ADVANCED PHARMACY AUSTRALIA

AdPha 2025 Federal Election Priorities Statement

Driving Equity in Medicines Access to Achieve Excellence in Patient Care

Advanced Pharmacy Australia (AdPha) is calling on the Federal Government to priorities medicines access for all Australians by committing to the following election priorities, ensuring equitable, efficient, and quality healthcare for all Australians.

PRIORITY 1 **Pharmacist Prescribing of PBS medicines within Collaborative Care Models**

PRIORITY 2 **Equitable Access to PBS Medicines in hospitals through Pharmaceutical Reform Agreements (PRAs)**

PRIORITY 3 **Establish a Medicine Shortages and Discontinuations Clinical Advice Service**

PRIORITY 1

Pharmacist Prescribing of PBS medicines within Collaborative Care Models

The Federal Government should 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 capacity and efficiency in healthcare.

Appropriate collaborative models of care for this initiative include Partnered Pharmacist Medication Charting/Prescribing (PPMC/PPMP) at admission, on discharge and in outpatient clinics in public hospital settings which have been in place for over a decade, and should be expanded to private hospitals and primary care settings such as GP practices, aged care facilities and Aboriginal Health Services.

Problem

Annually, there are 250,000 medication-related hospital admissions in Australia, costing the healthcare system $1.4 billion.[1] Two-thirds of medication-related hospital admissions are potentially preventable.[2]

Persistent health workforce shortages continue to impact the availability of timely and quality care, contributing to the widespread ambulance ramping and bed block crisis. Many jurisdictions have implemented dedicated initiatives to address these pressures, yet this crisis remains. The Jobs and Skills Australia Occupation Shortage List confirms national shortages of general practitioners (GPs) and resident medical officers (RMOs), further straining the health system's capacity to provide timely care.

If the healthcare system does not support pharmacist prescribing of PBS-subsidised medicines in collaborative care arrangements, it will continue to underutilise the capacity of the pharmacy workforce. This will continue to exacerbate medical workforce shortages, undermining safe, quality and timely patient care. Allowing pharmacists to prescribe PBS medicines in collaborative care settings will free up medical capacity, enabling doctors to focus on more complex clinical care, while improving timely patient access to subsidised medicines.

While there is strong appetite from private hospital pharmacy departments to implement pharmacist prescribing in collaborative care models, without arrangements for PBS subsidy this is not feasible, despite this sector being at even greater risk of workforce shortages.

Did you know...

Over 58% of people have reported waiting over four hours to see a GP for urgent medical care.[3]

23% of aged care residents experience delays in receiving their medicines within 24 hours of hospital discharge.[4]

Collaborative Partnered Pharmacist Medication Charting (PPMC) and Prescribing (PPMP) models, well established in Australian hospitals and valued by hospital doctors and nurses, have shown:

- 10.6% reduction in patient length of stay,
- 97% decrease in the proportion of inpatients experiencing at least one medication error, and
- cost savings of $726 per admission[5]

A February 2025 survey conducted at AdPha's Pharmacy Leaders Forum, found that 92% of respondents believed enabling pharmacists to prescribe medicines on the PBS in collaborative care settings would enhance the implementation and expansion of PPMP services at discharge.

Solution

Enable pharmacists practicing in collaborative care settings, to prescribe medicines on the PBS to:

- ✔ Improve timeliness of care and access to PBS-subsidised medicines
- ✔ Optimise the healthcare workforce
- ✔ Achieve efficiencies and cost savings across the healthcare system
- ✔ Strengthen the safety and quality of medication management for Australian patients

Case study 1: Supporting safe and efficient transitions with a prescribing pharmacist at discharge

In a busy public hospital, Emanuel, a 58-year-old man, has undergone coronary artery bypass grafting (CABG), following an acute heart attack. He has been cleared for discharge and is eager to return home.

However, his discharge is delayed as junior medical officers (JMOs) remain tied up on ward rounds. Meanwhile, the cardiology ward is at capacity, unable to admit new patients from the Emergency Department (ED).

Nursing staff urgently need to free up beds on the cardiology ward to alleviate bed block in ED and meet the hospital's policy of two discharges before 10am.

Recognising the urgency, the pharmacist prescriber steps in to facilitate Emanuel's discharge. In collaboration with the cardiologist, they agree on a medication management discharge plan.

The pharmacist then conducts a comprehensive medication reconciliation, reviewing Emanuel's regimen and recent adjustments.

The pharmacist prescribes evidence-based antiplatelet therapy, statins, beta-blockers, and other necessary medications according to established guidelines, without requiring co-authorisation by a medical practitioner.

Before discharge, the pharmacist provides comprehensive medication education and counselling to Emanuel and his family, explaining the purpose, dosing, potential side effects, and importance of adherence, empowering them to manage his cardiovascular health effectively at home.

The pharmacist also collaborates with Emanuel's community pharmacists and primary care clinicians to ensure continuity of care.

This prescribing pharmacist model is already established in public hospitals across the country, supporting safe and effective medicine use.

However, without PBS prescribing enabled, its full benefits cannot be realised. Allowing pharmacists to prescribe PBS-subsidised medicines within collaborative care arrangements would reduce reliance on doctors for routine prescription adjustments, freeing up medical resources, and expediting discharge – ultimately improving hospital capacity and patient care.

Case study 2: Supporting safe transitions with a prescribing Aged Care On-Site Pharmacist (ACOP)

John, an 87-year-old man with diabetes and hypertension, returned to his aged care facility after a hospital admission for pneumonia. During his hospital stay, significant changes were made to his medication regimen, including the addition of insulin to manage his blood glucose levels.

At the aged care facility, the ACOP reviewed John's discharge summary and the medication list provided by the hospital care team and conducted a comprehensive medication reconciliation.

The ACOP liaised with the hospital pharmacist, GP, and John and his family, to confirm any medicine changes and the medication management plan recommended by the hospital team on discharge.

The ACOP updated John's residential medication chart, ensuring all modifications were accurately reflected. This proactive intervention ensured John's medicines were available without delay, preventing missed doses or treatment errors and safeguarding him from potential complications like hypoglycemia.

This prescribing pharmacist model exemplifies how enabling PBS prescribing within collaborative care arrangements can optimise the government's existing investment in the ACOP program.

With patients discharged to aged care facilities having on average 63% of their medicines either new or modified during hospitalisation,[4] the model ensures that pharmacists can proactively manage these complex regimens.

By broadening their scope, pharmacists are empowered to reconcile and make changes to residential medication chart at key transitions of care, preventing delays or errors in medication administration.

This approach not only reduces the risk of hospital readmissions due to medication errors but also ensures smoother transitions of care.

Ultimately, it allows pharmacists to deliver maximum value by preventing medication-related problems, improving patient outcomes, and streamlining care pathways across both hospital and aged care settings.

PRIORITY 2

Equitable Access to PBS Medicines in hospitals through Pharmaceutical Reform Agreements (PRAs)

The Federal Government should establish bilateral Pharmaceutical Reform Agreements (PRAs) in New South Wales (NSW) and Australian Capital Territory (ACT) to achieve equitable access to Pharmaceutical Benefits Scheme (PBS) medicines, support safer discharges and transitions of care and ease reliance on primary healthcare systems.

This was recommended by the Department of Health and Aged Care in the Final Report of the Pharmaceutical Reform Agreement Review, and in Recommendation #28 of the Mid-term review into the National Health Reform Agreement (NHRA) Addendum 2020-2025, and has been an official policy platform from both the NSW and ACT governments.

Problem

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.

Did you know...

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.[6]

This financial barrier may disproportionately affect recently discharged patients in NSW and ACT, leading to further delays in accessing essential medicines and increasing the risk of medication interruptions, adverse health outcomes, and preventable hospital readmissions.

Solution

Establish PRAs in NSW and ACT to:

- Reduce out-of-pocket costs for patients in NSW and ACT
- Provide equity in medicines access across the country
- Improve medicines access at transitions of care and discharge from hospital
- Relieve overstretched primary healthcare system through removing need for immediate post-discharge GP appointments

Case study: Typical heart attack patient discharging from public hospital

In all other states, a typical heart attack patient discharging from hospital will receive 30 days' worth of PBS medicines (anticoagulants, blood pressure-lowering medicines, cholesterol-lower medicines) A to support safe transitions of care, allowing sufficient time to recover, make a GP appointment and have enough medicines to prevent another cardiac episode.

Without a PRA, the same patient discharging from a NSW public hospital will get as little as three days' worth of medicines B and are pressured to immediately seek a GP appointment post-discharge, and incur additional healthcare costs.

A


B

PRIORITY 3

Establish a Medicine Shortages and Discontinuations Clinical Advice Service

Fund and establish a dedicated Medicine Shortages and Discontinuations Clinical Advice Service, supporting healthcare practitioners in navigating and effectively managing medicine shortages, ensuring safe and appropriate alternatives for patients.

Problem

Medicines are the most common healthcare intervention, with 17.8 million individuals—67% of the population— receiving a PBS-subsidised medicine in 2022-23.[7] Medicine shortages and discontinuations are increasingly frequent, severely disrupting patient care. Clinicians are often left to navigate these challenges alone or in healthcare silos, 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.

Did you know...

Over 90% of Australia's medicines are imported, despite the country accounting for just 2% of the global market.[8]

In December 2024, the TGA listed approximately 400 medicines as being in short supply, 40 of which are facing critical shortages and discontinuations nationwide.[8]

29% of shortages experienced by pharmacists are not accounted for in the Medicine Shortage Report Database.[9]

Solution

Fund and establish a centralised and dedicated healthcare practitioner Medicine Shortages and Discontinuations Clinical Advice Service to:

- Equip healthcare practitioners with real-time updates and guidance
- Advise on safe alternatives to mitigate harm to patients
- Strengthen national resilience against ongoing and future supply chain disruptions

Case study: Providing safe and timely pain management for a patient amidst opioid shortages

Sarah, a 68-year-old patient with chronic pain due to osteoarthritis, has been prescribed sustained-release morphine for pain management. Over the past few weeks, Sarah's pharmacy has experienced ongoing shortages of this medication, leading to inconsistent access to her prescribed pain relief. As her supply dwindles, Sarah's health deteriorates—she experiences increased pain and anxiety, and her mobility becomes increasingly restricted.

Sarah's GP and pharmacist face difficulties in identifying a suitable alternative. The pharmacist struggles to navigate the lack of information about appropriate substitutes, while Sarah's GP, overwhelmed by other pressing patient care needs, is uncertain about how best to adjust the dosage or what alternative opioid medications might be safe to prescribe that is most supported by evidence and guidelines.

Had a Medicine Shortages and Discontinuations Clinical Advice Service been in place, Sarah's care could have been better managed. With timely, expert advice from a centralised team, Sarah's healthcare providers would have had access to evidence-based guidance on alternative medications or formulations, ensuring Sarah could receive appropriate pain relief without compromising her safety. The service could also have provided support in adjusting Sarah's treatment plan, offering insights into alternative opioid therapies and advising on dosing protocols for safe transitions.

What the Federal Government can do

AdPha urges major parties and candidates standing for election in the 2025 Federal Election to address these priorities in the next term of Parliament, to create a fairer, safer, higher quality and more efficient healthcare system that delivers better medication-related outcomes for Australians. AdPha urges all decision makers and policymakers to place medicines and healthcare access for Australians at the forefront of their agenda in the upcoming Federal Election, and activating the role of pharmacy practitioners to achieve these priorities.

For more information about these priorities or to discuss how we can work together to achieve safer, more equitable, and efficient medicines access, please contact Kristin Michaels (Chief Executive) ceo@adpha.au or Jerry Yik (Head of Policy and Advocacy) jyik@adpha.au.

Advanced Pharmacy Australia

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.

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