



**CHF**

Australia's  
Health Panel

## RESULTS

# Results of Australia's Health Panel survey on pharmacy prescribing

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Consumers Health Forum of Australia (2023)  
*Results of Australia's Health Panel survey  
on pharmacy prescription,  
Canberra, Australia*

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# Introduction

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In recent months, the [New South Wales](#), [Victoria](#) and [Queensland](#) governments announced plans to expand the scope of care provided by community pharmacists<sup>1</sup> to include limited prescribing for some medications.

Under current primary healthcare processes, medication prescriptions can generally only be issued by specific doctors, such as general practitioners (GPs). This is so that the risks and benefits of the medication can be considered within the full context of each consumer's health status and needs.

However, given demands on the general practitioner system, including falling rates of bulk billing and difficulty accessing GPs in rural and regional areas, the state governments' plans are examples of ways for consumers to access this health care.

So, for the December 2022 Australia's Health Panel survey, we asked consumers for their views on community pharmacists issuing medication prescriptions

*It's a great idea. They are highly trained professionals with a strong public interface and are highly trusted by consumers. They also generally have good IT skills and access to overview of consumer medications so plenty of scope to play a broader role in managing illnesses in the community alleviating practitioner shortages in other disciplines and potentially the pressure on hospital services too.*

*– AHP Panellist*

*It is a lazy solution to the lack of GPs and the impact of corporate general practice and its consequent promotion of "6 minute medicine".*

*– AHP Panellist*

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<sup>1</sup> A 'community pharmacist' refers to a pharmacist that provides a healthcare service via a pharmacy or chemist located in the community, such as a pharmacy in a suburb's "local shops". This is in contrast to a pharmacist who provides a healthcare service in a specific facility, such as a 'hospital pharmacist' who works in a hospital.

# Demographics

For this survey, 131 panellists participated, of whom 78% identified as female. A minority (14%) were aged 18-45 years, with most aged 46-65 years (43%) or 66+ (42%). Panellists came from across every state and territory (see Figure 1) and mostly lived in major cities of more than 250,000 people (66%). Panellists reported being generally healthy, with only 12% reporting they were in poor health, while most reported they were in good (39%) or excellent (13%) health. Additionally, 2% identified as Aboriginal or Torres Strait Islander, 4% as LGBTIQA+, 6% as culturally or linguistically diverse, 14% as a person with a disability, 13% as a person with a mental health experience and 28% as a person living with a chronic illness.

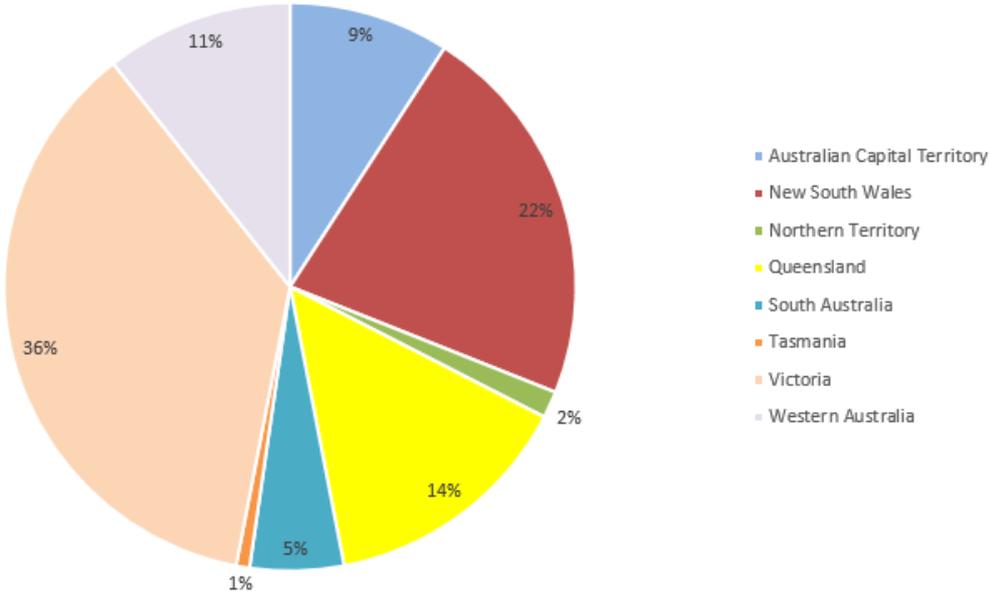


Figure 1- State of residence of participating panellists

*There is a greater need for rural and remote pharmacists to have a broad range of practice. It would be useful for [consumers] to have a "backup" in terms of someone they can contact if they have concerns.."*  
– AHP Panellist

# New prescriptions

When asked whether they thought that community pharmacists should be able to issue *new* prescriptions for medication to consumers, a majority of panellists (71%) thought they should. However, most of those believed it should be limited to specific circumstances, i.e. not full and unconditional prescribing powers (see Table 1).

*Table 1- Panellist views as to whether community pharmacists should be able to issue new prescriptions*

Do you think that community pharmacists should be able to issue NEW medication prescriptions?	% selected
Yes	18%
In some circumstances	53%
No	26%
Unsure	3%

When asked to elaborate on why they thought community pharmacists should or shouldn't be able to issue new medication prescriptions, several recurring themes emerged.

For those who thought pharmacists should be able to, they noted the following.

- Pharmacists are the 'medication experts', who have specific training in understanding the effects of medicines and interactions between them.
- Pharmacists are often a first point of call when people have health questions/issues; if pharmacists could do some prescribing it would make the system for efficient for people and providers.
- It would allow consumers to get needed medications faster, as there is often a long wait time to get an appointment with a GP.
- It would be cheaper, as it was one less appointment needed for the consumer to take, not only for the appointment itself (which may or may not be bulk billed) but also in terms of time, travel etc.
- It could benefit the system, freeing GPs to see people with more complicated health needs sooner.
- As with other health care providers, many consumers have "their pharmacist" who they go to for all their medication needs. That provider can become familiar with the person and offer long term health care and health management.

*Most pharmacists have a better understanding of drugs and in particular the interaction of drugs than many GPs. I have no problem with pharmacists issuing new prescriptions with a few provisos - they are aware of what other drugs the person is taking and the medication is for minor complaints*

*- AHP Panellist*

For those who thought that pharmacists should not be able to prescribe new medications, recurring reasons included:

- pharmacists don't have the training, skills or tools (e.g. consulting rooms, ability to order diagnostic testing) needed to diagnose a health issue. They are trained on drugs specifically, rather than the human body more broadly. That risks diagnoses being missed
- pharmacists do not have enough access to, and understanding of, consumers' overall health history, risking the wrong diagnosis being made and the wrong medication given
- there is a conflict of interest in having the prescribing and dispensing done by the same person, by adding a financial incentive to prescribe
- It would undermine the "checking of medications" function pharmacists currently perform, being a second medical professional who can assess GP prescriptions.

*A pharmacist isn't qualified to assess the full context of a persons health. Also there is a conflict with a single provider both prescribing and selling drugs, which is the reason doctors and pharmacists are separate.*

*- AHP Panellist*

For those who were unsure the three common reasons cited were:

- unfamiliarity with training pharmacists already have or would receive to being able to diagnose illness and conditions accurately
- uncertainty with how it would practically work, e.g. would it be a set '6-minute consult' as with a GP, pharmacists' access to their patients' history and broader health information
- a lack of clarity around how pharmacists prescribing would be incorporated into the larger clinical quality and governance systems, to ensure that people get the healthcare they need with minimal errors.

*It is quite a radical concept for our system as it stands so I'd need to learn more before giving a definitive answer for or against the proposal. I'm not sure what the comparison is between the training and education pharmacists get in identifying illness/disease etc as opposed to the medical training and focus GPs get.*

*- AHP Panellist*

## New prescription circumstances

There was no consensus amongst panellists of the circumstances pharmacists should be permitted to prescribe new medications.

Four pharmacist prescribing scenarios were put to panellists. While the overwhelming majority (95%) did not think pharmacists should be able to issue any new prescriptions, only around half of panellists supported pharmacists being able to prescribe in the other three scenarios (see Table 2)

Table 2- Circumstances where a pharmacist could issue a NEW prescription

What circumstances, if any, do you think community pharmacists should be able to issue NEW medication prescriptions?	% selected
Pharmacists should be able to issue any prescription, just like a General Practitioner	5%
Pharmacists should be able to issue prescriptions for health matters that are short term e.g. antibiotics for an infection	52%
Pharmacists should be able to issue prescriptions for health matters that are long term e.g. contraceptives, medications for a chronic illness	40%
Pharmacists should only be able to issue prescriptions to people who regularly or only use their pharmaceutical services i.e. people whose health they are familiar with	42%
Other (please specify)	17%
None- no circumstances	18%

When given the opportunity to express in free text the circumstances in which pharmacists should be allowed to prescribe medications, recurring responses included the following.

- A narrow, preset list of scenarios, like Nurse Practitioners
  - o Minor complaints, seasonal illnesses, long term conditions or recurring needs e.g. contraceptives, chronic illness, asthma
  - o "Obvious" infections that can readily be diagnosed on site (i.e. without needing extra testing such as pathology) e.g. skin infections, eye infections, UTIs, migraines, shingles, COVID, etc
  - o When the medication is known to be low risk, having no known adverse reactions or interactions.
- When filling a gap in the broader health care system
  - o Short term to fill a gap, e.g. before GP can be seen, to treat an acute problem
  - o In an urgent situation or an emergency
  - o In a situation/location where GPs are not available, e.g. after hours, in rural locations, etc
- In conjunction with some broader structural changes to the health systems
  - o Where specific additional education, training and accreditation is required, similar to nurses becoming 'nurse practitioners'
  - o If pharmacists have dedicated consultation appointments and rooms to interact with the consumer, learn issue/illness and determine the prescription i.e. not a rush 30 seconds on the shop floor.

- If prescriptions are a separate service with sufficient staffing, not causing general delays in filling prescriptions or other pharmaceutical services
- If consumers can “register” as long term clients of the pharmacy, so the pharmacists can learn and monitor their long term health
- If the financial aspects of prescribing are fully separated from the financial aspects of dispensing
- Having linked health records, including via MHR, that can prevent consumers getting multiple prescriptions for the same condition from multiple different pharmacists, that allow for the pharmacists to see and understand consumers’ overall medical history (e.g. other prescriptions, pathology results, etc) and notifies GPs of new prescriptions.

Common themes from panellists on circumstances pharmacists should *not* be able to issue new medication prescriptions, included:

- anything that was new and not related to a pre-existing condition, diagnosis or health need
- anything that was too complex to be diagnosable on site e.g. needing blood tests
- anything involving pain medications or opiates, e.g. morphine
- anything that required antibiotics where there were concerns about resistances and ‘superbugs’
- medications that are ‘high risk’, such as those that are addictive or need careful monitoring of dosage due to potential adverse effects.

*Anything they are adequately trained to recognise especially when access to medical care is not readily available. Morning after pill and RU486 should be within their scope to prescribe. Maybe initial scripts for contraception with encouragement to follow up with a medical practitioner.*

*- AHP Panellist*

### *New prescription limitations*

Most panellists (74%) who thought that pharmacists should have prescribing powers also believed that there should be a limit to the number of new prescriptions that can be prescribed before the consumer needs to have a general medication and health check with their GP.

Many panellists were reticent to put a specific number on the broad limit, instead noting that the limit would likely need to be variable based on the specific condition being treated with medication and the circumstances, and that those variable limits should be decided by a larger group of medical experts. Those panellists who did put a specific number, the majority (90%) believed it should be in the range of one to three prescriptions, after which the consumer should see a GP. This indicated a view that new prescriptions via pharmacy should not be a long-term replacement for getting required medications from a GP (see Table 3).

Table 3- How many NEW prescriptions panellists believe a pharmacist should be able to issue before the consumer needs to see a GP.

If you think there should be maximum number of NEW prescriptions a community pharmacist can provide to a consumer before the consumer needs to have a general medication/health review check up with their GP, what should it be?	% selected
1	40%
2	23%
3	27%
4	2%
5	5%
6+	3%

In contrast, panellists were less supportive of an equivalent time-based limit for pharmacists prescribing new medications, after which consumers would need a general medication and health check with their GP. Only 50% of panellists supported the proposition, with a broad range of time frames offered as the limit – from as little as 14 days to as long as two years, though most (71%) fell somewhere between 6-12 months. Though panellists again noted that a broad, universal limit was difficult, with a need to vary depending on the medication prescribed – with medical experts best placed to understand which medications need prompt review by a GP and which could be deferred until their general health check.

Table 4- How much time panellists believe can pass since last G.

If you think there should be a limit to the amount of time since your last GP appointment during which a community pharmacist can issue a new prescription, what should it be?	% selected
Under 3 months	9%
3-6 months	16%
6-12 months	71%
Over 12 months	5%

*Hard to be specific, it would depend on the individual. Someone elderly, or someone with multiple health problems would need to have been reviewed by the medical practitioner more recently than a young fit person who for example cut themselves and needs antibiotics because the wound is infected*  
 - AHP Panellist

## Summary

Overall, these results suggest consumers see a dual purpose for pharmacists to prescribe and dispense new medications to consumers, where the two purposes have different functions and conditions.

The first purpose is that people get quick treatment for urgent or low risk conditions that can be reliably diagnosed on site. In those cases, pharmacists should be enabled to provide a small number of new prescriptions to consumers. Consumers would then need to attend a GP or medical practitioner to get further treatment. For example, this approach would suit a migraine or skin infection.

The second purpose is to manage long term medical or health conditions that are unlikely to change. In these case pharmacists would prescribe medications as needed, providing records and details of the prescriptions can be accurately provided to consumers' GPs or other medical practitioner for their next regular appointment.

Both of these purposes, but particularly the first, would be moderated by the availability, accessibility and affordability of GPs or other medical practitioners. In locations that have a low number of GPs, such as rural and remote locations, pharmacists should have greater capacity to prescribe than in areas well serviced by GPS.

Additionally, consumers want changes to both pharmacist training (to ensure appropriate diagnostic skills) and pharmacy construction/operations (to ensure they have facilities to consult).

*I think pharmacists are highly trained in this area and should be able to prescribe medications within some parameters. This could also be managed if the GP cannot see the client, but can collaborate with the pharmacist, particularly in regional areas.*

*– AHP Panellist*

## Repeat prescriptions

Panellists were even more strongly in favour of pharmacists being able to issue repeat prescriptions than to initiate prescriptions, with 90% support overall and nearly half of panellists supporting pharmacists being able to do this with no restrictions based on circumstance.

Table 5- Panellist views as to whether community pharmacists should be able to issue repeat prescriptions

Do you think that community pharmacists should be able to issue REPEAT medication prescriptions?	% selected
Yes	49%
In some circumstances	41%
No	9%
Unsure	1%

When asked why they believed community pharmacists should be able to issue repeat medication prescriptions, recurring responses from panellists included the following.

- The patient assessment and diagnosis has already been completed, so having the 'medication experts' (i.e. pharmacists) continue the same treatment is reasonable, especially if the patient has been using the medication for some time.
- It is clogging up GP appointment slots to just get a repeat script issued, especially when it is a recurring thing like a chronic illness medication or a contraceptive that doesn't vary for long periods.
- It is wasting people's time and money to go see a GP for a repeat, as the appointments are often just a 'tick and flick' exercise.
- It gives consumers a greater ability to get their needed medicines quickly, particularly with increasing waitlists for GPs, longer opening hours for pharmacists and greater general presence of pharmacies, e.g. in rural areas.
- Digital records linkage, such as via MHR, allow for GPs to be informed of these repeat prescriptions

*It is such a waste of GP's time writing repeat, long term prescriptions. Especially if they can only be prescribed monthly. Most GP's are happy to see you quarterly to chart progress unless the condition requires a more regular check-up. Otherwise, we troop in every month to get repeat prescriptions year after year with no need to see the GP.*

*– AHP Panellist*

When asked why they believed community pharmacists should *not* be able to issue repeat medication prescriptions, recurring responses from panellists included the following.

- Pharmacists aren't qualified or trained to review peoples' overall health, so may not identify when a change in medication is needed.
- It is better to keep it with GPs as the overall centre of health care, GPs are more likely to be aware of alternative and new medications or treatments that might be more effective for their patients .
- Pharmacies simply don't have the necessary facilities for a consultation to review medications and determine the appropriate repeat.
- There is no need for this service to meet – if people urgently need medication they can go to an emergency department, while for non-urgent medication, they can schedule an appointment with a GP.

*There is a risk people will stay on medications they no longer need and or not effective. There is the potential to increase health care costs through overservicing.*

*A pharmacist/pharmacy assistant may see a person, not know what to do and refer the person to their GP –creating delays in treatment. A pharmacist/pharmacy assistant may see a person, not know what to do and prescribe something wrong for the person –potentially putting the person at risk.*

*– AHP Panellist*

### *Repeat prescription circumstance*

Regarding the circumstances pharmacists should be permitted to prescribe repeat medications, the general consensus amongst panellists appeared to be 'long term circumstances'. Half or more panellists supported it for long term health matters or when pharmacists have long term relationships with the consumers (see Table 6). In open text responses, panellists explained that long term conditions were consistent enough that getting repeat scripts direct from pharmacists would be low risk, while pharmacists with a long term relationships with consumers could identify if consumers' health status warranted a GP visit rather than a repeat prescription.

Table 6- Circumstances where a pharmacist could issue a REPEAT prescription

What circumstances, if any, do you think community pharmacists should be able to issue REPEAT medication prescriptions?	% selected
Pharmacists should be able to issue any prescription, just like a General Practitioner	20%
Pharmacists should be able to issue prescriptions for health matters that are short term e.g. antibiotics for an infection	36%
Pharmacists should be able to issue prescriptions for health matters that are long term e.g. contraceptives, medications for a chronic illness	60%
Pharmacists should only be able to issue prescriptions to people who regularly or only use their pharmaceutical services i.e. people whose health they are familiar with	50%
Other (please specify)	10%
None- no circumstances	9%

In addition to the above, panellists elaborated on circumstances or conditions in open text responses that they believed would make made it appropriate for pharmacists to issue repeat medication scripts.

- If there was a maximum limit to how many repeats could be issued by pharmacists before consumers must visit their GP for a review.
- If the digital records were linked between pharmacist, GP and MHR, allowing GPs to keep informed of any repeat prescriptions issued and also 'flag' in the system when health review appointments were needed to stop further repeats.
- If repeats could only be issued for medications that didn't require close monitoring or dosage management.
- If antibiotics or anything that can be addictive (e.g. pain medication) were excluded and required attending a GP or medical practitioner.
- Where the prescribing pharmacy/pharmacist had to be different to the one who would dispense it, to avoid financial conflicts.
  - o Noting this may conflict with the desire for it to be the consumers "regular pharmacist" who knows their patient history and may not work in rural communities, where there is only one pharmacist and no GP.

*Only way I can see this being done would be for people who had proof of a long term or chronic condition being able to apply for a prescription to be issued where they had lost their repeat prescription for some reason and/or the pharmacist was able to contact their GP for validation of the medication.*

*There would need to be a definite record that was accessible by everyone that showed the number of times any medication prescription is issued, as any visits to GPs would need to be available as well so that a person's health could be monitored properly for underlying issues that can't be diagnosed easily.*

- AHP Panellist

## Repeat prescription limitations

In contrast to *new* prescriptions, a majority of panellists thought that there should be a limit to the number of repeat prescriptions consumers can get from pharmacists (64%) and a limit to the time since a GP prescription in which pharmacists can issue repeats (68%).

From the open text responses where panellists detailed the specific limits they thought there should be, a common theme was that a blanket limit would be inappropriate and that limits would vary based on the specific medication, as well as consumers' overall health and medication needs.

However, within that same two broad positions emerged as to how limits on repeat prescriptions should work. When limiting the number of repeat prescriptions that could be issued, most (86%) saying somewhere in the range of 1 to 3 repeats. And when limiting the amount of time in which repeat prescriptions could be issued, most (69%) thought it should be in the 6-12 month range.

If you think there should be maximum number of repeat prescriptions a community pharmacist can provide to a consumer before the consumer needs to have a general medication/health review check up with their GP, what should it be?	% selected
1	40%
2	27%
3	22%
4	2%
5	4%
6+	5%

If you think there should be a limit to the amount of time since your last GP appointment during which a community pharmacist can issue a repeat prescription, what should it be?	% selected
Under 3 months	9%
3-6 months	13%
6-12 months	69%
Over 12 months	9%

## Summary

Overall, these results suggest consumers broadly see the same dual purpose for pharmacists to issue prescription repeats to consumers as prescribe new medications to consumers, where the primary difference is that a larger majority of consumers support pharmacists issuing prescription repeats as a general concept, due to the nature of repeats not being new diagnosis and medications.

Additionally, from the open text responses, the framing of inclusions/exclusions for pharmacist issued repeats appears to be reversed. Consumers framed the issue of new prescriptions as only by limited exception, i.e. pharmacists *can't* provide new prescriptions, *except* for specific circumstances such as low risk or diagnosable on site. However, for repeats they appear to view pharmacists issuing prescription repeats as acceptable, *except* by limited exceptions, i.e. pharmacists *can* issue prescription repeats, *except* in specific circumstances like the medication being addictive or needing close dosage monitoring.

*I think this is definitely a place for Pharmacist here. If a patient is just needing a repeat prescription and the GP has not flagged the need to see them for a review AND the patients condition has not changed then I think there is definitely a scope here. This is for chronic diseases, birth control, etc.*

- AHP Panellist

## Broader views

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Panellists overwhelmingly reported that they would personally get a medication prescription from a community pharmacist, particularly repeats, with only 10% definitely saying they would not (see Table 6).

*Table 7- Panellists views on personally seeing a pharmacist for a medication prescription*

Would you get a new or repeat prescription from a community pharmacist?	% selected
Yes, both	56%
Yes, new prescription only	1%
Yes, repeat prescription only	28%
No	10%
Unsure	5%

Most panellists (71%) also believed that prescriptions issued by community pharmacists should be eligible for bulk billing, which is consistent with to broader issues and recent discussions about affordability of health care.

When asked about what opportunities they thought could emerge from changing how prescriptions function in Australia, panellists raised the following.

- Pharmacist prescriptions could be used to aid medication accessibility while consumers are travelling and cannot see their regular health providers.
- Along with increasing prescription pathways, the amount of medication in a prescription and how many repeats can be issued along with the initial prescription should be reviewed.
- Greater integration of medication records between GPs, pharmacists and MHR could make it easier for both consumers and providers to easily track multiple prescriptions and holistically monitor consumers' health.
- Consumers could be able to 'register' at a specific pharmacy in order to be able to access pharmacist prescriptions, or a larger range of pharmacist prescriptions, which could tie into other provider registration such as the "Voluntary Patient Registration" with GPs, proposed in the Strengthening Medicare Taskforce report.
- Integrating formal PROMs and PREMs into the prescription process could provide valuable insights into which medications and treatments actually work, moving away from a system that presumes that dispensing a medication or treatment results in a successful outcome.

However, panellists noted that there were some broader risks and issues that needed to be considered beyond just the direct effects on prescription pathways:

- It could expand the potential risk of 'doctor shopping', that is a person visiting multiple providers aiming to get a desired diagnosis and treatment .
- Increased avenues of prescription could increase overprescribing medications.
- It risks being a 'band aid' solution to the larger issue of decreasing availability and affordability of GPs, which needs to be addressed urgently.

- There could be data security and patient privacy concerns in managing and securing information between the different linked medical record systems.
- A change to prescription pathways will need a broad consumer education campaign so that people, particularly those with low health literacy or other accessibility barriers, understand what pharmacists can and cannot do.

*There should be a central register so that patients do not pharmacy shop, thereby opening up the possibility of multiple scripts, drug interactions or double dosing because a different brand of the same drug is prescribed by different pharmacists.*

*- AHP Panellist*

*The real problem is not enough GPs. The danger is whether the problem will just be shifted to pharmacies. I use a small local pharmacy which has a regular clientele of people with complex health issues. The pharmacists and other staff are often asked for advice on over the counter medications, supplements etc and this takes time which can result in a long wait for other customers. If the pharmacist takes on issuing prescriptions, this will add to the demands on them and could exacerbate the waiting problem.*

*- AHP Panellist*

## Conclusion

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In summary, this Australia's Health Panel survey found that consumers are largely in favour of pharmacists being given some prescribing powers within the Australian healthcare system, particularly with "repeat" prescriptions.

Panellists broadly identified two scenarios where they believed pharmacists should issue medication prescriptions. The first was medications within a narrow range of 'low risk, low variance or long term' uses, particularly for repeat medications. The medications that fall within this narrow range, and requirements for general reviews or GP checks would vary and should be determined by medical experts.

The second acceptable scenario was where pharmacists could be used to fill a gap within the broader health system to ensure medication was affordable and accessible to consumers. This could include after hours or in rural areas where GPs have limited availability. In this scenario, a much broader range of prescribing could be done by pharmacists. This could include ensuring a consumer had no gap in medication and to treat short term or urgent issues. However, panellists thought that, in this scenario, consumers should only be able to get a small number of these prescriptions before having to have a consultation with a GP or other provider.

In both scenarios, panellists believed that more communication between pharmacists and other providers were needed, in particular through more integrated electronic records, to ensure that consumers' overall healthcare could be managed safely with the increased prescription options. There were also some specific circumstances where pharmacists should not be able to issue prescriptions at all, such as for antibiotics and addictive pain medications.

This survey focused on pharmacists working in a retail or community setting as the State Government trials were done in that setting. Depending on the direction of future policy discussions on this issue, further research should be done to see if people's views changed if the pharmacists were co-located in a general practice or a residential aged care facility.

The results of this research will inform our advocacy and partnerships around ensuring all health professional are able to work up to the top of their scope of practice to ensure more effective and efficient use of valuable workforce resources .

The Consumers Health Forum of Australia would like to thank all panellists for giving up their time to participate in this survey. Any questions about this survey and its findings can be directed to [info@chf.org.au](mailto:info@chf.org.au).

*"Each time a patient consults their pharmacist, they are obtaining prescribed advice - a prescription for their needs. If someone had a headache, the advice may be to drink more water and rest, and if the headache remained, have a simple analgesic. If the same person went to see a GP, they'd likely get the same prescribed advice.*

*Pharmacists are already offering a form of prescription, expanding the range of medications they can utilise will help ensure people have access to the best*

*possible care. People who are not comfortable with using a pharmacist for this advice can always continue to see their GP for health needs.*

*GP fees have gone up and up, and yet it is becoming increasingly difficult to see them and the level of service is declining so it makes sense to have pharmacists support them in this manner."*

*– AHP Panellist*