



POSITION STATEMENT

Patient Access to Healthcare

Position

While the Pharmacy Guild of Australia (Guild) recognises the value of general practice as a critical element of a person's primary healthcare team, the Guild believes that patient healthcare must be a team-based approach including all relevant primary health services and providers, determined by patient needs and guided by patient preferences rather than being controlled by general practice. The Guild agrees that the future role of general practitioners (GPs) should be more focused on managing complex health problems, leaving the management of acute problems and many of those that have already been diagnosed to nurses, pharmacists and other health professionals¹.

As community pharmacy practice and communication between health provider teams and patients evolves, the Guild believes community pharmacists will be more involved in providing holistic healthcare for patients. Given the ease of access to a community pharmacy, availability to consult a community pharmacist and extended trading hours for many pharmacies, it is understandable why Australians are using their preferred community pharmacy for many of their healthcare needs.

Community pharmacists are not only supporting people with acute conditions but are increasingly involved in helping individuals self-manage long-term health conditions. They actively promote holistic care by guiding patients through lifestyle and behaviour changes and offering preventive treatment options to enhance overall health and well-being. Community pharmacists also play a growing role in screening and early detection of illnesses that may require more intensive care and treatment.

The Guild's view is that ideally every community in Australia would have convenient, timely, in-person access to a general practitioner (GP) approved to provide subsidised services under the Medicare Benefits Schedule (MBS) as well as a community pharmacy approved to dispense subsidised medicines under the Pharmaceutical Benefit Scheme (PBS).

Dispensing is a specialised clinical service. Recognising the limited training medical students receive on dispensing, the Guild believes that as a condition of PBS approval under Section 92 of the *National Health Act 1953*, dispensing medical practitioners should undertake additional dispensing training and have a professional obligation to maintain their dispensing competency consistent with contemporary standards and guidelines.

The Guild believes that any PBS approval of a medical practitioner should be rescinded should a PBS approved pharmacy open in the local area. Community pharmacies delivering equivalent health services should receive equal remuneration to GPs, ensuring patients have access to appropriately funded care regardless of the setting.

National Secretariat

Level 2, 15 National Circuit, Barton ACT 2600
PO Box 310, Fyshwick ACT 2609
P: +61 2 6270 1888 • F: +61 2 6270 1800 • E: guild.nat@guild.org.au

www.guild.org.au



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Patient-Centred Care

The patient must be at the heart of everything we do and be an active participant in determining the management and treatment of their ailments and/ or health prevention strategies to optimise their health and well-being. Patient-centred care means respecting and responding to individual patient's care needs, preferences, and values in all clinical decisions. It also requires clinicians to provide patients with culturally safe and appropriate care.

As health policy and health technology evolve, we must ensure the patient remains empowered to manage their own health care with the support from their full health care team. Health technology must enable private, secure and timely communication between the patient and any of their health care providers as needed, including access to health records, referrals and reports between providers. All health providers must be encouraged to upload health records centrally where possible to facilitate communication and shared care and avoid unnecessary duplication of services. The patient should have ready access to all their health care records at any time (e.g. via an App) that can be added to/accessed by all care providers.

The Guild supports improving the health literacy of patients and their carers so they can be actively involved in their own care and to ensure patients must remain empowered to manage their own healthcare with the support from their full healthcare team.

Patient Choice

With patient-directed care, patients are empowered to make decisions regarding **where and how** they address their health care needs, and are not disadvantaged in any way based on that choice. The Guild strongly believes that choice-centred care is a fundamental tenet of healthcare in Australia. Patients must always be informed and have the right to choose between appropriately qualified healthcare providers for healthcare advice, services and provision or sale of health-related products and technologies. The Guild is opposed to arrangements which preclude patient choice for health services by putting commercial conditions of exclusivity of health provider, or arrangements which otherwise limit a patient's ability to self-select between appropriately qualified healthcare providers. For example, if a patient requires vaccination, they have the option to attend a range of service providers such as a community pharmacy, a general practice, a community care centre, or even as part of a workplace program. They will make a decision that suits their needs with consideration of factors such as convenience, cost and/or appointment availability.

The Guild believes the GP-centric model of healthcare in which the GP determines patient access to specialists and other subsidised health services is no longer appropriate. The provision of any health service must be patient centred with the patient integrally involved in making informed decisions about their own care, being fully informed of care options and with shared decision making between the patient and all of their healthcare providers.

As technology evolves and digital and distant health service provision becomes more available, accessible, and often preferred by patients, it is the Guild's position that all health regulations, policies and program design should have patient choice embedded as a key principle. It is essential that health service innovation, including digital health, prioritises informed patient choice at the centre of care, and does not inadvertently remove choice from the patient through design of technologies, regulations or programs, or driven by convenience or advantage to a select group of providers. Existing patient protection laws should be strengthened to clearly prohibit any exclusive or channelling arrangements between health care providers that diminishes patient choice, including via online and digital platforms.

Government Subsidisation

Primary Health services are mostly funded by the Australian Government through Medicare (i.e. the Medicare Benefits Schedule or MBS). Pharmacists are not subsidised under Medicare, however there are a range of pharmacy services that continue to be subsidised by the Australian Government as part of the Community Pharmacy Agreements. The Guild support Community Pharmacy specific programs and services being funded and administered separately to the MBS.

The Guild strongly believes in an outcome-based approach for remunerating healthcare providers for patient care, and recommends that community pharmacies providing consultation services to assess a patient's health needs should be subsidised at the same rate to that in the MBS for GPs. This ensures that patients receive equitable access to subsidised care, regardless of whether they are seen in a pharmacy or a general practice setting. Aligning remuneration across healthcare providers reinforces the value of pharmacist-led services and promotes a more integrated, patient-centred healthcare system.

The Guild believes that Australians are entitled to receive Government-subsidised health services through community pharmacies, irrespective of where they live. This is particularly important as community pharmacists are supported to work to their full scope. Australians should not have to decide on how they access health care according to which provider is subsidised.

The Guild recognises that Commonwealth subsidies are only available to eligible patients and that patient eligibility may vary between programs. The Guild also recognises that patient co-payments may be used along with Government subsidies, enabling programs to be extended to more eligible patients. The Guild supports eligibility criteria based on evidence and applicable to patients most in need.

The Guild recognises that in some situations, a consultation may also result in the dispensing and supply of a medicine to treat a health condition. The Guild highlights that the clinical review and assessment process as part of a consultation is a separate function to any dispensing and supply functions. Remuneration with or without subsidisation should apply separately to both processes, recognising that not all consultations will result in the supply of a medicine. This ensures there is no conflict incentivising the supply of a medicine in order to be remunerated. This process is similar to a PBS-approved GP² who provides a consultation and is remunerated under the MBS and subsequently dispenses and claims a prescription under the PBS.

Background

There is a paradigm shift in healthcare in Australia as all health practitioners are being encouraged and supported through legislation and education to work to their full scope of practice. Health care and support systems are moving away from a paternalistic, doctor-knows-best approach with consumers now playing more active roles in their care³. At the same time, the Australian public is becoming more health conscious with access to more sources of information. Health technology is also advancing rapidly, improving connectivity between providers and providing the public with ever improving devices to assist in managing their health.⁴

Service Access and Government Subsidisation

The Australian primary care health sector comprises a range of services provided by health practitioners who are generally university qualified and with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. Examples of health care professionals include GPs, pharmacists, nurses, psychologists, optometrists and physiotherapists.

Government subsidisation refers to financial support provided by the government to reduce the cost of healthcare services for patients. This subsidy is paid directly to the healthcare practice or provider where the service is delivered, ensuring that patients receive the care they need at a reduced or no out-of-pocket cost.

Both the MBS and PBS funding are secured by a 'standing' or 'special' appropriation contained in the *Medicare Guarantee Act 2017*⁵. The MBS is regulated under the *Health Insurance Act 1973* and subordinate legislation.⁶ The MBS subsidises health services primarily provided by a general practitioner (GP) as well as allied health professionals such as physiotherapists, podiatrists, practice nurses or diabetes educators. The PBS is regulated under the *National Health Act 1953*⁷ and subordinate legislation. PBS approvals are generally restricted to community pharmacists or a hospital authority. Section 92 of the *National Health Act 1953* allows for the approval of medical practitioners to supply and claim pharmaceutical benefits in areas where there is no approved pharmacy.⁸

Medicare remains the most significant national program in Australia to fund government-subsidised primary health services. In 2023–24, there were around 194.4 million Medicare-subsidised primary care services in Australia, including, but not limited to⁹:

- GP attendances (163.5 million)
- allied health attendances (26.7 million)
- services provided by nurses, midwives and Aboriginal health workers (4.2 million)

In 2023-24, 84% of Australians received at least one Medicare-subsidised GP service. The rate of Medicare-subsidised GP services per person increased with age and was highest for those aged 80 and over (17 services per person) in 2023–24.¹⁰

Community pharmacy services and programs subsidised by the Commonwealth Government are funded from annual appropriations made in the Budget. These services and programs are covered by an arrangement such as a community pharmacy agreement and are recognised in the Department of Health, Disability and Ageing's Portfolio Budget Statement¹¹ to enable funding. These are separate funds to the MBS and PBS and are administered by a community pharmacy program administrator.¹² Payments are made only to the community pharmacy providing the service to eligible patients. Other community pharmacy programs¹³ funded in this manner include:

- Take Home Naloxone Program
- National Immunisation Program Vaccinations in Pharmacy (NIPVIP)

In addition to Medicare-subsidised services, primary care health services may be accessed and funded through other arrangements, such as private health insurance, workers compensation, state-based health programs as well as user-pay.

Related Statements

Medicines Access Programs
Pharmacy in Primary Healthcare

Authority

Endorsed

National Council – February 2026
National Council – December 2023

Reviewed

Practice, Policy and Regulation Committee – December 2025
Practice, Policy and Regulation Committee – October 2023

References

- ¹ [GPs can no longer claim to be the 'gatekeepers' of the NHS | British Journal of General Practice](#)
- ² [NATIONAL HEALTH ACT 1953 - SECT 92 Approved medical practitioners](#)
- ³ [Medical Care](#)
- ⁴ [Chapter 10: Health information in Australia: an evolving landscape with an integrated future](#)
- ⁵ [Federal Register of Legislation - Medicare Guarantee Act 2017](#)
- ⁶ [MBS Online - What legislation covers the MBS](#)
- ⁷ [Federal Register of Legislation - National Health Act 1953](#)
- ⁸ [NATIONAL HEALTH ACT 1953 - SECT 92 Approved medical practitioners](#)
- ⁹ [General practice, allied health and other primary care services - Australian Institute of Health and Welfare \(aihw.gov.au\)](#) (Last updated April 2023)
- ¹⁰ [Ibid; AIHW](#)
- ¹¹ [Portfolio Budget Statements | Department of Finance](#)
- ¹² [Pharmacy Programs Administrator - Home](#)
- ¹³ [Programs - Pharmacy Programs Administrator](#)