

ACT Pre-Budget Submission 2026-27, ACT Government

January 2026

Prepared by **AdPha's ACT Branch** Committee

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Introduction

Advanced Pharmacy Australia (AdPha) is the peak body committed to enriching patient care by extending advanced pharmacy from hospitals to everywhere medicines are needed, 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.

AdPha's ACT Branch Committee welcomes the opportunity to provide input into the ACT Government's 2026–27 Budget. As Canberra Health Service continues to expand and transform to meet the growing and increasingly complex health needs of Canberrans, it is critical that workforce capability, sustainability and medicines access are prioritised alongside infrastructure and service growth.

ACT public hospitals are operating in a highly pressured environment, with increasing patient acuity, demand for timely access to medicines, and a strong policy focus on improving patient flow, reducing avoidable harm, and strengthening transitions of care. Hospital pharmacists and technicians play a central role across this continuum, supporting safe prescribing, optimising therapy, enabling earlier and safer discharge, and reducing downstream pressure on primary care and other parts of the health system.

The ACT hospital pharmacy workforce has demonstrated strong leadership and innovation in recent years, including the expansion of advanced training pathways, implementation of contemporary models of care, and initiatives that improve workforce efficiency and medicines safety. However, the workforce is now operating at or near capacity, and further strategic investment is required to ensure services can be sustained, expanded and aligned with ACT Health's strategic priorities, including the *ACT Health Services Plan 2022–2030* and the *National Medicines Policy*.

AdPha's ACT Branch Committee has identified four priority recommendations for the 2026–27 Budget that focus on strengthening medicines access, supporting safe and efficient models of care, and investing in a sustainable and capable pharmacy workforce. These recommendations aim to ensure all ACT patients have equitable access to high-quality clinical pharmacy services, while supporting workforce wellbeing, retention and system-wide efficiency.

If you have any queries or would like to discuss our submission further, please contact Jerry Yik, Head of Policy and Advocacy at jyik@adpha.au.

Recommendations

The following recommendations are made by AdPha's ACT Branch Committee, to ensure the sustainability of the Canberra Health Services workforce in delivering quality health services for Canberrans.

Recommendation 1

Establish a Pharmaceutical Reform Agreement (PRA) in the ACT to enable timely and equitable access to Pharmaceutical Benefits Scheme (PBS) medicines, support safer discharges and transitions of care, and reduce reliance on primary healthcare services.

Recommendation 2

Provide Canberra Health Service organisations with the resources and adequate staffing to provide clinical pharmacy services to every patient based on patient needs, including 7 days per week and for extended hours, with a focus on models of care with best outcomes for optimising therapy and reducing medication related risks.

Recommendation 3

Support the ongoing development and expanded utilisation of pharmacy technicians in the ACT to strengthen workforce capacity, enhance service efficiency, and improve patient access to clinical pharmacy services.

Recommendation 4

Increase recruitment of clinical educator pharmacist roles across ACT public hospitals to support the education and professional development of clinical pharmacists in all stages of their career, especially intern pharmacists and early-career pharmacists in Resident and Registrar Training Programs.

Recommendation 1

Establish a Pharmaceutical Reform Agreement (PRA) in the ACT to enable timely and equitable access to Pharmaceutical Benefits Scheme (PBS) medicines, support safer discharges and transitions of care, and reduce reliance on primary healthcare services.

The *ACT Health Services Plan 2022–2030* outlines significant expansion of health services and infrastructure. To realise these ambitions, the Territory must invest in workforce development and wellbeing, ensuring sustainable delivery of high-quality care. This is particularly critical for the hospital pharmacy workforce, which plays a central role in medication safety, clinical decision-making, and managing the growing complexity of healthcare.

A significant barrier to equitable and uninterrupted care remains the absence of a PRA in the ACT. AdPha supports ongoing discussions to enable the ACT to become a PRA signatory, allowing hospitals to utilise the Pharmaceutical Benefits Scheme (PBS) for discharged patients. Establishing a PRA with the Commonwealth would ensure safer discharges and transitions of care, reduce reliance on immediate primary healthcare access, and align the Territory with other jurisdictions. PRAs in other states have successfully facilitated ongoing access to medicines by allowing standard PBS quantities, typically one month, at discharge, rather than 3–7 days' supply. This eliminates the need for urgent GP appointments in a system facing GP shortages and closed practices and supports continuity of care for vulnerable patients following hospitalisation.

In the absence of a PRA, Canberra Health Service has independently provided up to 30 days' discharge medicines, but without PBS subsidy, creating a financial disadvantage relative to other jurisdictions. This additional cost can limit investment in other quality pharmacy services and workforce development. Furthermore, without a bilateral PRA, hospitals cannot issue PBS prescriptions for post-discharge collection at community pharmacies, restricting patient choice and autonomy.

The expansion of PBS into hospitals in other jurisdictions has supported employment of hospital pharmacists and technicians and enabled investment in specialised services, such as oncology, paediatrics, emergency, and geriatric pharmacy. Such roles are essential to maximise federal investment in PBS medicines and deliver high-quality patient outcomes. Equitable access to healthcare, a key principle of the *National Medicines Policy*¹, cannot be fully realised without established PRA arrangements in all states and territories.

AdPha therefore strongly recommends that the Commonwealth make PRAs a uniform policy and establish a PRA with the ACT, ensuring consistent care for vulnerable patients while alleviating pressure on primary care services in the post-discharge period.

Recommendation 2

Provide Canberra Health Service organisations with the resources and adequate staffing to provide clinical pharmacy services to every patient based on patient needs, including 7 days per week and for extended hours, with a focus on models of care with best outcomes for optimising therapy and reducing medication related risks.

The ACT population is expected to grow on average by 1.4% a year from June 2021 to June 2060, equating to an increase of over 330,000 persons.² With this projected population growth, comes increased requirement for infrastructure such as the current development of the new Northside building at North Canberra Hospital.

Between 2024-2025, there were over 9 million Emergency Department (ED) presentations across Australia, with ACT accounting for nearly 168,000 of them. While this may seem relatively modest, compared to 2023-2024 data, ACT ED presentations have grown by over 7.4% - more than any other state or territory.³

It is estimated that of these presentations, there are 250,000 medication-related hospital admissions in Australia every year.⁴ This is reflective largely of the current shortfalls of primary care service delivery and highlights the significant overhaul required in how we deliver primary care and preventative care, as it can be assumed pharmacists have been involved in all the episodes of medicines supply preceding these medication-related hospital admissions.

Pharmacists have a key role in this area to promote medicines safety and quality medication management according to the four pillars of the National Medicines Policy³ (NMP). This role in ensuring medication safety continues throughout admission and at transitions of care. The National Health and Hospitals Reform Commission final report found that an estimated 52–88% of transfer documents contain an error.⁵ The risks of transcription continue beyond the hospital as well with 60% of adverse drug events related to the incomplete or incorrect transfer of medication information during transitions of care to, within and from acute care settings.⁶

Hospital pharmacist roles and responsibilities include medicines reconciliation through conducting best possible medication histories (BPMH) as well as supporting medical staff and avoiding medicine omissions by charting medicines promptly through Partnered Pharmacist Medication Charting (PPMC). The PPMC model decreases the burden upon medical staff and clinical resourcing dedicated to medication charting and increases the throughput of patients since medications are already reviewed and accurately charted prior to admission and available to the admitting medical or surgical team. PPMC has been implemented with great success across Australian hospitals including within ACT hospitals. The PPMC service is highly valued and across Canberra Health Services with expansion only limited by resourcing.

Feedback from ACT hospital pharmacy services indicates that current workforce pressures are not due to a lack of interest in intern or junior pharmacist roles. Rather, the

primary challenge is attracting and retaining experienced and senior hospital pharmacists when vacancies arise. In response, services have focused on training and retention to build internal capability. While this approach has enabled the maintenance of core weekday services and limited weekend and after-hours coverage, insufficient investment in funded positions continues to constrain the delivery of comprehensive, seven-day clinical pharmacy services. Importantly, services have not been reduced; however, full seven-day coverage is not achievable within existing resourcing levels.

As a result, clinical pharmacy services remain significantly limited outside standard hours and on weekends, increasing the risk of medication-related harm during these periods. Expanding out-of-hours services without first addressing baseline workforce capacity risks destabilising weekday services and compromising overall service quality.

As detailed in AdPha's Clinical Pharmacy Standards⁷, the principles of comprehensive and accountable clinical pharmacy services are in line with and support the core principles that guide Australia's NMP³. These services are a vital part of modern healthcare. To realise these principles, AdPha's quality element 2.7 specifies that:

"Every health service organisation must have the resources to provide all clinical pharmacy services to every patient based on their needs, including availability 7 days a week and during extended hours."

Further, AdPha recommends investment into adequate staffing across Canberra Health Services to meet the required clinical pharmacist to patient ratios as outlined in AdPha's Clinical Pharmacy Standards⁹. As construction of the new northside hospital progresses, it is imperative that the ACT Government anticipates increased service demand and invests in adequately funded, extended clinical pharmacy services to reduce preventable hospital readmissions and optimise therapy outcomes for all Canberrans.

Recommendation 3

Support the ongoing development and expanded utilisation of pharmacy technicians in the ACT to strengthen workforce capacity, enhance service efficiency, and improve patient access to clinical pharmacy services.

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

The Final Report from the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*⁸ further validates these approaches, highlighting the importance of removing barriers to full scope of practice and strengthening multidisciplinary care to meet current and future healthcare system needs.

Canberra Health Services have utilised the role of Pharmacy Accuracy Checking Technicians (PACT) for a number of years after successful trials, and with continued investment in capacity and training, further efficiencies can be gained across Canberra Health Service sites. Pharmacy technicians are also expanding their scope in other jurisdictions as clinical assistants, completing Best Possible Medication Histories (BPMH) for newly admitted patients, and Bedside Medication Management Supply to support efficient and safe non-impresst medicines supply and free up capacity of clinical pharmacist resources. In the absence of Automated Dispensing Cabinets (ADC) utilisation across Canberra Health Service, this has also supported waste reduction through adequate medication stock control.

These models have demonstrated safer, more efficient care and can be extended into primary care and aged care settings, where timely access to medications is critical for patient outcomes. By enabling pharmacy technicians to undertake specialised roles, service delivery bottlenecks are reduced, and pharmacists and nurses can prioritise complex clinical tasks.

In 2025, AdPha led the development of Australia's first [Australasian Competency Standards Framework for Pharmacy Technicians](#), providing a structured pathway to recognise and enhance their specialised skills. This initiative supports pharmacy technician-led dispensing and medication supply functions, building healthcare system capacity and efficiency. As pharmacists expand their role to alleviate healthcare system strain and pressures medical colleagues, pharmacy technicians must also continue to be supported to evolve their practice.

The [Australian and New Zealand College of Advanced Pharmacy \(ANZCAP\)](#) recognises these specialty skills and experience of pharmacy practitioners across Australia and New Zealand. ANZCAP supports pharmacists and technicians to track and plan their career, enabling professional achievements to be clearly and concisely understood by employers

and peers, healthcare colleagues and patients receiving care.

In addition to developing the *Pharmacy Technicians Competency Standards*, AdPha has designed ANZCAP recognition of pharmacy technician career progression and specialty skills, formed a Technician and Assistants Specialty Practice Group with over 250 active members, and developed a *Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services*⁹, setting the benchmark for the profession across all sectors.

Providing clear career progression pathways and professional recognition through competency standards and specialty training increases job satisfaction. A motivated and skilled technician workforce is more likely to remain in the profession, reducing turnover and building long-term system sustainability.

AdPha therefore recommends that continuing to invest in the development of this critical workforce will expand Canberra Health Service's capacity, improve service delivery, and ensure pharmacy technicians are equipped to meet the demands of an evolving healthcare landscape.

Recommendation 4

Increase recruitment of clinical educator pharmacist roles across ACT public hospitals to support the education and professional development of clinical pharmacists in all stages of their career, especially intern pharmacists and early-career pharmacists in Resident and Registrar Training Programs.

Hospital pharmacists in early stages of their careers not only contribute significantly to the efficient functioning of hospital pharmacies and alleviating workload pressures but also serve as integral contributors to the development and fortification of the hospital pharmacist workforce pipeline in ACT. The practical experiences they acquire during their internships, residency or registrar training foster clinical and operational skills, as well as providing a unique opportunity for mentorship and knowledge transfer within the pharmacy team, fostering a culture of continuous learning and professional growth.

In considering investment into additional hospital pharmacy internship opportunities, the ACT Government should also fully fund the costs of pharmacist educator positions, similar to what is provided in other jurisdictions such as Victoria. Clinical educators are paramount in not only ensuring the success of hospital pharmacy interns throughout their internship year, but throughout further training and development through resident, registrar and more senior management positions. It is also important to recognise, further training and development delivered by clinical educator pharmacists may also be outside of structured training programs and more specific to individual training needs such as medication safety roles or management positions in key clinical areas.

It is imperative to acknowledge that the capacity of hospital pharmacy departments to employ more interns and to develop them to their full potential is directly tied to the appropriate resourcing of clinical educators. Without sufficient investment in these educators, the expansion of intern and further training and development programs becomes challenging, limiting the potential growth of the hospital pharmacist workforce.

Appropriate resourcing of clinical educators is key to ensuring the success of implementing structured, training programs and providing a pipeline of pharmacists through Canberra Health Services. However, the current lack of staff and resources in ACT hospitals pose challenges in successfully training and developing specialist pharmacists.

AdPha therefore recommends that clinical educators can be outsourced from other jurisdictions to provide remote training and oversight, until Canberra Health Services are able to build a pool of specialised pharmacists that can in turn train and educate the next cohort of resident pharmacists, creating a positive cycle of workforce retention and sustainability.

References

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- ³ Australian Institute of Health and Welfare. (2023). Emergency Department Care – Data Tables. <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>
- ⁴ Lim R, Ellett LMK, Semple S, Roughead EE. The extent of medication-related hospital admissions in Australia: a review from 1988 to 2021. *Drug Safety*, 45:249-57.
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- ⁸ Cormack.M. (2024). Unleashing the Potential of our Health Workforce – Scope of Practice Review: Final Report. Independent Review. Available at: https://www.health.gov.au/sites/default/files/2024-11/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report_0.pdf
- ⁹ The Society of Hospital Pharmacists of Australia. (2019). Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services. *Journal of Pharmacy Practice and Research*.