

**Submission  
No 102**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH  
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND  
REGIONAL COMMUNITIES**

**Organisation:** Pharmaceutical Society of Australia

**Date Received:** 15 November 2024

## Purpose of this submission

The Pharmaceutical Society of Australia (PSA) makes this submission to the Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to cross-jurisdictional health reform and government consultation with remote, rural and regional communities.

PSA's submission is informed by the professional practice experience and perspectives of pharmacists and PSA's role as the peak professional body for all pharmacists.

## About PSA

PSA is the peak national professional pharmacy organisation representing all of Australia's 39,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the healthcare needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

*In NSW, there are approximately 11,000 registered pharmacists working in community pharmacies, hospitals, general practices, aged care facilities, disability care organisations, Aboriginal Community Controlled Health Organisations, primary health networks, government departments and agencies, and within other private sector organisations.*

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## Background

The practice of pharmacists is governed and supported by a comprehensive framework of legislation, and professional and ethical standards. PSA is the profession's standards-setting body and custodian of the *National competency standards framework for pharmacists in Australia*,<sup>1</sup> and also develops, maintains and promulgates its own suite of documents, including the *Code of ethics for pharmacists*,<sup>2</sup> *Professional practice standards*,<sup>3</sup> *Clinical governance principles for pharmacy services*,<sup>4</sup> and various guidelines to support professional practice activities and pharmacist-delivered health services.

Pharmacists practise in a wide range of settings within health care, aged care and disability care. The accessibility of pharmacists as frontline healthcare professionals in the community provides significant value to patients, carers and the public. Pharmacists support timely access to care and medicines, provide advice on public health information, deliver preventive health care including vaccinations to individuals, assist in improving health and digital literacy, and triage care and refer to other healthcare practitioners to facilitate the best possible care. The pharmacist workforce is fundamentally committed to person-centred care, evidence-based practice, collaborative team care arrangements and quality improvement.

In primary care, pharmacists are highly accessible through the well-distributed network of over 2,000 community pharmacies in NSW. It is reported that, on average, every person visits a community pharmacy 18 times per year.<sup>5</sup> Community pharmacists do not just dispense medicines and provide medication advice – pharmacies are considered to be vital health hubs. This was particularly evident during the COVID-19 pandemic as well as other public health emergencies such as floods and bush fires – pharmacists were regarded as essential frontline healthcare service providers supporting the Government's policy objectives and implementing statewide healthcare responses.

In many rural communities, the only health services available are from a general practice (if a general practice exists) and a community pharmacy. Community pharmacies in rural and remote Australia are unique because they represent a private investment in health infrastructure that generally is not present through other allied health practitioners. This private investment provides a unique opportunity for rural pharmacy practitioners to do more, to be better integrated with general practice, and to strengthen Australia's rural community pharmacy network as a platform through which the workforce investment required to better manage the needs of rural and remote Australians can be implemented.

As the most accessible health provider, pharmacists can and should play a much greater role in Australia's health system. This expanded role will be significantly impactful in regional, rural and remote NSW, where pharmacists may be the only health provider in a community.

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<sup>1</sup> National competency standards framework for pharmacists in Australia. Canberra: PSA; 2016. At: <https://www.psa.org.au/wp-content/uploads/2018/06/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-2016-PDF-2mb.pdf>

<sup>2</sup> Pharmaceutical Society of Australia. Code of ethics for pharmacists. Canberra: PSA; 2017. At: <https://www.psa.org.au/wp-content/uploads/2018/07/PSA-Code-of-Ethics-2017.pdf>

<sup>3</sup> Pharmaceutical Society of Australia. Professional practice standards. Version 6. Canberra: PSA; 2023. At: [www.psa.org.au/wp-content/uploads/2023/07/5933-Professional-Practice-Standards\\_FINAL-1.pdf](http://www.psa.org.au/wp-content/uploads/2023/07/5933-Professional-Practice-Standards_FINAL-1.pdf)

<sup>4</sup> Pharmaceutical Society of Australia. Clinical governance principles for pharmacy services. Canberra: PSA; 2018. At: [https://www.psa.org.au/wp-content/uploads/2019/05/PSAClinicalGovernancePrinciples2018\\_FINAL.pdf](https://www.psa.org.au/wp-content/uploads/2019/05/PSAClinicalGovernancePrinciples2018_FINAL.pdf)

<sup>5</sup> National Australia Bank. NAB Australian Pharmacy Survey 2021. At: <https://business.nab.com.au/nab-australian-pharmacy-survey-2021-48091/>

## Comments on selected Terms of Reference

Through this Inquiry, and in the context of relevant Portfolio Committee No. 2 recommendations, PSA highlights to the Select Committee several initiatives where the contribution of pharmacists and their accessibility, particularly in primary care settings, could help to achieve better health outcomes for the people of rural, remote and regional NSW.

PSA is keen to work with the NSW Government to support and facilitate the implementation of recommendations in a timely manner.

### **1) Cross jurisdictional cooperation between the New South Wales and Australian governments, in particular: a) long term strategic planning to improve health services and health outcomes in remote, rural and regional areas, including in relation to primary health (including Recommendations 1, 7, 8 and 11)**

The *Unleashing the Potential of the Health Workforce – Scope of Practice Review Final Report* identified that barriers to full scope of practice unrelated to competency exist for all health professionals, and that this is causing the health workforce to leave the profession. It particularly identified how these gaps impact on rural and remote communities, stating:

*“Rural and remote settings often provide the greatest opportunity for more immediate and enduring positive change which support full scope of practice in a multidisciplinary context, since these communities simultaneously represent the greatest need and greatest appetite for change, with a strong baseline of working in multidisciplinary care teams.”*

*Findings (page 14)*

PSA supports all 18 recommendations the review made, including those which relate to workforce. We consider that full implementation of these recommendations would help substantially achieve the objectives of recommendations 1,7,8 and 11.

*PSA urges the NSW Government to partner with the Australian Government to implement all 18 recommendations of the Scope of Practice Review in full.*

We have made further comments on specific initiatives that may be useful as immediate measures below, with a focus on Recommendations 7 and 8:

#### **Workforce**

There are significant issues affecting rural, regional and remote areas of NSW including medicine supply, timely access to pharmacies and workforce and locum availability. Further work needs to be done to develop strategies and increase the pharmacist workforce in rural and remote NSW.

PSA recommends the NSW Government conduct a comprehensive review of rural health workforce support programs in light of the Scope of Practice Review. This would include increasing opportunities for genuine multidisciplinary learning and placement experience. It would also seek to broaden availability of workforce programs to all relevant health professionals, including the rural pharmacy workforce.

For example, greater investment is warranted to support pharmacies with professional placements for students, to attract intern pharmacists and early career pharmacists to work in rural areas. Currently, some placements for pharmacy students and intern pharmacists impose a burden on preceptor

pharmacists who need to finance travel and/or accommodation costs to attract trainees and make the transition viable, particularly to a rural or remote practice location.

As part of the Australian Government 2024-2025 budget, a new practical placement payment was established for students to help them manage the costs associated with undertaking mandatory placements as part of a higher education course. This payment is available for students studying teaching, nursing and midwifery, and social work, but not for pharmacy students. Incentives such as the Prac Payment should equally be available to pharmacists to achieve better integration and coordination of health care service delivery.

*In collaboration with the Australian Government, PSA strongly suggests trainee placement programs should be reviewed across all health professions with a view to providing an equitable framework that maximises opportunity and minimises financial burden on all trainees and preceptors.*

Such considerations are fundamental to ensuring a dynamic and responsive health workforce that can meet the growing and evolving healthcare needs of the residents of NSW.

### **Strengthening primary care**

Australians regard universal and equitable access to health care to be a fundamental right and need. Residents of rural, regional and remote NSW deserve to have the same level of access to healthcare and pharmacy services as those in urban areas.

The challenges of geographic spread, low population density, limited infrastructure, as well as the higher costs of delivering rural and remote health care, can affect access to health care. There are many strategies that may be relevant for the NSW Government in collaboration with the Australian Government to consider, including:

#### **a. Expand pharmacist prescribing**

Expanding the scope of pharmacist practice in rural, regional and remote NSW will improve access to healthcare for these communities, by enabling pharmacists to manage a broader range of common and mild health conditions. By leveraging the accessibility and skills of pharmacists, NSW residents can receive timely care, contributing to a safe and more efficient health system.

PSA is committed to enabling pharmacists to practice to their full scope and to expand pharmacist prescribing arrangements in a safe and accountable manner to improve patient care and health outcomes.

Pharmacies across NSW have been authorised to provide treatment for urinary tract infections and to extend supply of oral contraceptives as permanent practice. The NSW Pharmacy Trial for the treatment of four skin conditions – impetigo, shingles, dermatitis and mild plaque psoriasis will end in February 2025. Without any evidence of adverse outcomes, it is important that the skin conditions trial to transition to usual practice in pharmacies.

The Minister of Health, Ryan Park announced in September 2024 that the scope of practice for pharmacists in NSW would expand to include providing treatment for the following conditions:

- Acute otitis media (middle ear infection) and acute otitis externa (outer ear infection)
- Acute minor wound management
- Acute nausea and vomiting
- Gastro-oesophageal reflux and gastro-oesophageal reflux disease (GORD)
- Mild to moderate acne
- Mild, acute musculoskeletal pain

Additionally, the Minister announced a pilot for pharmacist provision of health services for chronic conditions such as asthma, COPD and cardiovascular risk reduction would commence in rural and regional areas in 2025.

It is important that there is consistency of high-quality access to care between urban and rural and remote communities. It should be a priority for these expanded pharmacist services to be implemented in regional, rural and remote areas of NSW.

*Enabling pharmacists to deliver a broader range of healthcare services in rural, regional and remote NSW should be a priority for the NSW Government.*

#### **b. Supporting pharmacist delivered virtual care**

Pharmacists need support to deliver digital initiatives, particularly virtual care. This is important for people living in rural and remote areas without ready access to face-to-face pharmacist interactions. Consideration needs to be given to funding virtual pharmacist services to enable equitable access to safe, effective, and high-quality medicines, medicines related services and medicine related information.

This would include Home Medicines Reviews (HMRs) and Residential Medication Management Reviews (RMMRs) via telehealth when in-person reviews are not possible. The Australian Government stopped funding pharmacists to deliver care via telehealth for HMRs and RMMRs post COVID, and this disproportionately affects the access of people in rural, regional and remote NSW to medicines-related services and medicines information.

Further, face-to-face visits must also remain an integral part of healthcare delivery, offering advantages that cannot be fully replicated through digital access.<sup>6</sup> Funding is also required for outreach services to adequately support pharmacists in the provision of HMRs, RMMRs and Quality Use of Medicines services face-to-face for people in rural and remote NSW.

*PSA recommends improving access to medication management reviews for people living in rural, regional and remote NSW*

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<sup>6</sup> Alpert, Joseph S. Face-to-Face Versus Digital Encounters in the Clinic, The American Journal of Medicine, Volume 137, Issue 5, 379 – 380. At: [https://www.amjmed.com/article/S0002-9343\(23\)00428-X/fulltext](https://www.amjmed.com/article/S0002-9343(23)00428-X/fulltext)

### c. Increasing access to essential medicines in emergency situations

The current emergency supply arrangements within the *NSW Poisons and Therapeutic Goods Regulation 2008* and the *National Health (Continued Dispensing) Determination 2022* are not fit for purpose.

The *NSW Poisons and Therapeutic Goods Regulation 2008* allows a 7-day emergency supply of essential medicines. It is most often patients taking essential medicines for ongoing chronic conditions that present to pharmacies requiring an emergency supply, which is provided as a non-PBS subsidised supply of a part pack.

These arrangements do not meet the needs of NSW residents in times of a declared natural disaster or personal emergency, leaving patients without access to their regular prescription medicines.

As a result of higher cost-to-patient associated with emergency supply, many people will opt to temporarily withhold therapy, putting their health at risk, and increasing the risk of emergency department presentations. Even when an emergency supply is provided, long GP wait times often means that new prescriptions for chronic conditions cannot be obtained within 7 days.

*“It is common for patients to come into my pharmacy because they have run out of essential medicines. If their medicine is not covered under the Continued Dispensing Arrangements, I can only provide a 7-day supply, which often isn’t enough. This impacts people on antidepressants, antiepileptics, anticoagulants and those with other chronic health conditions. In many cases, it takes longer than a week for them to get an appointment with their GP.”*

*Ms Karen Carter FPS, Community Pharmacist Owner in Gunnedah and Narrabri*

The Australian Government’s continued dispensing arrangements currently allow supply of 168 medicines, when more than 900 medicines are listed on the PBS General Schedule. The list does not include medicines such as antithrombotics, antirheumatics, long term corticosteroids, antiepileptics, immunosuppressants antidepressants, antiglaucoma medicines and antipsychotics. Restricting the number of eligible medicines listed has a significant impact on patient access to essential medicines used to treat many chronic conditions.

For a 3-year period between 2020 and 2023, pharmacists in NSW were able to provide a one-month supply of all Schedule 4 medicines in emergency situations under a temporary authority. During the pandemic the Australian Government temporarily expanded the range of medicines that could be supplied under Continued Dispensing arrangements to include all PBS General Schedule (s85) medicines through the *National Health (Continued Dispensing – Emergency Measures) Determination 2020*.

During this period, no adverse outcomes were reported, with pharmacists demonstrating they can safely and effectively provide a one-month supply of essential medicines in emergency situations.

The benefits of allowing the supply of the smallest standard pack size in emergency situations would outweigh any potential risks for NSW residents. It would ensure safe, timely access to all Schedule 4 medicines for NSW residents in emergency situations.

*PSA strongly recommends the Australian and NSW Government review emergency supply arrangements. This is vital to ensuring timely and equitable access to basic health care in the event of an emergency.*



**d. Integrate pharmacists into Aboriginal Community Controlled Health Services**

There is an urgent need to address the considerable health disparities for Aboriginal and Torres Strait Islander peoples, and PSA is dedicated to improving equity of access to medicines and quality use of medicines by Aboriginal and Torres Strait Islander peoples.

The health outcomes of Aboriginal and Torres Strait Islander people with chronic disease could be improved by funding integrated pharmacists within Aboriginal and Torres Strait Islander primary health services. The Medical Services Advisory Committee (MSAC) has recommended pharmacists be part of Aboriginal and Torres Strait Islander primary health services team and the Scope of Practice Review's final report identified it as an example of "effective, team-based care provided by health professionals working to their full scope of practice".

*The MSAC recommendation to fund and embed non-dispensing pharmacists within Aboriginal Health Services should be implemented without delay.*

**e. Invest in pharmacist stewardship to improve outcomes at transitions of care**

The clinical handover of patients to and from hospital is suboptimal, especially in some regional, rural and remote areas. This includes the communication and continuity of care arrangements around medicine management. For example, for 1 in 5 people at high risk of readmission, timely provision of a discharge summary did not occur and over 90% of patients have at least one medicine related problem post-discharge from hospital.<sup>7</sup>

Pharmacists must be funded to be embedded in medicine reconciliation roles at transitions of care, particularly when patients are discharged from hospital to home or from hospital to their aged care facility. This would involve ongoing multidisciplinary clinical review within the first week of discharge, and if needed in the months following discharge. This is critical to preventing readmission. If this can't be provided face to face, virtual delivery of these roles should be considered.

Community pharmacists also need to be supported and funded to actively participate in transitions of care, including in the clinical handover at admission and discharge from hospital.

*PSA recommends the NSW Government empower pharmacists to proactively identify and resolve medicine-related problems and prevent medicine misadventure at transitions of care.*

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<sup>7</sup> Pharmaceutical Society of Australia. Medicine safety: take care. Canberra: PSA; 2019. At: [www.psa.org.au/wp-content/uploads/2019/01/PSA-Medicine-Safety-Report.pdf](http://www.psa.org.au/wp-content/uploads/2019/01/PSA-Medicine-Safety-Report.pdf)

## **2) Collaboration between NSW Health and Australian Government bodies on particular initiatives, services or training programs (including recommendations 9, 10, 14, 21, 22 and 39)**

The Scope of Practice Review has made five recommendations to government on workforce design, development, education and planning. PSA strongly supports all five of these recommendations. The review also made four specific reform recommendations regarding legislation and regulation of health care, particularly with regard to state and territory poisons regulations. PSA strongly supports these four recommendations.

Specifically, in the context of Recommendation 10, 22 and 39, PSA provides the following comments and proposals to help the NSW Government progress or commence relevant reforms:

### **Immunisation**

Every jurisdiction in Australia has different regulations around which vaccinations can be administered by pharmacists. A nationally consistent schedule of pharmacist-administered vaccines is key to achieve equitable access to government-funded vaccines by all Australians.

This is particularly relevant in NSW which borders Queensland, the ACT, Victoria and South Australia. The different state regulations cause confusion in border communities for both residents and health care professionals who practice across jurisdictions. The Scope of Practice review particularly highlights this inconsistency as a barrier to vaccine uptake and point of confusion for consumers and other health professionals.

Reducing barriers to vaccination uptake should be a priority to improve equity and access to the health care system. Empowering pharmacists to provide this essential service, in a consistent manner across jurisdictions, will be key to reaching the immunisation targets in NSW and across Australia.

The *Australian Immunisation Handbook* serves as Australia's national vaccination formulary. Pharmacists, along with all Australian health care professionals who are immunisers, should adopt this as the national standard for defining vaccination formularies, instead of complex regulatory instruments unique to each state and territory.

*PSA recommends revising poisons regulations to enable all immunising health practitioners to administer all vaccines for which they are competent, within the guidance provided in the Australian Immunisation Handbook.*

### **National training standards for pharmacist prescribing**

With NSW pharmacist prescribing expanding to treat a wider range of conditions, it is important that the required training is harmonised across all jurisdictions. Pharmacists expanding their scope of practice will need to successfully undertake two separate training courses:

- a. Pharmacist prescribing training
- b. Clinical training for each condition they will be enabled to treat.

The Australian Pharmacy Council (APC) standards for education on prescribing should be referenced and recognised in any course supporting extended scope of practice. The standards were widely consultative and are accompanied by performance outcomes based on the NPS MedicineWise

prescribing competency framework.

The PSA is the peak body for pharmacists in Australia and is a leading provider of education and credentialing for pharmacists. The PSA intent is to provide a course which meets the needs of extended scope in NSW and in other states as scope expansion progresses.

## **Digital transformation**

With pharmacists delivering expanded services such as immunisation services, prescribing services and administering medicines via injection there is an urgent need to improve communication between service providers. It is imperative that all shared medical record systems have the ability to communicate with pharmacy software. This is fundamental to improving safe, seamless and timely person-centred care.

Most importantly:

- pharmacists need the ability to record health service consultations in My Health Record, ensuring all pharmacist consultations can be viewed by all members of the patient's health care team.
- there is a need for improved point-to-point communication using secure messaging between pharmacies and other care settings, particularly GP practices. This particularly relates to interoperability of systems, which requires common system specifications.

PSA has previously published, *Connecting the dots: Digitally empowered pharmacists*, which promotes digital transformation around medicine safety and delivery of health care – it can be accessed at: [www.psa.org.au/wp-content/uploads/2019/07/Connecting-the-dots-Digitally-Empowered-Pharmacists.pdf](http://www.psa.org.au/wp-content/uploads/2019/07/Connecting-the-dots-Digitally-Empowered-Pharmacists.pdf)

The Scope of Practice Review final report identified technology as an essential enabler of increased scope of practice, dramatically improving the communication between health practitioners across all health professions, but also increasing transparency and accountability of health care provided. PSA strongly supports digital transformation as a key enabler of better health care.

#### **4) NSW Government action to prioritise the health of regional communities in government decision making (including recommendations 36, 37 and 44)**

In the context of Recommendations 36,37 and 44, PSA provides the following comments and proposals to help the NSW Government progress or commence relevant reforms.

To improve health outcomes for their communities, pharmacists in rural, regional and remote NSW can make a significant impact by expanding their scope of practice and offering all allowed prescribing services.

The roll out of the recently announced expanded pharmacist scope of practice should be prioritised and potentially fast tracked for pharmacies in regional, remote and rural communities.

Funding is needed to support and incentivise pharmacists to expand their scope of practice, and for pharmacies to deliver increased clinical services to improve healthcare access for regional, remote and rural communities.

#### **Training**

As pharmacists expand their scope of practice in NSW, there will be a requirement for pharmacists to successfully undertake '*Pharmacist Prescribing Training*' that has been accredited by the Australian Pharmacy Council and additional clinical training for the services they will provide.

Pharmacists in regional, rural and remote NSW should be incentivised and funded to undertake prescribing training, and other required clinical training. This is essential to ensure they can deliver expanded scope of practice initiatives. Increasing the number of trained pharmacists will improve access to these services for people living in rural and remote communities.

#### **Infrastructure and IT Systems**

To participate in the NSW Pharmacy Trial and to offer expanded prescribing services, community pharmacies are required to have certain infrastructure including a consultation room and IT software.

Funding for both IT and infrastructure would support the uptake of pharmacist prescribing services. Funding could be in the form of a one-off infrastructure grant, to ensure pharmacies in rural, regional and remote areas are equipped to deliver these services.

#### **Pharmacist consultations**

To enable equitable access to care for the people in regional, remote and rural NSW, funding for pharmacist consultations must be considered. Currently, the consultation fee (rebate) is only provided for the duration of the NSW Pharmacy Trial.

This would enable subsidised pharmacists' consultations for the management of urinary tract infections, extending oral contraceptive prescriptions, management of minor skin conditions as well as future conditions.

Providing equitable access to care by funding pharmacist consultations will relieve pressure on general practitioners, reduce emergency department presentations and improve timely access to care. Patients should not be disadvantaged due to their geographical location in accessing healthcare services or medicines.

*PSA strongly recommends the NSW Government incentivise and support pharmacists to expand their scope of practice to provide treatment for a broader range of conditions. This would include funding for training IT and infrastructure.*

*PSA recommends the NSW Government consider funding pharmacist consultations to enable equitable access to care, and to relieve pressure on GPs and reduce emergency department presentations.*

## 5) Any updates or final observations relating to the progress of implementing any Portfolio Committee No. 2 recommendations that the Select Committee has considered in its previous inquiries

PSA members continue to report healthcare challenges in rural, regional and remote NSW. Access to primary care can be difficult, and pharmacists are seeing an increasing number of patients who are unable to access essential medicines, see their GP or need to attend emergency departments for minor conditions to receive the care they need.

*“Our pharmacy serves as a health hub within our community. We work closely with local GPs, emergency department doctors and virtual care services to ensure our patients can access essential medicines and healthcare services.*

*However, there are still lots of challenges. While our GPs are doing their best, some have had to close their books which makes it harder for patients to get an appointment, especially after discharge from hospital. Linkage to other services, such as aged care can also be a challenge.”*

*Mr Robert Smith MPS, community pharmacist (pharmacy owner) in Merriwa*

*“I work in Orange, which is a very well-resourced town and still people can't get a GP appointment within 3 or 4 weeks, only if you are lucky someone might cancel, and you will get an appointment. Some GPs are booked out 3 months in advance.*

*Expanding pharmacist scope of practice will be a lifesaver for rural and remote communities, as often pharmacists are the first port of call for people needing health care. Access to care is becoming more limited, and enabling pharmacists to provide treatment for a broader range of minor illnesses will take pressure of the health care system.”*

*Ms Kathleen Gray MPS, community pharmacist (pharmacy owner) in Orange*

PSA's *Medicine safety: rural and remote care report*<sup>8</sup> reveals the extreme challenges patients in rural and remote Australia have in accessing health care and the impact that this has on the safe and appropriate use of medicines. The report found that 72,500 rural and remote Australians were admitted to hospital each year due to medicine-related problems, half of which are preventable. The estimated cost to the Australian healthcare system from this is \$400 million each year.

Further work is necessary to reduce the extent of medicine related harm and barriers to medicine access, medicine information and medicine-related services. Several recommendations from PSA's *Medicine safety: rural and remote care report* remain directly relevant to the Portfolio Committee No. 2 recommendations, in particular:

- **Recommendation 1:** Build rural and remote pharmacist workforce and capacity
- **Recommendation 2:** Encourage collaborative and enhanced pharmacy practice in rural and remote Australia

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<sup>8</sup> The Pharmaceutical Society of Australia. *Medicine safety: rural and remote care report*. Canberra: PSA, 2021. At: [PSA-Medicine-Safety-Rural-and-remote-care-report.pdf](#)

- **Recommendation 3:** Improve access to medication management reviews for rural and remote Australians
- **Recommendation 4:** Embed pharmacists within Aboriginal Community Controlled Health Organisations.

In August 2024, PSA launched *Pharmacists in 2030*<sup>9</sup> a document that sets out the actions and enablers to support pharmacists to meet the growing needs of the Australian population. This is a critical document that articulates the profession's strategic vision.

*Pharmacists in 2030* articulates six key actions:

- **Medicine safety** – empowering and supporting pharmacists to reduce risks and minimise harm by advancing medicine safety in practice
- **Medicines stewardship** – supporting pharmacists to actively lead and influence effective and judicious medicine use
- **Access to care** – providing all consumers greater access to care by increasing and leveraging the accessibility of pharmacists to address unmet health needs
- **Equity** – supporting pharmacists to meet the unique needs of vulnerable individuals and priority populations to address the disparity of health status through the provision of appropriate and responsive care
- **Workforce development** – equipping and growing the pharmacist workforce to address existing and emerging health challenges
- **Sustainability** – driving practice changes that increase the sustainability of the pharmacist workforce, increase social contribution and limit environmental impact

There is a clear alignment between the Scope of Practice Review recommendations and the actions in PSA's vision for the pharmacy profession, *Pharmacists in 2030*. Both present a clear vision for the future that requires collaboration for a health system that works for patients. With the ongoing reviews into health outcomes in rural, remote and regional NSW, PSA recommends the document to the Committee as it offers valuable insights into future roles of pharmacists in addressing disparities and improving health outcomes for people in these areas.

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<sup>9</sup> The Pharmaceutical Society of Australia. Pharmacists in 2030; August 2024. At: [https://www.psa.org.au/advocacy/working-for-our-profession/pharmacists\\_in\\_2030/](https://www.psa.org.au/advocacy/working-for-our-profession/pharmacists_in_2030/)

## Summary

People in rural, regional and remote NSW deserve timely and regular access to a healthcare professional, according to their needs and preferences, to support their health and wellbeing.

Pharmacists are cornerstones of rural, regional and remote communities and can do more to support equitable, essential and accessible health care.

Through the well-established network and infrastructure of community pharmacies in NSW, PSA strongly supports the NSW Government to invest in pharmacists to lead and deliver initiatives for their local community to alleviate the growing healthcare disparity for people in regional, rural and remote NSW.

PSA is keen to partner with the NSW Government to facilitate the implementation of relevant Portfolio Committee No. 2 recommendations, and to contribute to the design and delivery of the state's broader health policies and programs in rural, remote and regional NSW.

(End of submission)