



POSITION STATEMENT

Telehealth & Telepharmacy

Position

The Pharmacy Guild of Australia (Guild) believes that direct in-person (i.e. face-to-face) interactions with a person's regular health care provider is the optimal mode for providing health care for the following reasons:

- the regular provider has the most comprehensive history and understanding of the patient's health and personal situation for consideration of ongoing health needs and treatments
- it enables the clinician to undertake any physical examination to assess the patient's condition and/or symptoms
- it provides an opportunity for the clinician to assess the patient's body language during the consultation which in turn can help in deciding on appropriate care and treatment
- it enhances the ability for a clinician to identify higher risk cases for more urgent referrals
- it reduces the risk of inappropriate access to treatments at risk of abuse or misuse
- it helps to create a strong patient-clinician relationship that builds trust.

The Guild acknowledges that advances in technology, use of e-commerce and a global pandemic have increased demand for contactless health care services (telehealth) and dispensing and supply of medicines and other health products (telepharmacy). This may be for necessity because there is little or no alternative e.g. delays to see their regular provider; living remotely; incapacitated or without access to reliable transport; requiring isolation because of an infectious illness. However, indications are that people are opting for these services more for preference than need usually for reasons related to convenience.¹

No matter the circumstance, the Guild believes that patients who use telehealth and telepharmacy services are entitled to and should expect the same quality of professional service and safety standards as attending a health provider in person. The Guild also strongly supports ensuring the rights of patients to obtain health services from their preferred provider, including telehealth and telepharmacy services if required and appropriate. We actively oppose any arrangement that deliberately or unintentionally removes the patient's right to choose which pharmacy receives their prescription for dispensing and supply.

The Guild recognises **dispensing** as a cognitive process that uses a pharmacist's critical appraisal skills and expertise in therapeutics and pharmaceutical science.² Dispensing facilitates responsible access to and safe use of prescribed medicines, consistent with contemporary clinical guidelines and/or evidence as well as relevant laws and professional requirements. As such, dispensing complements the prescribing process with a critical assessment to ensure the safe and appropriate use of prescribed medicines and is more than just a 'medicine supply' process.

The Guild has the strong opinion that dispensing of prescribed medicines and the supply of non-prescription medicines should contribute to the Quality Use of Medicines (QUM) by facilitating access to

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



Ref: [SP1000-901805690-545](https://www.guild.org.au/SP1000-901805690-545)

health information and/or advice from a pharmacist or trained pharmacy staff member. With telepharmacy and other forms of contactless supply offered as options to enhance access to dispensed and over-the-counter (OTC) medicines and other pharmacy products, the Guild believes that the sector needs a clear definition of dispensing that recognises the cognitive aspects of the service as opposed to the processes associated with the supply function.

The Guild also supports the development of a Dispensing Competency Framework that recognises the cognitive attributes of dispensing as a clinical service. This framework would complement the Prescribing Competency Framework, currently under review by Australian Health Practitioners Regulation Agency (Ahpra).

The Guild believes that there is a need for a national framework for telehealth services and supply to ensure all aspects of these contactless health services are adequately controlled, including the prescribing, dispensing and supply of medicines as well as the issuing of medical certificates and other health-related products.

The Guild recommends that both the Ahpra and the Australian Commission for Safety and Quality in Healthcare (Safety Commission) should take the lead with the clinical governance improvements for telehealth and telepharmacy services and supply. A regulatory and professional framework should be developed in collaboration with Commonwealth and State and Territory Health Departments, professional peak bodies and patient groups. By working together, Ahpra and the Safety Commission could ensure that regulatory controls complement professional requirements. The establishment of such frameworks would support the development and maintenance of guidelines by the Safety Commission and/or professional organisations for best practice for telehealth services and supply, providing people with responsible access to these services while implementing obligations that ensure the highest quality of these services for optimal public safety.

The Guild has the view that telepharmacy by community pharmacies should primarily be used for patients with which the pharmacy already has an established relationship and understanding and have previously seen in-person or for the supply of stable, established therapies. This is particularly important for patients starting on new therapies or using high-risk medicines. It will ensure the patient receives the appropriate level of counselling and information about their medicine, including the demonstration of devices, and enables the pharmacist to provide lifestyle modification information and/or recommend adjunctive treatments or undertake physiological assessments that may be appropriate for the patient's condition.

Managing Patient Safety Risks

The Guild recommends that where a community pharmacy is contemplating the introduction of a telepharmacy or telehealth service, a comprehensive due diligence review of professional requirements should be undertaken, particularly those from the Pharmacy Board of Australia and Ahpra.

Pharmacies should seek independent legal advice to ensure all arrangements are compliant with applicable regulations (i.e. Commonwealth and state or territory) regarding pharmacy premises, clinical practice, medicines and poisons as well as use of Government identifiers such as Medicare or Concession cards. In addition, specific advice should be sought for cross border supply of medicines to ensure compliance.

Due to the nature of telepharmacy services, the Guild believes video conferencing or telephone communication between the patient and the pharmacist should be offered on all occasions to ensure the safe, effective, and quality use of medicines. The use of text messages, email, and instant messaging may also be used as support communication tools. Consistent with in-person supply of medicine from community pharmacy, the patient maintains the right to refuse counselling in which case written

information should be provided. If a patient and/or carer refuses to provide the necessary information to the pharmacist to enable safe dispensing and/or supply of a medicine, then the pharmacist needs to determine if a telepharmacy service is appropriate under the circumstances.

The Guild does not support the use of telepharmacy services for patients that do not have an established relationship with the pharmacy or have not spoken with the pharmacy via video conferencing or telephone, as supply to unverified patients is not considered best practice.

Additionally, consideration should be given to:

- how a system or process will integrate into the pharmacy's current practice
- under what circumstances a supply arrangement will be offered and development of clear service parameters
- ensuring communication between the pharmacist and patient is upheld to support the safe and quality use of medicines
- the benefits and risks to patients and to the pharmacy of a telepharmacy service
- clinical governance and quality management systems, including establishing processes and procedures to support indirect supply of medicines consistent with QUM principles and QCPP accreditation requirements
- ensuring consistency with [Consumer Policy in Australia](#)
- ensuring patient autonomy in choice of provider is maintained
- ensuring Australian Privacy Principles and patient data are not compromised by the introduction of a new system or process
- avoiding security breaches.

Background

Telehealth & Telepharmacy

Telehealth involves a remote consultation with a healthcare provider when a physical examination isn't needed and the patient can't be seen in person.³ Telehealth services can include:

- diagnosis
- treatment
- prevention

Telepharmacy, also known as 'indirect supply' is defined as 'the provision of pharmacist care by registered pharmacists and pharmacies through the use of telecommunications to patients located at a distance'.⁴ It involves a form of pharmaceutical care in which pharmacists and patients are not in the same place and interact using information and communication technology (ICT) facilities.⁵ Examples of telepharmacy include supply of medicines by internet and mail order pharmacy. Telepharmacy can be a means of assisting with pharmacist workforce shortages and for providing pharmacy care to underserved areas but is not without its problems in providing high quality health care.

Originally using audio and video technology, both telehealth and telepharmacy services are increasingly using online provider platforms and algorithms for patient self-assessment for a diagnosis and/or to obtain their prescribed medicines. There is also a greater incidence of arrangements between clinics and pharmacies and dispensaries, including vertical integration in which the organisation has ownership or control of its supply chain. This is particularly the case with niche health markets such as medicinal cannabis and weight loss clinics.⁶

Service Framework

The supply of medicines by community pharmacy is governed by a framework consisting of legislation, standards, and guidelines, including but not limited to:

- Commonwealth legislation:
 - [National Health Act 1953](#) – along with subordinate regulations and instruments sets out the requirements for the supply of pharmaceutical benefits
 - [Therapeutic Goods Act 1989](#) – along with subordinate regulations and instruments sets out the requirements for the marketing and supply of therapeutic goods in Australia, including advertising and promotion of health services and products
 - [Privacy Act 1988](#) and [National Health \(Privacy\) Rules 2021](#) – along with subordinate regulations and instruments sets out the requirements to protect the personal information of people, including for health services
 - [Competition and Consumer Act 2010](#) and [The Australian Consumer Law](#) – along with subordinate regulations and instruments sets out the requirements for businesses to act to protect consumer rights and manage anti-competitive practices
- State and territory medicines and poisons legislation set out the requirements for prescribing, dispensing and supply of scheduled medicines with and/or without a prescription, storage of medicines, and possession of medicines.
- State and territory pharmacy premise and business regulations and guidelines set out the requirements and responsibilities of pharmacy services providers in relevant jurisdictions.
- Pharmacy Board of Australia [Registration Standards](#) and [Codes, Guidelines and Policies](#) sets out the requirements for the professional practice of pharmacists.
- National Boards' [Information for practitioners who provide virtual care](#) provides information on how existing Board standards, codes, and guidelines apply to delivering safe and effective virtual care services.
- The Australian Health Practitioners Regulation Authority's (Ahpra's) [Guidelines for advertising a regulated health service](#) sets out the professional requirements for advertising health services and goods.
- [Professional Practice Standards](#) set out the criteria and actions to demonstrate professional behaviour of pharmacists providing health services.
- The [Community pharmacy quality accreditation standard](#) sets out the requirements that community pharmacies must meet to obtain quality accreditation and provides support and guidance on professional health services and pharmacy business operations.

The governance framework is subject to change at the discretion of Commonwealth and state or territory governments and pharmacy accrediting bodies. The Guild subsequently notes that members should not rely on the legislation, standards and guidelines outlined in this document as a comprehensive and exhaustive list of all governance with which a pharmacy must comply. The Guild recommends that pharmacists seek independent legal advice for their individual situation.

Patient and Pharmacist Interaction

A key attribute of community pharmacy practice in Australia is the personal interaction and often long-term established relationships between the pharmacist and the patient. A pharmacist's intimate knowledge of a patient's medicine regimen and personal health and medical history may avoid potentially serious complications for a patient. This personal understanding and contact is not achievable through contactless services such as internet and mail order pharmacy. The dispensing of prescriptions in these manners have the potential to undermine the value of community pharmacy as the key provider of medicine-related primary health care services throughout Australia and may lead to patient harm. The risks associated with this type of contactless supply include:

- lower capacity for pharmacist to meet legal obligations and professional requirements to assess safety and therapeutic appropriateness of medicine prescribed or requested
- non or low quality provision of counselling on how to use the medicine safely and appropriately for optimal therapeutic effect
- inability to demonstrate use of medicine devices and assessment of patient's understanding
- pharmacist relying on patients to provide a true and accurate description of their condition without being able to assess the condition in person
- greater opportunity for consumer access to medicines at risk of abuse or misuse
- technical difficulties for communicating between the pharmacy and the patient

These risks are enhanced for people with hearing loss, learning difficulties or high-risk patients such as the elderly, children, people living alone, people starting a new medicine or using high-risk medicines or people with serious and/or multiple co-morbidities. It may also be problematic for people who do not have adequate access to or understanding of the technological requirements for a remote consultation.

When dispensing and/or supplying medicines, communication between the patient and pharmacist is imperative for the following reasons:

- Patient verification – ensuring the patient ordering and receiving the medicine is correct by matching or adding them to the pharmacy's dispensing system, including relevant Medicare and entitlement details.
- Patient history – establishing medical conditions, medication history and allergies to ensure supply is safe and appropriate.
- Additional information – confirming other details as relevant such as brand preference, date of birth, gender, support status (e.g. living alone, carer/family attendance)
- Patient counselling – ensuring the patient is familiar with the medicine including indication, adverse effect, correct use of device (if applicable), treatment expectations and review.
- Patient questions – the patient should have the opportunity to ask questions to clarify information and seek further information on their medicine or other health concerns.

Quality Care Pharmacy Program

The Quality Care Pharmacy Program (QCPP) has requirements that pharmacies must meet when providing contactless provision of pharmacy services and products such as telepharmacy. These requirements can be applied to all types of contactless pharmacy services and supply.

Safety Concerns

There have been a number of reports associated with contactless health services of poor and potentially unsafe and/or unprofessional practices. These include:

- The use of online algorithms to triage patient requests with minimal time spent with the health care provider. Examples of this include –
 - Issuing medical certificates without any interaction with a clinician, including instances where urgent medical care is warranted⁷
 - Issuing medical certificates for up to seven days' medical leave after a telehealth consultation⁸
 - Issuing medical certificates for very low costs, raising questions about the quality of the assessment⁹
 - Prescribing and supply of medicines (e.g., medicinal cannabis) where contraindications (e.g., mental health condition) have not been properly assessed¹⁰
- Promotion of online clinics that potentially breach regulations with aggressive or misleading marketing¹¹ e.g. medicinal cannabis clinics that promote access to 'alternative medicine'¹² or 'plant-based medicine'.¹³

- Barriers to patients using their health provider of choice, including their preferred community pharmacy e.g. additional costs to transfer prescriptions or paperwork to their preferred pharmacy.¹⁴
- Pressure on patients from 'online pharmacies' to transfer all prescriptions from their regular pharmacy.

Related Statements

Cannabis Use

Vending Machines and Collection Units in Community Pharmacy

Authority

Endorsed

National Council – August 2025

In-person supply of medicines

National Council – August 2024

National Council – June 2023

Internet/Distance/Mail order supply of medicines

National Council – June 2010

National Council – July 2004

Reviewed

Policy and Regulation Sub-Committee – July 2025

Policy and Regulation Sub-Committee – August 2024

Policy and Regulation Sub-Committee – February 2023

References

¹ [Telehealth Benefits and Barriers - PMC](#); 2020

² [Clinical decision-making and dispensing performance in pharmacy students and its relationship to executive function and implicit memory - PMC](#); Dec 2021

³ [Telehealth | Australian Government Department of Health and Aged Care](#)

⁴ [Telepharmacy Services: Present Status and Future Perspectives: A Review - PMC](#); 2019

⁵ [ibid](#)

⁶ [medicaljobsaustralia.com/health-news-and-blog/vertical-integration-in-australias-health-care-sector-implications-and-insights/](#); 2024

⁷ The Briefing: Doctor's notes April 2024; [doctors notes in podcasts | Listen Notes](#)

⁸ [Options if you need a medical certificate for sick or carer's leave - ABC News](#); 28/2/2024

⁹ [Options if you need a medical certificate for sick or carer's leave - ABC News](#)

¹⁰ [Medicinal cannabis doctors investigated by authorities after suicide and hospitalisation of patients - ABC News](#)

¹¹ [We looked at 54 medicinal cannabis websites to see if they followed the rules. Here's what we found; 2025](#)

¹² [Alternaleaf Australia - Alternative Health Services; Healing Leaves Clinic | Your Trusted Telehealth Clinic; Green Life Clinic & Dispensary | Alternative Medicine \(accessed 27 Nov 2024\)](#)

¹³ [www.cannihelp.com.au](#)

¹⁴ [Prescription Plant-Based Medicine | Patients](#) – A fee of \$19 applies for patients requesting their prescriptions are sent to an external pharmacy. This fee does not apply to patients using the Cann I Help Dispensary. Accessed 27 Nov 2024