



POSITION STATEMENT

Pharmacy in Primary Healthcare

Position

With its expert knowledge of medicines and generalist knowledge of health, the pharmacy profession has a unique role in the primary health care sector and should be recognised in its own right.

The Pharmacy Guild of Australia (the Guild) believes it is inaccurate to include pharmacy, the most accessible healthcare providers in Australia, as an 'Allied Health' profession when classifying the healthcare system. Pharmacy is a primary health care profession and therefore should be classified as a primary health discipline like medical practice, nursing, and dentistry, rather than being grouped with allied health disciplines.

Community pharmacies should be remunerated as part of relevant Commonwealth funded programs for pharmacy services irrespective of practice setting, including for outreach services provided by pharmacists from a Section 90 pharmacy. Funding should be directed to the pharmacy practice as the responsible parties for delivering the service including the operational costs of service provision rather than to individual practitioners who are remunerated by the pharmacy practice for their role in patient service delivery through salary and wages arrangements.

Access to funding as a pharmacy service provider

Under the 8th Community Pharmacy Agreement (8CPA), the Government acknowledges that community pharmacies owned by Approved Pharmacists play a vital role in Australia's primary healthcare system. It also recognises the importance of providing appropriate remuneration to support a viable, sustainable, efficient, and effective national network of Approved Pharmacists. This shared vision includes an aspirational goal for community pharmacies to evolve towards delivering a broader range of primary healthcare services.¹ Community Pharmacy Agreements (CPAs) provide funding for some pharmacy services, and the Guild believes services funded under CPAs should only be delivered from or within Section 90 community pharmacies where the funding is directed to the pharmacy practice to ensure patient benefits, rather than to individual practitioners. The Guild also believes that services funded under the CPA should be augmented by other Commonwealth (or State) funding programs to ensure fully funded care is available for patients for these services wherever possible.

Community pharmacies currently have no option but to charge patients for non-CPA services that other health practitioners may claim through the Medicare Benefits Schedule (MBS) or other funding programs. A patient accessing health services should not be disadvantaged by where they choose to access those services or by which health professional delivers them. Community pharmacies involved in the collaborative care of a patient as part of the health care team should not be excluded from Commonwealth funding for non-CPA pharmacy services due to their location or practice setting.

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Examples of non-CPA primary care pharmacy services for which community pharmacy should be remunerated include, but are not limited to, administration of private vaccines (i.e. vaccines not covered by the National Immunisation Program) and other injectables (e.g. iron or vitamin B12 injections,), wound management, health marker assessment as part of chronic disease management (blood pressure, cholesterol, blood glucose/HbA1c, lung function checks), and chronic disease education (asthma, diabetes). By contrast, a general practitioner (GP) who administers a private vaccine or measures a person's blood pressure or lung function can claim consultation fees as part of the MBS.

Community pharmacies should be eligible for Commonwealth funding relating to chronic disease management and case conferencing activities. This recognises that community pharmacies are integral to the collaborative care of a patient with chronic disease including all aspects of medication management. Integration of community pharmacy into the health care team through case conferencing and monitoring of aspects of care is vital for the holistic management and health outcomes for patients.

The Guild also believes that Commonwealth programs should remunerate providers according to the service outcome and not by provider hierarchy. As an example, all vaccine providers should be remunerated the same amount for administration of a vaccine.

The Guild also supports additional remuneration in Commonwealth funded programs for all health providers providing health services outside of standard business hours and to under-served communities, such as providers in rural and remote Australia.

Background

The Australian Government's Department of Health, Disability and Ageing defines primary care as "generally the first point of contact people have with the health system. It relates to the treatment of non-admitted patients in the community".²

Classification of community pharmacy

Often when classifying the healthcare system for various purposes, 'pharmacy' is included as an 'Allied Health' profession. The Guild believes this classification is inaccurate. Community pharmacy is the most accessible provider of primary health care in Australia and regularly collaborates with other health care providers as part of a patient's healthcare team.

Practice setting descriptors may have a place in further defining the activities undertaken in 'primary care vs acute care', 'hospital vs community pharmacy', 'academia vs government' etc, but may not assist in grouping the profession as a whole.

A considerable body of high-quality evidence exists of the nature and benefits of pharmacists' contribution to health care in Australia. Greater recognition of this evidence within the context of the broader healthcare team would permit more innovative multidisciplinary approaches to care and better utilisation of healthcare.

Recognition of pharmacy as an integral part of the primary health care system by all levels of government and acknowledgement as primary health care providers in future health planning documents is required to support pharmacy in correcting the misclassification as 'Allied Health'.

Primary Health Care 10-year Plan 2022-2032

The Commonwealth Primary Health Care 10-year Plan 2022-2032 (the 10 Year Plan)³ recognises that integrating primary health care (including community pharmacies) across health, aged care, disability and social care systems is a core requirement to keep people healthy in the community.

The National Primary Health Network (PHN) Allied Health in Primary Care Engagement Framework (the Framework) developed under the 10 Year Plan recognises community pharmacy's role in primary care to enable community pharmacy to be included in Commonwealth funding opportunities.

Related Policies

Patient Access to Healthcare

Authority

Endorsed

National Council – February 2026

National Council – June 2023

Reviewed

Policy and Regulation Sub-Committee – December 2025

Policy and Regulation Sub-Committee – November 2022

References

¹ [Eighth Community Pharmacy Agreement](#)

² <https://www1.health.gov.au/internet/main/publishing.nsf/Content/primarycare>

³ <https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032>