The Pharmacy Guild of Australia

Scope of practice of community pharmacists in Australia

A white paper



SEPTEMBER 2026



Acknowledgement of Country

The Pharmacy Guild of Australia acknowledges the Traditional Custodians of the lands on which we work and meet. We acknowledge Aboriginal and Torres Strait Islander culture as the oldest continuing culture in the world.

Aboriginal and Torres Strait Islander Peoples never ceded sovereignty, and we recognise the impact colonisation continues to have on the health of Aboriginal and Torres Strait Islander Peoples to date.

We acknowledge Aboriginal and Torres Strait Islander Peoples for their continuing connection to culture, language and country; along with Elders past and present and the Ancestors who walk with Aboriginal and Torres Strait Islander Peoples every day.

Artwork by Maggie-Jean Douglas

The Pharmacy Guild of Australia
Telephone: 13GUILD (13 484 53)
www.guild.org.au

Australian Capital Territory Branch
guild.act@guild.org.au

New South Wales Branch
enquiries@nsw.guild.org.au

Northern Territory Branch
office@ntguild.org.au

Queensland Branch
enquiries@qldguild.org.au

South Australia Branch
guildsa@sa.guild.org.au

Tasmania Branch
guild.tas@guild.org.au

Victoria Branch
info@vic.guild.org.au

Western Australia Branch
reception@wa.guild.org.au

National Secretariat
guild.nat@guild.org.au

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Executive summary

Pharmacists in Australia are already delivering more clinical services than ever before, with full scope service models now operating in multiple jurisdictions.[1]

Independent evaluations of Queensland and Victorian pilots confirm that pharmacist delivered care is safe, effective, and valued by patients, and it relieves pressure on overstretched parts of the health system.[2] The transition of various pilot services into core pharmacy activities further reflects growing policy recognition of these benefits and signals a broader shift toward integrated, patient centred care models.

At the same time, patients are increasingly unable to access timely primary healthcare for common, everyday health conditions. This is an increasing burden on the healthcare system, especially in emergency departments and general practice, and affects broader patient outcomes.[3]

As demand for timely primary care grows, community pharmacy is well placed to provide accessible clinical services across the four domains of competency – prescribing, dispensing and supply, administration, and review and monitoring. Pharmacists have the skills, knowledge, and professional accountability to deliver these services safely. Therefore, enabling pharmacists to practise to their full scope will improve patient access, support continuity of care, promote adherence to treatment, reduce the burden of preventable disease and relieve pressure on general practice and hospital services, allowing those parts of the system to focus on more complex care needs.

However, the current mix of jurisdiction based authorisations, variable funding arrangements, and inconsistent governance expectations creates unnecessary complexity for pharmacists and patients.

The Pharmacy Guild of Australia (The Guild) is calling for a nationally consistent approach that enables pharmacists to efficiently use their clinical skills wherever they practise.

This includes a single national pathway for pharmacist prescribing endorsement, sustainable time based consultation funding, aligned governance and digital systems, enabled by training and accreditation frameworks that prepare the current and future workforce to deliver safe and quality care to patients.

‘Scope of practice’ means the range of health services a pharmacist is trained, qualified and allowed to provide safely.



At a glance

6,000+
COMMUNITY PHARMACIES deliver highly accessible front-line care nationwide.[4]

REGIONAL PHARMACIES account for **23%** of Australia’s 6,000+ community pharmacies, despite **27%** of Australians living outside major cities.[5]

89% of Australians **SUPPORT PHARMACISTS DELIVERING** a broader range of core pharmacy services.[6]

96% of Australians **IN CAPITAL CITIES** AND **74%** of Australians **OUTSIDE OF CAPITAL CITIES** have access to at least one community pharmacy within a **2.5 km radius**.[7]

QUEENSLAND AND VICTORIAN PILOT evaluations show full scope pharmacist care is safe and highly valued, with patient satisfaction at **91%** (QLD) AND **97%** (VIC) while improving access and reducing pressure on General Practitioner (GP)/Emergency Department (ED) services.[8]

Checklist for action

The Guild's vision is that by 2035, 80% of community pharmacies will deliver full scope services and 80% of pharmacists will be qualified to prescribe.[9]

As pharmacists now deliver a broader range of full scope services across Australia, the focus has shifted from proving capability to ensuring the system reforms support this capability.

The Guild recommends the below priority actions to enable pharmacists to practise to their full scope.

Legislative authority

- Harmonise state/territory authorisations.
- Allow nationally endorsed pharmacist prescribers to practise consistently across Australia.

Competency

- Embed nationally aligned and recognised competencies for full scope services across competency standards, university programs and intern/existing pharmacist training programs.

Training

- Map all training to national competency and prescribing frameworks.
- Ensure accessible pathways for interns, early career and practising pharmacists.
- Support workforce mobility across jurisdictions.

Qualification or endorsement

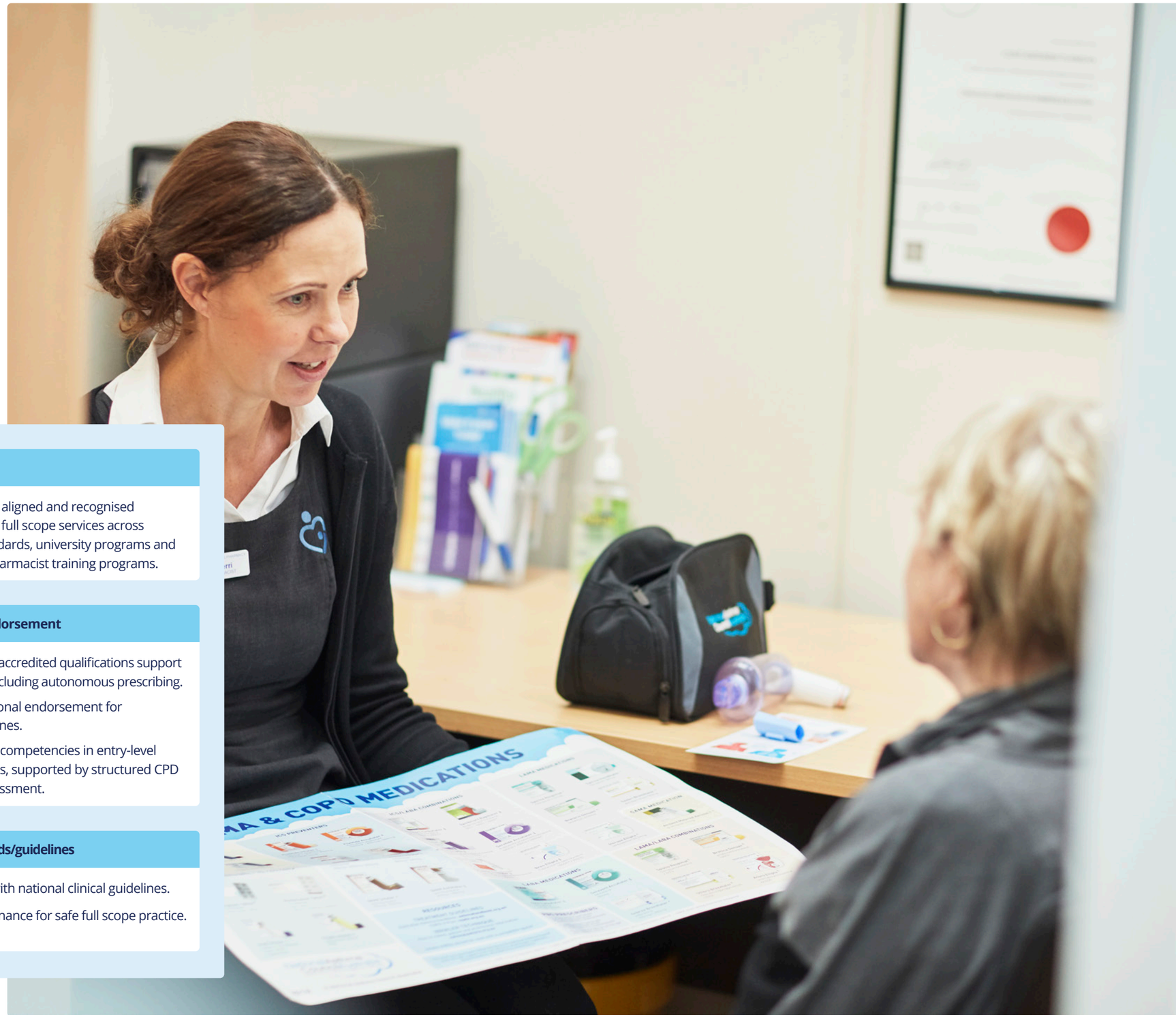
- Ensure nationally accredited qualifications support full scope roles, including autonomous prescribing.
- Implement a national endorsement for scheduled medicines.
- Embed full scope competencies in entry-level pharmacy degrees, supported by structured CPD and ongoing assessment.

Funding mechanism

- Introduce time based consultation fee model.
- Ensure subsidies for service fees, for equitable patient costs.

Professional standards/guidelines

- Align standards with national clinical guidelines.
- Strengthen governance for safe full scope practice.



Introduction

Australia's health system is under growing strain. Patients are waiting longer for care, with GP shortages forecast to reach over 8,900 FTE (full time equivalent) by 2048, rising out of pocket costs, and increasing demand flowing into emergency departments.[10]

An ageing population, more complex long-term health conditions, rapid digitisation, and workforce shortages, especially in rural and remote areas, mean traditional models of care can no longer keep pace. At the same time, societal expectations are shifting toward convenient, personalised and digitally enabled care, while health inequality continues to widen. These pressures highlight the urgent need for systemwide reform and a stronger, more flexible primary care workforce – placing pharmacists in a pivotal position to continue to contribute more meaningfully to safe, timely and equitable care.

The COVID-19 pandemic accelerated existing pressures in Australia's health system, exposing barriers to timely access to prescribers, medicines and essential care, and highlighting the need to fully utilise pharmacists' capabilities. As governments move to expand workforce capacity and strengthen integration across the health system, enabling pharmacists to work to full and top scope has never been more timely.

Pharmacists are medicines experts and leaders in Quality Use of Medicines (QUM), practising within established professional standards and clinical governance frameworks in community pharmacy. Full scope practice builds on this foundation – using pharmacists' education, competence and authorisation to deliver safe, timely care within clear standards and robust implemented governance.

This paper outlines the evolving role of pharmacists' scope of practice in Australia, while exploring achievements, limitations and opportunities to enable them to practise to this scope in a safe, nationally consistent manner.

At a glance

Pharmacy is one of the most visited health services in 2025, used by

63%

OF AUSTRALIANS

Second only to general practice at **80%**[11]

Modelling across four clinical areas suggests that pharmacist prescribing could free more than

10 million

GP APPOINTMENTS ANNUALLY

Enabling GPs to focus on more complex patients, while generating **over $1 billion** in direct health system savings.[12]

In a 2025 survey, pharmacists held the highest **NET PROMOTER SCORE** of all health professionals, reflecting strong public trust.[13]

Pharmacists rank as one of Australia's **TOP THREE MOST ETHICAL PROFESSIONALS** in recent surveys.[14]

COMFORT LEVELS RECEIVING SERVICES FROM PHARMACISTS have increased for all services nationwide.[15]

MORE THAN HALF OF AUSTRALIANS SUPPORT PHARMACISTS diagnosing and prescribing with appropriate training.[16]

The Pharmacy Guild of Australia
Scope of Practice of Community Pharmacists in Australia

Defining scope of practice

The 'scope of practice' for pharmacists in Australia is defined by the National Competency Standards Framework for Pharmacists in Australia, maintained by the Pharmaceutical Society of Australia (PSA), as a 'time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform, and for which they are accountable'.[17]

In simple terms, 'Scope of practice' means the range of health services a pharmacist is trained, qualified and allowed to provide safely. It sets out what pharmacists are educated to do, what they are authorised to do under law, and what they are responsible and accountable for when caring for patients.

What pharmacists practicing to full scope will mean for patients:

- quicker access to the right treatment
- better co-ordination with other providers across the health system
- safer medicine use
- streamlined referrals to ensure continuity of care that is convenient and close to home – especially in rural and remote communities.

Figure 1 below is adapted from the Pharmaceutical Defence Limited (PDL) Scope of Practice Checklist, which turns the formal definition into a practical four-part assessment that pharmacists can apply before delivering a full scope service.

Each pharmacist has their individual scope of practice which reflects their skills, knowledge, authority, and accountability. This individual scope allows pharmacists to align their services with the specific needs of their local populations, particularly in remote and rural communities.

To respond effectively to Australia's emerging health trends, scope development must be grounded in nationally consistent legislative enablement, supported by education, guidelines and standards, and underpinned by key enablers discussed later in this paper.

Figure 1: Components of Scope of Practice (adapted from PDL Scope of Practice checklist).[18]





> **'Scope of practice' means the range of health services a pharmacist is trained, qualified and allowed to provide safely.**

Table 1: Components of scope of practice – what it means

Component	What it means
Education	• Accredited pharmacy degree + intern year. • Additional scope specific training (e.g., Prescribing, Point of Care testing) to demonstrate skill in a particular area. • Self directed, additional (e.g., accredited vaccination training) and experiential/reflective learning. • Mandatory continuing professional development (CPD) to maintain knowledge and skills.
Competence	• Ability and confidence to deliver services safely and effectively. • Demonstrated through experience, observation and CPD. • Informed by clinical + regulatory guidance. • Must be actively maintained over time.
Authorisation	• Legal permission to deliver full scope services. • Compliance with national + state/territory legislation. • Pharmacy premises, staffing and resources must meet safety standards. • Operate within regulatory approvals and practice standards.
Accountability	• Responsibility for safe clinical governance and good leadership. • Use of frameworks (e.g., National Clinical Governance Framework, Quality and Safety Pharmacy Program (QSPP)). • Collaborative decision making and streamlined referral pathways.

The journey of scope of practice so far

Advocacy for full scope services continues at national, state, and territory levels, and the Guild actively tracks progress through its interactive tool, monitoring implementation across jurisdictions.

Figure 2 below gives a snapshot of key milestones for full scope pharmacy services in Australia.

The scope of practice of pharmacists will continue to evolve in response to emerging evidence, therapeutic advances, and the changing needs of the Australian health system and community.

Accordingly, what is considered 'full scope of practice' today may differ over time. This document is intended to be a living resource and will be updated periodically to reflect this evolution and document progress achieved as the profession moves toward a nationally aligned model of practice.



Figure 2: Snapshot of key milestones for full scope pharmacy services in Australia

2009
Pharmacists begin providing Absence from Work Certificates under the *Fair Work Act 2009*.

2012
Continued Dispensing introduced nationally for a limited range of medicines (statins and oral hormonal contraceptives), allowing one Pharmaceutical Benefits Scheme (PBS) subsidised supply without a prescription in defined circumstances.

2014
Trained pharmacists in Queensland authorised to administer influenza vaccinations in 2014, with other jurisdictions progressively enabling pharmacist administered influenza vaccinations thereafter until 2016.

2020
Emergency expansion of Continued Dispensing during the bushfires and COVID-19 pandemic, temporarily enabling supply of most PBS medicines without a prescription.

Community pharmacies begin participating in the national COVID-19 vaccine rollout planning.

2021
Community pharmacies successfully administer COVID-19 vaccinations.

Widespread adoption of electronic prescribing achieved nationally.

2022
Pharmacist led management of urinary tract infections (UTIs) becomes permanent in Queensland after successful pilot (Urinary Tract Infection Pharmacy Pilot – Queensland (UTIPP-Q)), setting precedent for other states.

Continued Dispensing transitioned to an expanded but selective ongoing list (primarily long-term health medicines), following conclusion of emergency measures.

2023
Multiple jurisdictions commence planning, regulatory reform, and preparatory work for full scope pharmacist services through trials and pilots, including that for oral contraception, long-term health conditions, and everyday health conditions – ahead of trial/pilot launches in 2024.

2024
Multiple states launch full scope pilots/ trials, including oral contraceptive initiation in Queensland and resupply in other states, along with pilots for other health conditions.

Nationwide pharmacist led treatment and supply for uncomplicated UTIs achieved.

2025
Queensland transitions full scope pilot services into core pharmacy services, including treatment and management of multiple everyday health conditions, therapeutic adaptation and substitution.

Pharmacist initiation of hormonal contraception available as core service in Queensland, while oral contraceptive resupply service available across most other jurisdictions.

National momentum towards broader pharmacist prescribing continues. The Guild launches Towards 2035 strategy aiming for 80% pharmacists prescribing for >22 conditions by 2035.



International prescedents

Towards achieving full scope of practice in Australia

Community pharmacists in Australia are an underutilised, untapped resource as primary health care providers and not enabled to practice at a scope comparable to international counterparts.[19]

International models prove that pharmacists working within their scope of practice, including prescribing autonomously, is safe, effective and scalable.[20] These models consistently show improved access, reduced treatment delays, high patient satisfaction and equal or better clinical outcomes, including for long-term health conditions like blood pressure, cholesterol and diabetes.

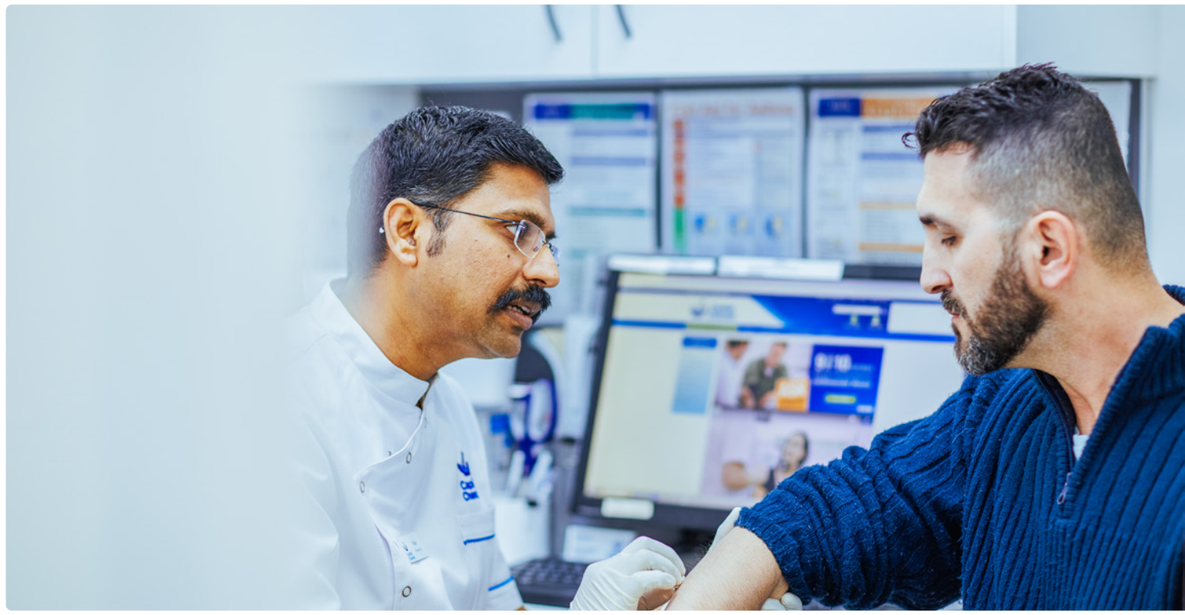
Alberta, Canada offers the most comprehensive prescribing model, enabling pharmacists to prescribe most scheduled medicines, adapt therapy, and order laboratory tests, all while maintaining safe, effective care and strong patient trust.[21,22] Many international jurisdictions also report lower prescribing errors and significant system savings, such as Canada's pharmacist-managed UTI model projected to save $51 million over five years.[23]

According to the most recent data, 65.5% of Alberta's pharmacists held Additional Prescribing Authorization in 2024, and the United Kingdom (UK) reported 33.3% to 51.3% independent prescriber rates across its jurisdictions in FY 2024/25. New Zealand, by contrast, recorded 2.4% pharmacist prescribers as of 30 June 2025.

Australia's rollout of prescribing pharmacists (specifically in Queensland) has already outperformed the New Zealand benchmark, with 4.9% of registered pharmacists already qualified to prescribe in this jurisdiction. Other Australian jurisdictions are also progressing, having pharmacists already enrolled in and, in some cases, completed prescribing training programs.[24]

Globally, pharmacists already integrate dispensing with prescribing, perform therapeutic substitution and medication review to support continuity of care and manage medicine shortages safely. In addition, pharmacists routinely administer vaccines and other injectable medicines, improving access and reducing treatment delays. International models also link medication review with autonomous prescribing and laboratory test ordering, strengthening long-term health conditions' management.[25,26]

Australia has made meaningful progress through jurisdiction based initiatives and pilots; however, lacks a nationally consistent approach. Pharmacist authorisations vary significantly between jurisdictions, creating uneven access to services, fragmented implementation, and inconsistent patient subsidisation. Australia has an opportunity to leverage international experience while developing a scope of practice framework that reflects local policy, workforce and health system needs.



Pharmacists in 2035: The Guild's vision for the profession

The Guild is committed to working with all levels of governments and the broader pharmacy sector to address competency, training, professional standards, and any international or national precedents to support the required regulatory amendments as the profession of pharmacy evolves to meet health system and societal needs.

By 2035, pharmacists will:

- Practise to full scope under a nationally consistent, legislatively enabled model.
- Graduate prescribing ready, supported by robust education and accreditation frameworks.
- Prescribe autonomously and safely within their individual scope of practice.
- Deliver advanced, digitally enabled and AI-supported clinical care, integrated with Australia's broader health system.
- Lead medicine safety, stewardship and holistic patient centred care within robust clinical governance frameworks.

Key enablers

Enabling pharmacists to practise to full scope requires a nationally consistent framework supported by key system enablers that together deliver safe, seamless and patient-centred care.

Legislative authority

WHAT THIS WILL MEAN FOR PATIENTS

Faster access to safe, convenient care, delivered consistently no matter where they live.

- **Fragmented rules limit full scope.**
  Inconsistent state/territory authorisations stop pharmacists practising to their assessed competencies across Australia.
- **The capability already exists.**
  Accredited pharmacy programs and Australian Pharmacy Council (APC) accredited training deliver the competencies required; national authorisation would allow rapid scale.
- **Interim fixes prove feasibility.**
  Jurisdictions (e.g., Queensland) use extended practice authorities (EPA)s/pilots to permit pharmacist prescribing – effective but not consistent nationwide.
- **System and equity impact is real.**
  In 2023–24 there were ~788,000 potentially preventable hospitalisations costing ~$7.7 billion; First Nations people experience ~3x higher PPH rates – national authorisation can help direct timely primary care where it is needed most.[27]

Clinical governance and quality accreditation

WHAT THIS WILL MEAN FOR PATIENTS

Confidence that every pharmacist full scope service meets national safety and quality standards.

- **Clinical governance underpins safe full scope practice.**
  Pharmacists must deliver full scope services within robust systems aligned to national standards (e.g., NSQHS-based National Clinical Governance Framework).[28]
- **Community pharmacy already has strong foundation.**
  Over 95% of pharmacies are accredited under QCPP, which is aligned with the Australian Standard for community pharmacy and sets national benchmarks for quality and safety.[29]
- **Full scope requires strengthened accountability.**
  Safe prescribing and delivery of full scope services are underpinned by clear accountability, effective documentation, seamless transitions of care, established referral pathways and multidisciplinary collaboration.
- **Governance is evolving with scope.**
  A strengthened Quality and Safety Pharmacy Program, the Strategic Agreement on Pharmacist Professional Practice (2024–2029), and new capability framework published by the Pharmacy Board of Australia are building a nationally consistent governance system to support safe autonomous practice across jurisdictions.

Service fees (funding and remuneration)

WHAT THIS WILL MEAN FOR PATIENTS

Affordable care with fair, consistent costs across settings.

- **Subsidisation does not follow the patient.**
  The current funding structure limits genuine patient choice and disproportionately affects vulnerable populations. Patients should not be financially penalised for choosing to access care from a pharmacist working within their authorised scope of practice. Funding models should ensure that patient subsidies follow the patient, rather than the setting or professional group, to support equity of access and genuine patient choice.
- **Funding is fragmented.**
  Commonwealth support is tied to specific programs (e.g., National Immunisation Program (NIP), Opioid Dependence Treatment (ODT), Take-Home Naloxone), leaving full scope services outside these programs unfunded or inconsistently funded.
- **Equity gap persists.**
  Pharmacies in rural, remote and low socioeconomic communities cannot sustainably offer unsubsidised services, reducing access where it is needed most.
- **A national model is needed.**
  A time based consultation fee (short/standard/long/prolonged) model, supported by rural loading and Consumer Price indexation, would ensure affordable care for patients and sustainable service delivery for pharmacies.[30] Aligning funding so the subsidy follows the patient will ensure affordability and genuine choice of provider without penalising patients who choose pharmacy for timely care.

Training and education

WHAT THIS WILL MEAN FOR PATIENTS

Pharmacists with the right skills, training and confidence to provide safe clinical care.

- **Foundation training already delivers generalist clinical capability.**
  Pharmacists are highly competent professionals as they complete a minimum five-year education and training pathway (four-year degree + one-year supervised internship) before registration, developing deep expertise in medicines, disease management and whole-body systems. Once registered, pharmacists undertake mandatory CPD to maintain competency and practice safely within their evolving individual scope.
- **Additional qualifications enable full scope roles.**
  To deliver full scope services, pharmacists complete additional accredited qualifications, service-specific training and credentialling mandated by jurisdictions.
- **Prescribing education is becoming increasingly standardised.**
  Education and training pathways for enabling full scope services are rapidly maturing and are mapped directly to national prescribing competencies, with national accreditation standards and performance outcome frameworks now assuring the quality, safety and consistency of pharmacist education.
- **Upskilling the Whole Pharmacy Team.**
  Recent reviews have highlighted the importance of all health professionals, including pharmacists and pharmacy assistants, to work to their full scope through development of capability frameworks, credentialing and workforce planning. To support this, targeted full scope upskilling courses have been launched for pharmacy assistants, helping the wider pharmacy team deliver high-quality, full scope services.[31,32]
- **Governance, education and insurance reform are aligning.**
  Professional indemnity insurance providers have indicated readiness to cover full scope pharmacist practice, demonstrating that training, governance and insurance frameworks are evolving together to support safe full scope services.

Patient acceptance and behavioural change

WHAT THIS WILL MEAN FOR PATIENTS

More choice, more convenience and timely access to everyday care.

- **Patients already accept pharmacy as a care destination.**
  Community pharmacies are among the most commonly used and trusted health services, with high satisfaction reported for vaccinations and UTI management.
- **Consumer behaviour favours pharmacy.**
  Patients increasingly seek convenience, fast access and affordability, driving demand for pharmacist-delivered timely care for health conditions.
- **Cost barriers influence choices.**
  Many Australians delay care due to out-of-pocket costs; full scope pharmacy models that reduce cost barriers improve access, early treatment and patient outcomes.
- **Acceptance varies across communities.**
  Rural, remote and priority populations benefit from pharmacy access, but uptake depends on culturally safe models, clear eligibility criteria and locally tailored communication.
- **Patients expect streamlined care.**
  Safe, integrated pathways, with robust clinical governance, will reinforce trust and support ongoing acceptance of pharmacist-delivered services.

Infrastructure

WHAT THIS WILL MEAN FOR PATIENTS

Safe, private and digitally connected care.

- **Pharmacies are ready.**
  Most community pharmacies already have private consultation rooms and clinical-grade infrastructure, supporting vaccinations, medication management and delivering advanced health services.
- **Facilities must match evolving roles.**
  Fit-for-purpose consultation rooms designed for privacy, workflow efficiency and patient experience are essential for advanced practice, prescribing and point-of-care testing.
- **Digital infrastructure is now core.**
  Digital enablement reduces fragmentation of care by ensuring pharmacists, GPs, specialists and other providers are viewing and sharing the same clinical information in real time. Integrated tools such as ePrescriptions, Active Script List (ASL), RealTime Prescription Monitoring (RTPM), secure messaging and My Health Record underpin safe, efficient and coordinated care across providers. These systems support shared decision making, timely communication with other members of the healthcare team, and continuity of care across settings, reinforcing pharmacy's role as an integrated component of the primary healthcare system rather than a parallel pathway.
- **Future direction.**
  Greater interoperability, electronic referrals and enhanced secure data-sharing will position pharmacies as fully integrated, digitally enabled health hubs.

Figure 3 below is consistent with components generally accepted around the world as being fundamental to **effective clinical governance systems, which are critical enablers of evolving scope of practice**. Importantly in this structure, patient partnership is considered central to every component of the framework.

Figure 3: Effective clinical governance systems



The Guild will continue to lead national work to strengthen clinical governance in community pharmacy by supporting members with practical tools, templates and training, and by advocating for clear national standards, capability frameworks and sustainable models that embed safe, highquality full scope practice.



Domains of competency

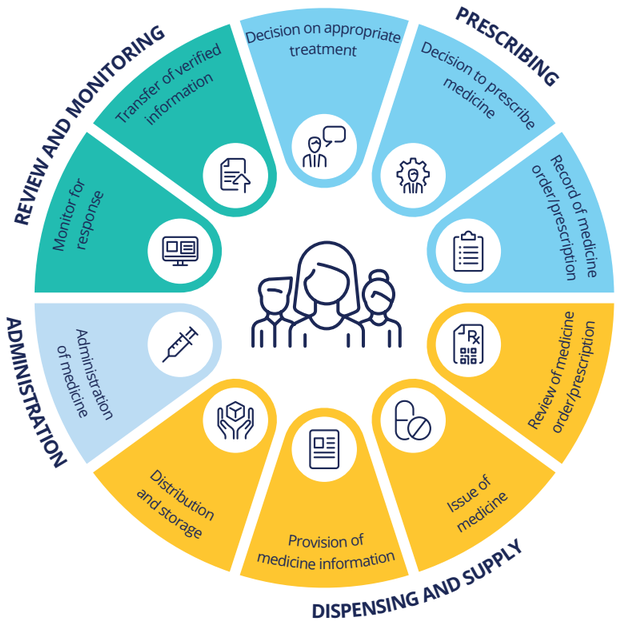
The domains of competency provide the foundation for safe, effective, and patient centred care by pharmacists. These competencies are dynamic and continuously evolve in response to advances in scope of practice, digital enhancements, therapeutic developments, clinical updates and the emerging needs of Australian health system and patients.

These domains of competency are:

- Prescribing
- Dispensing and supply
- Administration
- Review and monitoring

With an evolving scope of practice, pharmacists are now becoming increasingly involved in all phases of the Medicines Management Cycle (MMC) (Figure 4). Their competency domains underpin this involvement, providing the capabilities required to deliver safe, effective and coordinated care at each phase of the cycle.

Figure 4: The Medication Management Cycle





Prescribing

'Prescribing' is an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation that results in the initiation, continuation or cessation of a medicine.[33]

Pharmacists are already authorised to prescribe Schedule 2 (pharmacy only) and Schedule 3 (pharmacist only) medicines nationally and have long exercised prescribing related decision making through activities such as vaccination services and continued dispensing. Structured and collaborative prescribing models are already established within pharmacists' scope of practice in Australia, particularly in hospital and multidisciplinary care settings. Autonomous pharmacist prescribing, therefore, represents the next evolution of these proven models, enabled by nationally consistent training, clinical governance and regulatory endorsement.

Jurisdictional reforms have expanded pharmacists' role further, with Queensland leading Australia through authorisation for a wide range of everyday health conditions and piloting new long-term health conditions' management models. Other jurisdictions are now aligning with this approach, signalling a clear national shift. Deprescribing, re-prescribing and therapeutic optimisation also remain integral to safe prescribing practice, with pharmacists using monitoring, clinical judgment and planned followup to review medicines that may no longer be beneficial or cause harm.

Patient choice must remain central to pharmacist prescribing. This is particularly important in rural and remote communities where access to timely care is limited. Patients should be free to choose a pharmacist prescriber when it best meets their needs and to decide whether their prescription is dispensed by that pharmacist, by another pharmacy, or by their usual provider. Maintaining this choice supports continuity, equity and culturally safe care while ensuring patients remain in control of how and where they access treatment.

Full scope prescribing makes it easier for patients to get timely treatment for everyday health conditions and ongoing medication management needs. Trained pharmacist prescribers can provide consultations, order appropriate tests (where authorised), and prescribe or adjust medicines under national therapeutic guidelines and robust clinical governance. This does not replace the GP; it complements general practice by handling time sensitive presentations and daytoday medication optimisation, freeing GPs to focus on complex care.

Australian evaluations continue to demonstrate strong safety and consumer benefit. The first 12 months of Victoria's statewide pilot reported 23,000+ services, no serious safety concerns, 97% patient satisfaction, and 93% of patients receiving care within 24 hours. Evidence also shows low adverse event rates in antibiotic prescribing, improved venous thromboembolism (VTE) prophylaxis, and large reductions in hospital discharge prescription errors under partnered pharmacist prescribing models, reducing error rates from 75.8% to 6.7% and generating measurable cost savings.[34]

Both local and international experience shows high levels of patient trust in pharmacist prescribing, particularly for services such as contraception and treatment of uncomplicated UTIs.

A clearer and more coherent prescribing pathway is now emerging for pharmacists at the national level. It is encouraging to see that the Pharmacy Board of Australia is progressing an endorsement for scheduled medicines for pharmacists under section 14 of the *Health Practitioner Regulation National Law*, which (if approved by Health Ministers) post consultation, will establish nationally consistent qualification and competency requirements, while state and territory legislation will continue to define local authorisation boundaries.[35] Once this proposed endorsement for scheduled medicines is approved, pharmacists will have a nationally consistent pathway to autonomous prescribing.

The pathway is further supported by educational reform. The APC's accreditation standards provide the foundation for prescribing-ready education programs, with universities beginning to embed the required competencies into base pharmacy qualifications. The introduction of the Master of Pharmacy (Extended) and recognition of the Doctor of Pharmacy title within the Australian Qualifications Framework (AQF) further aligns pharmacists with comparable health professions and enhances the appeal of pharmacy profession as a career.[36]

Pharmacists will typically require:

- **General registration** as a pharmacist with Australian Health Practitioner Regulation Agency (Ahpra)/Pharmacy Board of Australia.
- **Confirmation of the relevant prescribing authorisation pathway** in their state/territory and practice setting (useful source: state/territory health department website).
- **Completion of jurisdiction required training**, including an APC accredited pharmacist prescriber education program, and any condition specific or additional training under jurisdictional requirements.
- **Pharmacy Board endorsement** for scheduled medicines, when available.
- **Ongoing maintenance of competence** through CPD, recency of practice and practice within a documented scope.

Despite this progress, prescribing authority in Australia remains fragmented. Jurisdiction based authorisations vary in scope, eligibility and funding, resulting in inconsistent patient access, operational complexity for pharmacies, and limited workforce mobility. Patient confusion and perceived fragmentation of care persist, not because pharmacist prescribing is unsafe, but because the regulatory architecture is inconsistent.

Perceived concerns about fragmentation of care should not be a barrier to patients choosing the most accessible and appropriate provider, including a pharmacist prescriber, particularly where nationally consistent standards, governance and digital connectivity are in place. National consistency is essential to address these challenges.

A nationally consistent approach will:[37]

Provide consistency across jurisdictions, replacing fragmented jurisdiction based authorisations.

Support workforce mobility and equitable access for patients.

Embed prescribing competencies into base pharmacy programs, reducing reliance on post registration training.

Align with national frameworks for safe and competent prescribing, ensuring integration with digital health systems and collaborative care models.

The Guild, along with the Joint Pharmacy Organisations, supports an autonomous prescribing model built on accredited training, professional accountability and collaborative practice.



Dispensing and supply

Dispensing and supply are foundational components of full scope pharmacy practice, providing not only accurate medicine preparation but also essential clinical functions such as verifying appropriateness, managing interactions, ensuring continuity of therapy, and supporting patient-centred decisions.

The term **'Dispensing'** is defined as the safe provision of a medicine to a patient, which involves reviewing an order for a medicine (e.g., prescription, medication chart, patient request) in the context of the patient's medical history, and the preparation, packaging, labelling, documentation and transfer of the prescribed medicine.[38] In line with contemporary service models, dispensing may be delivered through face-to-face or digitally enabled approaches that uphold patient safety, privacy, and continuity of care.[39]

'Supply' covers the supply of prescription and nonprescription medicines consistent with the Poisons Standard scheduling (S2/S3/S4/S8), along with unscheduled and complementary medicines – always under pharmacist clinical oversight to ensure quality use of medicines (QUM).

Separating the function of prescribing and dispensing/supply

Concerns about pharmacists both prescribing and dispensing/supplying are often raised, but international evidence and Australian regulatory frameworks demonstrate that these roles can safely coexist when supported by strong clinical governance. In countries such as the UK, Canada, New Zealand and the USA, pharmacist prescribing frequently occurs within the same setting as dispensing and has been shown to improve access, quality of care and patient satisfaction without compromising safety when appropriate safeguards are in place.[40] Global guidance from International Pharmaceutical Federation (FIP) and World Health Organization (WHO) prioritises prescribing competence, QUM, and strong professional obligations over rigid separation of prescribing and dispensing.

Financial conflict-of-interest concerns are not unique to pharmacy either; professions such as dentistry and medicine routinely operate "recommend and provide" models under professional codes, ethical obligations and transparency requirements. Pharmacists operate under the same National Law Code of Conduct and can manage conflicts in the same way.[41]

National policy recognises key elements of dispensing, such as medication continuance, therapeutic substitution, and therapeutic adaptation, as critical tools to maintain treatment during medicines shortages, support safe titration and formulation adjustments, and prevent avoidable interruptions to care. For clarity, continued dispensing refers to a oneoff emergency or contingency supply to maintain continuity of therapy when a prescription is temporarily unavailable, whereas prescription renewal is an ongoing authorisation to continue therapy as part of a pharmacist's prescriber role. A snapshot of these services are over page.

Continued dispensing

- Under the *National Health (Continued Dispensing) Determination*, pharmacists may supply selected PBS medicines without a prescription when immediate need exists and prescriber access is not possible (e.g., one PBS quantity of eligible statins/ Oral Contraceptive Pills (OCP)s once per 12 months).
- Disaster extensions (e.g., floods, pandemic) showed continued dispensing's value for continuity of care.[42]

Medication continuance (prescription renewal)

- Jurisdictions now authorise OCP resupply broadly, with some also permitting OCP initiation.
- As autonomous prescribing scales (everyday health conditions now; long-term health conditions' pilots underway), dispensing and prescribing will increasingly operate as linked, protocol-driven services delivered by accredited prescriber pharmacists.

Therapeutic substitution and adaptation

- Australia imports >90% of medicines and is ~2% of the global market, making local supply vulnerable; shortages are frequent and place patients at risk.[43,44] The Serious Scarcity Substitution Instrument (SSSI) lets pharmacists substitute under defined rules without prior prescriber approval, overriding jurisdictional limits. This is useful but has a narrow scope as, outside SSSI, pharmacists cannot make clinically appropriate dose/form/regimen adaptations (e.g., paediatric dose correction after hours; capsule vs tablet; device change; escalation per asthma action plan) without a new script, even when risks of delay are clear.
- Comparable international systems allow pharmacistled substitution/adaptation under robust governance, with no safety compromise reported.
- Therefore, policy direction should enable nationally consistent substitution/adaptation within pharmacist scope and governance (not just emergency SSSI), with subsidisation parity, so patients are not penalised at the counter.

Supporting timely access to care is critical, particularly where access to GPs is limited. Enabling patients to choose pharmacistled models where prescribing and dispensing occur in an appropriately governed setting can improved continuity of care, support timely treatment, reduce hospitalisations and enhance patient choice. Modern digital systems, including secure messaging and My Health Record, further support shared care arrangements and reduce the risk of fragmentation between providers.

With a nationally consistent decision making framework, clear referral triggers, accredited prescribing qualifications and robust clinical governance, pharmacists can safely prescribe and dispense within their scope while maintaining public trust and delivering timely, patient-centred care.

The Guild supports pharmacists being able to prescribe and dispense in the same setting, enabling timely and more convenient access to treatment, while maintaining strong clinical governance and patient choice.



Administration

The 'administration' of a medicine describes the act of introducing a medicine into the body for the diagnosis, treatment or prevention of a medical illness or condition.

The most common routes of administration of medicines include oral, sublingual/buccal, topical, transdermal, inhalation and injections. Routes of administration via injection includes intravenous (IV), intramuscular (IM), subcutaneous (SC) and intradermal (ID). The route of administration used is primarily guided by the medicine being administered, although some medicines may be administered using more than one route of administration.[45]

Administration is a core component of full scope pharmacist practice. Pharmacists are trained to support safe medicine use through counselling, device instruction and monitoring, and can competently administer a range of injectable and non-injectable medicines (e.g., eye/ear drops, inhalers, topical and transdermal applications).

As access challenges in general practice and emergency departments grow, pharmacist-delivered administration provides timely care for both preventive and everyday health needs, particularly in rural and remote communities. Pharmacists already administer vaccines (including travel vaccines), in all jurisdictions, and further health system efficiencies could be gained by pharmacist administration of other non-vaccine injectable medicines where the patient is required to return to the prescriber for administration. Evidence from pharmacist administration programs shows improved access, strong patient satisfaction and system efficiencies, particularly when pharmacists are authorised to administer ongoing therapies that would otherwise require multiple visits between prescriber and pharmacy.

Therefore, the administration of non-vaccine injectable medicines is an area in which pharmacists could provide greater support to patients by utilising the skills and knowledge acquired through completion of vaccination training with additional training targeting different routes of administration. The legal authority for pharmacist administration of unscheduled and scheduled injectable medicines is controlled by state and territory legislation and varies between jurisdictions and funding arrangements remain inconsistent. For example, although a range of vaccinations that fall outside the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) are available for access through community pharmacist vaccination programs, these services currently rely on a combination of user pay and jurisdictional funding arrangements.[46]

Nationally recognised training and harmonised legislation are required to support workforce mobility, ensure equitable patient access and maintain consistent safety and quality standards.

Equivalent remuneration should also apply where pharmacists provide the same administration services as other health professionals, ensuring affordability and genuine patient choice. Despite these barriers, due to the ease of access and high patient satisfaction, pharmacyadministered vaccinations, including those outside NIPVIP, demonstrate strong uptake.

Pharmacists should also be supported to deliver off-site administration where authorised, with clear requirements for cold-chain integrity, risk management principles, emergency response protocols, accurate documentation and clinical governance. Training requirements are well established for vaccinations, but broader administration competencies for injectables and non-injectable routes are not yet embedded nationally in pharmacy degree programs.[47]

South Australia's pharmacist immunisation framework provides a practical model for nationally consistent administration arrangements, demonstrating how aligned legislation, recognised training and robust clinical governance can enable safe, accessible vaccination services through community pharmacy.[48] The Guild supports the National Immunisation Strategy 2019–2024, with its key priorities that include improving immunisation coverage across the population, ensuring effective governance of the National Immunisation Program (NIP), and ensuring an adequately skilled vaccination provider workforce.

Internationally, pharmacists administer a broad range of medicines, including depot contraception, longacting opioids, PrEP injections, and chronic disease injectables. It is promising to see that similar models are emerging locally, with evidence showing pharmacists can safely deliver these services under structured training and robust governance.

The Guild supports pharmacists safely administering medicines in community pharmacies, backed by nationally recognised training and consistent legislation across all states and territories.

This will ensure equitable access, especially in regional and remote areas, and enable pharmacists – including interns and students – to deliver high-quality care within their competency.



Review and monitoring

Medication 'review' and 'monitoring' are core pharmacist functions that ensure safe, effective and continuous therapy. Every pharmacist uses their clinical expertise and experience to perform a general medicine assessment at the time of dispensing or enrolling/updating dose administration aids (DAA) for patients (e.g., assessing potential interactions, dosage or adherence issues).

Pharmacists conduct realtime assessments at supply, identify interactions, adjust for adherence issues, and deliver structured review services such as Home Medicines Reviews (HMR)s, Residential Medication Management Review (RMMR)s and inpharmacy medication reviews (MedsChecks). They also monitor key clinical markers, including blood pressure, blood glucose, International Normalised Ratio (INR) and lipids, to support medication optimisation and early intervention.

Recent developments have strengthened the role of pharmacists in the medicine review process. Telehealth adoption during the COVID-19 pandemic expanded remote review capabilities, and integration with My Health Record now provides access to shared health summaries, discharge summaries, allergies, immunisations, pathology reports, and specialist letters, improving medication reconciliation and continuity of care.[49,50] Early movements toward pharmacist-led pathology ordering are emerging, reflecting international best practice and positioning pharmacists to deliver diagnostic-informed reviews.

The two primary areas of focus in the monitoring domain are pharmacists' ability to order, access and interpret laboratory tests and pointofcare testing (POCT). Several advancements are underway to improve pharmacists' access to clinical information required for safe prescribing and monitoring, including expanded use of My Health Record, increased integration within multidisciplinary care models, and state based reforms supporting pharmacist prescribing. While access to pathology results is available to pharmacists embedded within hospital and collaborative care settings, community based pharmacist prescribers do not yet have nationally consistent authority to order or directly access funded pathology, highlighting the need for further system alignment.

A key element of ensuring safe prescribing and quality use of medicines is enabling pharmacists to order and interpret relevant pathology tests to support medication review, monitoring, and ongoing clinical decisionmaking, without patients being disadvantaged by current Medicare subsidy arrangements. Aligning review and monitoring with emerging prescribing pathways will enable pharmacists to adjust therapy, prevent medicationrelated problems, and enhance disease management within a sharedcare framework.

The Guild envisions embedding review services as a core competency ensuring pharmacists deliver holistic, patient-centred care across all settings.



Conclusion

Unlocking the full scope of practice for pharmacists is an important step toward a stronger and more accessible health system. When pharmacists are supported with the right legislation, training and funding, they can use their full expertise to help people get the care they need – quickly, safely and close to home.

Empowering pharmacists to practise to their full scope means more timely treatment for everyday health conditions, better support for people living with long-term health conditions, and improved access for communities where seeing a doctor can be difficult. It enables pharmacists to deliver the highquality care they are trained for, while giving Australians more choice in how and where they access trusted health services.

By modernising how pharmacists contribute to healthcare, we can improve health outcomes, ease pressure on busy parts of the system, and ensure that every Australian benefits from safe, convenient and comprehensive medicines care – wherever they live.



The Pharmacy Guild is proud to have championed reforms that have enabled pharmacists to practise towards an enhanced scope so far, delivering safer, more accessible, and patient-centred care.

We remain committed to driving national consistency, supporting education and clinical governance, and advocating for sustainable funding models, ensuring pharmacists continue to play a pivotal role in strengthening Australia's health system now and into the future.

Terminology and glossary

Terminology	Description
Ahpra	Australian Health Practitioner Regulation Agency
APC	Australian Pharmacy Council
AQF	Australian Qualifications Framework
Autonomous prescribing	Autonomous Prescribing occurs where a prescriber undertakes prescribing within their scope of practice without the approval or supervision of another health professional.
CPD	Continuing Professional Development
CPI	Consumer Price Index
ED	Emergency Department
Everyday Health Conditions	Conditions that are common and which usually have a sudden onset.
Extended Practice Authority (EPA)	A certified document published by the Department stating circumstances in which, and conditions under which, a person who may act under the protocol may use a stated controlled or restricted drug or poison for stated purposes (Queensland).
FIP	International Pharmaceutical Federation
GP	General Practitioner
HMR	Home Medicines Review
Joint Pharmacy Organisations	Refers specifically to Advanced Pharmacy Australia (AdPha), the Pharmaceutical Society of Australia (PSA), and the Pharmacy Guild of Australia (PGA).
Laboratory tests	A procedure in which a sample of blood, urine, other bodily fluid or tissues, is examined to get information about a person's health e.g., INR test to monitor blood thinning medicines/anticoagulants.
Long-Term Health Conditions	Conditions which are long-lasting and/or ongoing.
MHR	My Health Record
MMC	Medicines Management Cycle
National Competency Standards Framework for Pharmacists in Australia	A framework describing the knowledge, skills and attributes that are central to pharmacists performing effectively to an acceptable standard in contemporary professional practice in Australia.
NSQHS	National Safety and Quality Health Service Standards
OCP	Oral Contraceptive Pill
ODT	Opioid Dependence Treatment
OECD	Organisation for Economic Co-operation and Development – a group of highincome, developed economies that work together on economic, social and health policy.
Patients	Members of the community who use health services to manage their health needs.

Terminology	Description
PBS	Pharmaceutical Benefits Scheme
PDL	Pharmaceutical Defence Limited
POCT	PointofCare Testing
Point of care testing	A form of testing in which the analysis is performed outside of a laboratory setting e.g., Blood Glucose levels via a glucometer (testing device).
PrEP	PreExposure Prophylaxis
PSA	Pharmaceutical Society of Australia
QSPP	Quality and Safety Pharmacy Program (previously QCPP) – quality assurance program for community pharmacies.
QUM	Quality Use of Medicines
RMMR	Residential Medication Management Review
RTPM	RealTime Prescription Monitoring
Schedule 2 Medicines	Pharmacy only medicines
Schedule 3 Medicines	Pharmacist Only Medicines
Schedule 4 Medicines	Prescription Only Medicines
SSSI	Serious Scarcity Substitution Instrument
UTI	Urinary Tract Infection
UTIPPQ	Urinary Tract Infection Pharmacy Pilot – Queensland
VTE	Venous Thromboembolism
Vaccine	A biological preparation that provides active acquired immunity to an infectious disease. A restricted medicine that is identified as a vaccine in the current Poisons Standard.
WHO	World Health Organization

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The Pharmacy Guild of Australia

The Pharmacy Guild of Australia

Level 2, 15 National Circuit, Barton, ACT 2600
PO Box 310, Fyshwick, ACT 2609

Telephone: 13GUILD (13 484 53)
Email: guild.nat@guild.org.au

guild.org.au