The Pharmacy Guild of Australia
NSW Branch

Overview

The Pharmacy Guild of Australia (the Guild) is the peak national pharmacy organisation representing community pharmacy. The Guild aims to promote, maintain and support community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medicines management and related services.

The Guild and its more than 5,700-strong community pharmacy network across Australia has a long and credible record of delivering evidenced-based programmes for Government and consumers, consistently demonstrating a capacity to deliver significant outcomes within substantial budget and time constraints in often complex and multi-organisation frameworks.

As the health system evolves, and community pharmacists seek to practise to their full scope in providing primary health care, the Guild will continue to invest its efforts in the future of community pharmacy, ensuring the profession is responsive to the community's needs.

The Pharmacy Guild of Australia – New South Wales Branch welcomes the opportunity to make a submission to the New South Wales Productivity Commission's Inquiry, *Kickstarting the productivity conversation,* particularly the discussion question:

> ***What regulatory and cultural barriers could be preventing health professionals from optimal performance?***

It is our view that regulatory barriers to pharmacists utilising the full extent of their training and expertise are preventing our profession from optimal performance – and ultimately resulting in poorer patient outcomes across the state. Allowing pharmacists to utilise the full extent of their training and expertise would also bring our profession into line with other countries like Canada and the United Kingdom for what is called the full scope of pharmacist practice.

This goes to the heart of the problem outlined in the Discussion Paper *"[That] we need a better match between the skills of health professionals and the tasks they perform."*

Many common ailments, prescription renewal for chronic or stable conditions and advice on health concerns is best matched with a pharmacist's skillset and can be delivered in a convenient and cost-effective way for patients, compared to other settings like general practice or hospital emergency departments (EDs).

The Problems Facing our Health System

Australia's health system is struggling under the weight of a growing and ageing population. Waiting times, GP shortages and higher out-of-pocket costs are leaving many Australians and their families feeling frustrated. In recent years, over half-a-million Australians did not visit a GP because of cost[i].

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As access to GPs is becoming increasingly difficult, some patients are calling on after-hours care and visiting already overburdened hospital emergency departments (EDs). This is all emblematic of a health system that is not adapting to meet the needs of patients.

Pharmacists are in a unique position to relieve the stresses and strains on the health system.

As the most easily accessed health professionals in Australia and with over 451 million individual patient visits last year, pharmacists provide the most free health advice to patients out of any health professional.

Overseas, pharmacists are already successfully playing a greater role in the health systems of the UK and Canada – helping to reduce the strain on overworked GPs and crowded hospital EDs.

If we don't utilise the full scope of our frontline staff, like pharmacists, costs will continue to go up while our growing and ageing population will place even more pressure on overburdened doctors.

Ultimately, it is about working together with stakeholders to find real and practical solutions.

By empowering pharmacists to practice to their full scope, Australians can have better access to health services, save money on out-of-pocket expenses and, accordingly, free up GPs and hospitals to focus on more serious and complex issues.

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Growing and ageing population

References to Australia's ageing and growing population are often made but raw statistics provide the full picture.

In 2011, there were approximately 7.2 million people living in New South Wales. By 2016, the population had grown by approximately 530,000 people and it is expected there will be about 10.5 million people living in the state by 2041.

In other words, New South Wales is expected to see a 45 per cent increase in population over the 30 years to 2041.

While the Far West is expected to see its population fall by around 10 per cent between 2011 and 2036, the Hunter will see its population increase by about 24 per cent.

Metropolitan Sydney is expected to see a 50 per cent population growth over the same time.

The population of New South Wales is ageing too. The number of people aged 60 and over is expected to grow from 1.45 million in 2011 to 2.8 million in 2041, representing a 94 per cent increase over a 30-year period.

There will be a 160 per cent increase in the number of people aged over 75; a 315 per cent increase in the number of people aged over 90; and a 500 per cent increase in the number of people aged over 100.[ii]

With a burgeoning population – especially in metropolitan areas – as well as a population which is rapidly aging, there is a clear need to make better and more efficient use of our existing healthcare services.

Nature of community pharmacies

Community pharmacies stand, largely, alone among the healthcare sector in that they remain the last healthcare provider which is almost exclusively small business.

Despite the existence of banner groups, the fact remains that all community pharmacies are legally required to be owned and operated by a qualified pharmacist and unlike most aspects of medicine, community pharmacies have not succumbed to corporatisation.

While single-GP practices are now virtually non-existent[iii], community pharmacies remain fixtures in the communities in which they operate, providing a personalised service which is often absent from corporate services.

Pharmacy location rules have also ensured an even dispersion of community pharmacies throughout the country.

According a recent report from the Royal Flying Doctor Service, pharmacists are far more evenly dispersed throughout metropolitan, regional, and remote areas than general practitioners, physiotherapists, specialists, and psychologists.[iv]

Similarly, according to geospatial analysis conducted by the Pharmacy Guild of Australia, there are at least 57 towns around Australia which do not have a medical centre but do have a community pharmacy.

Community pharmacies are the most accessible healthcare provider in Australia, with community pharmacists having been involved with 450 million individual patient visits last year alone. It makes sense to better use pharmacists – alongside nurse practitioners – to improve access to the health system. It would save governments money and improve patient outcomes.

Recommendations[v]

Pharmacists are in a unique position to offer a range of solutions for Australia's frontline health system by practising at their full scope.

Pharmacists are as trusted as GPs (general practitioners) by the Australian public. This trust can be called upon for pharmacists to administer services which they are trained and qualified to deliver drive down costs to patients and the health budget, reduce waiting times, and increase frontline health accessibility.

With statistics showing that many families are avoiding seeing a GP due to the cost and waiting more than a day for this care, pharmacists can offer more affordable and more convenient access through walk-in services.

Evidence from overseas[vi] has shown that when community pharmacies treat patients with common ailments or can issue Prescription renewal, accessibility increases and health budgets see hundreds, if not billions, of dollars in savings a year.

Pharmacist prescribing would improve access to treatment options for chronic but stable conditions that can be managed by a pharmacist – including after-hours and weekends when access to other healthcare professionals is limited or non-existent. Low risk treatments like renewal for the oral contraceptive pill and vaccinations are the most obvious examples where pharmacists can reduce the strain on the health system.

The benefits of pharmacists practising to their full scope is most pronounced in rural and regional communities where access to health professionals and health outcomes are lower than metropolitan areas. Pharmacy is well placed to assist because of the better geographic spread of pharmacists across regional Australia when compared to other health professionals.

In all jurisdictions across Australia, trained community pharmacists can administer vaccinations, but the range of vaccinations and the allowable age of patients varies from one jurisdiction to another.

As a key preventative health measure, there should also be a harmonisation of vaccinations that pharmacists can provide nationally, and access to the National Immunisation Program for those aged 10 years and older and those who are in 'at risk' groups. This is particularly important for older and Indigenous Australians who are most 'at risk' from preventable communicable diseases.

Primary healthcare in New South Wales

As the submission outlined earlier, across the country there are signs Australia's healthcare systems are showing strains of an ageing and growing population.

Patients in all states and territories are being faced with higher out-of-pocket healthcare costs, longer waiting times, shortages of GPs in regional and rural areas, and EDs straining under unnecessary presentations, blowing out waiting times.

Whilst New South Wales tends to fare well against the national median, many of the same burdens are well and truly present.

As the state with the largest population, New South Wales faces the greatest challenges from shortcoming in federally-funded primary healthcare, pushing patients into the state-funded hospital system. This exacerbates existing problems within the healthcare system and adds to an already growing healthcare budget.

Out-of-pocket expenses

Out-of-pocket healthcare expenses are becoming a financial burden for many Australian families whether they be accessing both the public and private systems.

Over half-a-million Australians do not visit a GP because the cost is too high.[vii]

Recent data from the Australian Institute of Health and Welfare (AIHW) shows out-of-pocket healthcare expenses are 34 per cent higher than they were a decade ago. Across the country, the average Australian is paying $1,235 per year on healthcare expenses.[viii]

The data shows that in New South Wales, patients on average are paying $1,178 for healthcare per year – higher than what is paid by patients in Queensland, South Australia, and the ACT.[ix]

There is also a concerning divide between the bush and the cities. Recent data shows that patients in rural and regional parts of the country are more likely to have out-of-pocket healthcare expenses than those in metropolitan areas.[x]These out-of-pocket expenses come just as figures show that the average Australian is worse off financially than they were ten years ago.[xi]

Underlying the overall healthcare cost is the cost of seeing a general practitioner (GP). GP visits incurring an out-of-pocket expense have also increased year-on-year in the last decade. On average, Australians are paying $38.46 for a regular appointment, up from $31.03 five years ago and up from $22.16 only ten years ago.[xii]

Higher out-of-pocket costs for GP visits can often mean patients avoid going to their doctor for routine matters. This leaves people to diagnose themselves online, attend an ED (further clogging up the system), or go without medical attention entirely.

Waiting Times

Waiting times for GP services are also contributing to an inefficient healthcare system and delaying families seeking urgent medical care. Many families are having to wait longer than a day to see a GP for urgent care, with over a quarter of Australians have to wait 24 hours or more to see a GP[xiii], a figure which rises to more than one in three for outer regional and remote Australia.

As a result of the delay many families face getting an appointment with a GP, they are instead forced to go to EDs, which further compounds the issue around waiting times.

Commendably, NSW leads the nation in the proportion of ED presentations seen within the medically recommended time frames. However, the reality remains that one in five people who do present to an ED are not seen within the medically recommended time frame.[xiv]

In New South Wales, there are more than 1.1 million avoidable presentations made to the state's EDs. This represents more than a quarter of all ED presentations which sits at 9 per cent lower than the proportion in Victoria, but 3 per cent above the proportion in Western Australia.[xv]

The increase in presentations to EDs has occurred despite a doubling of Federal Government spending on urgent after-hours GP visits between 2010 and 2015. Additionally, despite a range of incentives, GPs continue to show some reluctance to work in after-hours care.

The difficulty in getting appointments has been borne out in unnecessary ED presentations where a fifth of all ED presentations citing the unavailability of a GP for the reason of their presentation, as well as 17 per cent stating the care they received in an ED could have been provided by a GP[xvi].

If this trend continues, federal and state governments will have to spend increasing amounts and families will continue to be left waiting longer for urgent care, leading to more frustration at a system that is not adapting to a growing and ageing population. The frontline healthcare system needs a solution to prevent this spiralling out of control - one that means that GPs and hospitals are not overburdened.

Between October and December of last year, EDs in New South Wales had to deal with 25,000 more patients compared to the same period in 2017, and almost a quarter of a million more than 2010.[xvii]

GP Shortages

Australians in rural and remote parts of the country find it harder to access healthcare – and this is made more difficult by regional GP shortages. Relative to its total GP workforce, New South Wales has the lowest of all rural GP shortages (190 shortages).[xviii]

But when GPs aren't available, many Australians instead visit EDs, leading to higher costs for governments and longer waiting times.

Approximately 30 per cent of all patients who present to hospital EDs — almost three million Australians — are not admitted to hospital[xix] and one fifth say that the reason they visited an ED was because a GP was not available[xx].

The data also reveals over half-a-million (18 per cent) of all patients who visited an ED thought the care they received could have been provided by a GP.[xxi]

Overburdened Hospital Emergency Departments

Hospital EDs in almost every state and territory – including New South Wales – are recording overcrowding and excess waiting times

Across the country, the proportion of emergency presentations seen on time dropped from 75 per cent to 72 per cent between 2013-14 and 2017-18.[xxii] And of those patients who visited EDs deemed as 'urgent' in 2017-2018, only 64 per cent were seen within 30 minutes.[xxiii] Little more than a third of patients thought doctors in EDs always spent enough time with them.[xxiv]

The most recent figures show that in New South Wales, there were approximately 2.9 million ED presentations in 2017-18 – an increase of 3.4 per cent since 2016-17. On a per capita basis, NSW has the highest rate of ED presentations of all states at 358.8 per 1,000 population, which increased 1.7 per cent on the 2016-17 rate – an increase above the national average.[xxv]

During 2017-18, New South Wales accounted for more than half of all non-urgent (meaning these could be avoided) presentations to EDs across the country. Nationally, there were over 2.8 million non-urgent ED presentations, with 1.1 million of those presentations occurring in NSW. Comparably, Victoria, the second most populous state, experienced just 630,000 non-urgent presentations.[xxvi]

In other words, Victoria had fewer than half the number of non-urgent presentations as NSW.

New South Wales fares comparatively well to the rest of country. The median waiting time is 15 minutes (5 and 6 minutes shorter than Victoria and Queensland, respectively), with 80 per cent of patients seen on time.[xxvii]

For patients triaged as requiring 'urgent' care, 76 per cent are seen on time.[xxviii]

Hospitals in Australia will also face increased pressures from Australia's ageing population. Current projections suggest that the proportion of over 65s will reach 20 per cent by 2037, an extra 2.5 million people than there are today.[xxix] This means if EDs aren't freed up now, in the near future many more Australians will have older family members needing care and essential services in overburdened care settings.

Government Expenditure on Healthcare

Commonwealth Expenditure[xxx]

As a result of the pressures and strains on the health system, governments are spending more and more on primary healthcare and hospitals. In 2015-2016, government expenditure on health was $114.6 billion in 2015-2016 (up from $104.8 billion in 2013-2014) with primary healthcare accounting for almost one-third ($34.6 billion) of government expenditure on health.[2]

In 2016–17, $69 billion of government money was spent on all hospitals—a real increase of $2 billion from the previous year.[26] National expenditure on ED patient activity was $5.1 billion alone for the same year.

NSW Government Expenditure

In 2015-2016, Australian governments (including the Commonwealth) spent a combined $46 billion on public hospitals which is $3.48 billion more than 2011-2012. However, the percentage increase on expenditure for public hospitals from the Commonwealth Government between 2014-2015 and 2015-2016 is 8.4 per cent compared to the state and territory government increase of only 3.8 per cent.[28]

Across 2017-18 in New South Wales, Government expenditure on healthcare was $4,828 per person. This is the lowest of all states with the exception of Victoria ($4,742).[xxxi]

Of all health expenditure in Australia in 2017-18, more than 55 per cent was spent by Victoria and NSW collectively.[xxxii]

Health expenditure by the NSW Government alone was approximately $13.5 billion in 2017-18, up from $8.1 billion in 2007-08.[xxxiii]

The average lower urgency ED presentation costs $533 and the amount that could be saved nationally if lower urgency ED presentations instead saw another healthcare provider, could be up to $1,532 million per year.[xxxiv]

At the very least, the average cost of a non-admitted ED presentation is the equivalent of up to 15 standard GP visits.[xxxv]

Private Health Insurance[xxxvi]

The public healthcare system is under increasing pressure as more Australians are choosing not to take out private health insurance policies.

Health insurance premiums – as well as general out-of-pocket costs – have been increasing well above CPI and wage rates for the last two decades. As a result, while wages have increased by 11 per cent over the last five years, premiums for private health insurance have increased by 27 per cent.

Participation rates in hospital cover have fallen from 47.3 per cent in 2014 to 45 per cent in 2018.

Concerningly, they have fallen dramatically for under 35s with Private Healthcare Australia projecting that coverage could reach 30 per cent of the population by 2030–2035. To quantify that, around 100,000 fewer Australians have private hospital cover today than a year ago.

In rural and remote parts of the country, fewer than half of Australians have private health cover, 10 per cent lower than the rate in major cities.

All of this has put huge pressure on the state-funded public system. We have seen this problem manifest in the past where in 1997 participation in private health cover fell to 30 per cent, with the public hospital system forced to take up the slack. That same year, more than 1 in 10 patients nationally were unable to receive surgery in the medically recommended timeframe.

If the current trend continues and more Australians decide to move away from private health, the public health system in New South Wales will face ever increasing burdens and waiting times will continue to grow. This means poorer outcomes for patients overall - regardless if they have private health insurance or not.

Pharmacist Full Scope of Practice

Recent Additions to Pharmacy Services in Australia

In recent years, there has been an increase in the number of services which community pharmacists across Australia have been able to provide.

In 2014, Queensland was the first jurisdiction to allow pharmacists to provide influenza vaccinations, with the other states and territories quickly following suit.[xxxvii]

This year is just the third-year community pharmacists have been able to provide influenza vaccinations to Australians in every state and territory.

Last year, as a result of the convenience of a 'walk-in' appointment, pharmacists administered an estimated one million influenza vaccinations – a number which is expected to double to two million this year[xxxviii].

Additionally, as a result of the severity of the 2019 flu season, Tasmania, Western Australia,[xxxix] and Victoria[xl] have all moved to lower the minimum age to receive a flu vaccine from a pharmacist to ten, while South Australia is also considering lowering the age to ten[xli].

Victoria has also allowed community pharmacists to access the National Immunisation Program (NIP) to provide the flu vaccine to at risk groups (such as the elderly, pregnant women, and Indigenous Australians) free of charge. Victorian pharmacists can also provide the MMR (measles, mumps, rubella) vaccine on the NIP.

Both the ACT and Western Australia are trialling access to the NIP by community pharmacists[xlii].

In mid-2019, the Queensland Health Minister, Dr Steven Miles, announced he would accept all recommendations contained within a review, which recommended pharmacists be able to practice closer to their full scope. The recommendations included allowing pharmacists to prescribe autonomously for medicines including the oral contraceptive pill (the pill), antibiotics for urinary tract infections, cardiovascular disease, respiratory illnesses (namely asthma), dermatitis, and erectile dysfunction.[xliii, xliv]

It was, however, recommended that only 'low-risk' prescriptions be allowed, and in conjunction with reviewing a patient's MyHealthRecord (which pharmacists already have access to), or with consultation with a GP over a Queensland Government hotline.[xlv]

What is Full Scope?

Full scope of practice would see pharmacists using their training to the full.

Community pharmacists are highly qualified medical professionals with half a decade of training under their belts before they are registered with the Pharmacy Board, before undergoing continuing professional development, annually.

A full scope of practice would see pharmacists:

- Treating common ailments
  - i.e. asthma or migraines
- Undertaking prescription renewal stable and on-going conditions
  - i.e. the oral contraceptive pill, asthma preventers, or cholesterol lowering medication
- Administering vaccinations
  - Pharmacists who have been trained to administer influenza vaccine could administer a wider range of vaccines that Australians need eg. Meningococcal, pneumococcal, Hepatitis A and Hepatitis B, varicella.
  - In NSW, pharmacists can only administer against influenza, MMR (measles, mumps, rubella), and dTpa (diphtheria, tetanus, pertussis).
  - The NIP is not available to pharmacists in NSW, but is in other states.

Box: NSW study demonstrates pharmacists could save the health system $1.3 billion[xlvi]

A study from the University of Technology Sydney has demonstrated that empowering pharmacists to practice to their full scope could save the Australian health system up to $1.3 billion a year.

The trial – which took place in Western Sydney – was based on the already operational Minor Ailments Scheme in the UK, and saw pharmacists treat common ailments like colds, coughs, reflux, headache, migraine, menstrual pain, and acute low back pain.

More than 500 patients across 15 pharmacies were given consultations with pharmacists in a private setting where a pharmacist followed protocol for assessing and diagnosing a patient.

During the trial the pharmacists were paid $10 per consult, but the study argued that paying pharmacists $14.49 per consult (approximately half the fee paid to GPs) and diverting patients away from GPs for common ailments and low-risk conditions, the Federal Government could save approximately $1.25 billion per year.

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International Comparison[xlvii]

An analysis of the community pharmacy models in the UK and Canada shows Australia has fallen behind similar countries in the role pharmacists play within the health system.

Overseas, it has been observed that increasing the roles of pharmacists in the healthcare system can deliver more affordable and more accessible healthcare for patients, while saving money in health budgets and improving overall health outcomes.

A summary of the scope of practice by country is included below.

Table 1: Summary of Pharmacists Scope of Practice Internationally[xlviii]

		Canada*	United Kingdom†	Australia
Prescription authority for common ailments	Independently	Yes	Yes ††	**No**
	Changing Dosage	Yes	Yes	**No** ¶
	Renew and extending prescriptions	Yes	Yes	**No**
	In an emergency	Yes	Yes	Limited§
Immunisations and injections	Influenza	Yes	Yes	Yes#
	Travel vaccinations	Yes	Yes	**No**
Lab tests	Ordering	Yes	Yes	**No**
	Interpreting	Yes	Yes	**No**

* Using the pharmacist scope of practice model of Alberta, Canada.

† Includes Schedule 2 to 5, except diamorphine, dipipanone or cocaine for treatment of addiction.

†† Pharmacists in the UK are required to undergo extra prescribing accreditation and training but are able to prescribe any medicine for any medical condition within their competence.

¶ Victoria is trialling pharmacists undertaking monitoring and dose adjustment for chronic conditions in collaboration with GPs under a management plan.

§ Most Australian states and territories allow a three-day supply of Schedule 4 Drugs, or continued supply of a full pack of the PBS listed oral contraceptive pill or statins once in 12 months.

Age eligibility varies for each jurisdiction. Influenza vaccine is available in all states and territories for patients who are full-fee paying (apart from Victoria), this excludes subsidised influenza vaccinations eligible under the National Immunisation Program. The ACT and Western Australia are respectively undergoing an NIP access pilot and trial.

Canada

Roles for community pharmacists in Canada have increased significantly in recent years with most Canadian provinces now allowing pharmacists to prescribe medicines for common ailments, changing medicines dosages independently or even renewing prescriptions for the continuity of care. Studies from Canada have shown treatments for common ailments in Canada have seen better health outcomes and improved access for patients, saving the Canadian health system money.

An evaluation of community pharmacies providing treatments for common ailments indicated that patients were highly satisfied with the pharmacy service and only 1 in 20 people thought that a doctor or physician could have done more. The evaluation also showed that trust in pharmacists were the most common reasons for choosing a pharmacist.

Results from a study of community pharmacy prescribing in the province of Alberta showed that patients with high blood pressure and risk of cardiovascular disease had better health outcomes after receiving treatment from a community pharmacy in addition to their usual care setting. The study concluded that pharmacist prescribing for these patients resulted in a 'clinically important and statistically significant reduction in blood pressure'.

Another study estimated that community pharmacist prescribing for cardiovascular treatment could save the Canadian healthcare system more than $4.4 billion over 30 years if the community pharmacist treatment intervention was provided to only 15 per cent of the eligible population[xlix].

United Kingdom

Pharmacists in the UK have been able to prescribe medicine independently for diagnosed and undiagnosed conditions since 2006. The push to enable pharmacist independent prescribing emerged out of the desire to improve the effectiveness and efficiency of the healthcare system and make greater use of the skills and specialisations of pharmacists – who were underutilised in the UK's health system.

In 2005, the British Medical Association argued against pharmacists' ability to prescribe independently, claiming that there was no evidence patient care would improve. The same argument is now being made by the Australian Medical Association who dismiss the idea that pharmacists were capable of prescribing for common ailments.

However, an independent report[l] from the Universities of Southampton and Keele found a range of benefits to patients and the health system from independent pharmacist prescribing. The report found that independent pharmacist prescribing was becoming a 'well-integrated and established means of managing patients' conditions and providing them with the medicines they need', patients were 'very satisfied' with the service, and other health professionals viewed pharmacist prescribing 'positively'. Another report[li] found that patients had 'only positive experiences' about pharmacist prescribing, and that the overwhelming number of patients thought that 'pharmacists had a greater knowledge of drugs, interactions and side effects than doctors'.

An in-depth analysis[lii] found that pharmacists treating common ailments in the UK saved the UK Government over $3 billion dollars in one year alone.

The 2016 report from PwC found the 12 core services community pharmacies provide in England – including treating common ailments, managed prescribing and managed hormonal contraception amongst other services – saved NHS England £1.6 billion in 2015, equivalent to over $3 billion dollars. In addition, patients experienced £600 million worth of savings (well over $1 billion).

In 2015, community pharmacists conducted 75 million common ailment consultations in the UK, which delivered £436.7 million (over half a billion dollars) worth of patient benefits.

And of those who visited a community pharmacy in the UK, if only 15 per cent of those who received treatment for a common ailment went to a GP or hospital for the issue instead, the added cost to the NHS would be £546 million a year, close to a billion dollars per year.

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Conclusion

Last flu season, as a result of the affordability and convenience of a 'walk-in' appointment, pharmacists vaccinated almost two million Australians – a number expected to rise this year. Given the severity of the 2019 flu season, particularly in New South Wales, the impact of pharmacists should not be underestimated.

The contribution of easily accessible flu shots by pharmacists is evidence of the greater role pharmacists could play to make the New South Wales healthcare system more accessible and affordable for all Australians.

Pharmacists are highly qualified medical professionals with half a decade of training under their belts before they are registered with the Pharmacy Board. Their contribution to the Australian health system, while substantial, is smaller than their training allows.

Allowing pharmacists to treat at their full scope of practice – including common ailments, providing more vaccinations, and renewing prescriptions for medications like the oral contraceptive pill – would increase the ability of all Australians to easily access affordable healthcare.

The Australian healthcare system is under strain, and everyday Australians feel it is not working as well as it could for them. Just like in the UK and Canada, allowing pharmacists to practice at their full scope will reduce pressure on EDs and GP surgeries and mean better outcomes for patients.

Australian families are feeling frustrated with longer waiting times, greater out-of-pocket expenses, and GP shortages. Pharmacists are the health professionals who are very well placed to reduce the burden on our health system and increase efficiencies.

By enabling pharmacists to operate at their full scope of practice, the healthcare system would bring Australia into line with comparable countries around the world and increase affordability, efficiency and accessibility for all Australians.

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