3 November 2025

Dr Cameron Phillips
Chair
Pharmacy Board of Australia
[redacted]

Dear Dr Phillips

Re: Pharmacist Prescribing Endorsement

The AMA and RACGP sent a number of representatives to the Forum organised by the Pharmacy Board of Australia on 30 October 2025 to discuss the proposed endorsement model for pharmacist prescribing.

We hoped the day would present an opportunity to have a meaningful discussion about how to safely incorporate pharmacist prescribing into a coordinated model of care where pharmacists and doctors work together for patients. The move to expand pharmacy prescribing comes with legitimate and real concerns about fragmentation of care, potential conflicts of interest and the removal of a key policy setting designed to maintain patient safety – namely the separation of prescribing and dispensing.

We thought the Forum would discuss reform in the Australian context, clinical governance, collaboration, and best practice in prescribing models. We thought the Forum would have regard to the evidence showing that most overseas models are collaborative and that the embedding of pharmacists within a clinical team appears critical to reducing the potential for fragmentation of patient care.

Unfortunately, none of these things were on the table for meaningful discussion. We were asked leading questions that could not be answered without addressing the fundamental issues described above. It was alarming that one jurisdiction threatened to ignore any endorsement issued by the Board if it differed to the approach being taken in that state. Queensland should not be allowed to hold the Board hostage to this demand.

The Board is independent but seems to have adopted an approach where it is working to retrofit an endorsement model to fit with the policy agenda of state/territory governments, which will inevitably result in the lowest common denominator being adopted as the standard. We do not have any sense the Board is interested in supporting best practice care and aligning with Australia's Primary Health Care 10 Year Plan 2022-2032. This plan emphasises continuity of care, the central role of general practice and calls for a move away from multiple independent and sometimes competing providers to a coordinated and integrated multidisciplinary healthcare team.

In 2019, the Board prepared a very balanced position statement concerning pharmacist prescribing, which highlighted several critical areas the Board felt required further consideration before progressing any further work relating to pharmacist prescribing. Many of these did not even rate a mention at the Forum and remain unresolved.

Australia has a very good healthcare system when compared with the rest of the world. The most recent Commonwealth Fund Report ranked us at number one when compared to similar countries and we would highlight that this included being placed at first with respect to equity and healthcare outcomes.

We achieved this result at a relatively modest cost as a percentage of gross domestic product (GDP). It is unclear why the Board is not taking a much more cautious approach to pharmacist prescribing given we are achieving better healthcare outcomes at a lower cost than the countries identified by the Board as having implemented pharmacy prescribing.

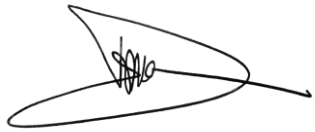
We know the National Health Service in the United Kingdom has implemented autonomous pharmacist prescribing in a way that some pharmacy lobby groups are now pushing for here. We would highlight that the same report ranked the UK at number eight on healthcare outcomes and fifth on equity. It is difficult to understand why the Board's consultation is being conducted in a way that suggests it will play a role in helping to take Australia down this same track.

There was a great deal of anecdote at the forum that is not supported by the available evidence and incredible resistance to answering legitimate questions raised by stakeholders like us during the meeting. It is simply not good enough that when we raised fundamental issues that did not fit with the tightly orchestrated agenda, such as the separation of prescribing and dispensing and clinical governance, we were initially told the only option was to write these on post it notes and place them on a wall at the back of the room so that they could considered. The inference was obvious. Further, the questions put to the roundtables to consider over multiple sessions were so leading that it created an impossible barrier for dissent or even open dialogue or conversation.

We would ask that you urgently reconsider your approach to this consultation process, starting out with a more fundamental conversation that deals with the key issues identified in this letter and in your own position statement.

We are ready to engage with the Board in a constructive way, but do not wish to be associated with a consultation process that does not appear to be genuine and may imply our support for an endorsement that falls well short of the high standards for prescribing that we and the community would expect.

Yours sincerely



Dr Michael Wright
President
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cc: Mr Justin Untersteiner, CEO, Ahpra.
Mr Joe Brizzi. Executive Officer, Pharmacy, Ahpra.
The Hon Mark Butler MP, Minister for Health, Disability and Ageing.
The Hon Chris Picton MP, Chair, Health Ministers' Meeting.