The Pharmacy Guild of Australia

SUBMISSION

Productivity Commission: Closing the Gap Review 2026

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INTRODUCTION

The Pharmacy Guild of Australia (the Guild) is the national peak organisation representing community pharmacy. It supports community pharmacy in its role of delivering quality health outcomes for all Australians. It strives to promote, maintain, and support community pharmacies as the appropriate providers of primary healthcare to the community through optimum therapeutic use of medicines, medicines management and related services. Community pharmacies are the most frequently accessed and most accessible health destination, with over 443 million individual patient visits annually and many pharmacies open after-hours, including on weekends.

Owned by pharmacists, community pharmacies exist in well-distributed and accessible locations, and often operate over extended hours, seven days a week in urban, regional, rural and remote areas. They provide timely, convenient, and affordable access to the quality and safe provision of medicines and healthcare services by pharmacists who are highly skilled and qualified health professionals. In capital cities, 96% of people have access to at least one pharmacy within a 2.5km radius, while in the rest of Australia 74% of people are within 2.5km of a pharmacy.

The Guild welcomes the opportunity to contribute to the Productivity Commission's 2026 Review of the National Agreement on Closing the Gap (CTG). The Guild supports the objectives of the CTG National Agreement and recognises the critical role that timely access to medicines and culturally safe primary healthcare services play in improving health outcomes for Aboriginal and Torres Strait Islander peoples. Through the First Nations Pharmacy Network (FNPN)[1], the Guild is working with Aboriginal and Torres Strait Islander pharmacists and pharmacy professionals to identify barriers to care and advance community-led approaches that improve access to healthcare and medicines. The Guild maintains longstanding partnerships with Aboriginal and Torres Strait Islander peoples' organisations, including the (National Aboriginal Community Controlled Health Organisation (NACCHO) to improve community pharmacy-based care for Aboriginal and Torres Strait Islander peoples.

Community pharmacies are trusted and accessible healthcare destinations in communities across Australia, often providing a first point of contact for medicines advice, treatment and ongoing support. Working in partnership with Aboriginal and Torres Strait Islander peoples, communities and health organisations, community pharmacy can support more equitable access to culturally safe, person-centred care, particularly in regional, rural and remote areas where distance and workforce shortages can create barriers to care.

[1] First Nations Pharmacy Network - The Pharmacy Guild of Australia

Summary of Recommendations

To reduce barriers to primary health services and subsidised medicines access and support progress against CTG health outcomes, the Australian Government should:

1. Make registered community pharmacists authorised enrollers for the CTG PBS Co-payment Program.
2. Task the Department of Health, Disability and Ageing and Services Australia with implementing the necessary policy, digital and PBS system changes in partnership with Aboriginal and Torres Strait Islander health leaders and the pharmacy sector.
3. Recognise pharmacist prescribers as PBS prescribers for medicines within their authorised scope of practice.
4. Apply CTG PBS Co-payment Program benefits equally to eligible medicines prescribed by pharmacist prescribers.
5. Where supply is deemed appropriate by a community pharmacist, enable any eligible Aboriginal and Torres Strait Islander person to access a PBS-listed non-prescription product as CTG benefits from any Section 90 PBS-approved pharmacy.
6. Progress co-designed digitisation and modernisation of the s100 RAAHS Program, with sustainable implementation funding, transparent reporting and appropriate remuneration settings for a community pharmacy that recognise the work required to supply medicines to remote AHS clinics .
7. Ensure pharmacists practising in community pharmacy are recognised and enabled to contribute on an equivalent basis to pharmacists working in ACCHOs/AMSs in relevant medicines programs, quality use of medicines initiatives and scope-of-practice reforms, with implementation co-designed with Aboriginal and Torres Strait Islander health leaders.
8. Work with the pharmacy sector and formally embed Aboriginal and Torres Strait Islander practitioner leadership, including through the FNPN, alongside engagement with the Aboriginal community-controlled health sector, in the co-design, implementation and evaluation of pharmacy programs, PBS and quality use of medicines reforms, workforce development, culturally safe models of care and pharmacist scope-of-practice policy.

Together, these reforms would remove avoidable administrative, financial and geographic barriers; support timely, culturally safe and person-centred care wherever patients access services; improve transparency and continuity across medicines supply pathways; strengthen the Aboriginal and Torres Strait Islander pharmacy workforce; and improve medicines access and quality use of medicines for Aboriginal and Torres Strait Islander peoples, including those living in remote communities.

GUILD RESPONSE

Aboriginal and Torres Strait Islander peoples continue to experience significant inequities in health outcomes and access to healthcare. The **Health Performance Framework - Summary report June 2025** (HPF Report) by the Australian Institute for Health and Welfare (AIHW) highlights the health issues faced by Aboriginal and Torres Strait Islander peoples. In 2018, the burden of disease among Aboriginal and Torres Strait Islander peoples was 2.3 times that of non-Indigenous Australians. AIHW analysis showed that an estimated 35% of the total health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians was explained by social determinants (e.g. employment, income, education, housing), and a further 30% by selected health risk factors (e.g. smoking). Barriers to access to health care for Aboriginal and Torres Strait Islander peoples include cost and health services being unavailable, too far away or because of long waiting times.[2]

The AIHW's HPF Report highlights that enhanced health services and continued improvement in, and access to, comprehensive, culturally appropriate and safe primary health care services are needed to support improvements in health outcomes and reduce the burden of disease, preventable hospitalisations, and avoidable deaths among Aboriginal and Torres Strait Islander peoples.

Against this background, equitable and timely access to medicines, medicines advice and culturally safe primary healthcare is an important component of reducing preventable health disparities. This submission responds to the Review's questions about how parties are progressing commitments under the CTG National Agreement, how existing actions are supporting its objectives, and what should be done differently to accelerate meaningful change. It focuses on medicines access as a practical test of whether mainstream health systems are removing barriers, transforming their practices and delivering equitable outcomes for Aboriginal and Torres Strait Islander peoples.

The CTG National Agreement encompasses a wide range of social, economic and cultural determinants of health. The Guild notes that progress under the CTG National Agreement requires more than program delivery alone. It requires structural reform, shared decision making, stronger accountability and service systems that adapt around the needs of Aboriginal and Torres Strait Islander peoples. In this context, access to care and medicines access in particular are practical measures of whether the health system is working equitably. Where an eligible Aboriginal or Torres Strait Islander patient is required to navigate additional appointments, referrals or administrative steps before accessing

[2] Aboriginal and Torres Strait Islander Health Performance Framework (HPF) - AIHW Indigenous HPF; June 2025

subsidised care, the system is placing avoidable burden on the patient rather than removing barriers to care.

Community pharmacy is one part of a broader, connected health system and cannot address health inequities alone. Its national reach nevertheless provides an important platform for improving access to medicines, primary healthcare and preventive services, particularly in areas where distance and workforce shortages create barriers to care.

Aboriginal and Torres Strait Islander patients should be able to access affordable medicines and timely care without avoidable administrative, financial or geographic barriers. Community pharmacy can make a practical contribution because of its accessibility and established role in medicines supply, medicines advice and primary healthcare, particularly where geographic distance, workforce shortages, cost or administrative requirements create barriers to timely care. Accordingly, this submission proposes practical reforms to the Pharmaceutical Benefits Scheme (PBS) that place patients' needs and experiences at the centre of medicines access.

Working in partnership with Aboriginal and Torres Strait Islander peoples, Aboriginal Community Controlled Health Organisations and other health services, community pharmacy can complement existing models of care by reducing avoidable barriers and supporting continuity of medicines access.

The Guild's recommendations draw on issues observed through community pharmacy practice and engagement with the FNPN. They identify points where current policy and system settings can interrupt access to subsidised medicines. Where national data are not yet available, the Guild recommends that implementation include baseline measurement and ongoing reporting on registrations, medicine access, patient experience, continuity of care and outcomes, with evaluation designed in partnership with Aboriginal and Torres Strait Islander health leaders.

1. Improve access to the CTG PBS Co-payment Program

The cost of medicines is recognised by the Australian Government as a significant barrier to access for Aboriginal and Torres Strait Islander peoples.[3] The CTG PBS Co-payment Program is an important medicines equity measure intended to improve access to affordable medicines for Aboriginal and Torres Strait Islander peoples. However, current enrolment arrangements can prevent eligible patients from receiving the reduced co-payment when they present at a community pharmacist can check if a person is registered for the PBS CTG program, they cannot independently

[3] Closing the Gap (CTG) PBS Co-payment Program | Pharmaceutical Benefits Scheme (PBS)

enrol them.[4] If a patient is not already registered, or if their registration has not been correctly selected by a prescriber, the pharmacist must refer them back to an authorised enroller.

This creates avoidable appointments, travel and delay, and may require patients to repeat conversations about their eligibility and identity across healthcare settings. There may also be unintended out-of-pocket costs for patients needing the medication dispensed when enrolment cannot be completed quickly. These barriers run counter to the intent of the program.

Previous implementation experience with the CTG PBS Co-payment Program has demonstrated that registration and administrative issues can create practical barriers at the point of dispensing. Authorising community pharmacists to enrol eligible patients would allow these issues to be resolved immediately, respectfully and safely at the point of care and would help ensure administrative processes do not unnecessarily delay access for patients to subsidised medicines.

Community pharmacists already apply PBS requirements, confirm patient eligibility and provide ongoing medicines support. Recognising them as authorised CTG enrollers would create a practical, nationally consistent pathway through one of Australia's most accessible health workforces.

Recommendation
The Australian Government should:

- Agree to make registered community pharmacists authorised CTG enrollers
- Task the Department of Health, Disability and Ageing and Services Australia with implementing the necessary policy, digital and PBS system changes in partnership with Aboriginal and Torres Strait Islander health leaders and the pharmacy sector.

2. Expand access to pharmacist prescribing under the PBS

The Review should also consider how expanded pharmacist prescribing can contribute to CTG outcomes. Pharmacist prescribing has the potential to improve access to timely treatment, particularly in communities that experience workforce shortages and limited access to medical practitioners. The Guild has consistently argued that pharmacist prescribing can support improved access to culturally safe primary healthcare and help address inequities in access to treatment.

As pharmacist prescribing models continue to expand across Australia, Aboriginal and Torres Strait Islander peoples should be able to access PBS subsidies, including CTG

[4] CTG PBS Program - NACCHO

benefits, when medicines are prescribed by appropriately authorised pharmacist prescribers. The absence of PBS eligibility for pharmacist-prescribed medicines risks creating a two-tier system in which Aboriginal and Torres Strait Islander patients can access a prescribing service but not the associated medicine subsidy. Ensuring CTG benefits apply to medicines prescribed by authorised pharmacist prescribers would help prevent new access barriers from emerging as pharmacist scope of practice expands. It would also ensure Aboriginal and Torres Strait Islander patients are not disadvantaged when accessing timely care from an appropriately authorised pharmacist, particularly in communities where access to other prescribers is limited.

As pharmacist prescribing models expand, PBS policy should evolve alongside them so that Aboriginal and Torres Strait Islander patients are not required to choose between timely access to an authorised prescriber and access to the PBS and CTG subsidies for which they are eligible.

Recommendation

The Australian Government should:

- recognise pharmacist prescribers as PBS prescribers for medicines within their authorised scope of practice and
- apply CTG PBS Co-payment Program benefits equally to eligible medicines prescribed by pharmacist prescribers.

3. Improve access to non-prescription pharmaceutical benefits

We note that many of the PBS items which have a listing limited for prescription to Aboriginal and Torres Strait Islander peoples[5] are for non-prescription items. Examples include:

- low-dose aspirin as a platelet inhibitor
- bisacodyl laxatives
- chloramphenicol eye drops for bacterial conjunctivitis
- iron, folic acid and vitamin B12 supplements
- magnesium and thiamine supplements
- loperamide for diarrhoea
- oral dehydration salts for vomiting and diarrhoea
- miconazole antifungal products
- nicotine patches for nicotine dependence
- paracetamol products
- terbinafine antifungal cream

[5] PBS Listing for Aboriginal and Torres Strait Islander People | Pharmaceutical Benefits Scheme (PBS)

- glucose and ketone indicator urine diagnostic strips

Despite these being readily available from any community pharmacy without a prescription, current legislation requires Aboriginal and Torres Strait Islander peoples to first attend a general practitioner or alternative PBS-approved prescriber to obtain a prescription for dispensing as CTG. This is another situation that creates avoidable appointments, travel, administrative burden and delays in receiving affordable medicines.

The Guild contends that any eligible Aboriginal and Torres Strait Islander person attending any community pharmacy where the pharmacist determines supply of these non-prescription medicines are appropriate should be able to obtain the medicine as a subsidised CTG benefit without the need to attend another prescriber. This would significantly improve timely and affordable access to conditions such as bacterial conjunctivitis, vomiting and diarrhoea and fungal infections. It would also provide timely and affordable access to nicotine replacement therapy for nicotine dependence.

Removing this additional step for eligible PBS-listed non-prescription medicines would provide a more direct pathway to affordable treatment and reduce avoidable appointments, travel and administrative burden where the pharmacist has determined that supply is clinically appropriate.

Recommendation
Where supply is deemed appropriate by a community pharmacist, any Aboriginal and Torres Strait Islander person should be able to access a PBS-listed non-prescription product listed on the PBS as a CTG benefit from any Section 90 PBS-approved pharmacy.

4. Strengthen the Section 100 Remote Area Aboriginal Health Services Program

The Section 100 Remote Area Aboriginal Health Services (s100 RAAHS) Program is an essential medicines access pathway for Aboriginal and Torres Strait Islander peoples in remote communities. It enables an approved remote Aboriginal Health Service (AHS) to obtain eligible PBS medicines from a PBS-approved community pharmacy and provide them to patients without relying on standard prescription and pharmacy access pathways.

However, manual and fragmented ordering, claiming, payment and data processes create avoidable administrative burden and limit visibility across the medicines supply chain. These limitations can affect payment accuracy, transparency and continuity of care. That continuity must also be culturally safe: medicines systems should support trusted relationships with Aboriginal and Torres Strait Islander practitioners and enable care to follow patients across community pharmacy, AHS clinics and other settings. Modernising

the s100 RAAHS Program is therefore a practical opportunity to strengthen medicines access, cultural safety, accountability and service-system transformation under the CTG National Agreement.

Digitisation should be co-designed with Aboriginal and Torres Strait Islander health leaders, remote AHSs, supplying community pharmacies and relevant government agencies. It should reduce administrative burden, improve the timeliness and transparency of ordering and payments, strengthen medicine-supply data and support reliable access for remote communities.

Recommendation

The Australian Government should progress co-designed digitisation and modernisation of the s100 RAAHS Program, supported by sustainable implementation funding, transparent reporting and remuneration settings for a community pharmacy that recognise the work required to supply medicines to remote AHS clinics.

5. Recognise pharmacists equally across community pharmacy and ACCHOs/AMSs

Pharmacists contribute clinical expertise, medicines knowledge and continuity of care across community pharmacy and Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services (ACCHOs/AMSs). Policy and program settings should recognise pharmacists consistently across these settings and enable them to work to their full authorised scope, while respecting the distinct roles, governance and service models of ACCHOs/AMSs and community pharmacies.

Equal recognition should support collaboration between pharmacists in community pharmacy and pharmacists working in ACCHOs/AMSs, rather than creating different professional standing or access to programs based solely on practice setting. This would strengthen culturally safe, coordinated medicines care and support continuity for Aboriginal and Torres Strait Islander patients wherever they access services.

Recommendation

The Australian Government should ensure pharmacists practising in community pharmacy are recognised and enabled to contribute on an equivalent basis to pharmacists working in ACCHOs/AMSs, including in relevant medicines programs, quality use of medicines initiatives and scope-of-practice reforms, with implementation co-designed with Aboriginal and Torres Strait Islander health leaders.

6. Strengthen First Nations pharmacy leadership and workforce

Aboriginal and Torres Strait Islander pharmacists and pharmacy professionals bring clinical expertise, cultural knowledge, trusted relationships and lived experience to medicines care. Their influence shapes the experience of Aboriginal and Torres Strait Islander patients and helps community pharmacy services respond to where people seek care. Practitioners should be supported to follow their patients across care settings and perform their roles to their full authorised scope, so continuity of medicines care is both clinically effective and culturally safe.

The FNPN provides an important mechanism for Aboriginal and Torres Strait Islander practitioners to influence pharmacy programs, improve cultural safety, develop the workforce and promote Aboriginal and Torres Strait Islander pharmacist-led models of care. Its expertise should also inform reforms to medicines access and quality use of medicines, including PBS arrangements, and the development of pharmacist scope-of-practice policy.

Recommendation

The Australian Government and the pharmacy sector should formally embed Aboriginal and Torres Strait Islander practitioner leadership, including through the FNPN, alongside engagement with the Aboriginal community-controlled health sector, in the co-design, implementation and evaluation of pharmacy programs, PBS and quality use of medicines reforms, workforce development, culturally safe models of care and pharmacist scope-of-practice policy.