



The Pharmacy
Guild of Australia
VIC Branch

A Stronger Pharmacy Network for a Healthier Victoria

TRUSTED CARE. LOCAL ACCESS.



Acknowledgement of Country

The Pharmacy Guild of Australia, Victoria Branch acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the lands across Victoria. We pay our respects to Elders past and present.

Foreword

Victoria has an opportunity to unlock the full potential of its community pharmacy network, delivering more accessible, connected and patient-centred primary healthcare, while building a more resilient, responsive and sustainable health system capable of meeting future demand.

Community pharmacists are already among the most accessible and trusted healthcare providers in Victoria. Located at the heart of our communities, they play a vital role ensuring patients can access safe, timely and high-quality care when and where they need it.



As Victoria's population continues to grow, so does demand for hospitals, general practice and the broader healthcare workforce. Pressures are being felt most acutely in communities where access to care is already constrained. Safeguarding patients while expanding access to healthcare must remain a top priority.

Community pharmacists are highly trained clinicians uniquely positioned to meet this challenge. The Victorian Government has recognised community pharmacy's role by enabling community pharmacists to practice to their full scope and treat patients for 22 everyday health conditions. Enabling pharmacists to deliver more care closer to home improves patient outcomes, reduces system strain, and ensures continuity of care across the health system.

This election platform outlines the Guild's proposed approach to protect patient safety, expand access to essential healthcare services, support the increasing interconnectivity of our state's health workforce, and deliver a more sustainable and resilient healthcare system for all Victorians.

About the Pharmacy Guild of Australia



The Pharmacy Guild of Australia represents community pharmacy owners across Australia and is a leading advocate for accessible, patient-centred primary healthcare. The Guild's Victoria Branch represents over 900 community pharmacies, providing support to our members and their staff.

Our focus is on expanding the role of community pharmacists within the health system, strengthening access to care, and ensuring the long-term sustainability of community pharmacy. This means supporting pharmacists to deliver more clinical services, improving healthcare equity across metropolitan and regional areas, and maintaining a regulatory environment that keeps patient care at the forefront of pharmacy practice.

Executive Summary

Community pharmacy is an essential part of Victoria's primary healthcare system, providing accessible, trusted and timely care in local communities.

As demand on hospitals, general practice and the broader health workforce continues to grow, we have an opportunity to strengthen community pharmacy's role in supporting patient care and improving access to clinical services. Expanding the role of community pharmacists will help reduce pressure on other parts of the health system while delivering more timely patient care.

This platform sets out three practical pillars to ensure community pharmacy can continue to meet the needs of Victorians over the next decade.

Pillar 1: Preserving Pharmacist Ownership and Control

Requiring pharmacies to be owned by pharmacists ensures decisions about medicines and patient care are driven by clinical need and professional judgement, not commercial interests. The Guild calls for pharmacist-only ownership provisions under the *Pharmacy Regulation Act 2010* to be strengthened.



This includes modernising legislative definitions to reflect contemporary pharmacy practice, improving transparency around ownership and licensing arrangements, strengthening enforcement mechanisms, ensuring institutional dispensaries are appropriately regulated, and protecting the use of the word "pharmacy" for genuine pharmacy services.

Medicines are not ordinary commercial products; they are clinical interventions that require professional oversight, accountability and decisions made in the interests of patients rather than retail or corporate imperatives. These reforms are intended to preserve clinical independence, prevent inappropriate non-pharmacy influence, and keep patient safety at the centre of pharmacy care.

Pillar 2: Implementing Full Scope of Practice

Enabling pharmacists to work to the full extent of their education, training and competence improves access to care, lowers healthcare costs and delivers better outcomes for patients. The Guild calls for amendments to the *Drugs, Poisons and Controlled Substances Act 1981* to enable appropriately trained pharmacists to undertake autonomous prescribing. Reforms will transition the Community Pharmacist Program from a protocol-driven model to best-practice autonomous prescribing framework delivering patient-centred clinical care that aligns Victoria with other jurisdictions.



This reform should be treated as a continuation of Victoria's full scope implementation journey, not a new initiative. Within its first 100 days, the next government should establish a clear implementation timetable so newly qualified pharmacist prescribers can practice as soon as they graduate.

Pillar 3: Improving Healthcare Access in Regional Victoria

Where a patient lives should not determine the healthcare they can access. The Guild calls on the next Victorian Government to develop a targeted regional pharmacy workforce strategy in partnership with the Guild, the Pharmaceutical Society of Australia (PSA) and other community pharmacy stakeholders.

The strategy should identify healthcare service gaps, strengthen workforce capacity and improve access to care for patients in rural and regional communities.



The Government should undertake a 12-month review of healthcare workforce shortages and service gaps across regional and rural Victoria, with representation from the Guild and PSA. The review should consider practical measures to attract, train and retain the pharmacy workforce.

These measures could include financial incentives for students and early-career pharmacists, expanded rural placement opportunities, strengthened training pathways, partnerships with education providers, place-based retention incentives and investment in the pharmacy assistant workforce to support service continuity in regional communities.

These priorities form a measured and practical reform agenda.

By protecting pharmacist ownership, enabling pharmacists to practice autonomously to their full scope and strengthening the regional pharmacy workforce, Victoria can build a more connected, responsive and patient-centred health system. A system where community pharmacy continues to play a central role in ensuring continuity of care for patients across Victoria.

Pillar 1: Preserving Pharmacist Ownership and Control

Victoria's pharmacist ownership model is a cornerstone of safe, patient-centred care. Unlike ordinary consumable goods, medicines carry inherent clinical risk and must be supplied within a framework that prioritises quality use of medicines, patient counselling, professional judgement and continuity of care.

By ensuring that pharmacies are owned and operated by registered pharmacists, the framework safeguards clinical independence and ensures health decisions are made in the best interests of patients, rather than commercial considerations.

As pharmacists expand their role in delivering patient services, the importance of this model becomes even more pronounced. Pharmacist ownership supports accountability, professional standards, and a consistent focus on quality use of medicines across all settings.

To preserve these benefits, the Guild is calling on the Victorian Government to maintain and strengthen the existing ownership framework outlined under the *Pharmacy Regulation Act 2010*. This includes modernising legislative definitions to reflect contemporary pharmacy practice, improving transparency around ownership arrangements, and enhancing enforcement mechanisms to prevent inappropriate corporate influence or surrogate ownership structures.

These reforms will ensure that community pharmacies remain trusted healthcare destinations and continue to deliver high-quality care that puts patients and communities first.



Asks:



The Guild calls on the Victorian Government to strengthen pharmacist-only ownership provisions under the *Pharmacy Regulation Act 2010* to further protect the health and safety of Victorians by implementing the following reforms:

- **Protect clinical independence from corporate influence:**

Tighten ownership criteria to require full general registration for pharmacy owners and mandate the annual disclosure of commercial/franchise agreements. This tightens definitions in Sections 3 and 5 of the Act to ensure health decisions are made by currently practising clinicians.

- **Modernise legal definitions for modern healthcare:**

Expand the definitions of 'pharmacy' and 'pharmacy services' to formally protect patient consultations and virtual care, while legally prohibiting non-healthcare businesses from misleading consumers by using the word 'pharmacy' in their branding.

- **Ban commercial co-location loopholes:**

Explicitly prohibit direct physical doors or digital links connecting a pharmacy to a non-pharmacy retail business by amending Division 3 of the Act. This maintains professional boundaries, protects patient privacy, and stops commercial retail environments from compromising clinical spaces.

- **Enforce consistent standards for institutional dispensaries:**

Align hospital and community-controlled dispensaries (ACCHOs) with the strict regulations required of community pharmacies. This guarantees they are supervised by a registered pharmacist, restricted to one per institution, and prevented from using unmonitored "depot" delivery models

- **Restrict the use of vending machines to exceptional public health circumstances:**

The Guild strongly opposes the use of vending machines for the supply of scheduled medicines, including prescription medicines, due to inherent patient safety risks and inconsistency with Quality Use of Medicines principles. Vending machines should only be permitted in exceptional public health circumstances, such as harm reduction services, with strict safeguards to protect public safety.

Pillar 2: Implementing Full Scope of Practice

Victoria has already taken significant steps toward embedding pharmacists more deeply into the healthcare system through the Community Pharmacist Program. However, to fully realise the benefits of this reform for patients, further steps are required to enable pharmacists to practice to the full extent of their training.

The need for reform is increasingly urgent as Victorians face growing challenges accessing timely primary care. According to recent patient opinion research, a third of Victorian respondents (34 per cent) say wait times to get a GP appointment are unacceptable, with nearly 20 per cent of Victorian respondents in regional areas waiting three weeks or more to get in to see their GP (*Insightfully, nationally representative online survey; n=3,319; fielded 27 Oct–4 Nov 2025*).

The transition from protocol-based prescribing to autonomous prescribing is a key priority that will alleviate pressure on the healthcare system.

Pharmacists are highly trained clinicians who already operate within established Therapeutic Guidelines. Enabling appropriately qualified pharmacists to prescribe autonomously, through amendments to the *Drugs, Poisons and Controlled Substances Act 1981* and associated Regulations, would allow for more responsive, patient-centred care, reduce unnecessary referrals, and alleviate pressure on general practice and hospital services.

With Victoria's first cohort of full scope pharmacist prescribers expected to graduate by the end of 2026, the transition to autonomous prescribing should be an automatic continuation of the Community Pharmacist Program.

Without a clear implementation timeline and the necessary legislative reform, newly qualified pharmacist prescribers will be prevented from treating patients despite having the skills and training to deliver care.

Delays will also create conflicting public messaging about the services available through community pharmacies, resulting in avoidable confusion for patients and missed opportunities to improve access to care.



Standout Reform: ORT Continuous Prescribing

There is an immediate opportunity to improve care for patients receiving opioid replacement therapy (ORT). Despite increasing demand, access to ORT prescribers in Victoria is limited, with general practitioners carrying much of the burden.

Community pharmacists play a critical role in supporting patients, supplying most ORT medicines and maintaining regular patient care. Enabling appropriately trained pharmacists to prescribe continuation therapy for stable patients would significantly improve access and continuity of care.

The Guild proposes a collaborative model in which pharmacists operate within agreed clinical protocols and work closely with all ORT prescribers, including GPs and specialists. This model would be supported by a funded monthly patient review fee, recognising the clinical responsibility of pharmacists and ensuring consistent monitoring and support for patients.

In addition, there is an opportunity for Victoria to expand treatment approaches, including Long- Acting Injectable Buprenorphine (LAIB) programs, within community pharmacy.

These reforms will reduce treatment interruptions, improve patient outcomes, and ease pressure on other parts of the health system

Asks:



The Guild calls on the next Victorian Government to commit, within its first 100 days, to a clear implementation timeline for legislative change that will unlock the capacity of Victoria's primary healthcare workforce and ease the severe strain across acute primary care, including general practice and emergency departments:

- **Unlock Victoria's ready-made prescribing workforce:**

Commit to a clear implementation timeline for autonomous prescribing. This must include all necessary amendments to the *Drugs, Poisons and Controlled Substances Act 1981*. This reform will transition the Community Pharmacist Program from its current protocol-based model to best practice autonomous prescribing guided by the Therapeutic Guidelines. The reform should be delivered within the next Government's first 100 days and be treated as the next stage of Victoria's full scope implementation. Enabling pharmacists to manage a broader range of common conditions will improve access to timely patient care, reduce avoidable presentations to emergency departments and help relieve pressure on an overstretched hospital system

- **Safeguard and expand the Opioid Replacement Therapy (ORT) network:**

Authorise trained community pharmacists to continue therapy for stable ORT patients under a collaborative care model. With Victoria facing a critical shortage of GP prescribers, utilising the existing, trusted relationships of local pharmacists prevents dangerous treatment interruptions and expands access to cutting-edge treatments like LAIB.

Pillar 3: Improving Healthcare Access in Regional Victoria

Access to healthcare remains a significant challenge in regional and rural Victoria, where workforce shortages and service gaps continue to impact patient outcomes. Community pharmacies are the most accessible healthcare providers in these communities, making them essential to addressing inequities in access.

Given the complexity of regional workforce needs, the immediate priority should be to develop a practical, costed strategy with government, education providers, community pharmacy and regional stakeholders. This will enable Victoria to identify the highest-impact interventions, quantify investment requirements and develop evidence-based solutions that strengthen healthcare workforce capacity in rural and remote communities.

Strengthening the regional pharmacy workforce is critical. This requires a coordinated, long-term strategy that supports students and early-career pharmacists to train and work in regional areas.

Targeted incentives, expanded rural training pathways, and stronger partnerships with education providers will help build a sustainable pipeline of pharmacists in these communities.

There is also an opportunity to better utilise and develop the pharmacy assistant workforce. In many regional settings, pharmacy assistants play a vital role in supporting service delivery and maintaining continuity of care, particularly where reliance on locum pharmacists is high. Investing in structured training pathways, including Certificate III and IV qualifications, will enhance their capability and contribute to more stable and resilient pharmacy services.

By supporting both pharmacists and pharmacy assistants, Victoria can strengthen the delivery of healthcare in regional communities and ensure that all Victorians, regardless of location, have access to timely and high-quality care.





Asks:

The Guild calls on the next Victorian Government to establish a dedicated review into regional pharmacist workforce development to address chronic healthcare inequities and ensure regional Victorians have safe, reliable access to local primary care:

- **Establish a government-led Regional Pharmacy Workforce and Access Review:**

Commit to a 12-month review of healthcare access gaps and pharmacy workforce needs across regional and rural Victoria. The Review must include formal representation from the Guild, PSA, regional health services, and other education and training providers.

- **Invest in a Regional Pharmacy Workforce Development Package:**

As part of the Review, consideration must be given to a funded package to attract, train and retrain pharmacists and pharmacy assistants in rural and regional Victoria, benchmarked against equivalent rural healthcare workforce supports in other jurisdictions.

To be developed in consultation with the Guild, PSA, regional health services and education providers, a package of \$10 million delivered over four years, could be used to incentivise pharmacy interns and pharmacists to train, relocate and remain working in regional and rural Victoria.

Conclusion

Over the next decade, Victoria's health system will need to respond to growing demand, changing patient expectations and ongoing pressure across hospitals, general practice and primary care.

Community pharmacy should be recognised as an essential point of continuity for patients.

A place where care is accessible, familiar and embedded in local communities.

As the Community Pharmacist Program expands, its success depends on safe and sustainable integration of services into the broader health system, with pharmacists supported to work alongside other healthcare providers.

This reform will ensure patients are not left to navigate a fragmented system, but are supported through trusted, ongoing relationships with clinicians who understand their medicines, their health needs and their circumstances.

The priorities outlined in this platform are part of a longer-term vision for a more connected, responsive, and patient-centred health system in Victoria.

By preserving pharmacist ownership and clinical independence, implementing pharmacists' full scope practice, and strengthening regional access to care, the next Victorian Parliament can ensure community pharmacy continues to play a vital and trusted role in supporting continuity of patient care for the decade ahead.



Contact

Rachel Obradovic
Branch Director

✉ rachel.obradovic@vic.guild.org.au

☎ 03 9810 9999

📍 Level 2, Guild House
40 Burwood Road, Hawthorn 3122