TOPIC:	**Expanded scope of practice for community pharmacists**
FROM:	**A/Prof Peter Subramaniam** **President**
TO:	**AMA SA Council**
OBJECTIVE:	**Endorsement by AMA SA Council**
DATE:	**30 July 2026**

Background

The Australian Medical Association in South Australia (AMA SA) values pharmacists as highly skilled health professionals whose expertise in medicines is essential to safe care. We continue to support pharmacists and members of other health professions – including nursing and the allied health professions – practising to the full depth of their core competencies within collaborative, coordinated, clinician-led teams.

Along with other state branches and the Federal AMA, AMA SA has in submissions to government inquiries and elsewhere[1,2,3] expressed concerns that medication prescribing by pharmacists has been introduced in South Australia in a manner that is episodic, beyond the monitoring and review by the patient's community health provider and within a governance and evaluation framework that has not been published or publicly accessible.

AMA SA has challenged the recent expansion of pharmacy prescribing since the Select Committee on Access to Urinary Tract Infection Treatment was established in 2022. The position is unchanged but is now reinforced by new, independent national evidence that demands that to minimise public and patient risk, expansion of prescribing scope must be preceded by transparent governance and rigorous, published evaluation.

In addition to risks to individual patient outcomes, there are increasing global concerns that an absence of reporting of prescribing of antibiotics for UTIs will contribute to antimicrobial resistance (AMR). The WHO advises that inappropriate use of antibiotics is among the significant factors contributing to AMR.[4]

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[1] AMA SA submission to Select Committee on Access to Urinary Tract Infection Treatment, 31 January 2023
[2] AMA SA Letter to Health Minister Chris Picton, 2 November 2023
[3] AMA SA letter to Health Services Committee, 24 May 2023
[4] World Health Organization, https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance. Accessed 17 July 2026

Pharmacy prescribing in Australia 2026

The Grattan Institute is a policy research organisation that has produced public policy recommendations for Australia and Australians since 2008.

In its report *Future Pharmacy: A Better Deal for Patients and Taxpayers* (12 July 2026)[5], the Grattan Institute:

- finds that Australian trials of new pharmacy services have been too weak to demonstrate cost-effectiveness, leaving the sector – in Grattan's words – in a purgatory of fragmented state-based programs[1]
- supports funding pharmacist prescribing for uncomplicated urinary tract infection but recommends that all other prescribing services wait for decisive evidence from rigorous national trials – for minor ailments, smoking cessation, and collaborative chronic disease management
- recommends an independent quality and outcomes monitoring framework for pharmacy services, as AMA SA has repeatedly sought from SA Health
- recommends investment of $80 million for pharmacists working within general practices and Aboriginal Community Controlled Health Organisations – that is, deploying pharmacist expertise within the primary care team, where the evidence shows it improves care.

In some cases, these findings align with the arguments that AMA SA and other AMA state and federal bodies have promulgated in recent years, including in its submission to the Select Committee on Access to Urinary Tract Infection Treatment in January 2023[6] and consultation regarding the Prescriptions by Pharmacists Amendment Regulations 2025.[7] However, AMA SA notes that:

- the program that introduced pharmacy prescribing of UTI medications in South Australia was not a 'trial' or 'pilot'
- AMA SA does not support pharmacy prescribing for UTI medication and refutes the description that any UTIs should be dismissed as 'uncomplicated'.

The evaluation gap in South Australia

SA Health's Community Pharmacy Expanded Scope of Practice Initiative has committed in principle to a clinical governance framework and AQF Level 8 prescribing qualifications.[8] However, as of July 2026, the critical detail remains unpublished. AMA SA has not seen:

- a detailed assessment blueprint for approved prescribing programs
- an adverse-event reporting framework linking misdiagnosis, delayed diagnosis and medicines-related harm to incident systems and Ahpra
- any individual audit mechanism for pharmacist prescribing

[5] Breadon P, Jessurun M, Chapman M, Shortridge T. Future pharmacy: A better deal for patients and taxpayers. Grattan Institute; 12 July 2026. https://grattan.edu.au/report/future-pharmacy-a-better-deal-for-patients-and-taxpayers/

[6] AMA SA (January 2023)

[7] AMA SA Response to consultation for the Prescriptions by Pharmacists Amendment Regulations 2025 (26 September 2025)

[8] SA Health. Community Pharmacy Expanded Scope of Practice Initiative. Office of the Chief Pharmacist, Department for Health and Wellbeing; 2025-2026. sahealth.sa.gov.au

AUSTRALIAN MEDICAL ASSOCIATION (SOUTH AUSTRALIA) INC
Postal: PO Box 685 Fullarton SA 5063
Phone: (08) 8361 0100
ABN 91 028 693 268
Level 1, 175 Fullarton Road, Dulwich SA 5065
Email: admin@amasa.org.au Website: ama.com.au/sa

- any independent evaluation plan with pre-specified safety endpoints, comparison cohorts or published protocol.

The UTI pharmacy program has been in operation in South Australia since March 2024 without a published independent evaluation. If the evaluation tools noted above exist, they have not been made available to patients seeking to make informed healthcare decisions or to their care providers. The absence of this public evaluation is a governance gap for which the responsible authority is accountable. It is a patient safety concern and it deprives pharmacists – who are being asked to carry new clinical risk – of the protection that transparent governance provides. Meanwhile, South Australia and other states have expanded, or are considering expanding, pharmacy prescribing to treatments for other conditions, without evidence that those already in operation are safe.

Respecting core competencies

AMA SA's advocacy rests on a principle that applies to all health practitioners, including our members and clinical colleagues: health professions provide the safest and most valuable services when working to the full depth of their core competencies, in structures that connect rather than fragment care.

Pharmacists are trained to develop competencies in medicine properties, interaction and error detection, adherence support, stewardship and medication review, and their knowledge may be under-used. However, as AMA SA has pointed out, expanding their practice beyond their training should come under the supervision of clinical experts within general practice teams, in residential aged care, and – as the Grattan report recommends – in Aboriginal community-controlled health services, with shared records and shared accountability.[9]

AMA SA holds that there is no evidence that patients are safely served by pharmacists providing episodic, protocol-based diagnoses for patients who present with symptoms that could be attributable to a variety of causes. At the same time, asking a pharmacist to diagnose a condition without the training to do so asks them to carry unnecessary clinical risk.
It is our position that expansion should multiply a team's capability, not redistribute and possibly multiply its risk.

Comparing training requirements

AMA SA has repeatedly raised concerns that the limited training a pharmacist is required to undertake to prescribe the medications currently included in the legislation is not sufficient to diagnose the relevant conditions.

As most recently outlined in the Federal AMA submission to the Pharmacy Board public consultation on Endorsement for Scheduled Medicines for Pharmacists,[10] state programs require a pharmacist to complete an approved program of study of 700 to 800 hours, including 120-150 hours of clinical experience, compared with the 5,000 or more hours of clinical training most doctors will have undertaken upon general registration.

[9] Breadon et al. (July 2026)
[10] https://www.ama.com.au/articles/submission-pharmacy-board-consultation-endorsement-scheduled-medicines-pharmacists (June 2026)

AMA SA has also received no response to its question of whether the government and employers have addressed the issue indemnity for pharmacists who while following current training and care provision requirements misdiagnose or otherwise provide inappropriate care for a patient.

Other AMA SA concerns – as also outlined in the Federal AMA submission[11] - include:

- impacts of antibiotic overuse and/or misuse on antimicrobial resistance, which the WHO considers one of the biggest health threats to the global population
- the conflict-of-interest consideration that arises when pharmacists are prescribing the medications they are selling
- risks to patient safety when the prescribing pharmacist does not have access to or knowledge of the patient's medical history.

Conclusion

AMA SA supports workforce reform, pharmacists working to their scope of practice within comprehensive care services, and improving patients' access to care. However, AMA SA cannot support expansion of an untested program with governance built retrospectively as government decision-making leads to expanded pharmacy services. The South Australian Government now has independent, national confirmation of the standard it should meet – that is, to fund what is proven, trial what is promising through rigorous national evaluation, and publish the results. Until South Australia's expansion meets that standard, further extension of pharmacist prescribing scope remains premature and has the potential of increasing patient and population risk.

Recommendation to AMA SA Council

AMA SA Council is asked to ratify the following recommendation:

That AMA SA calls on the Minister for health and Wellbeing, the Department for Health and Wellbeing and the Office of the Chief Pharmacist to:

- publish the full clinical governance framework of existing pharmacy prescribing programs – including credentialing, re-credentialing, mandatory incident reporting, GP notification and escalation pathways – and before any expansion beyond the current programs
- release the curriculum and competency assessment standards for all approved AQF8 prescribing programs, mapped explicitly to the diagnostic depth the included conditions require
- commission and publish an independent evaluation of the UTI and other prescribing programs with pre-specified safety endpoints, comparison against GP-managed cohorts, and mandatory public reporting, before further expanding scope of practice
- align South Australia with a national trial of a consistent governance framework, rather than adding to fragmented state-based programs that independent analysis has found are not cost effective[12]

[11] AMA (June 2026)
[12] Breadon et al (July 2026)

- adopt standing conditions of participation – antimicrobial stewardship standards, GP notification for higher-risk prescribing, and data-linkage to emergency department presentations – within an independent quality and outcomes monitoring framework
- invest in the proven model, with pharmacists integrated within general practice and Aboriginal community-controlled teams, as the first call on new funding for expanded pharmacist roles.

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Postal: PO Box 685 Fullarton SA 5063
Phone: (08) 8361 0100
ABN 91 028 693 268
Level 1, 175 Fullarton Road, Dulwich SA 5065
Email: admin@amasa.org.au Website: ama.com.au/sa