Five pillars of productivity inquiries, Productivity Commission

September 2025

Introduction

Formerly known as the Society of Hospital Pharmacists of Australia (SHPA), Advanced Pharmacy Australia (AdPha) is the progressive voice of Australian pharmacists and technicians, built on 80 years of hospital innovation that puts people and patients first. AdPha supports all practitioners across hospitals, transitions of care, aged care and general practice to realise their full potential.

AdPha welcomes the Productivity Commission's review of reforms to strengthen the quality, efficiency, and integration of care across the Australian health system. Pharmacists and pharmacy technicians are central to these reforms, enabling safer, more efficient medicines use and reducing preventable harm.

Our members are leading innovations in collaborative prescribing, digital health, telehealth models of care, and the integration of pharmacy technicians as an upskilled workforce. Through our Pharmacy Informatics and Technology Specialty Practice Group, with over 800 members, we convene the majority of Chief Pharmacy Informatics Officers (CPIOs) and equivalent roles nationwide.

We will shortly release Pharmacy Forecast Australia 2025 - a strategic thought leadership piece on emerging trends and phenomena forecasted to impact pharmacy practice and the health of Australian patients into 2030, with a theme focusing on Trust and Security of IT in Healthcare.

This combination of digital health leadership, workforce development, and focus on equitable medicines access positions allows AdPha to contribute meaningfully to the Interim Reports *Delivering quality care more efficiently* , *Building a skilled and adaptable workforce* and *Harnessing data and digital technology*, highlighting reforms that drive productivity, efficiency, and patient safety.

If you have any queries or would like to discuss our submission further, please contact Jerry Yik, Head of Policy and Advocacy at [REDACTED].

Interim report: Delivering quality care more efficiently

Response to Draft Recommendations

1. Embed Collaborative Commissioning in Health Care (Draft Rec 2.1)

We strongly support collaborative commissioning as a mechanism to break down silos, reduce duplication, and improve outcomes.

- Pharmacy workforce innovation: Upskilled pharmacy technicians can safely undertake many tasks traditionally performed by nurses or pharmacists, allowing pharmacists to practice at full scope through collaborative prescribing models e.g. Partnered Pharmacist Medication Prescribing (PPMP). (*See response to Interim report: Building a skilled and adaptable workforce Draft Rec 2.1 below*)
- Local integration: Embedding pharmacists and pharmacy technicians into PHNs, LHNs, and ACCHOs will enable better management of chronic disease, improve medicines adherence, and reduce preventable hospitalisations.
- Telehealth models: Expanding pharmacist-led telehealth, particularly in transitions of care and medication reviews, will improve equity for rural, remote, and Aboriginal and Torres Strait Islander populations.

Recommendation: Ensure that pharmacy-led models, including PPMP and pharmacy technician-delivered support, are explicitly funded and embedded into collaborative commissioning frameworks.

2. Reform Quality and Safety Regulation Across Care Sectors (Draft Rec 1.1)

AdPha supports alignment of quality and safety regulation across aged care, NDIS, and veterans' care. Medicines use is a common and high-risk area across all these settings.

- Medicines safety indicators: A standardised safety and quality reporting framework should include medication safety metrics, such as rates of adverse drug events, polypharmacy, and high-risk medicines use.
- Workforce flexibility: Enabling mutual recognition of audits and cross-sector training could help deploy pharmacy technicians more flexibly, especially in rural and remote regions.
- AI and decision support: Regulatory alignment for AI should cover AI-driven prescribing, dispensing, and administration tools, with pharmacist involvement in their design and clinical implementation.

Recommendation: Prioritise medicines safety measures in cross-sector regulation, ensuring pharmacists are recognised as leaders in safe prescribing, dispensing, and monitoring.

3. Establish a National Prevention Investment Framework (Draft Rec 3.1)

Pharmacy plays a critical role in prevention, particularly in medication adherence, vaccination, early detection, and lifestyle interventions

- Pharmacy-led prevention programs: Expanding pharmacy's role in prevention will generate significant savings through avoided hospitalisations and better chronic disease outcomes.
- Upskilled technicians: Technicians can support large-scale delivery of preventive services (e.g. vaccination logistics, health promotion activities), enabling pharmacists to focus on complex clinical care.
- Rural and Aboriginal and Torres Strait Islander focus: Prevention frameworks must ensure targeted funding for remote and Aboriginal Community Controlled Health Organisations (ACCHOs), where pharmacy services can address inequities in medicines access and chronic disease burden.

Recommendation: Embed pharmacy-led preventive services in the National Prevention Investment Framework, with funding models that enable continuity and equitable access across Australia.

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Interim report: Building a skilled and adaptable workforce

Response to Draft Recommendations

1. Reform Quality and Safety Regulation to Support a More Cohesive Care Economy (Draft Rec 1.1)

AdPha supports greater alignment across aged care, NDIS, and veterans' care, particularly where medicines use is a common high-risk area.

- Pharmacy technician registration: A unified registration system should include technicians. Registration is an enabler, not a barrier, as it provides clear expectations, accountability, and public trust in this workforce.
- Medicines safety indicators: Standardised reporting must capture medication safety metrics, such as polypharmacy, high-risk medicines, and adverse drug events.
- AI regulation: Consistent rules are needed for AI-driven medication management and decision support, with pharmacist involvement from design through implementation to ensure safe use.

Recommendation: Incorporate pharmacy workforce regulation and medicines safety indicators into the unified framework, ensuring consistent oversight across all care sectors.

2. Embed Collaborative Commissioning to Increase Integration of Care Services (Draft Rec 2.1)

AdPha supports collaborative commissioning as a mechanism to reduce fragmentation in the health system and fund care models that genuinely improve outcomes. Enabling pharmacists to practice at full scope is central to this approach. Models such as Partnered Pharmacist Medication Prescribing (PPMP) and Partnered Pharmacist Medication Charting (PPMC) allow hospital and primary care pharmacists to optimise medicines use, reduce hospitalisations, and improve efficiency.

Australian evaluations highlight significant benefits:

- At the Royal Hobart Hospital, PPMC reduced overall medication error rates by 94.3% and high/extreme risk errors by 94.1%.
- A Deakin University economic evaluation of the PPMC pilot in Victoria demonstrated savings of $726 per hospital admission, reduced length of stay from 6.5 to 5.8 days, and decreased patients with at least one medication error from 19.2% to 0.5%.[1]
- At the Royal Melbourne Hospital, collaborative prescribing in general medicine wards

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reduced median length of stay from 146 to 125 hours.

- Nationally, if 10% of 3.2 million public hospital inpatient stays adopted these models, an estimated 287,000 hospital bed days could be returned to the system.

Currently, hospital pharmacists cannot prescribe Pharmaceutical Benefits Scheme (PBS) medicines at discharge, limiting efficiency gains. Amending Sections 88 and 94 of the National Health Act 1953, with appropriate hospital-based guardrails, would enable PBS prescribing, preserve workflow efficiency, enhance continuity of care, and maintain patient safety. Pharmacy technicians and assistants, supported by structured training (e.g., Certificate III/IV programs), can take on expanded roles in medication management, freeing pharmacists and nurses to work at full scope.

Collaborative commissioning should also fund cross-disciplinary supervision, mentoring, and preceptor opportunities for pharmacy interns, as proposed in the *Unleashing the Potential of our Health Workforce – Scope of Practice Review* to build a skilled and adaptable workforce.

Further priorities include investment in pharmacy-led services for rural, remote, and Aboriginal and Torres Strait Islander communities (including through ACCHOs), and integration of pharmacist-led telehealth to strengthen transitions of care and chronic disease management.

Recommendation: Embed pharmacy workforce roles, including PPMP, PPMC, structured technician pathways, and cross-disciplinary supervision models, into commissioning frameworks, with flexible funding for rural, remote, and Aboriginal and Torres Strait Islander settings.

3. Establish a National Prevention Investment Framework (Draft Rec 3.1)

Prevention frameworks should recognise the essential role of pharmacists and technicians in improving medicines use and public health.

- Pharmacy-led prevention: Vaccinations, smoking cessation, medication adherence programs, and chronic disease detection are proven pharmacy interventions.[2,3]
- Upskilled technicians: Technician-delivered services (e.g. Best Possible Medication Histories, tech-check-tech, bedside medication management) increase efficiency and allow pharmacists to focus on prevention and clinical care.
- Long-term workforce investment: Prevention requires sustained workforce funding, not short-term programs. AdPha's Residency and Registrar Programs deliver a pipeline of highly skilled pharmacists with speciality expertise to lead preventive services.

Recommendation: Embed pharmacy-led prevention programs in the framework, with funding to support long-term technician training and pharmacist residencies.

Missed Opportunities and Additional Priorities

- **Workforce pipeline:** Rural placements, relocation funding, and financial incentives are essential to address student poverty and ensure more pharmacists train and stay in

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underserved areas. Structured cross-disciplinary supervision, mentoring, and preceptor models, as proposed in the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*, should be embedded across pharmacy training, ensuring interns and students benefit from interprofessional learning and support.

- **International workforce:** The Commission should reflect recommendations from the *Independent review of health practitioner regulatory settings*, including AdPha's call for improved recognition of international pharmacists and pharmacy technicians on the Core Skills Occupations List to enhance recruitment, acknowledge advanced practice, and strengthen workforce capacity, particularly in rural and underserved areas.[4]
- **Career progression:** ANZCAP provides structured advancement for pharmacists and technicians, supporting job satisfaction, retention, and long-term sustainability.
- **Financial incentives:** As outlined in this year's *AdPha's Federal Pre-Budget submission*, government investment in pharmacy residency, registrar, and technician training programs is critical to addressing workforce shortages and maintaining quality care.

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Interim report: Harnessing data and digital technology

Response to Information Request 1.1

The Productivity Commission's proposal to introduce a text and data mining (TDM) exception to copyright law—allowing AI models to be trained on copyrighted materials without the express permission of rights holders—poses a significant threat to the integrity of Australia's intellectual property framework.

Upholding copyright is not merely a legal formality, it is a foundational mechanism that ensures creators, publishers, and institutions are fairly remunerated for their work. As highlighted by the Australian Publishers Association in their submission to the Productivity Commission, a broad exception would undermine investment in high-quality content, and erode Australia's international obligations. Licensing, not exemption, is the appropriate pathway to enable innovation while preserving the rights and sustainability of academic publishers.

AdPha publishes the Australian Injectable Drugs Handbook (AIDH) and Don't Rush to Crush (DRTC), which are essential to the safe and quality administration of medicines for Australian patients in healthcare settings and at home. AdPha is developing two new guidelines specific to Australian health care settings, on Dosing in Obesity and Perioperative Medicines, to close gaps in clinical knowledge and support safer care.

These publications are made possible through AdPha's investments into extensive research across a global library and in-laboratory tests of medicines to produce evidence-based, peer-reviewed publications. The financial viability of these publications is at risk if AI developers can freely mine them without compensation.

This not only jeopardises revenue streams but also diminishes the incentive to produce high-quality, trusted content. The Commission must recognise that copyright is not a barrier to innovation—it is a guardrail that enables sustainable, ethical, and inclusive technological progress

Clinical oversight, essential to safeguard patient outcomes, cannot be assured under the proposed exception. In contrast, the current Copyright Act supports responsible AI adoption by enabling collaborative, licensed partnerships that preserve oversight and quality.

Recommendation: AdPha recommends that the current copyright framework is maintained, and that the proposed exception is not adopted. Retaining the existing licensing framework will both safeguard public trust in evidence-based guidance and ensure that innovation in AI continues to occur responsibly.

Response to Draft Recommendations

1. Artificial Intelligence (Draft Recs 1.1–1.3)

Hospital pharmacy settings are well placed to pilot safe, outcomes-based uses of AI, such as clinical decision support, adverse drug event monitoring, and demand forecasting for medicines.

Pharmacists must be actively involved in the design, development, and implementation of AI tools, particularly those applied to prescribing, dispensing, and monitoring of medicines. Their clinical and informatics expertise ensures that AI systems are usable, accurate, and aligned with real-world workflows.

Ongoing clinical oversight by pharmacists remains essential to ensure that automation enhances, rather than compromises, medicines safety. Without pharmacist input, there is a risk of embedding unsafe assumptions or generating large-scale errors.

We support the Commission's principle that AI regulation should be proportionate, risk-based, and outcomes-focused. However, given the patient safety risks associated with medicines, AI in pharmacy requires clear governance frameworks, pharmacist involvement from product design to deployment, and integration into interoperable clinical systems.

Recommendation: Explicitly reference medicines safety and pharmacist leadership in design and implementation as a priority use case where proportionate regulation is critical to protect patients while enabling innovation.

2. Data Access (Draft Rec 2.1)

We strongly support improved data access, standardised data transfers, and interoperability. In medicines management, these enablers underpin:

- Closed-loop medication systems that connect prescribing, dispensing, and administration
- Real-time medicines information via My Health Record for safe transitions of care
- Virtual care models that extend pharmacy services into rural and regional Australia

Current barriers to medicines data access across care settings limit safety, efficiency, and equity.

Recommendation: Prioritise hospital and medicines data integration in early phases of implementation, given the scale of potential benefits in productivity and patient safety.

3. Privacy Regulation (Draft Recs 3.1–3.2)

We support outcomes-based compliance approaches to privacy. Rigid, controls-based rules often delay the safe implementation of pharmacy informatics projects without improving patient protection.

At the same time, the consumer must remain at the centre of privacy regulation. Patients should be able to access and control their own medicines data to:

- Avoid duplication of tests and prescriptions

- Improve health literacy and engagement
- Enable genuine shared decision-making with their healthcare team

Recommendation: Ensure reforms to the Privacy Act enable health providers to meet obligations in an outcomes-focused way, while guaranteeing consumer access to their own health and medicines data to support safety, transparency, and empowerment.

4. Digital Financial Reporting (Draft Rec 4.1)

While primarily directed at corporate reporting, the underlying principle of mandating structured, interoperable digital reporting has strong parallels for medicines use.

Recommendation: Extend this principle to digital medicines reporting, e.g. adverse drug event reporting and medicines supply chain monitoring, to improve transparency and efficiency.

Missed Opportunities in the Interim Report

AdPha urges the Commission to further address:

- Hospital electronic prescribing: Urgent policy and infrastructure support is required to achieve the Government's 2026 target for hospital e-prescribing and as outlined in *The Digital Health Blueprint and Action Plan 2023–2033.*
- Chief Pharmacy Informatics Officer (CPIO) roles: Recognition of CPIOs as essential digital health leaders should be explicitly recommended.
- Trust in digital health: Building clinician and patient trust in medicines data systems is fundamental for uptake and safe use.
- Closed-loop safety monitoring: Integration of prescribing, dispensing, and administration data provides the clearest pathway to productivity gains through reduced adverse events and avoidable admissions.

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[4] Advanced Pharmacy Australia. (2024). SHPA feedback to Jobs and Skills Australia's Draft Core Skills Occupations List (CSOL) for Consultation. Available at: https://adpha.au/publicassets/d6277418-6821-ef11-9139-00505696223b/SHPA-feedback-to-Jobs-and-Skills-Australias-Draft-Core-Skills-Occupations-List--CSOL--for-Consultation--1.pdf

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