of Australia's first Pharmacy Technician Competency Standards, providing a structured pathway to recognise and enhance their specialised skills. This initiative will support technician-led dispensing and medication supply functions, building healthcare system capacity and efficiency. The standards will also be a useful resource feeding into the development of the National Skills and Capability Framework and Matrix recommended in the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*<sup>2</sup>, which highlights the importance of the paraprofessional workforce in addressing workforce pressures.

As pharmacists expand their role to alleviate healthcare system strain and pressures medical colleagues, pharmacy technicians must also be supported to evolve their practice. In addition to developing the Pharmacy Technicians Competency Standards, AdPha has designed ANZCAP recognition of pharmacy technician career progression and speciality skills, formed a Technician and Assistants Speciality Practice Group with over 200 active members, and developed a *Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services*<sup>10</sup>, setting the benchmark for the profession across all sectors.

Investing in the development of this critical workforce will expand healthcare capacity, improve service delivery, and ensure pharmacy technicians are equipped to meet the demands of an evolving healthcare landscape.



## ● Expected outcomes and benefits

- **Strengthened healthcare system capacity:** Expanding and supporting the pharmacy technician workforce will alleviate pressure on pharmacists, enabling them to focus on clinical services and complex medication management. This creates a more balanced workload, reducing bottlenecks and ensuring healthcare providers can meet increasing patient demands effectively.
- **Increased access to pharmacy services for patients:** By enabling pharmacy technicians to take on more specialised roles, patients will experience shorter wait times and more efficient service delivery. This improvement is especially critical in primary care and aged care settings, where timely access to medications can significantly impact health outcomes.
- **Enhanced career satisfaction and retention of the technician workforce:** Providing clear career progression pathways and professional recognition through competency standards and specialty training increases job satisfaction. A motivated and skilled technician workforce is more likely to remain in the profession, reducing turnover and building long-term system sustainability.

## ● Alignment with government priorities

This recommendation aligns with key government priorities, including:

**Strengthening Medicare:** Expanding pharmacy technicians' roles in both primary care and hospital settings directly supports the *Strengthening Medicare Taskforce*<sup>8</sup> vision of having coordinated multidisciplinary teams working to their full scope of practice to provide quality person-centred care.

**Scope of Practice:** AdPha's initiative supports the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*<sup>2</sup> recommendations to include the paraprofessional workforce in the mapping of skills and capabilities across the healthcare system. It will create a clear career pathway for pharmacy technicians and increase their role in clinical care.

**Allied Health Workforce:** This initiative will support the [National Allied Health Workforce Strategy](#) that is being developed, through upskilling pharmacy technicians in clinical and specialty areas. By enhancing their capabilities, pharmacy technicians will better support the healthcare workforce in managing patients with chronic conditions, caring for older Australians, addressing mental health needs, and improving outcomes for children and families.

## ● Cost of investment

**\$500,000 over two years** will enable AdPha to develop and implement sector-specific training and resources for pharmacy technicians, ensuring their continued growth and integration into the healthcare workforce, delivering improvements in healthcare system capacity and patient outcomes.



## ✓ RECOMMENDATION 4

**Fund the expansion of the profession's leading Standards of Practice Series developed by AdPha, to guide the profession in delivering best practice clinical, operational and specialty pharmacy services for Australians.**

## ● Proposed action

The Federal Government should support the ongoing expansion and updating of AdPha's *Standards of Practice Series*. This will:

- Ensure timely updates and the development of new standards tailored to emerging practice areas.
- Make the standards freely accessible to all healthcare professionals, promoting interdisciplinary collaboration and consistency in care.
- Support the profession's ability to deliver innovative, evidence-based care that addresses the specific needs of diverse healthcare settings, such as general practice and aged care, ensuring pharmacists contribute effectively to multidisciplinary teams while improving patient outcomes.

## ● Rationale

As the pharmacy profession continues to diversify and expand into new areas of practice, including aged care, general practice, and ACCHOs, a robust framework of standards is essential to maintain quality, consistency, and safety.

AdPha has set the standard that drives best-practice for over two decades, with its [Standards of Practice Series](#) which includes over 20 Standards developed by AdPha across a range of clinical and non-clinical disciplines.

AdPha's renowned and recently updated *Advanced Pharmacy Australia Clinical Pharmacy Standards*<sup>11</sup> is supported by a range of speciality Standards that define practice across specific disciplines in healthcare. These speciality Standards are imperative to the delivery of high quality specialised care and are designed to be read in conjunction with *Advanced Pharmacy Australia Clinical Pharmacy Standards*.

AdPha's Standards of Practice Series serve as a benchmark and are widely utilised and well-referenced by a range of health professionals seeking guidance on medication management services in multidisciplinary settings. The Series draws on the collective expertise of AdPha members across all areas of practice and is based on research and the expertise of AdPha's Leadership Committees.

For example, the [Standard of practice in geriatric medicine for pharmacy services](#), published in 2020, describes best practice clinical pharmacy care for geriatric patients across hospital, sub-acute, community and residential care settings. This Standard is highly relevant to the newly established Aged Care On-site Pharmacist role.

AdPha recognised the need for standards to guide safe medication management at transitions of care, noting the high-risk nature of this part of the patient journey. The newly developed *Standard of practice for pharmacy services specialising in transitions of care*<sup>12</sup>, will support all healthcare professionals practicing in this space to ensure Australians have safe medication transitions between care settings.

Standards drive quality and set the baseline standard of care to ensure safety is prioritised at all times, whilst also promoting the highest level of quality care health practitioners and organisations should aspire to provide.<sup>13</sup> A fundamental component of Standards is to describe core clinical activities, which are defined as services that reflect the full scope of contemporary practice, but to also define innovative, future-focused services and models of care.<sup>14</sup>

As pharmacy practice in the primary care setting continues to evolve and provide expanded clinical services, there is a strong need for standards to guide these new and innovative services to support health professionals managing medicines across all specialties and settings.

## ● Expected outcomes and benefits

- **Improved patient care:** Updated and new standards will provide clear, evidence-based guidance to pharmacists and other health professionals, enhancing safety and quality of care.
- **Support for healthcare innovation:** Standards for pharmacist-led clinics and specialty services will enable pharmacists to practice to their full scope in primary care, aged care, and acute settings, reducing strain on other parts of the healthcare system.
- **Workforce development:** By defining essential and innovative pharmacy services, the expanded series will drive professional development and prepare the workforce for future challenges.
- **Increased accessibility:** Removing the paywall for standards ensures they are a universal resource, enhancing multidisciplinary collaboration and adoption of best practices across the healthcare system.

## ● Alignment with government priorities

This recommendation aligns with key government priorities, including:

**Scope of Practice:** AdPha's initiative aligns with the focus of the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*<sup>2</sup>, empowering healthcare professionals to work to their full scope of practice. The Standards also facilitate integration within multidisciplinary teams, aligning with the reviews emphasis on fostering collaborative care models to optimise workforce capacity and improve patient outcomes.

**Strengthening Medicare:** This initiative aligns with the vision of the *Strengthening Medicare Taskforce*<sup>8</sup>, which emphasises the need for change management and cultural transformation within the primary care

sector. It highlights that the success of reform depends on resourcing and supporting primary care providers, equipping them with the professional guidance needed to deliver the models of care required by patients and communities. By empowering pharmacists to deliver standardised, high-quality services, the expanded scope of practice contributes to a more resilient, patient-centered healthcare system that effectively addresses workforce shortages and improves care outcomes.

#### ● Cost of investment

**An annual investment of \$300,000** is required to support the expansion and ongoing maintenance of the *Standards of Practice Series*, a cost-effective measure to elevate healthcare quality and support workforce development.



#### ✓ RECOMMENDATION 5

**Provide financial support for AdPha's Training Programs which support pharmacy workforce development and assist to address pharmacist workforce shortages and ensure consistent, high-quality patient care across all healthcare settings via:**

- a. **Funding the two-year Pharmacy Resident Training Program and Registrar Training Program in private hospitals**
- b. **Funding the two-year Community Pharmacy Resident Training Program in community pharmacies**
- c. **Providing relocation funding and living allowances for public and private sector pharmacists undertaking the two-year Pharmacy Resident Training Program**

#### ● Proposed action

The Federal Government should:

- Support pharmacists in private hospitals undertaking AdPha's two-year Resident/Registrar Training Programs across 2026–2027, to upskill the workforce and alleviate pressures on public hospitals, whilst also combating the recruitment and retention challenges facing the private sector.
- Provide a workforce grant for all pharmacists undertaking AdPha's Community Pharmacy Resident Training Program, to support their development of advanced clinical and operational expertise.
- Support pharmacists seeking to relocate to rural and remote Australia to undertake AdPha's two-year Resident Training Program, a measure that will not only enhance the skilled workforce in these underserved areas, but will also provide participating pharmacists firsthand understanding of the unique challenges and healthcare needs in these areas.

#### ● Rationale

- Pharmacist workforce shortages, particularly in rural and underserved areas, pose significant challenges to the sustainability and accessibility of Australia's healthcare system. AdPha's Resident and Registrar Training Programs have demonstrated success in equipping pharmacists with advanced clinical and specialty skills, enhancing workforce capability, and improving healthcare outcomes.
- AdPha's two-year Resident and Registrar Training Programs are Australia's premier structured, formalised, supported and accredited national pharmacy training programs. These Programs offers 16 speciality Practice Area Pathways in addition to the Common Framework, and further pathways are currently in development. AdPha's current Practice Area Pathways include:

- Cancer Services
- Geriatric Medicine
- Medicines Information
- Critical Care
- Paediatrics
- Mental Health
- Surgery and Perioperative Medicine
- Emergency Medicine
- Nephrology
- Medication Safety
- Infectious Diseases
- Cardiology
- Education
- Rural and Remote Generalist
- Leadership and Management
- General Medicine

By providing a structured and supported training environment, the Resident Training Program equips early career pharmacists with foundation clinical skills whilst the Registrar Training Program offers a pathway for speciality development for pharmacists with three to five years of foundation hospital experience, seeking to advance their practice towards *The Australian and New Zealand College of Pharmacy (ANZCAP) Registrar* status.

ANZCAP recognises pharmacists' advanced clinical skills across 46 specialty disciplines as shown in Figure 1, showcasing their ability to lead in medicine optimisation and multidisciplinary care.



Figure 1: The 46 specialty disciplines recognised by ANZCAP for the pharmacy sector

The private hospital sector, which accounts for only 2% of pharmacists undertaking these programs, faces distinct challenges in offering training due to resource limitations. By funding private hospitals to deliver these programs, the government can alleviate workforce pressures, improve staff retention, and ensure access to high-quality care in diverse healthcare settings.

In 2024, AdPha launched Resident Training Program – Community Pharmacy. Built on the success of the hospital-based Resident Training Program, the framework has been designed to develop an early career community pharmacist's competence and practice performance to ANZCAP Resident status. Expanding the programs to community pharmacy strengthens primary healthcare delivery, enabling pharmacists to provide core and advanced clinical services. These include screening and risk assessment services, health monitoring

services, medication reviews, prescribing in relating to scope of practice trials, and vaccination programs. These services alleviate the pressure on GPs and other parts of the healthcare system, improving accessibility and timeliness of care.

Additionally, providing relocation funding and living allowances encourages pharmacists to train and practice in rural areas, addressing workforce shortages and ensuring equitable access to care. Only 14% of the pharmacists currently undertaking AdPha's two-year Pharmacy Residency Program are practicing in a regional, rural, or remote settings nationally. Relocation funding and living allowances alleviate financial burdens associated with moving to and living in regional locations, making it more attractive for pharmacists to consider undertaking their training in these areas. Additionally, partnerships between metropolitan hospitals and rural facilities can further enhance skills while supporting these communities. These strategies ensure a steady influx of skilled pharmacy professionals into these underserved areas, directly combating workforce shortages and enhancing the overall healthcare infrastructure.

### ● Expected outcomes and benefits

- **Increasing workforce retention:** Pharmacists who have completed AdPha's Resident and Registrar Training Programs have expressed increased job satisfaction which leads to improved workforce retention, addressing the pharmacy workforce shortages identified through Australian Government [Occupation Shortage List \(OSL\)](#).
- **Addressing rural workforce shortages:** Increased recruitment and training capacity in both private and rural sectors ensures a more equitable distribution of skilled pharmacists.
- **Specialised patient care:** The advanced training provided through AdPha's Registrar Training Program equips pharmacists with specialist skills in critical areas such as oncology, emergency medicine, geriatrics, and mental health. These capabilities enhance pharmacists' ability to deliver highly specialised, evidence-based care tailored to complex patient needs, improving therapeutic outcomes and patient safety across diverse healthcare settings. It also prepares the workforce for emerging challenges, such as an aging population, rising rates of chronic disease, and the management of complex conditions such as cancer, in primary care.
- **Strengthened primary care:** Community pharmacy training ensures pharmacists are prepared to deliver advanced services, easing pressure on GPs and improving patient outcomes.

### ● Alignment with government priorities

This recommendation aligns with key government priorities, including:

**Strengthening Medicare:** This initiative supports the *Strengthening Medicare Taskforce*<sup>8</sup> vision of improving healthcare access, and addressing workforce shortages, particularly in rural areas.

**Primary Health Care Reform:** This initiative aligns with the [Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032](#)<sup>9</sup> focus on reducing health inequities and enhancing primary care capacity.

**Scope of Practice:** The Final Report of the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*<sup>2</sup>, highlights the importance of quality education and training in building and sustaining a skilled, collaborative primary care workforce. AdPha's initiatives aligns with the Recommendation 2 in the Report, to establish a primary care workforce development program, ensuring a stable and well-prepared workforce capable of meeting Australia's evolving healthcare needs. It also aligns with Recommendation 18 A2, calling for specific support to enable students to travel and stay in rural and remote locations while competing education and training.

**Allied Health Workforce:** This initiative will support the [National Allied Health Workforce Strategy](#) that is being developed, through upskilling pharmacists in specialty areas, enabling them to better support chronic disease management, older people, people with mental health issues, and children and families.

### ● Cost of investment

- **\$24.2 million** to support 96 additional private hospital pharmacists to undertake AdPha's two-year Resident and Registrar Training Programs across five jurisdictions in Australia in 2026 and 2027.
- **\$2,200 workforce grant per pharmacist** undertaking AdPha's Community Pharmacy Resident Training Program.

- **\$400,000 per annum** for relocation and living support for 50 pharmacists to undertake a six-month rotation in a regional or rural hospital whilst completing AdPha's two-year Resident Training Program.



## ✓ RECOMMENDATION 6

### **Increase the Rural Loading Allowance to expand access to Home Medicine Reviews (HMRs) in rural and remote areas, ensuring broader uptake of this critical service for patients in underserved regions.**

#### ● Proposed action

The Federal Government should increase the Rural Loading Allowance for pharmacist conducting HMRs for patients living in rural and remote areas, and ensure it is annually indexed to remain viable.

#### ● Rationale

People living in rural and remote areas are disproportionately affected by medication-related harm, with 72,500 Australians in these regions admitted to hospital annually due to medicine-related issues, 50% of which are preventable, at an estimated cost of \$400 million to the healthcare system.<sup>15</sup>

On average, rural populations are older than their urban counterparts, with 22.1% of people in Inner regional areas aged 65 years or older compared to 15.5% in Major cities.<sup>16</sup> This older demographic is particularly vulnerable to polypharmacy, defined as the regular use of five or more medications. Polypharmacy is a significant risk factor for adverse drug events, including side effects, falls, and hospitalisations, affecting an estimated 290,000 Australians in rural and remote areas.<sup>14</sup> The provision of HMR services in rural and regional areas can support deprescribing for these patient groups and reduce overall medication cost by 9% per patient annually.<sup>17</sup>

Pharmacists face higher operational costs due to travel and time commitments, and workforce shortages limit service capacity. The HMR fees and the Rural Loading Allowance have not been regularly indexed. This lack of regular indexation makes it difficult for pharmacists to sustain these essential services for rural populations. This inequity increases the risk of preventable hospitalisations, adverse drug events, and poorer chronic disease outcomes.

Expanding funding for HMRs in rural and remote areas is not just a practical response to a pressing healthcare issue but also a necessary step toward achieving equitable health outcomes. Increased investment in these services would enable broader access, reduce preventable hospitalisations, lower healthcare costs, and enhance quality of life for older Australians living in rural and remote communities.

#### ● Expected outcomes and benefits

- **Improved patient safety and reduced medication-related harm:** Enhanced funding for HMRs in rural and remote areas will address the high rates of medication-related harm, particularly among older populations vulnerable to polypharmacy, and improve patient health outcomes.
- **Cost savings for the healthcare system:** Deprescribing initiatives and medication optimisation through HMRs have been shown to reduce unnecessary prescribing and lower associated medical costs, including hospitalisations and GP visits.
- **Equitable access to essential services:** Increasing funding will mitigate the challenges of delivering HMRs in rural and remote areas, such as higher operational costs and workforce shortages. This investment will ensure older Australians in underserved regions receive the same standard of care as those in urban areas, addressing disparities in healthcare access and outcomes.

#### ● Alignment with government priorities

This recommendation aligns with key government priorities, including:

**National Medicines Policy (NMP):** The proposal directly aligns with the Equity and Access Principle of the [NMP](#),<sup>18</sup> which ensures that all Australians, including those living in rural and remote areas, have timely, safe, and reliable access to high-quality medicines and culturally safe services.

**Primary Health Care Reform:** The recommendation directly aligns with the objective outlined in [Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032](#)<sup>9</sup> to support equitable access to the best available primary health care services.

- **Cost of investment**

Further enhancements and changes to program design and remuneration is required, in consultation with all relevant stakeholders. These changes should consider the additional operational costs associated with delivering these services in rural and remote areas, including travel, workforce support, and time. This service in rural and remote areas is expected to yield significant cost savings through deprescribing, reduced GP visits, fewer hospital admissions, and a decreased burden of chronic disease. Funding should allow for indexation to ensure sustainable service delivery in these underserved areas.

# Medicines Access



## ✓ RECOMMENDATION 7

**Establish bilateral Pharmaceutical Reform Agreements (PRAs) with New South Wales (NSW) and Australian Capital Territory (ACT) to achieve timely and equitable access to Pharmaceutical Benefits Scheme (PBS) medicines for patients, support safer discharges and transitions of care and ease reliance on the primary healthcare system.**

### ● Proposed action

The Federal Government, in collaboration with the NSW and ACT Governments, should establish bilateral PRAs.

### ● Rationale

The expansion of PBS into public hospitals through PRAs in all six other jurisdictions has enabled hospital doctors to prescribe and pharmacists to dispense PBS-subsidised medicines to patients upon discharge from hospital, outpatients and patients receiving care from daytreatment services. They have worked to achieve 'Ongoing access to medicines,' Guiding Principle 10 of the [Guiding Principles to Achieve Continuity in Medication Management](#)<sup>19</sup> document.

In the absence of bilateral PRAs in NSW and ACT, 8.9 million Australians receive only 3-7 days' supply of discharge medicines when discharging from a public hospital, compared to 30 days' supply in other states. This forces patients to urgently visit a GP to access more medicines essential for recovery and preventing hospital readmission, placing an unnecessary financial burden on patients, and a strain on the primary healthcare system. In regional Australia, patients are waiting over a fortnight for GP appointments, with patients that do not have a regular GP, struggling to find GP practices that are taking on new patients – these patients inevitably run out of medicines and are at risk of hospital readmission.

Access to PBS subsidised quantities of medicines is not afforded to Australians being discharged from public hospitals in NSW and ACT. Given the rising cost-of-living 8.8% of Australians, and 10.3% of those with long-term health conditions, reported cost as the primary reason for delaying or avoiding a visit to their GP.<sup>20</sup>

Both NSW and ACT governments expressed their desire to have PRAs with the Commonwealth, and have been recommended publicly in the [ACT's Health Services Plan 2022-2030](#) and the [NSW Government's Response to the Inquiry into Public Hospital Access Block and Ambulance Ramping](#).

Two Federal government reviews have recommended that NSW and the ACT should establish a PRA:

- In March 2024, the departmental [Pharmaceutical Reform Agreement \(PRA\) Review Report](#) recommended *'If PRA functions are not included in the NHRA, consider entering into negotiations with the ACT and NSW governments for interim PRAs, pending agreement to a multilateral agreement.'*
- In October 2023, the [Mid-term review into the National Health Reform Agreement \(NHRA\) Addendum 2020-2025](#) led by Rosemary Huxtable AO PSM recommended in Recommendation #28 that, in addressing "nationally consistent access to medicines across the care continuum", that "interim PRA arrangements for New South Wales and the Australian Capital Territory in the lead-up to a new Agreement could be progressed, if supported by those jurisdictions."

With the Closing the Gap (CTG) PBS Co-payment Program extending to public hospitals from 1 January 2025, unfortunately without a PRA in ACT and NSW – the jurisdiction which has the largest indigenous population – indigenous patients will not be able to access the medication access benefits of this policy change.

### ● Expected outcomes and benefits

- **Achieve equitable access to medicines:** Extend the availability of PBS subsidised medicines to patients in public hospitals in NSW and ACT, ensuring parity with other states and territories.



- **Support safer transitions of care at discharge from hospital:** Extend the availability of PBS subsidised medicines to patients in public hospitals in NSW and ACT, ensuring parity with other states and territories.
- **Ease pressure on primary healthcare:** Reduce the immediate need for GP consultations post-discharge by ensuring patients have an adequate supply of prescribed medicines to support recovery.

#### ● Alignment with government priorities

This recommendation aligns with a key government priority:

**National Medicines Policy:** Equitable access to healthcare regardless of location, is one of the principals of the NMP.<sup>18</sup> Truly equitable healthcare cannot be achieved without established PRA arrangements in all states and territories in Australia. AdPha therefore, strongly recommends that the Commonwealth should make the PRAs a uniform policy in Australia and enter into PRAs with NSW and ACT, ensuring a consistent standard of care for vulnerable patients, and alleviating pressure on the primary care sector in the immediate post-discharge period.

#### ● Cost of investment

Establishing bilateral PRAs with NSW and ACT is **not** expected to incur additional costs to the PBS.



### ✓ RECOMMENDATION 8

**Fund and establish a dedicated Medicine Shortages and Discontinuations Clinical Advice Service to support healthcare practitioners with timely, consistent and accessible advice required to manage medicine shortages effectively, ensuring safe and timely alternatives for patients.**

#### ● Proposed action

The Federal Government should fund and establish a centralised and dedicated Medicine Shortages and Discontinuations Clinical Advice Service, run by clinicians for clinicians.

#### ● Rationale

Medicines are the most common healthcare intervention, with 17.8 million individuals—67% of the population—receiving a PBS-subsidised medicine in 2022–23.<sup>21</sup> However, over 90% of Australia's medicines are imported, despite the country accounting for just 2% of the global market.<sup>22,23</sup>

Medicine shortages and discontinuations are increasingly frequent, severely disrupting patient care. In December 2024, the TGA listed approximately 400 medicines as being in short supply, 40 of which are facing critical shortages and discontinuations nationwide.<sup>24</sup> As acknowledged by parties to the First Pharmaceutical Wholesaler Agreement (1PWA), shortages have a significant impact on the health and wellbeing of Australians and, when they occur, they place pressure on other parts of the health care system, including the acute care settings.<sup>25</sup>

Despite the TGA's efforts to communicate medicine shortages and discontinuations to health professionals and consumers, this information does not always align with the realities faced by clinicians on the ground. A 2022 report revealed that 29% of shortages encountered by pharmacists are not reflected in the Medicine Shortage Report Database, highlighting a gap in real-time data reporting.<sup>26</sup>

Furthermore, despite these communications, there is a notable lack of clinical advice and guidance on managing these shortages. Clinicians often find themselves navigating these challenges independently or within siloed healthcare settings, leading to inconsistent practices and adhoc solutions that risk compromising patient safety and continuity of care.

Without a coordinated, evidence-based, and reliable approach to managing shortages and discontinuations, these disruptions will continue to escalate, jeopardising the quality of healthcare delivery and amplifying distress for patients and healthcare providers alike.

### ● Expected outcomes and benefits

- **Real-time updates and guidance for clinicians:** By providing timely and accurate information on medicine shortages and discontinuations, clinicians will be empowered to make informed decisions, reducing reliance on ad hoc solutions and ensuring more consistent practices.
- **Improved patient safety and health outcomes:** Clinicians will be supported with evidence-based guidance on safe and effective alternatives, improving patient safety and continuity of care during disruptions.
- **Strengthen national resilience against ongoing and future supply chain disruptions:** A coordinated approach to managing medicine shortages and discontinuations will enhance the overall resilience of the healthcare system, enabling it to respond more effectively to future supply chain challenges and ensuring equitable access to medicines.

### ● Alignment with government priorities

This recommendation aligns with key government priorities, including:

**National Medicines Policy:** The proposal directly aligns with the timeliness component of Pillar 1 of the [NMP<sup>18</sup>](#), calling all partners to commit to working together openly and transparently and to take action to reduce the risk, and minimise the impact of, medicines shortages and other supply challenges.

**Primary Health Care Reform:** The recommendation directly aligns with the objectives outlined in [Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032<sup>9</sup>](#) to support equitable access to the best available primary health care services, and to support continuity of care.

**Medicine Shortages Reforms Program:** Whilst it is not directly within the remit of the TGA to provide clinical information to healthcare professionals, this initiative supports their broader Medicine Shortages Reform Program goals, by providing timely clinical advice to healthcare practitioners navigating medicine shortages and discontinuations.

### ● Cost of investment

**\$1 million per annum** to establish and maintain a centralised and dedicated Medicine Shortages and Discontinuations Clinical Advice Service.



### ✓ RECOMMENDATION 9

**Enhance First Nations' access to medicines and clinical pharmacy services to improve medicines compliance, transitions of care, and the safe and quality use of medicines by:**

- a. **Funding Aboriginal Community Controlled Health Organisations (ACCHOs) to employ non-dispensing pharmacists based on the Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (IPAC) project**
- b. **Enabling Section 94 public and private hospital pharmacies to be Approved Service Providers in the Indigenous Dose Administration Aid (IDAA) Program**

### ● Proposed action

The Federal Government should fund the implementation of the IPAC program as outlined in the [MSAC public summary document](#).

The Federal Government should also amend Section 100 RAAHS Program rules to allow Indigenous patients to access DAAs and pharmacist counselling from Section 94 public and private hospital pharmacies.

AdPha recommends partnering with a health-sector-specific leadership group to drive jurisdiction-wide changes relating to health for Indigenous people. These leadership group should involve diverse groups of people with multidisciplinary health backgrounds to enhance culturally appropriate healthcare delivery.

## ● Rationale

First Nations Australians experience significantly poorer health outcomes compared to the broader population, with a burden of disease 2.3 times that of other Australians.<sup>27</sup> This disparity is exacerbated by barriers to accessing medicines and clinical pharmacy services, which are critical to managing chronic disease and supporting continuity of care. Strengthening equity in access to medicines requires a multifaceted approach that addresses systemic gaps and prioritises culturally safe, patient-centred care.

Embedding clinical pharmacists within ACCHOs has been recognised as an effective strategy to address these health disparities and was recommended for public funding by the Medical Services Advisory Committee (MSAC) in March 2023 to enhance chronic disease management. Evidence from the IPAC project highlights the transformative impact of this model, with a 34% reduction in hospital admissions, a 37% reduction in preventable hospitalisations, and a 25% decrease in unplanned hospital stays.<sup>28</sup> While this model is successfully implemented in some areas, inadequate funding limits its widespread adoption, leaving many First Nations communities without access to these proven benefits. Expanding this initiative aligns with AdPha's *Pharmacy Forecast Australia 2023 report*<sup>4</sup>, which recommends embedding non-dispensing pharmacists in primary care settings under Theme 1: Pharmacist and Technician Scope of Practice and Expanded Prescribing. Expanding this initiative would improve medication adherence, optimise chronic disease management, and support culturally appropriate care across Australia.

In parallel, current restrictions under the Section 100 RAAHS Program further compound these challenges by limiting Indigenous patients' access to Dose Administration Aids (DAAs) and associated pharmacist counselling. Indigenous patients traveling away from their home pharmacies or receiving hospital care in urban or regional areas face significant barriers to accessing DAAs when and where they need them as the program rules stipulates that PBS medicines must be supplied directly to Aboriginal Health Services (AHS) by an approved pharmacist or hospital authority, and then dispensed to patients by a nurse or Aboriginal Health Worker. This inefficient system reduces medication adherence and increases medicine wastage. Allowing Section 94 public and private hospital pharmacies to participate in the IDAA Program would address these systemic gaps, supporting continuity of care and improving health outcomes for First Nations patients.

## ● Expected outcomes and benefits

- **Improved health outcomes for First Nations communities:** Enhanced chronic disease management, reduced hospital admissions, and better medication adherence, as demonstrated by the IPAC project.
- **Increased access to culturally appropriate care:** Pharmacists integrated into ACCHOs will be able to provide support tailored to the specific needs of Aboriginal and Torres Strait Islander patients.
- **Greater medication safety and adherence:** Patients in remote areas can access DAAs and receive pharmacist counselling directly from hospital pharmacies, reducing medicine wastage and improving health outcomes.
- **Enhanced equity in healthcare:** Ensuring First Nations communities have equitable access to medicines, clinical pharmacy services, and culturally competent care, bridging the gap in health outcomes between Indigenous and non-Indigenous Australians.

## ● Alignment with government priorities

This recommendation aligns with key government priorities, including:

**Closing the Gap:** The proposal directly supports Priority Reforms 1 and 2 of the [National Agreement on Closing the Gap](#), strengthening partnerships between governments, healthcare providers, and First Nations communities, while improving access to high-quality, culturally safe services.

**National Medicines Policy:** The proposal directly aligns with the Equity and Access Principle of the [NMP](#)<sup>18</sup>, which ensures that all Australians, including First Nations peoples, have timely, safe, and reliable access to high-quality medicines and culturally safe services. AdPha's recommendation enhances access to culturally appropriate medicines-related services and information. Additionally, it supports Aboriginal and Torres Strait Islander leadership and self-determination, fostering shared decision-making in identifying healthcare priorities and driving effective solutions to the substantial barriers these communities face.

**Primary Health Care Reform:** The recommendation directly aligns with the objectives outlined in [Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032](#)<sup>9</sup> to reach parity in health outcomes for Aboriginal and Torres Strait Islander people.

● **Cost of investment**

- **\$4 million per annum over four years** to implement the IPAC program as outlined in the [MSAC public summary document](#).

Amending the Section 100 RAAHS Program rules is **not** expected to incur additional costs to the PBS.

# Appendix A

## ● What is collaborative pharmacist prescribing?

Collaborative prescribing involves a cooperative practice relationship between the pharmacist and the treating doctor. The doctor diagnoses and together with the pharmacist and patient/carer, sets shared initial treatment decisions and treatment goals, while the pharmacist selects, monitors, modifies, continues or discontinues the pharmacological treatments as appropriate.<sup>29</sup> Both the doctor and the prescribing pharmacist share in the risk and responsibility for the patient health outcomes achieved in a collaborative practice model.<sup>30</sup>

## ● Evidence summary of collaborative pharmacist prescribing in hospitals

Pharmacists undertaking collaborative prescribing, including the ordering and reviewing of medication-related baseline investigations, can significantly improve efficiencies in the healthcare system. This has been well-established in literature on Partnered Pharmacist Medication Charting (PPMC), the first iteration of collaborative prescribing in Australia (Figure 2).

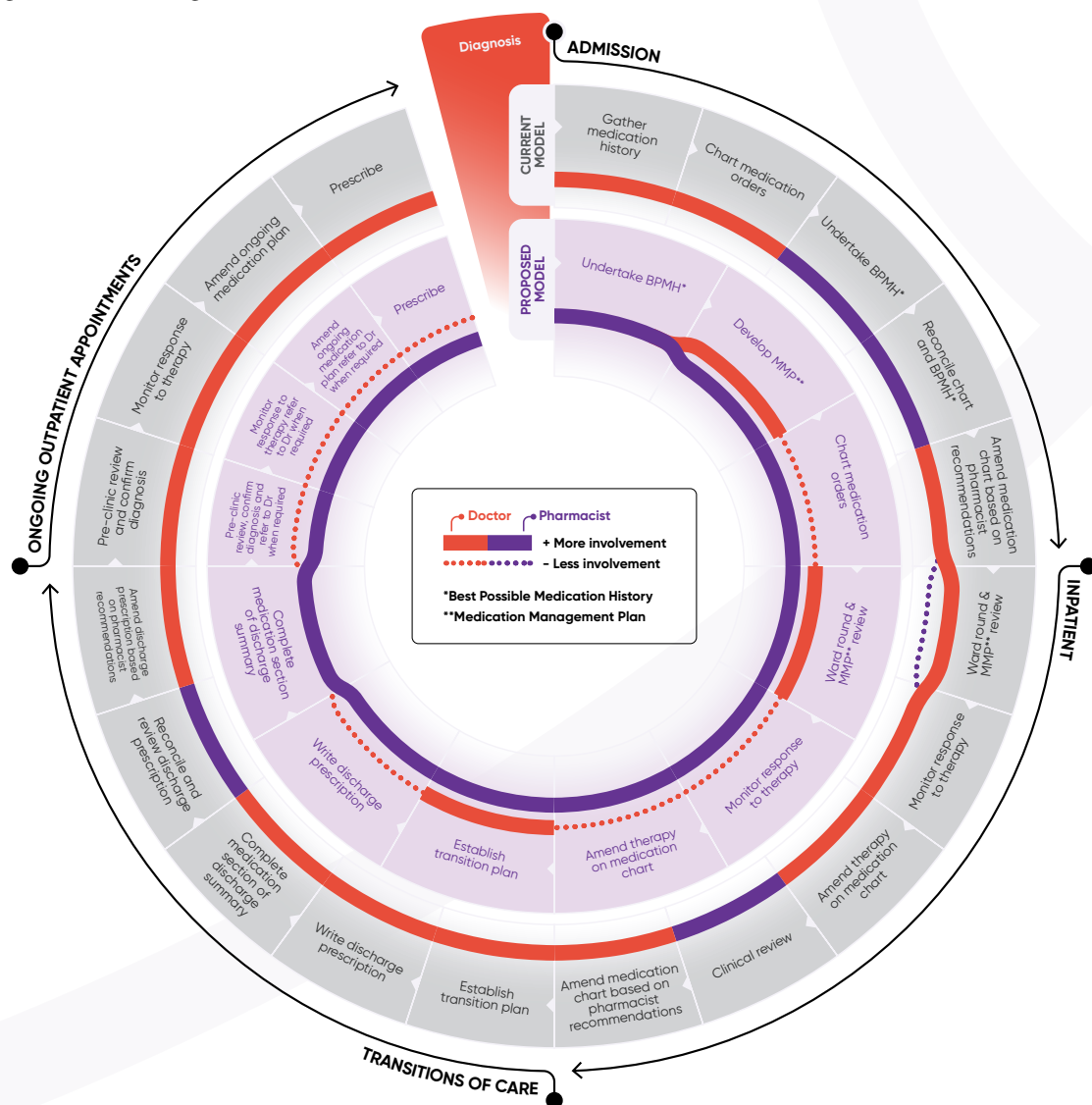


Figure 2: Pharmacist prescribers increasing efficiencies in hospital workflow

The PPMC model was first implemented in Victoria at Alfred Health, was found to significantly reduce the medication error per patient admission from 60.1% to 4.4% with a number needed to treat (NNT) of 1.8.<sup>31</sup> PPMC has also reduced the proportion of inpatients with at least one medication error on their chart by 62.4%

compared with the traditional medication charting method, while also reducing the length of inpatient stay by 10.6%.<sup>32</sup>

A Deakin University health economic evaluation<sup>33</sup> of PPMC involving more than 8,500 patients found that it:

- decreased the proportion of patients with at least one medication error from 19.2% to 0.5%
- reduced patient length of stay from 6.5 days to 5.8 days
- saved \$726 per hospital admission

The perspectives of hospital medical and nursing staff on pharmacist prescribing are notably positive. Studies<sup>34,35</sup> revealed that doctors and nurses acknowledge that pharmacist prescribing is beneficial in reducing medication errors and improving patient safety and flow. They also reported that pharmacist involvement in prescribing processes alleviated workload pressures and its benefits outweighed the potential risk of de-skilling medical practitioners, with the collaborative approach providing valuable learning opportunities for doctors.

The success and support for this model has seen pharmacists expand to **Partnered Pharmacist Medication Prescribing (PPMP)** models which further extend pharmacist prescribing as part of a care team. PPMC/PPMP is currently implemented in hospitals across seven of the eight jurisdictions in Australia.

## ● Benefits to the federal government

### Economic efficiency

- **Cost savings:** As seen in PPMC/PPMP practices in hospitals, collaborative pharmacist prescribing prevents adverse outcomes, which is likely to decrease avoidable hospital admissions and their associated costs. Similar reductions in patient length of stay, comparable to hospital efficiencies, could lead to fewer complications and significantly lower overall healthcare costs. Facilitating more direct access to PBS subsidised medicines prescribed by pharmacists in collaborative care settings, is also likely to result in reduced emergency department visits and hospital admissions due to delayed treatments.
- **Budget optimisation:** Efficient use of pharmacists in prescribing roles can free up medical time, enabling better allocation of healthcare resources and reducing overall health care expenditure.

## ● Benefits to the healthcare system

### Healthcare delivery

- **Improved patient outcomes:** Collaborative pharmacist prescribing ensures medication optimisation, and a reduction in prescribing error rates, leading to better patient outcomes.

### Operational efficiency

- **Improved healthcare accessibility:** Both recommendations ensure timelier access to subsidised medications, reduce delays and incidences of missed doses, reduce wait times and improve efficiencies, freeing up physicians for more complex cases and enhancing overall healthcare resource allocation.

## ● Benefits to consumers

### Patient experience

- **Timely access to personalised care and PBS subsidised medicines:** Both recommendations facilitate faster access to medications and enable personalised and specialised care, enhancing patient satisfaction and improving their health outcomes.

### Health outcomes

- **Reduced complications and hospital admissions:** Improved medication management through collaborative pharmacist prescribing leads to fewer errors, complications and hospital admissions, enhancing patient health.

## ● Benefits to health workforce

### Workforce optimisation

- **Balanced workload:** Alleviates pressure on doctors by sharing prescribing responsibilities, ensuring a more balanced and sustainable workload across the healthcare workforce.

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