The Pharmacy Guild of Australia

SCOPE OF PRACTICE OF COMMUNITY PHARMACISTS IN AUSTRALIA

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INTRODUCTION

Pharmacists are trusted health professionals and highly trained clinicians

Pharmacists are experts in medicines with a professional responsibility to ensure the quality use of medicines (QUM) – that is, that medicines are used safely, effectively, and judiciously. They have a unique and complex knowledge and skill base including a broad and deep knowledge of pathophysiology and pharmacotherapeutics.

Pharmacists also have comprehensive training in disease prevention, management, and treatment, including diagnostics. There is robust evidence of the impact that pharmacists have on medication safety and adherence and the resulting savings to the health system, particularly in the case of pharmacists managing long-term conditions through the quality use of medicines.[1]

Pharmacists undergo a minimum five-year training as part of their university education including a one-year intern program before being registered to practise as pharmacists. They then undertake mandatory continuing professional development (CPD) throughout their careers to maintain currency and competency in contemporary pharmacy practice and their individual scope of practice as it evolves.

The pharmacy profession and community pharmacy operate within an extensive professional and ethical quality and safety risk management framework which includes:

- *The Pharmacy Board of Australia registration standards, codes, guidelines, and policies.*[2]
- *The Australian Health Practitioner Regulation Agency (Ahpra) which supports the Pharmacy Board in its role of protecting the public and setting standards and policies that all registered health practitioners, including pharmacists, must meet.*[3]
- *Ahpra Shared Code of Conduct.*[4]
- *Code of Ethics for Pharmacists.*[5]
- *National Competency Standards Framework for Pharmacists in Australia (2016).*[6]
- *Professional Practice Standards.*[7]
- *National Health (Pharmaceutical Benefits) Conditions of approval for approved pharmacists.*[8]
- *Quality Care Pharmacy Program*[9] *accrediting community pharmacies against Australian Standard AS 85000:2017 – quality management system for pharmacies in Australia.*
- *Professional and clinical guidelines*

A 2021 Roy Morgan survey has continued to rank pharmacists in the top three professions for ethics and honesty, despite most professions suffering from a loss of trust during the SARS CoV-2 (COVID-19) pandemic.[10] The Governance Institute of Australia's Ethics Index 2023 also returned a similar result, with pharmacists ranked as the third most ethical occupation.[11]

Benefits of pharmacists working at full scope of practice

Australia's health system is recognised as one of the best in the world, ranking at number three for its health system, with particularly high performance in areas of Administrative Efficiency, Health Care Outcomes and Equity, but a low performance in Access to Care.[12] Australia's low performance in access to care reflects the need to improve the timeliness and convenience of primary care access in local communities.

Community pharmacy location rules mean there is equitable distribution of community pharmacies across Australia, providing the community with easy access to a healthcare professional. Community pharmacies are the most frequently accessed and most accessible health destination, making pharmacists the most visited and accessible healthcare professional in Australia.[13] Community pharmacists see patients on a regular basis without the need for an appointment. As such, community pharmacies are ideally placed to provide person-directed care to support people with their health concerns.

In 2023-24, approximately 1 in every 17 hospitalisations in Australia was classified as potentially preventable. Measuring potentially preventable hospitalisations (PPH) can provide valuable information on the effectiveness of health care in the community. Lack of timely, accessible, and adequate primary care all contribute to higher rates of PPH.[14] Data from 2023-24 shows an increase in the amount of time spent in an Emergency Department (ED) with it taking longer to complete an ED visit in comparison to 2019-20 data.[15] The quantifiable benefits of reducing PPH and improving ED efficiency, to both the economy and to the health of the community, through increased access to quality health services and improved health outcomes can be achieved by utilising all health professionals, including community pharmacists, working at full scope of practice.

The accessibility and skills that pharmacists bring to the health sector are valuable and should be optimised to improve the overall function of the health system.[16] Community pharmacists, being the most accessible health professionals in the community, are well placed to triage patients and either treat or refer them to other health professionals as necessary, depending on the level of care required. Community pharmacy is also a convenient access point for health promotion and prevention measures, facilitating distribution of self-management information and resources on physical and mental health and wellbeing and preventive health.

Barriers to pharmacists working at full scope of practice

The pharmacy university curriculum provides pharmacists with the required competencies. This not only provides the knowledge and skills to operate as medication experts but also to diagnose and risk-manage patients, prescribing and monitoring treatments where appropriate and referring to other providers as needed. Registration with the Pharmacy Board of Australia provides the professional authority for pharmacists to practise at their full scope, which includes the prescribing, dispensing, administering, and reviewing of medicines. However, despite extensive training and professional authority, there are significant barriers to pharmacists working at their full scope of practice.

Legislative authority

At present, pharmacists in Australia are hindered from practising at their full scope because they do not have the legislative authority to do so. This means that they are unable to contribute to the healthcare system at an optimum level, in accordance with their acquired and assessed competencies. Because the existing pharmacy university program and other accredited training facilitates the necessary competencies, the impact of legislative authority changes would quickly achieve a scale that would positively impact access to quality health services and improve health outcomes significantly.

For over a decade, health policy experts have been highlighting the opportunities from pharmacists working at their full scope. In 2014, the Grattan Institute stated that pharmacists should be authorised 'to give repeat prescriptions and help manage chronic care. Pharmacists should also be able to administer vaccinations'.[17] While pharmacists are professionally competent to administer vaccines, there is jurisdictional variation in what vaccines a pharmacist can administer.[18] As a result, there is patient demand beyond what is currently accessible. For example, market research conducted in July 2022 by Orima Research[19] found that most consumers would be likely to obtain other types of vaccinations or wound care services from their local pharmacy if such services were available.[20]

Additional research conducted by Insightfully in 2024 found that 91 percent of people surveyed support pharmacists working at full scope of practice.[21] Respondents are also becoming more comfortable receiving services from pharmacists, with 8 out of 10 indicating they were comfortable receiving services such as pharmacist monitoring of their cholesterol levels and renewing relevant prescriptions; receiving assessment, administration and/or supply of travel-related vaccinations or preventive medicines; assessment and treatment for common skin infections; and flu testing and supply of anti-viral medicine.[22]

Restrictive state and territory legislation is one of the main barriers to mobilising the 38,610 strong pharmacist workforce[23] to deliver additional health services to the community. Some jurisdictions have been making progress with interim arrangements while working towards permanent authorisation. For example, in Queensland, although prescribing is not currently included in the description of a pharmacist's role within regulations[24], the extended practice authority[25] enabled under Queensland's Medicines and Poisons Act 2019 allows appropriately trained pharmacists to prescribe Prescription Only medicines for a range of acute and chronic health conditions under the Community Pharmacy Scope of Practice Pilot.[26]

Similar interim arrangements have been implemented in all jurisdictions[27]; however, there is no consistency with what the legislation permits pharmacists to do. To effectively utilise the Australian pharmacy workforce and empower pharmacists to reduce preventable hospitalisations and avoidable emergency department presentations, consistent and permanent legislative reforms are required across the country. A legislative approach to facilitate the full scope of pharmacy practice across all patient presentations (acute conditions, chronic conditions, and preventive health matters) in all jurisdictions is required, rather than limiting pharmacists' scope of practice to managing discrete conditions that vary according to the location of practice.

Subsidisation and remuneration

Another barrier to pharmacists working at full scope of practice is ensuring appropriate funding is available to support equity of access for all patients. The availability of patient subsidies depends on the health provider they see as well as limitations within the subsidisation program.

While funding for some community pharmacy programs is available under the 8th Community Pharmacy Agreement, these programs often have restricted patient eligibility and operate under capped budgets, meaning there is frequently unmet patient demand for these services.

Professional services beyond dispensing and medication management are generally self-funded by the patient, even where there is recognition of the need to provide Commonwealth subsidisation when the equivalent service is provided in other healthcare settings. This effectively denies access to these services for vulnerable populations who may not be able to afford private service fees and restricts all patients' ability to choose the setting in which their healthcare is delivered. Where a pharmacy operates in a lower socioeconomic region, the service may not be viable at all due to limited numbers of patients able to self-fund professional pharmacy services, thereby denying access to all patients in that area.

A prime example of this is access to services to diagnose and treat uncomplicated urinary tract infections. People may choose to consult with a pharmacist at a community pharmacy due to easy access, convenience, and preference for the community pharmacist as a healthcare provider. However, patients are penalised financially due to a lack of Government subsidisation for community pharmacy consultations and pharmacist prescribed medicines for these services, while an identical service provided by other healthcare providers such as medical or nurse practitioners attracts Government subsidisation for both the consultation and the prescribed medicine. This challenges the government's policy intent of universal access for all Australians and disadvantages those patients who choose to access services in a community pharmacy.

Ideally, patient subsidisation programs for community pharmacy services would be as Commonwealth-funded national programs, providing equitable access for eligible patients irrespective of location. In the absence of a Commonwealth-funded program, other options include state-funded or private health insurance-funded programs. These options however limit access to location or membership respectively.

More efficient access to healthcare services can be enabled through subsidisation of community pharmacy services for vulnerable or target populations and allow pharmacies to offer a wider range of services to patients, improving access to services for the community as a whole.

Subsidisation equivalent to other healthcare providers for the delivery of preventive health care would support increased and affordable access to these services and better preventive health outcomes for the community.

Pharmacy classification and recognition

As the most accessible primary health care profession, community pharmacy must be recognised as an integral part of the primary health care system and acknowledged as primary health care providers, including in health planning documents. With this, pharmacy as a whole should be recognised as a separate health discipline like medical practice, nursing and dentistry, rather than being grouped with allied health disciplines, as pharmacy too is a generalist health profession that operates across various settings.

For the purposes of the Australian and New Zealand Standard Industrial Classification (ANZSIC, 2006), community pharmacies are currently included within Division G (Retail Trade) and within a class (4271) that "consists of units mainly engaged in retailing prescription drugs or patent medicines, cosmetics or toiletries".[28] This classification of community pharmacy activities is inappropriate and misrepresentative. Community pharmacy activities should be reclassified to health care (Division Q of the ANZSIC) as the principal activity is dispensing and supply of medicines and the value added to the product by a community pharmacy enterprise is undoubtedly a health-related value. This view is shared by a number of pharmacy organisations around the world and work is underway to seek a change at a global level.

The way forward

The need to address gaps

Pharmacist competency training

Recently registered pharmacists in Australia who have studied under the current pharmacy curriculum have the competencies to practise across the full scope of pharmacy practice as defined in the current Competency Standards.[29] Additional training is only required to attain prescribing competencies until the Australian Pharmacy Council Standards for Pharmacist Prescriber Education Programs are incorporated into the pharmacy curriculum and to familiarise pharmacists with standardised professional guidelines to undertake a task, pharmacy procedures, or where an individual pharmacist identifies a gap in their competency or to reinforce previous knowledge.

Registered pharmacists that have been practising for a number of years should routinely assess their competency in relation to any new or additional task they undertake. They should access appropriate education, training, or professional development to ensure they have the contemporary knowledge and skills to perform the task or additional services and meet any legislative or professional requirements. This could be considered 'retrofitting' of the workforce to ensure they have the competencies of contemporary pharmacy practice, noting the evolving nature of medicines, therapeutics, and health service delivery. This retrofitting practice is common with all health professions.

Pharmacist authorisation

The Commonwealth, State and Territory governments each have a role in enabling pharmacists to practise to full scope, including prescribing subsidised medicines and providing subsidised services (e.g. ordering pathology tests). Authorisation to undertake additional tasks needs to be enabled through amendments to relevant Commonwealth, state and/or territory legislation. These may include state and territory poisons regulations, extended practice authorities or pharmacist standards and codes, and Commonwealth laws and legal instruments such as the National Health Act (1953) and its subsidiary instruments and the Poisons Standard.

Towards achieving full scope of practice in Australia

In recognition of pharmacists as the experts in medicines and being a highly trained and qualified health care profession, they must be afforded all appropriate authorities to contribute fully to the Australian health care system by practising at their full scope of practice.

The competency of pharmacists is being underutilised due to restrictive legislation that is limiting their scope of practice, and therefore their value to the health system and advantage to all Australians. Where changes are made, patient access needs to be facilitated by allowing pharmacists to prescribe subsidised medicines and provide subsidised services to eligible patients.

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.

DEFINING SCOPE OF PRACTICE

Scope of practice is defined in the National Competency Standards Framework for Pharmacists in Australia 2016[30] (Competency Standards).

> *Scope of practice is 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*

***Figure 1** illustrates the components of Scope of Practice and how these are achieved.*

Competency, that is, the required knowledge, skills, and attributes to prescribe, dispense, administer and review medicines demonstrated in the Medication Management Cycle (Figure 2) is initially achieved through completion of an accredited program of study that is approved by the Pharmacy Board of Australia. These programs of study include university degree programs and intern training programs. Foundational core **knowledge** is achieved through a curriculum mapped to the Competency Standards and the Australian Pharmacy Council (APC) Performance Outcomes Framework. Practical competency assessments and work integrated learning (WIL) components of degree programs, and the supervised practice requirements of provisional registration further develop knowledge and allow for demonstration of the required **skills.**

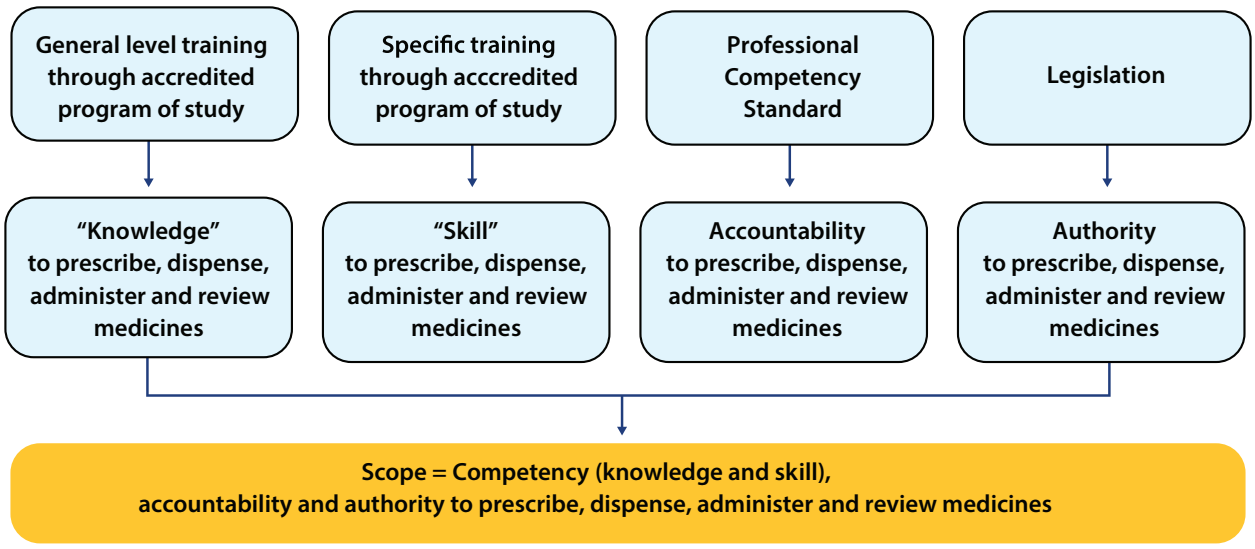

***Fig 1**. Understanding Pharmacist Scope of Practice, adapted from Poudel A, Lau ETL, Campbell C, Nissen LM.*[31]

The Competency Standards give pharmacists the **accountability** to prescribe, dispense, administer, and review medicines as they form the basis of what is considered the acceptable standard of contemporary professional practice in Australia.[32]

It is through state and territory legislation, that the **authority** is given for pharmacists to prescribe, dispense, administer, and review medicines. It is also the limitations to or lack of legislative authority that also currently restricts pharmacists from practising to their full scope.

Fig 2. *The Medication Management Cycle.*[33]

Scope of practice and profession

Scope of practice defines the boundaries of professional practice (Figure 3).

An individual's scope of practice is influenced by the professional roles they perform, or services they provide. Maintaining competency within one's scope of practice is achieved through ongoing education and mandatory continuing professional development requirements. This involves creating an individualised professional practice profile and selecting relevant competencies from the Competency Standards.

A pharmacist working at their full scope of practice is only limited by their individual training, experience, expertise and demonstrated competency, within the context of their place of practice, workplace policies and the health care needs of patients.

The scope of practice for the pharmacy profession is defined within the Competency Standards. Pharmacists must register with the Pharmacy Board of Australia to practice as a pharmacist, requiring pharmacists to meet registration standards[34] that recognise and assess against the Competency Standards.[35,36]

As professional practice evolves and the profession matures to meet the needs of the health care system, and society in general, so do the Competency Standards due to their dynamic nature and regular review cycle. The capacity of the Competency Standards to support and enable professional practice and growth over time is invaluable to championing full scope of practice for pharmacists now, and in the future.

Therefore, 'Full Scope of Practice' for the profession is supported by the competencies defined in the current version of the Competency Standards and explained using specific roles and activities performed by pharmacists registered with the Pharmacy Board of Australia, currently authorised or requiring authorisation under relevant legislation in each state and territory.

Fig 3. *Scope of Practice of the Profession versus that of the Individual, adapted from the Competency Standards*

International benchmarking against the global workforce

Pharmacists are among the most trusted of all professionals, are found in most communities throughout Australia and are accessible to patients without a long wait. Yet, compared to several other countries, pharmacists in Australia are still not able to practise to their full scope of practice.[37] Despite some progress in pharmacist scope of practice in various Australian states and territories, Australia continues to lag our international counterparts, with other countries forging ahead and utilising pharmacists practising to full scope to address healthcare access issues.

The main gaps are in areas such as therapeutic substitution and adaptation, medication continuance, prescribing and laboratory testing. Australia lags countries with equivalent economies and health systems such as Canada, the UK, Ireland, the USA and New Zealand where there are examples of these practices being undertaken by pharmacists.

The evolution of pharmacist scope of practice currently happening in Australia is starting to address the disparity with international counterparts; however, inconsistencies in State and Territory pharmacist authorisation means there is significant variation between the jurisdictions. Access for patients is also restricted by the lack of any consistency in patient subsidisation for pharmacy services between the states and territories and Commonwealth.

DOMAINS OF COMPETENCY IN FULL SCOPE OF PRACTICE

The competencies and scope of practice of pharmacists are time-sensitive, dynamic, and responsive to emerging science and therapeutic trends, and the needs of the Australian health system and society in general.

Therefore, what may be described as 'Full Scope of Practice' today will not be the same as 'Full Scope of Practice' in the years ahead. It is for this reason that this will be a living document, updated periodically in response to evolving needs, and documenting the changes achieved.

The domains of competency for pharmacists in providing patient care include:

01 **Medication supply and dispensing**

02 **Prescribing**

03 **Medication reviews**

04 **Population health**

05 **Health conditions**

06 **Medicine administration**

07 **Ordering and interpreting laboratory tests**

Medication supply and dispensing

The supply of non-prescription pharmacy medicines and dispensing activities are core competencies of a pharmacist, requiring a pharmacist's expert clinical assessment regarding therapeutic appropriateness for, and safety of, the patient.

The terms 'dispensing' and 'supply' are defined as:

Dispensing – 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. It includes providing advice to the patient.[38]

Supply – To give a regulated substance without a prescription for the treatment of a condition.[39]

There are additional activities that are within a pharmacist's scope of practice that they do not currently have the authorisation to perform or for which authorisation is restricted. In the sub-domains below are some specific activities identified where action is required for pharmacists to work to full scope.

Medication continuance (Prescription renewal)

Commonwealth, state and territory laws allow for pharmacists to supply some Prescription Only medicines for long-term health conditions in an emergency in the absence of a prescription. These Emergency Supply and Continued Dispensing arrangements provide a one-off short supply of a person's regular prescription medicine to continue treatment until they can see an authorised prescriber. While state and territory laws are required to authorise both, the Continued Dispensing arrangements are a Commonwealth initiative in which the emergency supply of medicine is subsidised under the Pharmaceutical Benefits Scheme (PBS).[40]

Current Continued Dispensing arrangements allow for only a limited number of PBS-listed medicines to be supplied.[41] This contrasts with the arrangements historically in force during management responses for emergency situations in which the Continued Dispensing arrangements allowed pharmacists to use their professional judgement for urgent supply arrangements for the whole general schedule of the PBS.[42]

This expanded list continues to be reintroduced during a disaster to allow community pharmacists help affected patients who are displaced and/or do not have immediate access to their medicines, such as with the North Queensland floods in early 2025.[43]

The standard, reduced list of medicines fails to recognise the benefit provided by the Continued Dispensing arrangements for patients with a wide range of chronic long-term health conditions. It also fails to recognise the urgent needs of patients is not just restricted to a natural disaster or a pandemic. The incidence of multimorbidity (two or more chronic conditions at the same time) means that with the standard list of allowable medicines, pharmacists are able to assist patients with urgent supply arrangements of subsidised medicines for some conditions but not others.

International benchmarking suggests there is opportunity for increasing authorisation for prescription renewal activities. A change in legislation is needed to enable pharmacists to renew a prescription for a prescribed medicine on an ongoing basis. Medication continuance is used in the UK and prescription renewal is enabled across many Canadian provinces, where doctors can authorise pharmacists to continue dispensing for an agreed period. This can lead to a more efficient use of the time and expertise of a pharmacist and a General Practitioner (GP), and it reduces costs to patients.[44]

In more recent times, prescription renewal has been recognised as within a pharmacist's scope of practice through authorisation of community pharmacists to resupply the oral contraceptive pill in most jurisdictions. Some jurisdictions have implemented this as part of their scope of practice pilots, while others such as South Australia, Western Australian and Tasmania went straight to permanent implementation.

Legislative enablement for pharmacists to practise to their full scope will ensure that Australians can receive timely and judicious access to their regularly prescribed medications, by allowing Continued Dispensing for the whole PBS schedule in urgent situations and enabling prescription renewal from their pharmacist for ongoing supply, including as a pharmaceutical benefit when eligible.

Therapeutic substitution

Therapeutic substitution (of equivalent medications) by pharmacists is at times necessary to ensure there is continuity of appropriate clinical care for patients, especially in but not restricted to situations where there is a shortage of the medicine(s) concerned.

Medicines shortages are an ongoing problem for Australians and a significant administrative burden for community pharmacies and prescribers. Australia's medicines shortages stem from the fact that we import over 90% of medicines and are at the end of an exceptionally long global supply chain, making the nation vulnerable to supply disruptions.[45] Additionally, Australia represents only 2% of the global pharmaceutical market and precedence is given to markets with the highest return on investment.[46]

Because state and territory laws regulate access to medicines, the Therapeutic Goods Administration (TGA) has worked with the state and territory health departments to implement a Serious Scarcity Substitution Instrument (SSSI) process to manage extensive medicine shortages. The SSSI enables pharmacists to substitute medicines in accordance with the specified circumstances and are automatically recognised across Australia without further amendment to state and territory legislation.[47]

While a workable solution for some identified medicine shortages, the SSSI process for pharmacists to provide therapeutic substitution is complicated and limited only to specific situations and does not recognise a pharmacist's expertise and capabilities. Without an SSSI in place, pharmacists are unable to substitute a medicine to manage other situations including local supply disruptions. This places patients at risk of harm, as pharmacists are limited in how they can respond and support patients in these situations. Additionally, therapeutic substitution via the SSSI process is not automatically covered by the PBS. The Department of Health and Aged Care must separately authorise the substitution under an SSSI to be eligible for subsidisation as a pharmaceutical benefit so as not to increase patient costs for their PBS medicines. Pharmacists are medicines experts, and straightforward dose, form and equivalency therapeutic substitutions are within the competency of every pharmacist in Australia to manage autonomously with their patients.

To optimise patient care, pharmacists should be enabled to prescribe a clinically appropriate medicine substitute to ensure continuity of care to address a supply disruption to a patient's regular medicines.

Fully enabled therapeutic substitution by a pharmacist without the need to consult a prescriber should be allowed in Australia to manage medicine supply disruptions. It is already permitted in equivalent countries, such as the USA and Canada without compromising safety. A medicine supply disruption is not only inconvenient but can potentially have negative health effects for patients by interrupting treatment and affecting adherence.

Therapeutic adaptation

Therapeutic adaption is another area where state and territory legislation prohibit pharmacists from exercising their clinical judgment and positively intervening in therapy by altering an existing prescribed medication in the best interests of the patient. It may be that a capsule rather than a tablet is going to better suit a particular patient, or that the prescribed dosage should be adjusted, to achieve the best therapeutic outcome for the patient but in neither case can such a decision be implemented unless an authorised prescriber writes a new prescription.

A common example of where a pharmacist needs to adapt the medicine dosage is with prescriptions for medicine for children, in cases where the doctor has inadvertently and incorrectly prescribed a subtherapeutic or supra-therapeutic dose and the prescription needs to be amended prior to supply. Often, the prescription may be brought in after-hours when the prescriber is unavailable, and the medicine is required immediately.

Legislative enablement for pharmacists to practise to their full scope will empower pharmacists to make therapeutic adaptations to prescribed medications, to optimise therapeutic outcomes and reduce unnecessary hospitalisations or GP visits related to sub/supra-therapeutic response and/or adverse medication events.

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.[48]

Pharmacists have long been able to prescribe Schedule 2 and Schedule 3 medicines for the treatment of a range of common health conditions. Since 2014, pharmacists have been authorised to prescribe vaccines (Schedule 4 medicines) for pharmacist administration, via a structured prescribing arrangement in all states and territories. We have also seen all states and territories implementing community pharmacy pilots with structured prescribing within a clinical governance framework for a range of health conditions such as urinary tract infections, impetigo, psoriasis and shingles. The most extensive to date has been the Queensland Community Scope of Practice Pilot.[49] In a first for Australia, the Queensland Community Pharmacy Hormonal Contraception Pilot enables participating pharmacists to autonomously prescribe hormonal contraception services for women and girls aged 16 years and older.[50]

There are many benefits to pharmacists having the ability to prescribe autonomously. In the United Kingdom, pharmacist independent (autonomous) prescribing was introduced in 2006, with research reporting benefits including decreased workloads for general practitioners, increased patient safety, improved job satisfaction for pharmacists, improved patient relationships, and enhanced cost savings.[51]

The Prescribing Competencies Framework describes the competencies and expectations for appropriate, safe and effective prescribing across relevant health professions. Originally developed and hosted by NPS MedicineWise in 2021, the framework is under review during 2025 by the Australian Health Practitioners Regulation Agency (Ahpra).[52]

The PSA's Professional Practice Standards 2023 includes the standards for pharmacist prescribing. Pharmacists practising in Australia must conform with these standards when undertaking prescribing within their scope of practice.

In December 2023, the Australian Pharmacy Council (APC) published the first iteration of the Accreditation Standards for Pharmacist Prescriber Education Programs.[53] These Standards in conjunction with the associated Performance Outcomes, comprise the framework for education providers developing programs of study, and ensure high quality education programs that produces graduates who can demonstrate competency as a pharmacist prescriber. The publishing of the Standards was an important step in the journey to autonomous prescribing; it made clear the view of the Pharmacy Board of Australia, who commissioned APC to draft the Standards, that with the completion of additional training, prescribing is within a pharmacist's scope of practice. Unfortunately, the disconnect between availability of education and lack of legislative authority continues to act as a barrier to pharmacists working at their full scope.

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Prescribing of Schedule 4 and Schedule 8 medicines

In Australia, in recognition of the need to increase the number of prescribers for continued equity of access to medicines, prescribing rights at both a Commonwealth and State or Territory level have already been extended to several non-medical professions but not to pharmacists, even though pharmacists have the ability to attain the relevant competencies.

Widespread prescribing rights are available to doctors, dentists, nurse practitioners, midwives, optometrists and podiatrists, with all except podiatrists able to also prescribe medicines subsidised under the PBS. By international standards, pharmacists in Australia are a notable omission from the range of health professions with prescribing authority. By contrast, pharmacists can not only prescribe independently (i.e. autonomously) in many western countries, but in countries such as Canada, Denmark, France and the UK, independent pharmacist prescribing is publicly funded.[55]

There are several practical examples where pharmacist prescribing would enable better patient access to care, increase health system efficiency and reduce unnecessary hospitalisations, if there was enabling legislation in place to allow autonomous prescribing by pharmacists. These include:

- Effectively and appropriately managing acute pain conditions (such as dental pain) through judicious prescribing of moderate-strong pain medication for immediate, short-term relief while patients are waiting for a dental appointment.
- Diagnosing and prescribing medicines for chronic health conditions (e.g. hypertension, diabetes, dyslipidaemia) consistent with contemporary therapeutic guidelines.
- Prescribing an appropriate respiratory preventer medication consistent with an asthma or Chronic Obstructive Pulmonary Disease (COPD) management plan for patients experiencing worsening asthma or COPD symptoms, without needing to delay optimal symptom management while waiting to see their GP.
- Providing timely access to preventative health measures through pharmacist prescribing of both pre- and post-exposure prophylaxis for HIV (PrEP and PEP), while also providing appropriate community access to HIV screening and sexual health referrals when required.
- Titrating treatments for newly diagnosed patients.

A pharmacist is the best placed health professional to effectively manage the up-and-down titration of newly prescribed medicines (e.g. antihypertensives, respiratory medicines) to ensure patients are appropriately stabilised on an optimal medicine dosage based on clinical effect and medication tolerance. Under current arrangements, patients must trial a prescribed medicine (e.g. blood pressure medicine) and return to their GP for review and to adjust dose, add, or change to a new medicine to manage therapeutic response or an adverse reaction. This is time consuming and costly for patients and the health system, and it could efficiently be managed by community pharmacists after diagnosis.

Consistent State and Territory legislative changes to allow pharmacists to prescribe is needed to realise the potential patient benefits and health system savings resulting from pharmacists prescribing within their individual scope for acute conditions, chronic conditions and preventive health measures.

Deprescribing

Deprescribing is the process of stopping or reducing the dose of inappropriate medicines, supervised by a healthcare professional, for the benefit of the patient.[56,57] Deprescribing and prescribing complement each other to manage inappropriate polypharmacy and optimise patient treatment outcomes. As prescribing medicines is recognised within the scope of practice of pharmacists, therefore so too is the ability to deprescribe medicines.
The World Health Organisation's Guide to Good Prescribing includes a step to 'Monitor (and stop?) the treatment', where it recommends using treatment monitoring to determine whether a treatment has been successful or whether additional action is needed.[58] Treatment monitoring is within the scope of practice of a pharmacist; using clinical knowledge and professional judgement, a pharmacist has the competency to deprescribe medicines with ongoing monitoring and referral of the patient for further review where appropriate.

Currently, pharmacists assess the therapeutic need of a patient when considering whether to recommend the use or cessation of a non-prescription medicine.

However, current legislation restricts the ability of a pharmacist to deprescribe a Schedule 4 or Schedule 8 medicine that has been identified as being inappropriate; medicines may be considered inappropriate for many reasons such as no current indication, presence or risk of adverse events and drug-drug or drug-disease interactions. An example of how pharmacists may contribute to deprescribing of inappropriate medicines include ceasing long-term proton pump inhibitors and monitoring and assessing patient outcomes for permanent cessation.

Legislative enablement to allow pharmacists to deprescribe within their individual scope for acute conditions, chronic conditions and for preventive health measures would enable pharmacists to contribute to reducing inappropriate polypharmacy, thereby providing patient and economic benefits.

Medication management review

Medication management reviews involve the review of a patient's medicines to assure quality use of medicines. Pharmacists consult with patients to ensure safe and appropriate use of their medicines and to identify and address any medicine-related problems. 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). There are also more comprehensive medication management reviews performed by pharmacists such as in-pharmacy medicines reviews (MedsChecks), home medicines reviews (HMRs) and residential medication management reviews (RMMRs).[59]

Patients are particularly vulnerable at transitions of care between healthcare providers and settings, such as entry to or post-discharge from hospitals, residential or respite facilities. A reconciliation and review of a person's medicine at the time of transition of care is an area where community pharmacists can play a valuable role, particularly for patients at high-risk of readmission or with complex medicine-related needs. This was recognised in the final report of the Royal Commission into Aged Care Quality and Patients are particularly vulnerable at transitions of care between healthcare providers and settings, such as entry to or post-discharge from hospitals, residential or respite facilities.

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Pharmacy degree programs now include a substantial component in their curriculum to cover the necessary knowledge, skills and competencies to undertake comprehensive medication management reviews, exemplifying how the profession evolves to meet the needs of the health system and society.

Despite this, eligibility criteria for Commonwealth funded HMR and RMMR programs require pharmacists to be an 'accredited pharmacist'[61] – an additional training and accreditation process. This limits many pharmacists from working at their full scope of practice and unnecessarily limits patient access to medicine review services. The accreditation requirement for these programs should be removed and instead managed through education modules available to pharmacists, including as CPD for postgraduates, to address identified gaps in, or to refresh, their competency in these services.

Removing requirements for additional accreditation for medication management services would enable pharmacists to work to full scope of practice and improve patient access these to medication management services.

Population health

Community pharmacy offers a highly accessible network of primary health care delivering quality advice and services, and as such is poised for effective and agile preventive health activities. Pharmacies exist in well distributed and accessible locations, often operating over extended hours, on weekends and public holidays in urban, rural and remote areas.

Services that community pharmacy offers that contribute to the health outcomes of their community include, but are not limited to:

- Provision of up-to-date and locally relevant information on other health care and support services and resources.
- Participation in community health, preventive health and other public health services.
- Distribution of public health information and educational materials.
- Health promotion activities and group education programs.
- Screening and risk assessments.
- Harm minimisation programs such as needle and syringe programs and opioid replacement therapy.

Preventive health

Pharmacists conduct preventive health programs that contribute to the health system action of preventive health. Such programs include immunisation programs (discussed specifically under section 3.6.1), smoking cessation programs, weight management programs, harm minimisation programs and general health checks. However, the lack of Government subsidies for patients seeking preventive health services through community pharmacy limits access, particularly for vulnerable populations. Access for the wider population can also be restricted if the service is not a viable business option for the pharmacy without having an adequate patient base.

Where there are funded programs available at the state and territory level, such as harm minimisation, there is significant variability between available remuneration and patient access criteria. This affects both the level of community pharmacy participation and the extent to which patients can be supported by their preferred community pharmacy.

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Screening

Community pharmacies provide health screening services for acute conditions, chronic conditions and preventive health including chronic obstructive pulmonary disease (COPD), sleep apnoea, diabetes risk, cardiovascular risk, anaemia, cholesterol and sexually transmitted infections. Some community pharmacies provide influenza-screening services using point-of-care devices[62] in addition to providing similar in-store and supervised outreach services, such as during pandemics. Pharmacists perform screening using screening tools (questionnaire or device) and provide education and referral for patients at risk where appropriate.

Health screening in community pharmacy is an important measure in identifying patients who potentially require intervention for a health condition they may be unaware they have. This could be enhanced by ensuring that screening services offered by all health providers can be readily uploaded to a shared patient record with means of notifying the patient's GP or other members of their health care team.

Health screening services are recognised within the scope of practice for pharmacists, with the main barrier to pharmacists working at full scope of practice again being lack of funding mechanisms for these services as a coordinated program, meaning vulnerable and target populations are required to self-fund access to these services. This is in stark contrast to government-funded screening programs delivered through other health providers where patient costs are subsidised, particularly for vulnerable and target populations.

Health conditions

Community pharmacists provide a range of services which extend well beyond the provision of prescription medicines and, as such, pharmacies are often the first contact point of the primary health care system for many people. Often these services can be provided without the need for an appointment when the pharmacy is suitably staffed.

Services that community pharmacy offer for everyday health conditions and chronic health conditions include, but are not limited to:

- Assessment, treatment, and provision of information about medicines and health conditions.
- Referral to and collaboration with a GP or Hospital Emergency Services.
- Referral to and collaboration with other appropriate health professionals where required, e.g. community health nurses, mental health services, physiotherapists, drug and alcohol rehabilitation facilities.
- Monitoring of health conditions and biomarkers such as blood pressure, blood glucose levels, INR and cholesterol levels.

Everyday health conditions

The management of everyday health conditions is a core component of pharmacy practice. Pharmacists provide management, both pharmacological and non-pharmacological, for common conditions including wounds, pain (e.g. migraine, dental pain, arthritic pain), urinary tract infections, acne, constipation, diarrhoea, hay fever, common colds, head lice, mouth ulcers, gastro-oesophageal reflux, vaginal thrush and tinea. For the management of everyday health conditions pharmacists across all jurisdictions diagnose the condition and prescribe a suitable treatment, including Schedule 2 and Schedule 3 medicines. Pharmacists can also provide patient education and advice on lifestyle modifications.

Pharmacist management of everyday health conditions is an under-recognised activity that adds significant value to the health system. Research conducted by Orima in 2022 showed that all pharmacies surveyed reported providing patient consultation on common conditions daily, with over half of pharmacies surveyed reporting over 20 such consultations occurring daily, and 65% of these patients indicating they would otherwise have attended their local Emergency Department or GP.[63] Pharmacists can assess and triage these common conditions, and either treat patients within their scope, or refer them to another health professional. Pharmacists undertaking this process can help to reduce the burden on emergency departments and GPs, allowing them to focus on more complex patient presentations.

The main barrier to provision of these services is a lack of adequate funding mechanisms that recognise the role pharmacists play in delivering primary healthcare services for patients. In fact, a pharmacist may spend time assessing and advising a patient and not receive any remuneration for their time, as they may have determined that a treatment option is not required or not available for the pharmacist to initiate (e.g. a Prescription Medicine), requiring a referral to a GP or other clinician. The Orima research indicates that unpaid pharmacy consultations last on average between 5 and 10 minutes, which is a significant use of pharmacist time. Countries such as Scotland[64], England[65] and Wales[66] have implemented publicly funded service schemes for common conditions, paying pharmacists to consult with eligible patients as a first port of call.

Community pharmacies must be remunerated for service consultations, including recognition of the time differential that can be involved according to a patient's needs. Pharmacist health and medicine consultations can be used to manage less complex everyday health conditions as well as to triage and refer situations requiring more expert oversight. Such an arrangement would cost effectively re-distribute the workload to enable GPs and emergency departments to prioritise and manage the more complex and/or serious conditions.

Chronic health conditions

Chronic health conditions are long-lasting conditions which might be preventable or delayed through lifestyle measures and other interventions, and which can be managed on an ongoing basis to control or prevent worsening of symptoms and avoid hospitalisation or excessive health care. They include conditions such as diabetes, COPD, cardiovascular disease, mental health conditions, epilepsy, glaucoma, Parkinson's Disease and asthma.

The role that pharmacists can play in the management of chronic conditions is evolving, and this is reflected in pharmacists becoming credentialed diabetes educators, certified asthma educators and mental health first aiders. These roles are restricted to pharmacists who have completed additional training in these specific areas, despite recent pharmacy graduates having many of the competencies required for these roles.

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Pharmacists contribute to the management of chronic health conditions by way of ongoing treatment monitoring, therapeutic medicine monitoring, education, lifestyle interventions and advice. The Australian Institute of Health and Welfare found that chronic conditions are becoming increasingly common, with many patients experiencing multimorbidity (two or more chronic conditions at the same time).[67] Multimorbidity brings a greater risk of polypharmacy; pharmacists can provide medicine review and adherence services to assist people with understanding and managing their medicines and addressing medicine-related problems.

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Some community pharmacy pilots are enabling pharmacists to diagnose and prescribe treatments for chronic health conditions, including asthma, COPD and CVD symptoms.[68]

Greater recognition of the role that pharmacists can play in the management of chronic health conditions will allow pharmacists to practice to full scope and provide patients with chronic conditions improved access to healthcare services.

Medicine administration

Pharmacists support patients in the administration of all their medicines by ensuring appropriate counselling and advice, or provision of devices that assist effective use, such as spacers for asthma.

Pharmacists can support patients further with administering medicines, especially for injectable medicines if given the authority through legislative amendments, which will have benefits to the patient and the health system.

However, while pharmacists are trained to administer medications by injection, legislation currently restricts pharmacists to administering a limited range of injectable medicines determined at a state or territory level with significant variability between jurisdictions.[69]

Vaccines

Pharmacists have long been a health centre for accessing vaccines, originally dispensing vaccines or hosting a nurse immuniser vaccination service in the pharmacy and then administering vaccines and acting as vaccine educators and facilitators.[70] Pharmacists develop the competency to administer vaccinations either as part of their pre-registration pharmacy education or through pharmacist-specific accredited training programs and thus establish and deliver vaccinations in community pharmacy to patients of all different age groups.[71]

Prior to 2014, community pharmacists in Australia were not authorised to administer influenza vaccinations; however, since then community pharmacies have contributed to public health and herd immunity by vaccinating millions of Australians, including as part of the National Immunisation Program (NIP). As such, community pharmacies are becoming a preferred choice of vaccination provider for many Australians, demonstrated by 1 in 4 people choosing to receive their influenza vaccine from a community pharmacy in 2024 compared to 1 in 6 people in 2021.[72]

The geographical spread of pharmacies throughout Australia, combined with their convenience and extended hours of operation, assists in increasing vaccination rates. The administration of vaccines by pharmacists complements the work of traditional immunisers. This increased choice and the convenience of being able to walk in and be immunised opportunistically means that a greater number of at-risk patients, particularly older adults, can access the service, including those who might otherwise not have been vaccinated.[73]

Despite community pharmacists being experienced, capable and well-qualified to administer vaccines, this is not recognised at state or territory level where legislation restricts the vaccines a pharmacist can administer. Pharmacists in most states and territories are only able to administer a limited range of vaccines with specified age restrictions with significant variation between the states and territories.[74] Progressive legislative reform in this area of practice is occurring in some jurisdictions, amending regulations to enable pharmacists to administer vaccinations within their scope of practice. The most progressive to date is South Australia which, from January 2025, allows appropriately trained pharmacists to administer vaccines in accordance with the Australian Immunisation Handbook.[75,76]

Legislative reform in all states and territories for pharmacists to practise to their full scope will ensure that pharmacists are able to deliver all vaccinations for all ages in accordance with the Australian Immunisation Handbook.

Other injectable medicines (non-vaccine)

Pharmacists, having completed first aid training and attained certification, can administer adrenaline in the event of an anaphylactic reaction. Whilst this type of acute care has been permitted for many years, administration of injectable medicines for other health conditions has remained limited until recently. All states and territories allow pharmacists to **initiate and administer** unscheduled medicines within their scope of practice, and apart from WA, also Schedule 2 and Schedule 3 medicines. All jurisdictions also allow a pharmacist to **administer** any scheduled or unscheduled medicine that has been dispensed to a patient.[77]

Pharmacist immunisers are trained and competent in the injection techniques required to administer nonvaccine medicines such as Vitamin B12 injections, depot medroxyprogesterone as a long-acting contraceptive and the osteoporosis medication Prolia® (Denosumab). In addition to the competency to administer an injection, pharmacists must familiarise themselves with the clinical and pharmacological aspects of the medicines before patient administration.

Travel medicine

Australians undertaking international travel have always needed to consider their travel health risks and requirements. Some countries mandate that travellers have to be immunised against specific conditions. Travellers also need to be cautious of infectious diseases such as malaria or travellers' diarrhoea. Community pharmacies are ideally placed to provide travel health services with vaccines (see section 3.6.1) and other travel medicines. However, there are restrictions with regard to the travel medicines that a pharmacist can supply without requiring a prescription.

In the current global climate, the ability for a comprehensive travel health service to be provided through community pharmacy would provide Australians with an alternative, affordable option to receive travel medicines and tailored travel heath advice to support their safe travel overseas.

Legislative enablement for pharmacists to practise to their full scope would ensure that a comprehensive travel medicines service could be delivered through community pharmacy, to prescribe and administer appropriate travel health vaccines to patients, as well as provide preventative health travel medicines such as antimalarials for chemoprophylaxis and antibiotics for travellers' diarrhoea.

Diagnostic and monitoring testing

Laboratory and point-of-care tests can be used to help diagnose or monitor a medical condition, screen for certain health conditions to find them early, and monitor a person's response to medicines and other treatments.[78] Enabling pharmacists to order and/or conduct these tests, including as subsidised services for eligible patients, is critical for pharmacists to work to their full scope of practice and improve patient access to primary care services through their local community pharmacy.

Order and interpret laboratory tests

Not all pharmacists in Australia are able to order laboratory tests (relevant to pharmacist care) on behalf of a patient, despite having the clinical knowledge and competencies to undertake this role and despite this role being within their scope of practice. Therapeutic drug monitoring (TDM) is the "interpreting and monitoring of measured drug concentrations in body fluids to optimise medicine efficacy and minimise toxicity. TDM applies to the disciplines of pharmacology, pharmacokinetics, pathology and clinical medicine".[79]

If authorised to take on this function, pharmacists would be able to ascertain whether further medical treatment should be sought or whether pharmacist care interventions would be appropriate for the patient's clinical need, thus saving time and expediting appropriate treatment/management approaches. Additionally, further TDM or other pathology testing could be ordered and interpreted as part of a medicine review, such as a HMR or RMMR.

In jurisdictions within Australia where legislation enables pharmacists to order laboratory tests for patients, the major barrier to this occurring is patient cost due to a lack of patient subsidisation for a laboratory test ordered by a pharmacist. As pharmacist-ordered laboratory tests are not subsidised, patients must cover both pathology costs and pharmacy service costs. An appropriate funding mechanism for laboratory tests ordered by a pharmacist is required to ensure the patient subsidy follows the patient if they choose to access services through a community pharmacy.

Pharmacists in comparable overseas countries are already authorised to order and interpret laboratory tests, with US pharmacists accessing and/or ordering laboratory tests within collaborative practice agreements, and pharmacists in Canada able to access and/or order laboratory tests depending on the province in which they practice. The United Kingdom allows for laboratory tests to be ordered by independent prescribing pharmacists or dependently by supplementary prescribing pharmacists[80],and New Zealand pharmacist prescribers can independently order laboratory tests.[81]

Legislative enablement of pharmacists in all jurisdictions to order and interpret laboratory tests supported by Commonwealth subsidisation for eligible patients would ensure patients could access testing and receive appropriate treatment with minimal delay.

Point of care and diagnostic testing

Pharmacists can provide point of care testing and diagnostic testing, within the scope of practice of pharmacists, for many acute and chronic health conditions including blood glucose testing, HbA1c testing, INR testing, cholesterol testing, blood pressure testing, pulmonary function testing, anaemia testing and genetic testing.

Section 3.4.2 highlighted how some pharmacists provide point-of-care testing for communicable diseases such as influenza or COVID-19. Pharmacies are also involved in facilitating other diagnostic testing and screening services including for bone density, hearing, bowel cancer, sleep apnoea and COPD.

The main barrier to pharmacists working at full scope in this area of practice is the same as that for ordering and interpreting laboratory tests – inadequate access to funding mechanisms to make these services affordable for patients.

THE VISION

Some significant advancements towards pharmacists in Australia working at full scope of practice have been achieved, and the implementation of pharmacist full scope of practice services and pilots is progressing. However, the journey to pharmacists working at full scope of practice is ongoing, with the future vision being for pharmacists to practice as autonomous prescribers within a clinical governance framework and appropriately resourced community pharmacy, underpinned by funding mechanisms that support the provision of medicines and services at a cost that patients can afford.

Advocacy for pharmacists in Australia to practice to full scope of practice is continuing at a national, state and territory level in relation to identified areas of opportunity including prescribing services under the Queensland Community Pharmacy Pilots as well as renewal of oral contraceptive pills and medicines administration. The Pharmacy Guild of Australia maintains an interactive tool to track progress on implementation of full scope of practice services in each state and territory.

CHECKLIST FOR CHANGE

In order for pharmacists to work to full scope of practice, now and into the future, the following are key considerations that will need to be worked through on each occasion to provide evidence and assurance for governments that pharmacists are indeed competent and accountable to undertake the task and therefore should be afforded the appropriate authority.

Competency 01

- Are the competencies required to perform the task included in the Competency Standards?
- Are the competencies covered in university programs, Intern Training Programs, or existing training for pharmacists?

Training 02

- Is training required for all pharmacists (new skill), OR
- Is training required for pharmacists that need to 'retrofit' a competency that is now in the degree programs?
- Does training need to be developed, and accredited?

Qualification or Endorsment 03

- Is an additional qualification required? For example, vaccination certificate, CDE
- Is a professional endorsement required by the Pharmacy Board? For example, autonomous prescribing?

Funding Mechanism 04

- What is the proposed funding mechanism - private, government funded?
- What is the appropriate remuneration for the pharmacy service?
- What are the eligibility requirements for government funding?

Professional Standards / Guidelines 05

- Do professional practice guidelines or standards need to be developed?

Legislative Authority 06

- What are the legislative or regulatory changes required?
- What is the relevant legislation/regulation that needs amending?
- Is there a precedent in another jurisdiction?

GLOSSARY

Accountability	Responsibility of a heath professional, such as a pharmacist, to uphold professional standards of practice
Acute conditions	Conditions which usually have a sudden onset
Administer a medicine	To give a patient a single treatment of the dose of a medicine by the prescribed route e.g. injection of a vaccine
Ahpra	Australian Health Practitioner Regulation Agency
APC	Australian Pharmacy Council
Authority	Legislative authority to undertake practice components
Autonomous prescribing	Prescribing occurs where a prescriber undertakes prescribing within their scope of practice without the approval or supervision of another health professional. The prescriber has been educated and authorised to autonomously prescribe in a specific area of clinical practice. Although the prescriber may prescribe autonomously, they recognise the role of all members of the health care team and ensure appropriate communication occurs between team members and the person taking medicine.[82]
CDE	Credentialled Diabetes Educator
Chronic conditions	Conditions which are long-lasting and/or ongoing
Competency Standards	See National Competency Standards Framework for Pharmacists in Australia 2016
Continued Dispensing versus Prescription Renewal	Continued Dispensing is the one-off emergency supply of a prescription medicine in the absence of a prescription to ensure continuity of therapy whereas Prescription Renewal is the ongoing authorisation for dispensing a prescription medicine for a chronic condition
Controlled drugs	Substances listed in Schedule 8 of the Poisons Standard
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuing Professional Development
CVR	Combined Hormonal Vaginal Ring
Dispense	To supply a medication on prescription
Drug versus medicine or medication	Australian Federal, state and territory regulations use the terms poisons and drugs, with drugs being defined as a poison for therapeutic use (e.g. Poisons Standard). For this document, the term medicine or medication is preferentially used being the formulated form of a drug intended for therapeutic effect in humans or animals.
Drug Schedules in Australia	See Medicine Schedules in Australia
Drug Schedules in other countries	The Drug Schedules for the comparator OECD countries (Appendix 1) do not directly match the scheduling in Australia; however, there are broad similarities in medications provided 'over-the-counter' by pharmacists, on prescription only and classified as controlled (or narcotic) drugs
Extended Practice Authority	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)

Emergency Supply	Limited supply of restricted drug (S4 medication), to a patient who does not have a script, but who has an urgent need for that medication (See continued dispensing)
ENT infections	Ear nose and throat infections
FIP	International Pharmaceutical Federation (Federation Internationale Pharmaceutique)
Generic/Biosimilar Substitution	Substitution by pharmacist of a bioequivalent medicine for the prescribed medicine, where the patient has provided consent
HPPP	Health Professionals Prescribing Pathway (published Health Workforce Australia in 2013)
IHC	Injectable Hormonal Contraception
Immunisation program	An immunisation program carried out by the department, local government or Hospital and Health Service; a certified program
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
MBS	Medical Benefits Scheme
Medication adherence	Patient compliance with prescribed medicine regimen
Medication adherence counselling/management	Pharmacist intervention to ensure there is patient compliance with medicine regimen
Medication continuance	See Continued dispensing
Medication Management Review	Review of a patient's medicine regimen by a pharmacist to ensure that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken and able to be taken by the patient as intended
Medicine Schedules in Australia	• Schedule 2 of the Poisons Standard: Pharmacy Medicine – Substances, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person. • Schedule 3 of the Poisons Standard: Pharmacist Only Medicine – Substances, the safe use of which requires professional advice but which should be available to the public from a pharmacist without a prescription. • Schedule 4 of the Poisons Standard: Prescription Only Medicine – Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription. • Schedule 8 of the Poisons Standard: Controlled Drug – Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.
National Competency Standards Framework for Pharmacists in Australia 2016	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
NIP	National Immunisation Program
Non-vaccine Injectable medications	Medicines, other than vaccines, that are administered by injection. E.g. Denosumab (Prolia) to treat osteoporosis
NPS	National Prescribing Service
Nurse	A registered nurse or enrolled nurse

Nurse practitioner	A registered nurse whose registration is endorsed under the Heath Practitioner Regulation National Law as being qualified to practise as a nurse practitioner
OCP	Oral Contraceptive Pill
ORT	Opioid Replacement Therapy
OTC	Over the counter medicines, such as Schedule 2 and Schedule 3 medicines, sold in pharmacies without a prescription
PBA	Pharmacy Board of Australia
PBS	Pharmaceutical Benefits Scheme
PCF	Prescribing Competency Framework: NPS Medicine Wise Competencies required to prescribe medicines; 2nd edition April 2021
Point of care testing	A form of testing in which the analysis is performed outside of a laboratory setting e.g. Blood Glucose (BG) levels via a glucometer (testing device)
Prescribe	Make a written direction (other than a purchase order or written instruction) authorising a dispenser to dispense a stated controlled or restricted medicine or poison
Prescriber	A person who is endorsed by regulation to prescribe a controlled or restricted medicine
Prescribing	• A patient-centred or patient-driven process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine. • Autonomous Prescribing - the prescriber acts with independent accountability, without the supervision of another heath professional (but still in collaboration with other health professionals). • Collaborative prescribing – the prescriber is supervised by, or acts collaboratively with, another authorised heath professional. • Structural Prescribing - the prescriber has limited authorisation to prescribe medicines under a guideline, protocol or standing order.
Prescription	A prescriber's direction (other than a purchase order or written instruction) to dispense a stated controlled or restricted medicine for an identified patient, with details of medicine form, quantity and dosage and whether supply can be repeated
QCPP	Quality Care Pharmacy Program – quality assurance program for community pharmacies
QPIP	Queensland Pharmacist Immunisation Pilot
QUM	Quality Use of Medicines
Registered nurse	A person registered under the Health Practitioner Regulation National Law to practise in the nursing profession
Registered pharmacist	A person registered under the Health Practitioner Regulation National Law to practise in the pharmacy profession
Repeat prescription	A prescription on which there is a direction to repeat the supply of a stated controlled or restricted medicine for a specified number of times
Restricted medicines	Schedule 4 substances
Scope of pharmacy practice	Those professional activities that a pharmacist is educated, competent and authorised to perform, and for which they are accountable

Structured prescribing	Prescribing occurs where a prescriber with a limited authorisation to prescribe medicines by legislation, requirements of the National Board and policies of the jurisdiction or health service prescribes medicines under a guideline, protocol or standing order. A structured prescribing arrangement should be documented sufficiently to describe the responsibilities of the prescriber(s) involved and the communication that occurs between team members and the person taking medicine. Health professionals may work within more than one model of prescribing in their clinical practice.[83]
Supervised prescribing	Prescribing occurs where a prescriber undertakes prescribing within their scope of practice under the supervision of another authorised health professional. The supervised prescriber has been educated to prescribe and has a limited authorisation to prescribe medicines that is determined by legislation, requirements of the National Board and policies of the jurisdiction, employer or health service. The prescriber and supervisor recognise their role in their health care team and ensure appropriate communication occurs between team members and the person taking medicine.[84]
Supply	To issue one or more doses of a medicine as treatment for a diagnosed condition for a patient
TGA	Therapeutic Goods Administration
Therapeutic Substitution	Issue to a patient of an equivalent prescribed medication at the same dosage to ensure continuity of care (for example, during medicine shortages)
Therapeutic Adaptation	Change or adaptation of prescribed medicine dosage, formulation, regimen, based on determination of clinical need and in response to control of patient's condition or experience of adverse effects
Travel medicine	Medicines and/or vaccines required to prevent or manage health problems for international travellers
UTI	Urinary tract infection, also known as cystitis
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
Vaccine preventable conditions	Diseases that can be prevented by vaccine, such as influenza, measles, whooping cough

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