

10 March 2026

Mr Russ Campbell
Under Treasurer
GPO Box 158
Canberra ACT 2601
Russ.Campbell@act.gov.au

Dear Mr Campbell,

The Pharmaceutical Society of Australia (PSA) appreciates the opportunity to make this pre-budget submission to the 2026-27 Australian Capital Territory (ACT) Budget.

As medicine safety experts and one of the most accessible frontline health workforces, pharmacists play an important role in improving access to medicines and health care for the ACT population and individual patients to deliver better health outcomes.

PSA proposes three practical, evidence-based recommendations to directly improve the health and safety of Canberrans, supported by investment in the 2026-27 ACT budget.

- 1. Improve access to primary care for Canberrans by expanding scope of pharmacist prescribing.**
- 2. Fund pharmacist-led transitions of care service in community pharmacy.**
- 3. Expand equitable access to vaccination services through pharmacist immunisers.**

These recommendations give Canberrans greater access to care when and where they need it. PSA is committed to working with the Government to improve the health and wellbeing of all Canberrans.

Please do not hesitate to make contact if you require any further information to support this submission.

Sincerely,



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Pharmaceutical Society of Australia*



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*ACT & WA State Manager
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About PSA

PSA is the only peak national professional pharmacy organisation representing Australia's 41,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists to help Australians 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 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.

Pharmacists in Australian Capital Territory

In ACT, there are 837 registered pharmacists working in community pharmacy, hospital, general practice, aged care, Aboriginal health services, government, academia, the military and within other private sector organisations. Pharmacists are accessible and essential to the delivery of frontline health care and reducing pressure on our hospital system.

Recommendation 1

Improve access to primary care for Canberrans by expanding scope of pharmacist prescribing

The challenge

Access to timely primary care in the ACT is increasingly challenging, with general practice workforce shortages and rising patient demand contributing to delays in health care.^a Pharmacists are highly qualified medicine experts who can safely and effectively manage a range of conditions.

One of the key challenges is the shortage of general practitioners (GPs). Canberrans have access to 23% fewer GPs per capita compared to residents of other major cities such as Sydney, Melbourne or Brisbane.^b Prescribing pharmacists can improve timely and safe access to care to deliver benefits for patients and the community.

The ACT also has the lowest rate of bulk billing GPs in the country, making it harder for patients to access affordable, acute care when and where they need it.

The proposed approach

1. Amend regulations to authorise pharmacist prescribing

Amend legislation to authorise greater pharmacist prescribing in ACT, aligned to the implemented or announced pharmacist prescribing framework for defined acute and chronic conditions in other jurisdictions.

2. Fund pharmacists to complete prescribing training

The ACT Government should fund pharmacists to undertake accredited prescribing training programs by providing grants to pharmacists to cover direct out-of-pocket costs of the course.

^aRACGP - Not good enough: next ACT government must attract GPs <https://www.racgp.org.au/gp-news/media-releases/2024-media-releases/september-2024/not-good-enough-next-act-government-must-attract-g>

^bRACGP - GP training recovers in the ACT, but Canberra remains worst capital for GP access <https://www.racgp.org.au/gp-news/media-releases/2025-media-releases/january-2025/gp-training-recovers-in-the-act-but-canberra-remai>

Why it will work

Pharmacists have demonstrated their ability to adapt to the increasingly complex health needs of Canberrans, the ageing population and overstretched ACT health system.

Other jurisdictions such as Queensland, Victoria, Tasmania, South Australia and Western Australia are moving forward to allow pharmacists to prescribe for a wide range of common acute and chronic conditions.

This approach is fit-for purpose and will:

- accelerate workforce readiness
- support pharmacists and reduce the financial burden of training (training requires a minimum 20% FTE additional time commitment)

Budget impact

Making the necessary regulatory changes requires **nil direct investment** from the ACT Government.

The estimated cost to fully fund and credential 160 pharmacists prescribing training grants is \$2 million. This would allow an average of two pharmacists per community pharmacy to complete training.

Benefits for Canberrans

- Greater access to healthcare services, in a timely manner.
 - Equitable access to care in community pharmacies across ACT.
 - Reduced pressure on emergency departments and GPs.
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Recommendation 2

Fund a pharmacist-led transitions of care service in community pharmacy

The challenge

The Australian Commission on Safety and Quality in Health Care acknowledges that more than 50% of all medication errors occur during transitions of care. Poor transitions of care are associated with adverse events that result in higher rates of readmission to hospital.

The PSA's *Medicine safety: take care* report found over 90% of patients experience at least one medication-related problem on discharge from a hospital, leading to increased risk of harm and possible readmission to a hospital, placing greater pressure on the hospital system.^c This may include inaccurate or incomplete transfer of medicines information, medicines not continued as intended, inappropriate medicines, inappropriate dose, or adverse effects. Much of this harm is preventable.

The proposed approach

PSA proposes the government fund a community pharmacy transitions of care service where high-risk patients are referred to a pharmacist to support the handover to primary care and other care settings.

Selected community pharmacists would be funded to undertake a review of high-risk patients within 7–14 days of hospital discharge, including:

- medicines reconciliation against discharge summaries
- medicine counselling, including medicine adherence, resolving medicine-related problems and increasing health literacy
- liaison with GPs and follow-up for identified medicine-related problems.

It is anticipated the pharmacist review would take between 20–40 minutes per high-risk patient.

Why it will work

Establishing funded programs for pharmacist-led medicine reconciliation is essential to reduce medication errors and hospitalisations as it has proven effective in reducing medication-related problems and improving patient outcomes.

^c Medicine safety: take care, 2019, Pharmaceutical Society of Australia, <https://www.psa.org.au/advocacy/working-for-our-profession/medicine-safety/take-care/>

A number of projects have demonstrated the patient safety impact of post-discharge pharmacist reviews for high-risk patients:

- **Transition of Care Pharmacy Project (Queensland)^d** – patients discharging from hospital to home, or hospital to residential aged care facilities.
- **Post-Discharge Medication Service (SA)^e** – conducted by community pharmacists to provide people with support and advice about their medicines within seven days of discharge from hospital.
- **Discharge Medicines Service (UK)** – NHS hospitals can refer patients who would benefit from extra guidance around prescribed medicines for provision of the Discharge Medicines Service at their community pharmacy. Pharmacy owners are paid a £400 set-up fee and £35 per service.

Budget Impact

PSA estimates the initiative would cost \$ 0.5 million:

Proposal	Cost (annual)	Notes
Development of program framework, project management and governance	\$ 0.15 million	Assumptions: 18-month program with 12-month period of delivery
Service fees to pharmacists	\$ 0.3 million	Service fee: \$125 (long consultation) per review. Assume 25% uptake of 5% hospital separations in ACT.
Evaluation	\$ 0.05 million	
Total	\$ 0.5 million	

Benefits for Canberrans

- Provide patient access to timely health care, ensure the correct medicines are taken after hospital discharge and improve medication adherence.
- Prevent readmissions to hospital due to potential medication errors.
- Support communication with GPs and multidisciplinary healthcare teams.

^d Transition of Care Pharmacy Project (ToCPP), Queensland Government, www.health.qld.gov.au/ahwac/html/allied-health-workforce/ToCPP

^e Post-Discharge Medication Service, SA Health, www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+for+health+and+wellbeing/office+of+the+chief+pharmacist/community+pharmacy+initiatives/post+discharge+medicines+service

Recommendation 3

Expand equitable access to vaccination services through pharmacist immunisers

The challenge

Nationally, vaccination rates have declined below target levels. The reasons are multifactorial, and include vaccine fatigue, increasing complexity of vaccine schedules, politicisation of vaccination and health system resourcing pressures.

Although vaccination rates in the ACT are ahead of the national average, further support is needed to enable convenient and equitable access across all age groups and diseases to help continue these trends.

Health system complexity is a barrier to vaccination. The range of vaccines authorised for administration by pharmacists remains confusing to patients, impeding uptake. Equitable access to territory-funded vaccination programs and National Immunisation Program (NIP)-funded vaccines for children aged 2–4 years also remains a challenge as consumers face different out-of-pocket costs for vaccine administration depending on which provider they choose to access.

The proposed approach

PSA seeks adoption of two measures in the ACT:

- Adopt the Australian Immunisation Handbook (AIH) as the formulary for pharmacist immunisers
- Fund the administration fee for territory-funded vaccines delivered by community pharmacists.

	Cholera	COVID-19	DTP	Hib	Hep A	Hep B	Herpes zoster	HPV	Influenza	JE	MMR	Men ACWY	Men B	Men C	mPox	Pneumo-coccal	Polio	Q fever	Rabies	Rotavirus	RSV	TB	Typhoid	Varicella	Yellow fever	
ACT		5	5	5	5	5*	18	10	5	5	5*	5	5	5	16	50 / 70	5		5		60 / [^]		5	5		
NSW		5	5	5	5	5*	18	9	2	5	5*	5	5	5	16	50 / 70	5		5		60 / [^]		5	5		
NT		5	5	5	5	5	5	5	5	5	5	5	5	5	18	5	5				5			5		
QLD	✓	✓	✓	✓	✓	✓	✓	✓	✓*	✓	✓	✓	✓*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TAS		5	5	5	5	5*	18	9	2		5*	5	5			5	5				18% / 50			5		
VIC		5	5 [#]		5 [~]	5 ^{*~}	5 [§]	5 [#]	5	5	5 ^{*&}	5 ^{&}			5	5 [§]	5 [~]				5		5 [~]			
WA		5	5			5*	5	5	5*		5*	5	5	5		5	5				5			5		

NIP or CVCP funded for eligible patients

State funded vaccines for eligible patients (asterisk * denotes additional eligibility beyond NIP)

Non-govt funded vaccines only

Not permitted

~Only under Victorian Community Pharmacist Program (VCPSP);

For travel, min age 12 + only under VCPP;

& For travel, min age 15 + only under VCPP;

§ For travel, min age 50 + only under VCPP;

^ Pregnant person 28–36 weeks gestation

% Pregnant person

NIP funded vaccines may not be available for ordering by community pharmacies.

IMPORTANT: Additional restrictions may apply. Refer to state/territory pharmacist vaccination authorisations. Pharmacists must adhere to individual scope of practice, recommendations of the Australian Immunisation Handbook and ATAGI

Image: Comparison of vaccine formulary for pharmacist immunisers in Australian state and territories. Current 10 March 2026.

Notes: numbers reflect minimum age restrictions (age in years). Tick indicates no regulatory minimum age restrictions. Clinical guidance of the Australian Technical Advisory Group on Immunisation and the AIH applies.

Why it will work

Pharmacist immunisers have become one of the primary providers of vaccination services in the ACT, with over 75,000 influenza vaccines administered by community pharmacists in 2025. Expanding the formulary available to pharmacist immunisers reduces regulatory complexity and will help increase the coverage against vaccine preventable diseases.

South Australia has already adopted this model, with no noted increase in adverse events or patient misadventure. Other states have significantly wider vaccination formularies than ACT (see previous page), with no safety concerns identified.

Reducing inconsistency of out-of-pocket costs for individuals when accessing territory-funded vaccines will help increase uptake through removal of a barrier to vaccination.

Cost

PSA considers program costs will be outweighed by savings in hospital presentations and admissions from vaccine-preventable diseases.

PSA considers the likely budget impact of each proposal as:

Proposal	Cost (annual)	Notes
Adopt AIH as vaccine formulary	nil	Change only requires update to <i>ACT Pharmacist Vaccination Standards</i>
Administration fee for territory-funded vaccines	\$ 0.1 million	Administration cost \$20.05+GST per vaccine Assume moderate uptake of NIP-funded vaccines for people 2-4 years age Assume modest uptake of other territory-funded vaccines
Total	\$ 0.1 million	

Benefits for Canberrans

- Equitable access to a broader range of vaccines for all Canberrans including infants and children.
- Increased options and reduced wait time for patients to receive vaccinations.
- Reduced disease burden from vaccine preventable diseases.
- Younger children and their families are not disadvantaged when seeking vaccination through their local pharmacist.