



Pharmacy Barometer

2024

Contents

Background

The growing landscape of community pharmacy in Australia

The UTS Community Pharmacy Barometer™

Methodology and analysis

Members of the UTS Community Pharmacy Barometer Expert Panel

Executive Summary

Expected value of the pharmacy

Confidence in the future

UTS Community Pharmacy Barometer™

Impact of the 60-day dispensing policy

Strategies implemented as a result of the 60-day dispensing

Impact of the 8th Community Pharmacy Agreement (8CPA)

Impact of the extended scope of practice

Conclusions

Background

UTS Pharmacy

Established in 2011, UTS Pharmacy is an innovative and dynamic school designed to meet the evolving needs of the pharmacy profession. As the founding discipline of the UTS Graduate School of Health, it delivers cutting-edge, practice-based pharmacy education and high-impact research that enhances the quality use of medicines.

The School takes pride in its student-focused, career-oriented approach, attracting highly motivated individuals seeking to become leaders in pharmacy services and management. Over the years, UTS Pharmacy has gained a strong reputation as the preferred program for graduates aspiring to register as pharmacists or advance in pharmaceutical industries.

UTS Pharmacy offers three Master's degrees by coursework, two leading to be eligible to register as a pharmacist; the Master of Pharmacy and Master of Pharmacy (International), and one catering to professionals in pharmaceutical manufacturing and regulatory affairs, the Master of Good Manufacturing Practice.

With a commitment to producing career-ready graduates, UTS Pharmacy integrates problem-based learning, simulated environments, and interdisciplinary workshops to bridge theory with real-world application. Students also have access to a diverse range of

interdisciplinary electives, allowing them to tailor their learning to suit their career goals.

The Graduate School of Health is a leader in research, particularly in designing, evaluating, and implementing innovative community pharmacy business and professional practice models. Our collaborative, practice-oriented research has a direct impact on the profession, driving improvements in medicine use and shaping health policy.

IQVIA

IQVIA (NYSE:IQV) is a leading global provider of advanced analytics, technology solutions and clinical research services to the life sciences industry. IQVIA creates intelligent connections across all aspects of healthcare through its analytics, transformative technology, big data resources and extensive domain expertise. IQVIA Connected Intelligence™ delivers powerful insights with speed and agility – enabling customers to accelerate the clinical development and commercialization of innovative medical treatments that improve healthcare outcomes for patients. With approximately 86,000 employees, IQVIA conducts operations in more than 100 countries. Learn more at www.iqvia.com

Australian Journal of Pharmacy

The *Australian Journal of Pharmacy* is Australia's leading independent source of pharmacy news, views, education and information. Their team of journalists and expert commentators provides the latest information that's relevant to pharmacists in all sectors – whether community, hospital, clinical, academic or industry.

The *AJP* is the only pharmacy news source accessible across all the following media:

- **Print** – via their monthly journal (the oldest continuously-published publication of any type in Australia)
- **Digital** – with their industry-leading daily email newsletter, website updates, and the *AJP* e-mag
- **Social** – through their sector-leading Facebook and Twitter feeds
- **Video** – giving more in-depth access to leading pharmacy news-makers and information

Added to this, their growing range of CPD-accredited education offerings helps pharmacists meet their continuing professional education (CPE) commitments. The *AJP*'s CPD courses are available in both print and digital formats.

The growing landscape of community pharmacy in Australia

As of November 2024, there are 5,935 community pharmacies in Australia. Community pharmacies represent the most frequently accessed health destination, with over 443.6 million individual patient visits annually. On average, a person visits a community pharmacy 18 times per year, whether in metropolitan, rural, or remote locations¹. Community pharmacies play a pivotal role in providing primary healthcare and delivering a range of services to the community.

The Eighth Community Pharmacy Agreement (8CPA) was introduced on 1st July 2024 and is due to expire in June 2029. It represents a \$26.4 billion agreement over the five-year period compared to the \$18.3 billion agreement included in the 7CPA. The 8CPA comprises \$24.6 billion in pharmacy remuneration for dispensing Pharmaceutical Benefits Scheme (PBS) subsidised medicines, \$1.3 billion for selected professional pharmacy programs, and \$589 million for other policy commitments, including a \$1 reduction in co-payments to patients². The professional pharmacy programs administered under the 8CPA include³:

- MedsCheck and Diabetes MedsCheck
- Dose Administration Aids Program
- Indigenous Dose Administration Aids Program
- Staged Supply Program
- Regional Pharmacy Maintenance Allowance Program

Community pharmacists are increasingly recognised as essential contributors to primary healthcare, with State governments expanding their scope of practice⁴. New pharmacy-led services, such as managing uncomplicated urinary tract infections, are now standard practice in six Australian states and territories. Other services, including the management of acute conditions (e.g. allergic and nonallergic rhinitis or impetigo) and chronic conditions (e.g., asthma), are being piloted or planned for future implementation. Consequently, the trend of utilising community pharmacies and pharmacists to deliver primary healthcare is expected to gain further momentum, significantly impacting the profession at both state and national levels.

The most important issue affecting community pharmacy remuneration was the introduction of 60-day dispensing during the period 7CPA agreement. The 60-day dispensing measure allows the dispensing of a 60-day supply of prescriptions for certain medications for eligible patients instead of the standard 30-day prescriptions. To receive such a prescription, patients must live with an ongoing health condition, be assessed by their prescriber (medical practitioners, nurse practitioners, and optometrists) as being stable on their current medication, and have discussed their medication with their prescriber. This prompted an early negotiation of the 8CPA where the Pharmacy Guild Australia attempted to reduce the impact of the 60-day dispensing policy. This Pharmacy Barometer™ 2024 seeks the profession's views of the impact of the 8CPA and its possible mitigation of the effects of the 60-day dispensing policy.

¹ The Pharmacy Guild of Australia. 2024. Vital Facts on Community Pharmacy. https://www.guild.org.au/_data/assets/pdf_file/0028/132994/PharmacyGuild-Vital-facts-on-Community-Pharmacy-November_v2.pdf Accessed 30 Mar 2025.

² The Pharmacy Guild of Australia, 2024, <https://www.guild.org.au/programs/8cpa>, Accessed 15 Apr 2025.

³ Australian Government Department of Aged Care, 2024. Eighth Community Pharmacy Agreement (8CPA), Accessed 15/04/2025.

⁴ The Pharmacy Guild of Australia. 2025. The Role of Community Pharmacy in Primary Health Care. 2025. <https://www.guild.org.au/programs/scope-of-practice> Accessed 30 Mar 2025.

The UTS Community Pharmacy Barometer™

UTS Pharmacy developed the Community Pharmacy Barometer™ in response to industry challenges and perceived gaps in knowledge about the impact of policy and practice changes on community pharmacy businesses and professional practice. The UTS Community Pharmacy Barometer™ is the first independent comprehensive research tool available to all the stakeholders in the Australian Pharmacy industry designed to track the confidence, perceptions and opinions of pharmacy owners and employees. On an annual basis the UTS Community Pharmacy Barometer™ tracks the perceptions of the viability of the pharmacy business, the profession, and opinions of the impact of the coming changes on the current and future value of pharmacies as well as researching in depth a key topic at each wave. Fieldwork for this 14th Barometer data was collected in October-November 2024.

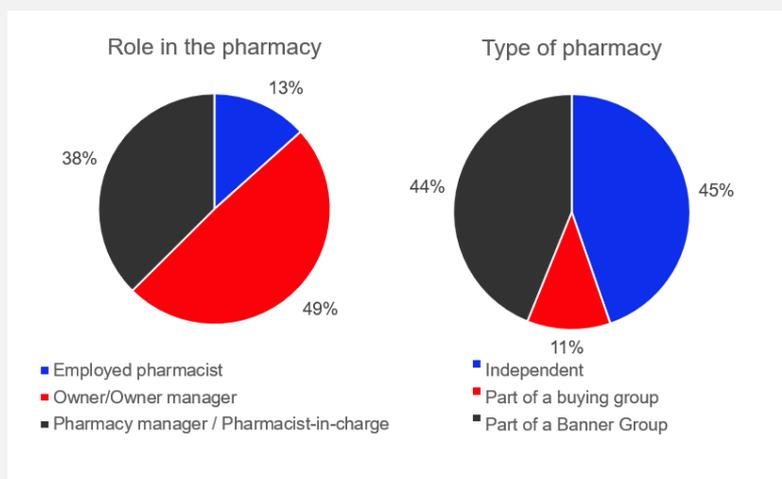
The expert panel comprises UTS Graduate School of Health Head of Pharmacy and Professor of Pharmacy Practice Professor Kylie Williams, UTS Pharmacy Industry Fellow John Montgomery, Pharmaceutical Society of Australia (PSA) Board Director Warwick Plunkett, former PSA National President John Bell, Emeritus Professor Shalom (Charlie) Benrimoj, Dr Victoria Garcia-Cardenas, and AJP Editor Chris Brooker.

Methodology and analysis

The questions were designed to assess the confidence of pharmacists in their business in the short (one year) and medium-term (three years). Since the inaugural study proceeding reports have continued to focus on the specific range of services offered within community pharmacy, the evolution of a pharmacists' scope of practice, the implications of Community Pharmacy Agreements (CPA) both professionally and economically and pharmacist wages in the community pharmacy environment. In this the fourteenth wave of the Barometer™ (2024) there is an additional focus on the pharmacy staff and the scope of practice. The 2024 survey for UTS Community Pharmacy Barometer™ was created by UTS Pharmacy in collaboration with IQVIA and the University of Technology Sydney pharmacy expert panel.

Data collection occurred in October and November 2024, with an invitation to participate in the online survey emailed to the pharmacists on the IQVIA online panel (a sample from the panel of 1,000 pharmacists). Participants identified themselves as working in community pharmacy and were an owner or owner-manager (49%), pharmacist-in-charge/pharmacy manager (38%) or employed pharmacist (13%) (Figure 1). The previous sample in 2023 was different to other UTS Community Pharmacy Barometer™ samples due to the decision to include pharmacy managers/pharmacists-in-charge and owners/owner-managers only. This change was to facilitate the discussion of the new 60-day prescription supply policy and related measures implemented in pharmacies. However, the type of pharmacy in which the pharmacist worked (independent: 45%, banner group: 44% or buying group: 11%) (Figure 1) is similar to the previous 13th Barometer™.

Figure 1. Type of Pharmacy and Role in the Pharmacy (N=360)



The sample is quite similar in State distribution compared to the previous year with a majority of city rather than rural respondents (Table 1), and with New South Wales as the state with the largest number of respondents (35%, n=126) (Table 2).

A sample of 360 pharmacists were surveyed in 2024 in order to have $\pm 5\%$ marginal error with 95% confidence interval. Open-text questions were coded into themes to provide a concise summary of views and opinions.

Table 1. Location of respondent pharmacists in wave 13 (N=250) and wave 14 (n=360)

Location	Wave 13 (2023)	Wave 14 (2024)
Inner Regional Australia	15%	15%
Major Cities of Australia	76%	78%
Outer Regional Australia	7%	6%
Remote Australia	2%	1%

Table 2. State and Territory breakdown of respondent pharmacists in wave 13 (N=250) and wave 14 (n=360)

State of Territory	Wave 13 (2023)	Wave 14 (2024)
Australian Capital Territory	1%	1%
New South Wales	37%	36%
Northern Territory	0%	0%
Queensland	17%	15%
South Australia	9%	10%
Tasmania	3%	2%
Victoria	23%	26%
Western Australia	10%	10%

Certain questions were only offered to self-identified 'decision makers' (n=331; including 175 owners/owner managers, 129 managers/pharmacist-in-charge and 27 employed pharmacists), while others were analysed as crosstabs, to investigate potential relationships and themes.

Sub analyses were undertaken with location of the pharmacists to evaluate possible differences (most pharmacists, 78%, n=281, were located in major cities: 36% in New South Wales, 26% in Victoria and 15% in Queensland).

UTS Community Pharmacy Barometer™ - 2024

The UTS Community Pharmacy Barometer™ measure was derived from the following questions:

1. Do you believe the value of your pharmacy will increase, decrease, or remain the same in the next year?
2. Do you believe the value of your pharmacy will increase, decrease, or remain the same in the next three years?
3. On a scale of 1 to 10, where 1 is extremely pessimistic and 10 is extremely optimistic, how confident are you in the future viability of community-based pharmacy?

For each of the first two questions above, responses were assigned the following values:

Increase = 2
Remain the Same = 1
Decrease = 0

The sum of the values was calculated for each question and the sum divided by the total number of pharmacists who selected one of the three options for that question (i.e., an option other than 'not sure'). For the third question responses were assigned the following values:

Optimistic (rating of 8-10) = 2
Neutral (rating of 4-7) = 1
Pessimistic (rating of 1-3) = 0

The first two questions provided insights into the 'value' pharmacists

foresee for their pharmacy and the third gives an emotional insight into their confidence in the future. We used 'value' + 'emotional insight' = 'Pharmacy Barometer' as the basis for providing a 50% weighting to the two value questions and a 50% weighting to the emotion (pessimism - optimism scale) question. As the first question refers to 'next year' (more immediate) and the second to 'next three years' (further away, shadowed with uncertainty), it was decided to distribute the 50% weighting for 'value' as 35% for next year and 15% for three-year timeframes. The UTS Community Pharmacy Barometer™ incorporates these three weighted scores.

60-day prescriptions of PBS medicines

In addition to the Barometer™ measure questions above, additional questions were asked about measures implemented due to the 60-day dispensing policy.

1. At this time, how has your pharmacy's net profit been impacted by 60-day dispensing?
Increase / Decrease / Remain the same / Not sure
 - 1.1 If "Increase" or "Decrease": Please indicate how much you think your pharmacy's net profits have changed. [] % change
2. What strategies have you implemented in your pharmacy as a result of the government introduction of the 60-day dispensing prior to the signing of the 8CPA?
 - 2.1 Reduced the number of pharmacists employed or their hours? Yes / No
If "Yes": How many pharmacist hours per week in total have you decreased by? Pharmacist hours/week
 - 2.2 Reduced the number of pharmacy assistants employed or their hours? Yes / No
If "Yes": How many pharmacy assistant hours per week in total have you decreased by? Pharmacy assistant hours/week
 - 2.3 Decreased the number of professional services offered by the pharmacy? Yes / No
If "Yes": Which services have you removed?
 - 2.4 Increased the number of professional services offered by the pharmacy? Yes / No
If "Yes": Which services have you added?
 - 2.5 Charging for professional services previously offered for free? Yes / No
If "Yes": Which free services have you started charging for?
 - 2.6 Reduced the pharmacy opening hours? Yes / No

If "Yes": By how many hours per week? (i.e., if you use to open 100 hours/week and now you only open 60 hours/week, you have decreased by 40 hours/week)
Decrease of pharmacy opening hours/week (0-150)

2.7 Increased the product range in the pharmacy? Yes / No

If "Yes": Which additional products/categories have you included?

2.8 Increased prices for prescriptions (co-payment and/or private prescriptions)? Increased prices by applying a % increase / Increased prices by a fixed amount / Increased prices by another method, please specify / Did not increase prices

If "Yes" to any of the first three options for either co-payment or private prescriptions: What is the size of the increase?

3. Will the 8CPA encourage you to reverse any of these strategies adopted as a result of 60-day dispensing? Yes / No

If "Yes": Which ones? (Answer Yes / No, to the following statements)

Reduction in the number of pharmacists employed or their hours

Reduction in the number of pharmacy assistants employed or their hours

Reduction in the number of pharmacy services offered by the pharmacy

Increase in the number of services offered by the pharmacy

Charging for services previously offered for free

Reduction in the pharmacy opening hours

Increase in the product range in the pharmacy

Increase prices for private (non-NHS) prescriptions

Additional questions were asked about how the 8CPA may have affected community pharmacy both professionally and economically, and the perceptions of the different services offered through the pharmacists' scope of practice extension.

8th Community Pharmacy Agreement (8CPA)

1. To what extent has the 8CPA restored your confidence in the outlook for community pharmacies?
Not at all / Neutral / Completely
2. What is your level of satisfaction with the 8CPA on an economic and professional level?
Strongly dissatisfied / Neutral / Strongly satisfied
3. To what extent do you believe that the 8CPA will deliver improved economic performance and professional service support?
Not at all / Neutral / To a great extent

Scope of Practice

There has been much discussion at state and national level regarding pharmacists' scope of practice. To add to this debate, we would like your views.

1. What is your opinion on the expansion of pharmacists' scope of practice? (Answer Strongly disagree / Neutral / Strongly agree to the following statements)

Pharmacists' scope of practice should be expanded to include treatment of common conditions with an expanded range of prescription products available (e.g. UTI, URTI, reflux)?

Pharmacists' scope of practice should be expanded to include initiation of chronic disease therapy (e.g. hypertension, asthma)?

Pharmacists' scope of practice should be expanded to include maintenance of therapy in chronic diseases (GP-initiated)?

Scope expansion is necessary for the future economic viability of community pharmacy

Scope expansion is necessary for the future professional viability of community pharmacy

2. Has your pharmacy participated in any of the following scope of practice trials in your state?

Urinary tract infections (UTI)

Oral contraceptive pills (OCP)

Dermatology

Chronic diseases (Asthma, hypertension, COPD, etc.)

I have not participated in any trials – Why not?

If 'I have not participated in any trials' is selected - If you have not participated in any trials, why not?

3. For each option answered "Yes" in the previous question: Will you continue the service after the trial period? Yes / No

What will the likely service charge be?

Please explain why that level of charge has been chosen.

Members of the UTS Community Pharmacy Barometer Expert Panel



PROFESSOR KYLIE WILLIAMS

Head of Discipline Pharmacy, Graduate School of Health & Professor of Pharmacy Practice

Professor Kylie Williams is the Head of Pharmacy in the Graduate School of Health at the University of Technology Sydney (UTS). She is a registered pharmacist with over 25 years of academic experience in teaching and research. Kylie leads a research team focused on development, implementation, and evaluation of new models of pharmacy and health service delivery. In addition to her health service expertise, she has expertise in mixed methods research using both qualitative (focus groups, interviews) and quantitative research methods (questionnaires, pseudo-patient methodologies, actual use studies). She has published over 80 refereed papers, 9 major research reports and has co-authored over 90 conference presentations. Alongside her research expertise, Kylie is internationally recognised for her curriculum development. She has received a number of teaching grants and awards, has co-authored teaching-related peer-reviewed journal articles and two professional books, and has written over 80 educational articles for pharmacists. She was elected a Fellow of the Pharmaceutical Society of Australia in 2022.



JOHN MONTGOMERY

UTS Pharmacy Faculty

John Montgomery has 40+ years' experience in the pharmaceutical industry including the US, UK, Australia and Japan. John was CEO of Alphapharm and Regional Director, Asia Pacific for Merck Generics, and then President, Mylan Asia Pacific from 1999 to 2010. Since then, John was General Manager of Pfizer Established Products for Australia and NZ and then Managing Director of STADA Pharmaceuticals Australia. He spent 20 years with Warner Lambert in a variety of roles including Regional President Australia and NZ. He was Chairman of the Generic Medicines Industry Association (GMiA) for 5 years.



WARWICK PLUNKETT AM

Director and Past-President, Pharmaceutical Society of Australia

Warwick Plunkett is a former Board Director of the PSA, having served twice as National President. He is also proprietor and partner in Newport Pharmacy on Sydney's northern beaches and former CEO of Plunkett Pharmaceuticals. As a director of PSA, Warwick has a day-to-day involvement in the broad scope of all matters involving pharmacists but on a personal level he lists his three main areas of interest as being community pharmacy, organisational pharmacy and the pharmaceutical industry. His major achievements include the establishment of the Pharmacy Self Care program, the Return of Unwanted Medicines project and the unification of PSA. Warwick is also Chair of the UTS Pharmacy Industry Advisory Board.



JOHN BELL AM

Specialist Practitioner/Teacher, UTS Graduate School of Health

John Bell is a member of the Global Pain Faculty and the Global Respiratory Infection Partnership, international multidisciplinary groups established to address the issues of pain management and antibiotic resistance respectively. John is an advisor to the PSA's Pharmacy Self Care Program and has a particular interest in health communications and public relations. He is a former National President of the PSA, President of the Commonwealth Pharmacists Association, Vice President of the International Pharmaceutical Federation (FIP) and is a Specialist Practitioner/Teacher in Primary Health Care at the Graduate School of Health, University of Technology, Sydney (UTS). He was the founding Chair of the Australian Self-Care Alliance. John owns a community pharmacy in Sydney.



SHALOM (CHARLIE) BENRIMOJ

Emeritus Professor

Prof Benrimoj is currently an academic consultant on several research projects. He was Director and Head of the Graduate School of Health University of Technology Sydney 2011 to 2018). He was the Foundation Professor of Pharmacy Practice, Dean of the Faculty of Pharmacy and Pro-Vice Chancellor (Strategic Planning) University of Sydney. He is a visiting professor at the University of Granada and emeritus professor University of Sydney. He graduated with B. Pharm. (Hons) 1976, followed by completion of a Ph.D. 1980, University of Bradford, U.K. His research interests encompass the future of community pharmacy and professional cognitive pharmaceutical services from community pharmacy. These include the provision of digital based health information to consumers, self-care, patient medication reviews, disease state management systems, Pharmacy and Pharmacist only medications (minor ailment schemes), pharmacy led prescribing, integration of community pharmacy in health care system and international pharmacy practice. Research interests involve the clinical, economic and implementation aspects of cognitive pharmaceutical services from community pharmacy in current and emerging health care systems. He has published over 250 papers in refereed journals, 30 major research reports and presented and co-authored 250 conference presentations. He has co-authored a book "Community Pharmacy: Strategic Change Management" (2007). Prof Benrimoj was ranked in the top 2% of influential researchers by the University of Stanford in 2022 and 2023. He was the Australian Pharmacist of the year in 2000. He was awarded the Andre Bedat 2010 by International Pharmacy Federation (FIP). He was elected a Fellow of three distinguished international and national societies in 2008 - Pharmaceutical Society of Australia, 2008 - Royal Pharmaceutical Society of Great Britain, 2007 - International Pharmacy Federation.



VICTORIA GARCIA CARDENAS

Professor in Pharmacy Practice, University of Granada (Spain)

Dr Victoria Garcia Cardenas (PhD, M Pharm, B Pharm) is a senior lecturer in pharmacy and a member of the Pharmaceutical Care Research Group at the University of Granada (Spain). Her teaching and research interests encompass medication adherence, the evaluation and implementation of professional services and practice change in community pharmacy. She has published over 65 papers in refereed journals and has presented and co-authored more than 80 conference presentations. Victoria is chair of the Pharmacy Practice Research Special Interest Group of the International Pharmaceutical Federation and an Associate Editor for Research in Social and Administrative Pharmacy.



CHRIS BROOKER

Editor, Australian Journal of Pharmacy

Chris Brooker has been editor of the Australian Journal of Pharmacy (AJP) since 2016, with prior experience in this industry as editor of Pharmacy News from 2012-15. He has been a journalist specialising in health since 2001, mostly working in pharmacy, but also with a 4-year stint as clinical news editor of Medical Observer. During his time with AJP, Chris has overseen the successful launch of the AJP Daily newsletter, and of the AJP Podcast, the expansion of webinars, social media and videos, and also a revamp of the industry-leading, 139-year old AJP monthly magazine.

Executive Summary

The 14th wave of the Barometer™ marks thirteen years since the inaugural UTS Community Pharmacy Barometer™. This annual study tracks the confidence and opinions of pharmacy owners and employees, while also investigating prominent issues impacting the industry. The current report focuses on the impact of the 60-day dispensing policy change, the 8th Community Pharmacy Agreement (8CPA), and the extended scope of practice being trialled in most states. This 14th Barometer report contains survey data from October-November 2024, over a year after the full implementation of the 60-day dispensing policy and four months after the introduction of the 8CPA.

The 14th wave of the Barometer™ included 360 participants, with 331 decision-makers, while wave 13 in October 2023 included 250 respondent decision-makers, both drawn from the IQVIA panel of pharmacists.

Results:

- The UTS Pharmacy Barometer™ score was 148.3 out of 200 (a score of 100 represents neutral confidence). After a continuous increase to 146.8 shown in the 2022 Pharmacy Barometer™, a dramatic decline in confidence to 60.8 and 110.4 was observed in waves 12B (May 2023) and 13 (October 2023) following the announcement of the 60-day dispensing policy. The level of confidence has now increased, returning to the previous value of two years ago.
- Over a year after the full implementation of the 60-day dispensing policy, pharmacists were asked about the different measures implemented in their pharmacies as a result of the recent policy change. Pharmacists have not acted on their intention to decrease pharmacists and pharmacy staff or their hours. In addition, they seem to have reversed some of the previous changes introduced.
- In Wave 14, 21.1% (n=70) of decision-makers stated that they had already reduced pharmacy opening hours. Interestingly, in Wave 13, 21.6% (n=54) of decision-makers had reduced opening hours, and 14.4% (n=36) were considering implementing it in the following six months. This could mean that those who were only considering did not proceed with the strategy.
- Various measures have been implemented regarding the professional services offered in the surveyed pharmacies. Despite the perceived challenges after the introduction of the 60-day dispensing measure, many decision makers (51.4%) have increased the number of services provided and have started charging for services that were previously free (66.2%). Also, a decline in the strategy of “decreasing the numbers of professional services” was observed.
- This year, in wave 14, 38.7% (n=191) of respondents affirmed that they've increased prescription prices. Additionally, questions were asked about increasing the prices specifically for PBS or private prescription with higher numbers shown for private prescriptions.
- Most decision-makers considered that the changes introduced by the 8CPA will not induce them to reverse the strategies adopted following the 60-day dispensing policy (83.4%, n=261).
- Satisfaction with the 8CPA at both economic and professional levels is greater compared to the 7CPA. This applies to all respondent groups. However, in the 7CPA, the satisfaction group (rating 8 to 10) was ordered as follows: owners/owner managers, followed by pharmacy managers/pharmacists-in-charge, and then employed pharmacists. While in the 8CPA, although there is a higher percentage of owners/owner managers in the satisfaction group, the gap between pharmacy managers/pharmacist-in-charge and employed pharmacists has closed, resulting in similar satisfaction levels.
- Most pharmacists agree that the expansion of their scope of practice is necessary for the future professional and economic viability of community pharmacists. Additionally, over 60% of respondents agreed that this should include the maintenance of therapy for chronic diseases (60.3%, n=217) and the initiation of treatment for common conditions (64.2%, n=231). However, pharmacists agreed to a lesser extent with the initiation of chronic disease therapy (40.8%, n=147).
- Most respondents participated in the service for managing uncomplicated urinary tract infections (70.3%, n=253). This was followed by the maintenance of therapy, with 51.1% of pharmacists (n=184) providing the resupply of oral contraceptive pills.
- Most pharmacists involved in the trials believe they will continue providing services after the studies conclude, with the highest percentages for the management of uncomplicated urinary tract infections.

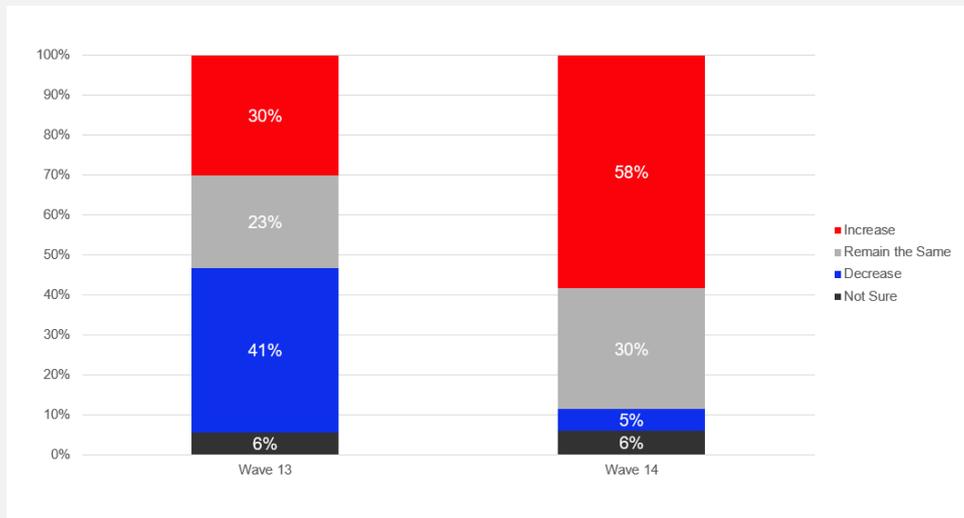
UTS Pharmacy Barometer™ 2024



Expected value of the pharmacy

“Will the value of your pharmacy increase, decrease or remain the same in the next year?”

Figure 2. Expected value of the community pharmacy in the next year



Note: N Wave 13 (2023)=250, N Wave 14 (2024)=331

Over half of the decision-makers expressed confidence in the growth of community pharmacy value over the next twelve months, showing a significant 28.0 percentage point increase compared to 2023 values (58.0% in wave 14, up from 30.0% in wave 13) (Figure 2).

This reverses the previous year 2023 views, which saw a notable decline following the 60-day dispensing policy (55.0% in wave 12, 49.0% in wave 11, 37.1% in wave 10).

There has also been an increase in the proportion of those respondents who believe the value of their pharmacy will remain unchanged (30.0% in 2024 from 23.0% in 2023). Correspondingly, there has been a decrease between those who believe their pharmacy's value will decrease (5.0%, n=17, in 2024 from 41.0%, n=103, in 2023).

These positive trends reflect the optimistic views of community pharmacists primarily as a result of the 8CPA and the full impact of 60-day dispensing policy.

EXPERT COMMENTARY

“Certainly, the results indicate that a significant number of people are now optimistic on the financial outlook moving forward.”

Warwick Plunkett

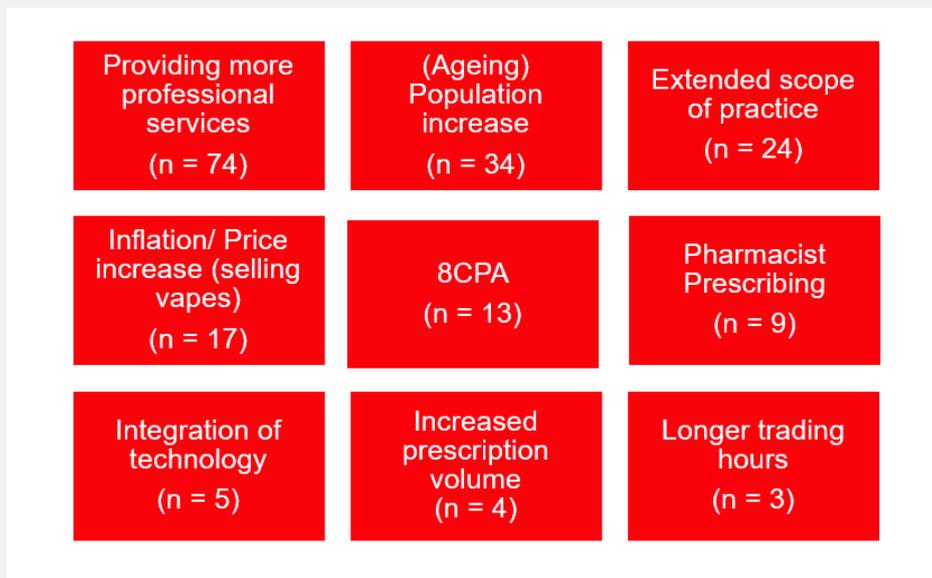
“Although discount pharmacies may be expanding their presence, this doesn't appear to be a major concern for those responding to the survey.”

John Bell

Factors contributing to these positive results include the introduction of new professional pharmacist-led services, such as pharmacist prescribing or extended scope of practice (55.4%, n=107), the increase in the ageing population (17.6%, n=34), and measures such as price increases (8.8%, n=17) or the 8CPA (6.7%, n=13) (Figure 3).

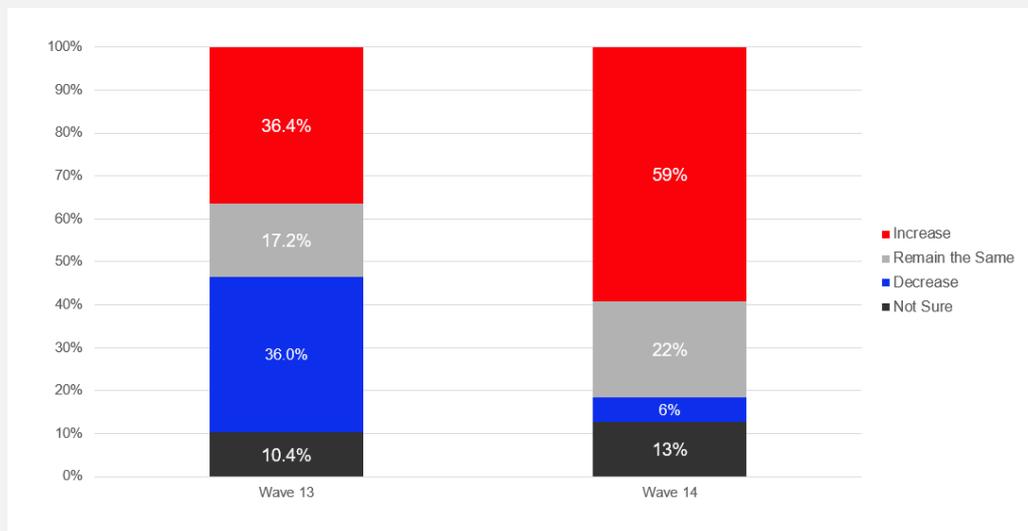
Interestingly, there appears to be a decrease in the impact of the 60-day dispensing policy following the implementation of the change in September 2024. The policy appears not have had the expected dramatic negative effects.

Figure 3. Reasons for increased value in the next twelve months (n=193)



“Will the value of your pharmacy increase, decrease or remain the same in the next three years?”

Figure 4. Expected value of community pharmacy in the next three years



Note: N Wave 13 (2023)=250, N Wave 14 (2024)=331

Longer-term projections for the expected value of community pharmacy are more uncertain, as reflected by higher percentages of decision-makers who were unsure (6.0% for the next twelve months and 13.0% for the next three years).

Interestingly, a comparison of changes in expected value over twelve months and three years shows similar positive trends. The vast majority of decision-makers (81.0%, n=268) in 2024 believe that the value of their pharmacy will increase or stay the same over the next three years. This marks a significant increase from 2023 when only 53.6% of decision-makers thought in this manner.

The remuneration associated with the 8CPA, which includes changes in dispensing remuneration and increased program funding (such as a higher base cap for dose administration aids and additional funding for regional pharmacy maintenance allowances), appears to have positively influenced pharmacists' confidence. Similar trends are evident from the three-year predictions.

Additionally, pharmacists were asked to indicate the reasons for their predicted change in the value of their pharmacy over the next three years. Similar patterns to those reported in the twelve-month projections were evident. Notably, negativity associated with the 60-day dispensing policy have decreased significantly.

EXPERT COMMENTARY

“The perceived value for the next year compared to the three-year projections are almost identical. This could be really the life of the current of the new agreement”

Warwick Plunkett

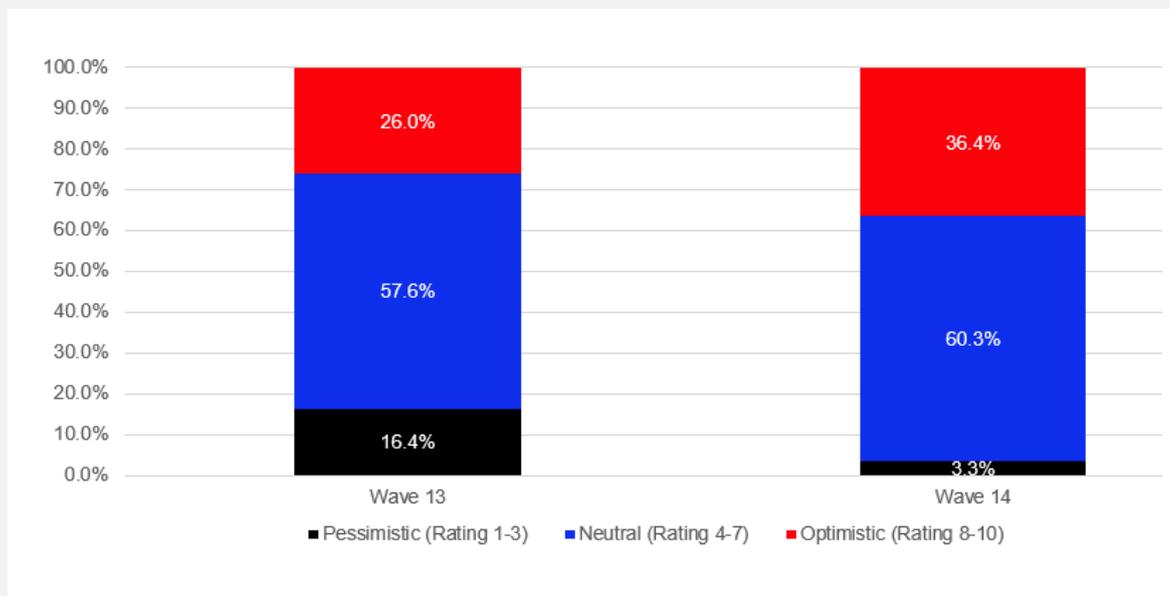
“One of the reasons for the anticipated increase in value may be related to GP shortages. Pharmacists may view this as an opportunity for an expanded professional role in the future.”

Chris Brooker

Confidence in the future

“On a scale of 1 to 10 where 1 is extremely pessimistic and 10 is extremely optimistic, how confident are you in the future viability of community-based pharmacy?”

Figure 5. Pharmacists’ confidence in the future viability of community-based pharmacy



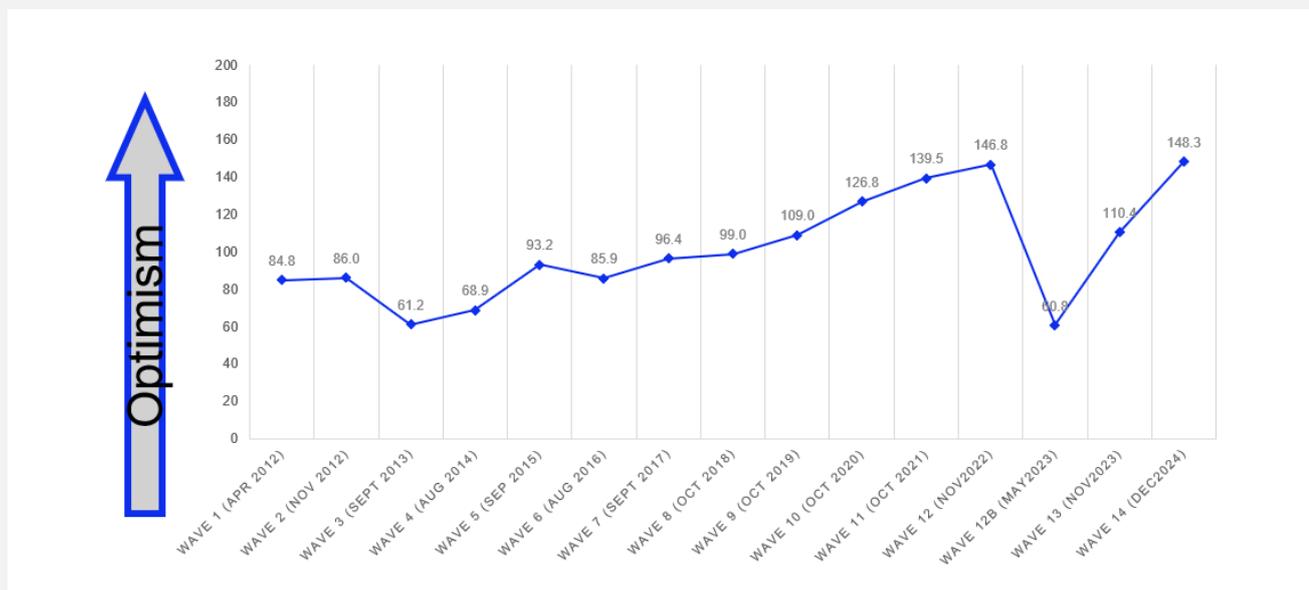
Note: N Wave 13 (2023)=250, N Wave 14 (2024)=360

Respondents were asked to indicate their perceived confidence in the future viability of community pharmacy (Figure 5). There was an increase in respondents’ confidence in 2024, with the number of optimistic pharmacists (rating between 8 and 10) increasing by over 10 percentage points from the previous year. Similarly, the number of pessimistic respondents (rating between 1 and 3) decreased by over 13 percentage points.

Over the years, there has been a slight skew towards a more optimistic standpoint among owners/owner-managers and pharmacy managers/pharmacists in charge compared to employed pharmacists.

UTS Community Pharmacy Barometer™

Figure 6. Community Pharmacy Barometer™ index



The Barometer index is calculated using responses from those who answered all three questions, including the perceived value of the pharmacy in the next year, the next three years, and confidence in future viability (Barometer Index Wave 14, N = 306).

After a continuous increase to 146.8 in the Pharmacy Barometer™ over the six years from 2017-2022, a dramatic decline in confidence was observed in 2023 immediately following the announcement of the 60-day policy. However,

confidence levels started to bounce back in November 2023. In 2024 again there has been another significant increase to 148.3 out of 200 (with a score of 100 representing neutral confidence), the highest value in the history of the Barometer™.

Several factors will influence pharmacists' confidence as we move forward, particularly any changes in the implementation associated with the 60-day dispensing policy and the practical impact of the 8CPA.

EXPERT COMMENTARY

"The optimism observed in this year's results could be attributed to the reduced impact of the 60-day dispensing policy and the implementation of the new 8CPA. The reaction to the potential negative effect of the 60-day dispensing may have also brought in increased efficiency and productivity to community pharmacy."

Charlie Benrimoj

"In terms of confidence, the expanded scope of practice and the evolving role of pharmacists within the healthcare system may also had a significant impact. This is further supported by the qualitative comments."

Victoria Garcia Cardenas

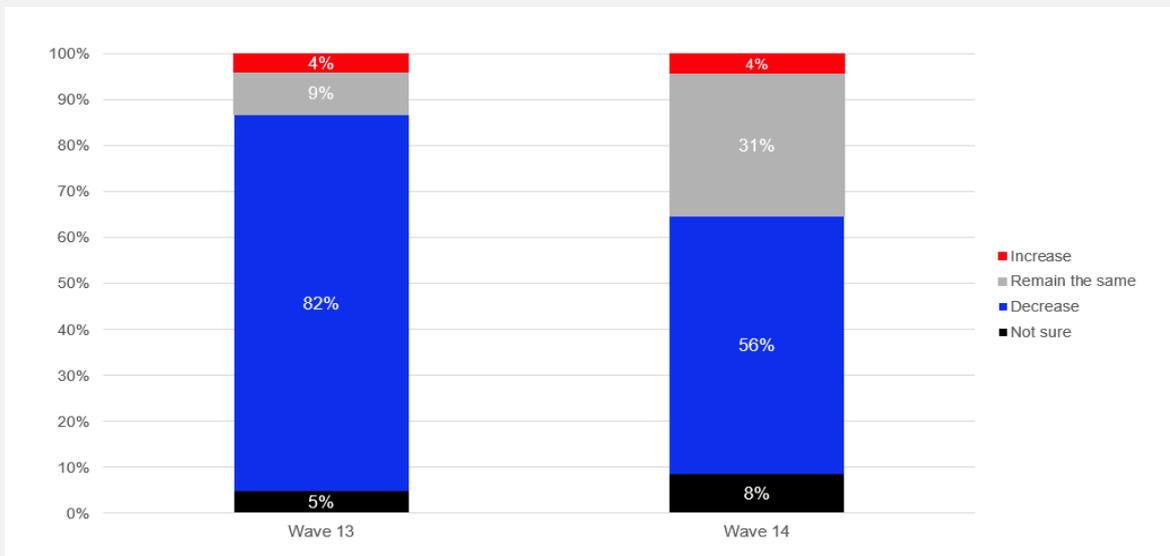
Impact of the 60-day dispensing policy



Impact of the 60-day dispensing policy

“At this time, how has your pharmacy’s net profit been impacted by 60-day dispensing?”

Figure 7. Impact of the 60-day dispensing policy in community pharmacies’ net profit



Note: N Wave 13 (2023)=250, N Wave 14 (2024)=331

In 2024 decision makers were in a better position to evaluate the actual impact of the 60-day dispensing policy as it has already been in force for over a year.

Most decision makers (82% decrease + 9% remain the same = 91%, n=228) in the previous wave (wave 13) had a negative perception of the impact of 60-day dispensing policy on their net profit. In wave 14 there is a shift to 87% (n=288, including 56% decrease + 31% remain the same) probably reflecting a stabilisation of people’s views. Interestingly the percentage and number of respondents who perceived their

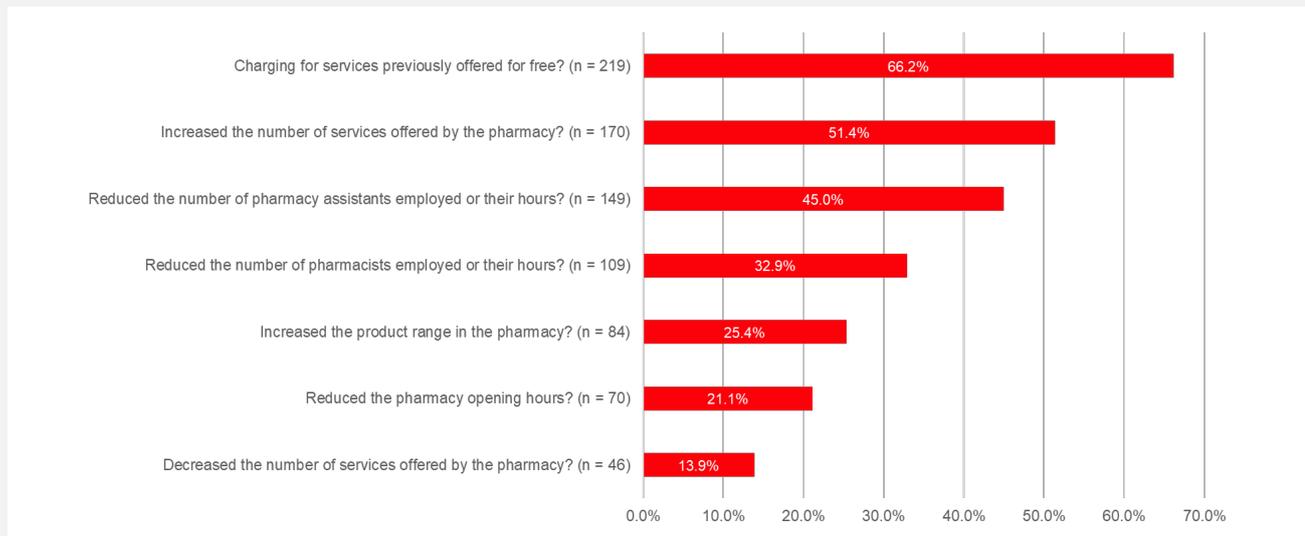
net profit would decrease went down this year (82%, n=205 in wave 13 to 56%, n=185 in wave 14). Most pharmacists estimated a decrease in net profits following the implementation of the 60-day policy (wave 13), by an average of 24.7%. However, over a year later, when the figures could be better estimated, it reduced to 13.1%.

A small percentage (4.0%) in both surveys believed that the 60-day dispensing policy would increase their pharmacy’s total net profit.

Strategies implemented as a result of 60-day dispensing

“What strategies have you implemented in your pharmacy as a result of the government introduction of 60-day dispensing prior to the signing of the 8CPA?”

Figure 8. Percentage of pharmacies that implemented strategies prior to the 8CPA as a result of 60-day dispensing, (Wave 14, N =360)



Pharmacists were asked about the different measures implemented in their pharmacies as a result of the policy change. It should be noted that the number and percentage of respondents who acted on the critical strategies such as reducing the number of pharmacy opening hours, are relatively low (Figure 8). In the 13th wave of the barometer in 2023, over 90% of the pharmacists (92.8%, n=232) indicated that they had implemented at least one strategy to compensate. In wave 14 (N=360), over a year after the full implementation of the measure, 91.4% (n=329) of pharmacists have adopted at least one strategy in 2023 or 2024 to counteract the possible effects of the policy.

The strategies measures taken or being considered were divided in the following categories:

- Pharmacy staff.
- Pharmacy opening hours.
- Professional services.
- Products and categories.

EXPERT COMMENTARY

“The viability was compromised due to the 60-day dispensing policy and some dissatisfaction with the end of the 7CPA. However, some pharmacists quickly adapted by making changes to their business operations, which is evident in the survey responses.”

Warwick Plunkett

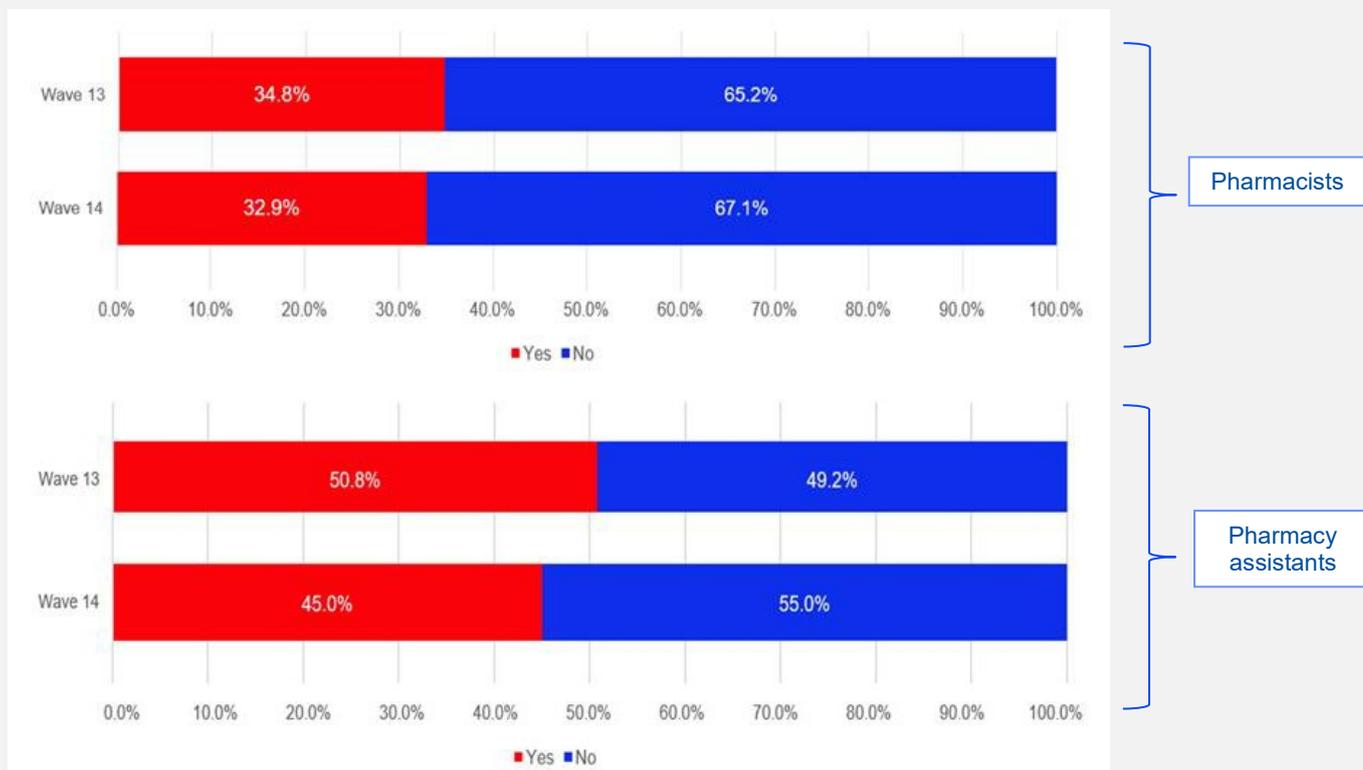
“It appears that some pharmacies that intended to apply strategies to reduce the impact of the 60-day dispensing, have not actually undertaken the change. This could be due to the 8CPA and/or that the impact of the 60-day dispensing policy was not as great as expected.”

Charlie Benrimoj

Measures implemented in the pharmacy because of 60-day dispensing

Strategy: Pharmacy staff

Figure 9. Decision makers that have reduced their pharmacy staff working hours



Note: N Wave 13 (2023)=250, N Wave 14 (2024)=331

Over a third of decision-makers have reduced the number of pharmacists or their working hours, representing a slight decrease from last year (from 34.8%, n=87 in wave 13 to 32.9%, n=109 in wave 14). In 2023, 34.8% of pharmacists indicated that the number of pharmacists employed had been reduced, while 13.2% (n=33) were considering reducing them. This suggests that those who were considering the strategy did not proceed.

There appears to be a greater emphasis on reducing pharmacy assistants' working hours. Although it has decreased from last year, 45.0% (n=149) of decision-makers have still decreased the number of assistants or reduced

their working time compared to the previous year (50.0%, n=125) after one month of full implementation of the policy. In 2023, 13.2% of decision-makers were also considering reducing the number of employed assistants or their hours. This change has not been reflected in 2024.

A total of 109 pharmacy decision-makers reported that they have reduced pharmacists' working hours by an average of 14 hours per week, similar to wave 13. In addition, 141 decision-makers have reduced pharmacy assistants' working hours by an average of 17.3 hours per week, representing an increase from the average of 16.4 hours per week reported last year.

EXPERT COMMENTARY

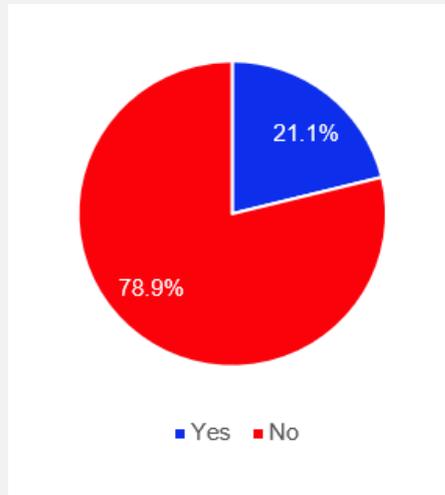
“Comparisons between the results of this wave and the previous one show that pharmacists who implemented strategies concerning pharmacy staff a year ago to mitigate the impact of the 60-day dispensing policy did not revert the changes. However, those who were considering such strategies did not proceed with them. This could be linked to the increased confidence in the future.”

Charlie Benrimoj

Measures implemented in the pharmacy because of 60-day dispensing

Strategy: Pharmacy opening hours

Figure 10. Decision makers that have reduced their pharmacy opening hours (N Wave 14=331)



In Wave 14, 21.1% (n=70) of the decision makers stated that they had already reduced pharmacy opening hours. This percentage is lower than the number of decision makers reducing staff in general. Interestingly, in Wave 13, 21.6% (n=54) of the decision makers had reduced opening hours and 14.4% (n=36) were considering implementing it in the

following six months. This could mean that those who were only considering did not proceed with the strategy. The average number of opening hours reduced in pharmacies changed from 8.1 hours per week in wave 13 to 6.9 hours per week this year.

EXPERT COMMENTARY

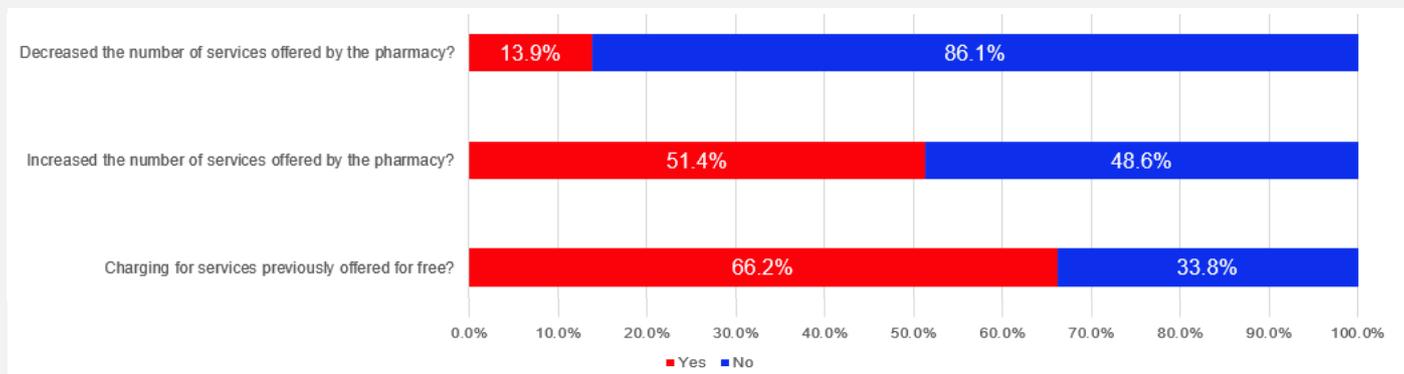
“It appears, in most pharmacies, the reduction in opening hours has largely been maintained, despite 60-day dispensing not having had the originally anticipated effect on prescription numbers.”
John Bell

“Pharmacy owners are reflecting on the impact of the 60-day dispensing and increasing the number of opening hours. Probably as a result of the 8CPA.”
Warwick Plunkett

Measures implemented in the pharmacy because of 60-day dispensing

Strategy: Professional services

Figure 11. Decision makers that have changed their professional services prior to the 8CPA (N Wave 14=331)



Various measures have been implemented regarding the professional services offered in the surveyed pharmacies. A higher number of decision-makers have reported increasing the number of services provided rather than decreasing them. Another strategy was to start charging for services that were previously free of charge to patients.

Over half of the decision-makers (51.4%, n=170) indicated in 2024 that they are offering a higher number of services to patients, an increase compared to wave 13 (40.8%, n=102). In 2023, 14.8% (n=37) of decision-makers were also considering implementing this change. It appears that 10.6% (51.4% in 2024 minus 40.8% in 2023) did finally increase the number of services provided.

Fewer decision-makers reported decreasing the number of services (13.9%, n=46) compared to wave 13 (18.0%, n=45 decreasing and 2.8%, n=7 considering it). As a result, more pharmacies are providing services.

Two-thirds of the decision-makers (66.2%, n=219) are now charging for services that were previously free. Similar results were observed in wave 13 for those who had already implemented this strategy, while 11.2% (n=28) additional decision-makers were also considering it the previous year. Some of the services that now incur a charge include blood pressure measurement, deliveries, vaccinations, and statutory declarations. These strategies may impact patients and the healthcare system.

EXPERT COMMENTARY

“Some of the changes implemented following the 60-day dispensing policy included increasing the number of services provided. Pharmacists have maintained these changes over time.”

Victoria Garcia Cardenas

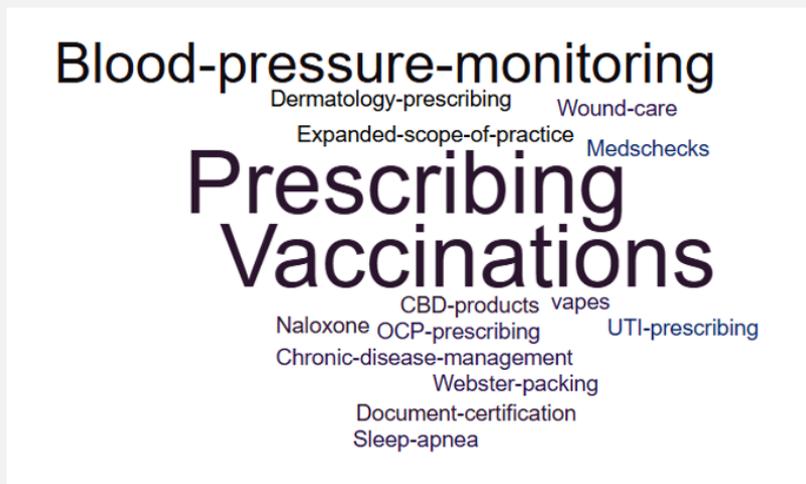
“Reflecting on services, involvement in trials has provided confidence and satisfaction to pharmacists. Consequently, they are back to the previous state of confidence in community pharmacy.”

Warwick Plunkett

“It appears that more services are being offered by pharmacies however there is a concomitant strategy to charge for those services.”

Charlie Benrimoj

Figure 12. Prevalence of new services provided as a result of the 60-day dispensing policy

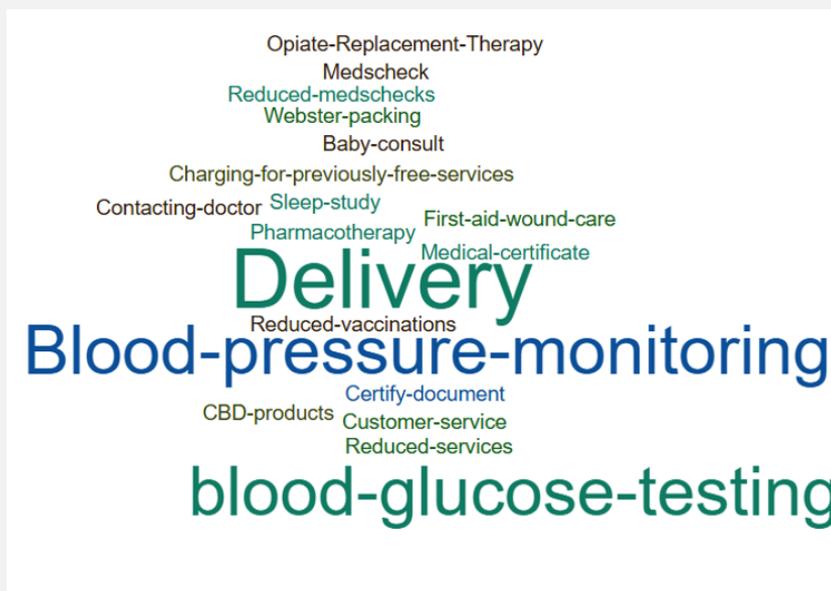


Note: n=170 decision makers replied yes and specified the service

As shown in Figure 12, the 51.4% (n=170) of decision-makers providing new services mainly implemented pharmacist-led prescribing services, vaccination services, and blood pressure monitoring. Wave 13th in 2023 showed vaccination services as the most prevalent service implemented, while this year additional services were added to the list.

When services were discontinued (13.9%, n=46), the ones most commonly stopped included delivery services, blood pressure monitoring, and blood glucose monitoring (Figure 13), similar to results in 2023.

Figure 13. Prevalence of removed professional services in pharmacies as a result of the 60-day dispensing policy

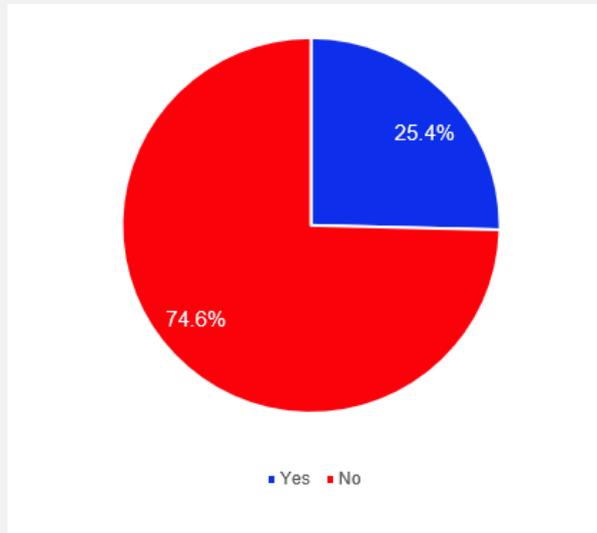


Note: n=46 decision makers replied yes and specified the service

Measures implemented in the pharmacy because of 60-day dispensing

Strategy: Products and categories

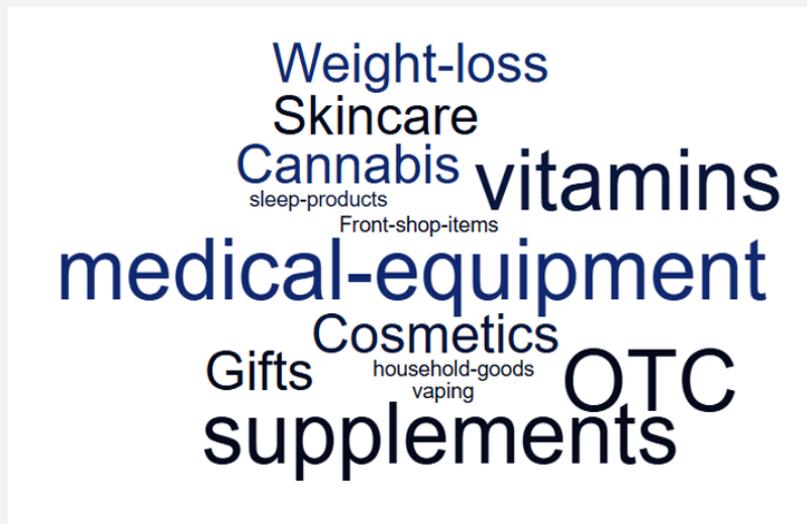
Figure 14. Decision makers that have increased the product range in their pharmacy (N Wave 14=331)



A quarter of the decision makers surveyed (25.4%, n=84) indicated that they had increased the product range available in their pharmacy apparently to compensate for the loss of income associated with the potential impact of the 60-day dispensing policy. Results from 2023 showed that 22.4% (n=56) of decision makers increased the product range and 10.8% (n=27) were considering. In 2024 there was a 3% increase (22.4% in Wave 13 to 25.4% in Wave 14).

The main products added to the pharmacies were OTCs, vitamins, supplements, and medical equipment.

Figure 15. Prevalence of new products offered in the pharmacies as a result of 60-day dispensing

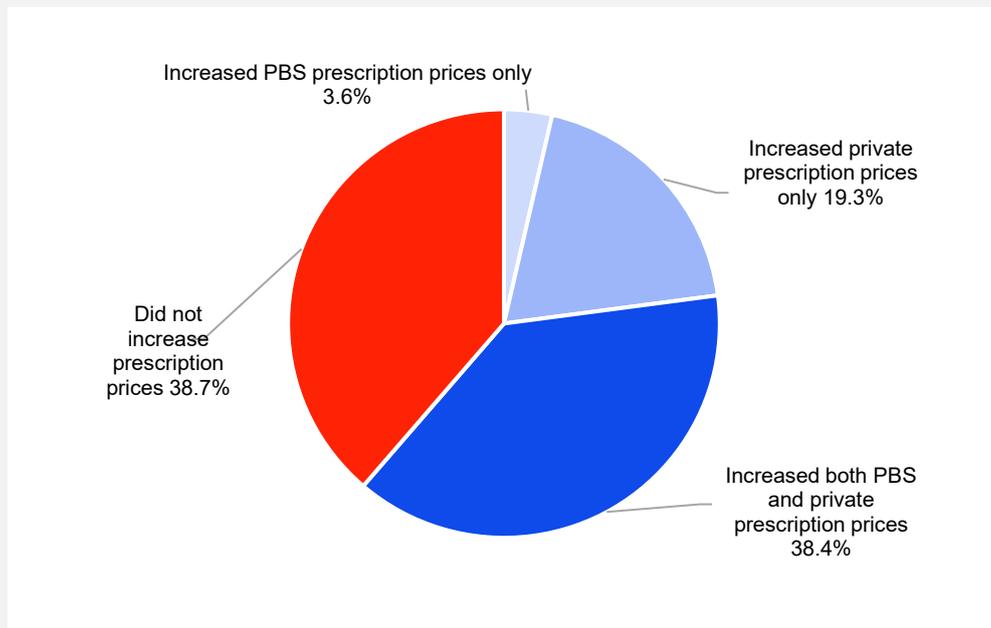


Note: n=84 decision makers replied yes and specified the product

Measures implemented in the pharmacy because of 60-day dispensing

Strategy: Increased prices for prescriptions

Figure 16. Percentage of respondents who increased prescription prices (N Wave 14=331)



In wave 14, 61.3% (n=203) of the respondents affirmed that they had increased prescription prices. Of these 203, 12 increased the price of PBS prescriptions only, 64 increased private prescriptions, and 127 increased both (Figure 16).

Different methods were used to increase prices, most commonly by applying a percentage increase (an average of 8.9% for PBS prescriptions and 10.2% for private prescriptions) and by increasing the price of the prescription

by a fixed amount (an average of \$3.80 for PBS prescriptions and \$6.96 for private prescriptions). Other methods used when increasing prescription prices, either PBS or non-PBS prescriptions, included increasing prices for specific medications, removing discounts, etc. (Figure 17).

In Wave 13, nearly a third of pharmacists (32.8%, n=82) implemented other strategies or were considering it (27.2%, n=68), with the most common one being increasing prices in their pharmacies.

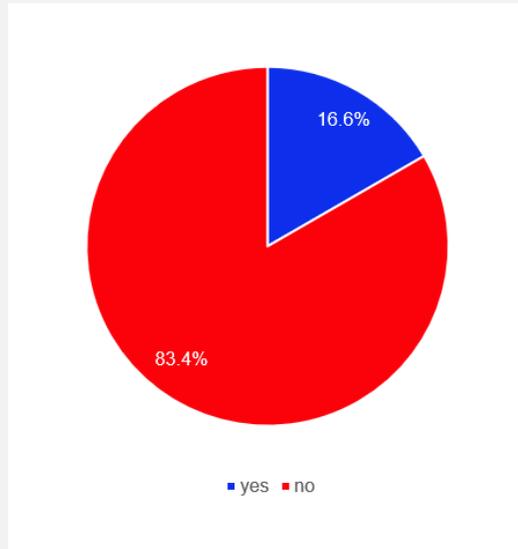
Figure 17. Other methods used by decision makers to increase prescription prices



Note: n=40 decision makers

Will the 8th Community Pharmacy Agreement (8CPA) encourage you to reverse any of these strategies adopted as a result of 60-day dispensing?

Figure 18. Decision makers who will reverse strategies adopted due to the 8CPA



Note: n=313 of the 331 decision makers replied

Most of the decision makers considered that the changes introduced by the 8CPA will not induce them to reverse the strategies adopted following the 60-day dispensing policy (83.4%, n=261).

Those decision makers who affirmed reverting some of the strategies adopted (16.6%, n=52) were most likely to reverse the strategies regarding 'increasing prices for private prescriptions' (7.7%, n=24), 'charging for services previously offered for free' (7.3%, n=23), 'decreasing the number of pharmacy assistants employed or their hours' (5.4%, n=17), or 'decreasing the number of pharmacists employed or their hours' (4.8%, n=15).

EXPERT COMMENTARY

"The results indicate that the 60-day dispensing policy didn't have the significant impact that many had anticipated. Additionally, the implementation of the 8CPA has provided a foundation of stability and confidence for pharmacists."

Chris Brooker

"It's striking that almost 60% had increased their price for private scripts. Also, it appears that for some, 8CPA might mitigate the price increases."

John Montgomery

Summary of the strategies implemented as a result of the 60-day dispensing policy

“What strategies have you implemented in your pharmacy as a result of the government introduction of 60-day dispensing?”

Table 3. Strategies applied or under consideration as a result of the 60-day dispensing in 2023 and 2024

Strategy	2023: Intention to apply the strategy (A)	2023: Strategy applied (B)	2023: No strategy applied or intended (C)	2024: Strategy applied (D)	Net difference of intended and applied (A+B-D) (%)	Net difference of the strategies applied (D - B) (%)
	% (n) N=250 decision makers	% (n) N=250 decision makers	% (n) N=250 decision makers	% (n) N=331 decision makers		
<i>Reducing the number of pharmacists employed or their hours</i>	13.2% (33)	34.8% (87)	52.0% (130)	32.9% (109)	-15.1%	-1.9%
<i>Reducing the number of pharmacy assistants employed or their hours</i>	13.2% (33)	50.8% (127)	36.0% (90)	45.0% (149)	-19.0%	-5.8%
<i>Reducing the pharmacy opening hours</i>	14.4% (36)	21.6% (54)	64.0% (160)	21.1% (70)	-14.9%	-0.5%
<i>Decreasing the number of professional services offered by the pharmacy</i>	2.8% (7)	18.0% (45)	79.2% (198)	13.9% (46)	-6.9%	-4.1%
<i>Increasing the number of professional services offered by the pharmacy</i>	14.8% (37)	40.8% (102)	44.4% (111)	51.4% (170)	-4.2%	10.6%
<i>Charging for professional services previously offered for free</i>	11.2% (28)	66.0% (165)	22.8% (57)	66.2% (219)	-11.0%	0.2%
<i>Increasing the product range in the pharmacy</i>	10.8% (27)	22.4% (56)	66.8% (167)	25.4% (84)	-13.8%	3.0%

The strategies proposed or applied to mitigate the 60-day dispensing policy in 2023 and those maintained in 2024 are outlined in Table 3. It appears that those respondents proposing the application of the strategies have not done so and some of the ones that did have reversed their actions. This response could have been due to the lack of full implementation of the 60-day dispensing policy and the concomitant positive effect of the 8CPA. For example, 48% percentage of respondents (13.2% intended + 34.8% applied) in 2023 considered reducing the number of pharmacists employed or their hours whilst in 2024 32.9% reported having applied this strategy. The same behaviour is exhibited for the strategy “Reducing the number of pharmacy assistants employed or their hours”. Conversely, the strategy for increasing professional services was 55.6% (14.8%

intended + 40.8% applied) in 2023 whilst in 2024 51.4% reported increasing services.

In addition, a slight rise (3%) was observed in the number of decision-makers expanding their product range.

In 2023 approximately 52% of respondents reported that they had not reduced the pharmacist hours, nor intended to as a result of the 60-day dispensing. In 2024 68% of respondents reported that they have not made changes as a result of 60-day dispensing. In summary the effect of the 60-day dispensing, in order of priority, charging for professional services previously offered for free (66.2%), increasing the number of professional services (51.4%), with an associated reduction in the number or hours of pharmacy assistants (45.0%).

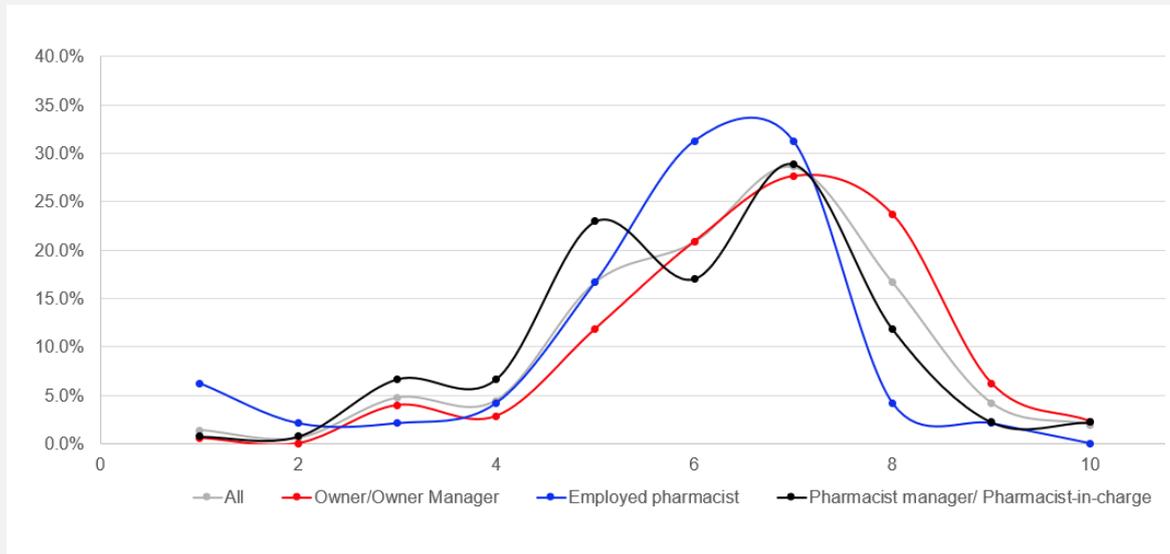
Impact of the 8th Community Pharmacy Agreement



Impact of the 8th Community Pharmacy Agreement (8CPA)

“To what extent has the 8CPA restored your confidence in the outlook for community pharmacies?”

Figure 19. Confidence in future viability following the 8CPA

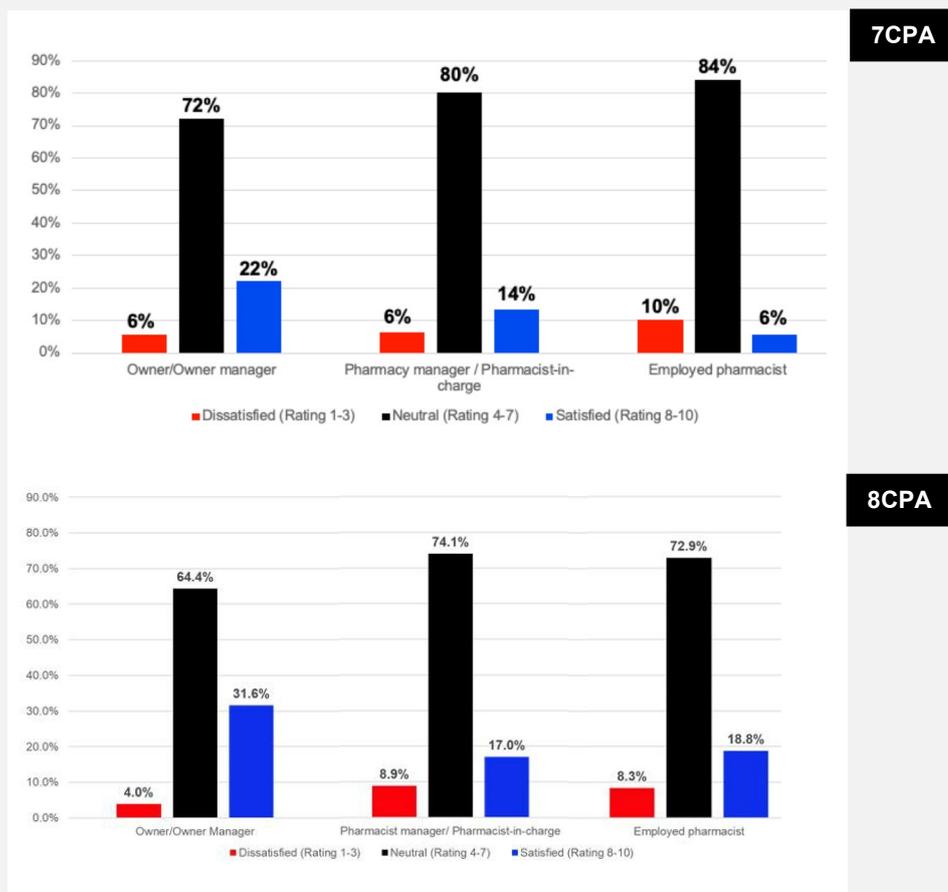


N Wave 14=360

Overall the 8CPA generated confidence in the future viability for community pharmacies. However, the extent of positivity varies depending on whether respondents were a pharmacist owner, pharmacist-in-charge or an employed pharmacist.

“What is your level of satisfaction with the 8CPA on an economic level?”

Figure 20. Economic satisfaction with the 7CPA (2020) and 8CPA (2024)



Note: N Wave 10 (2020)=360, N Wave 14 (2024)=360

The 8CPA has generated a high level of satisfaction from an economic perspective. The percentage of satisfied pharmacists (rating between 8 and 10) has increased for all roles compared to satisfaction with the 7CPA.

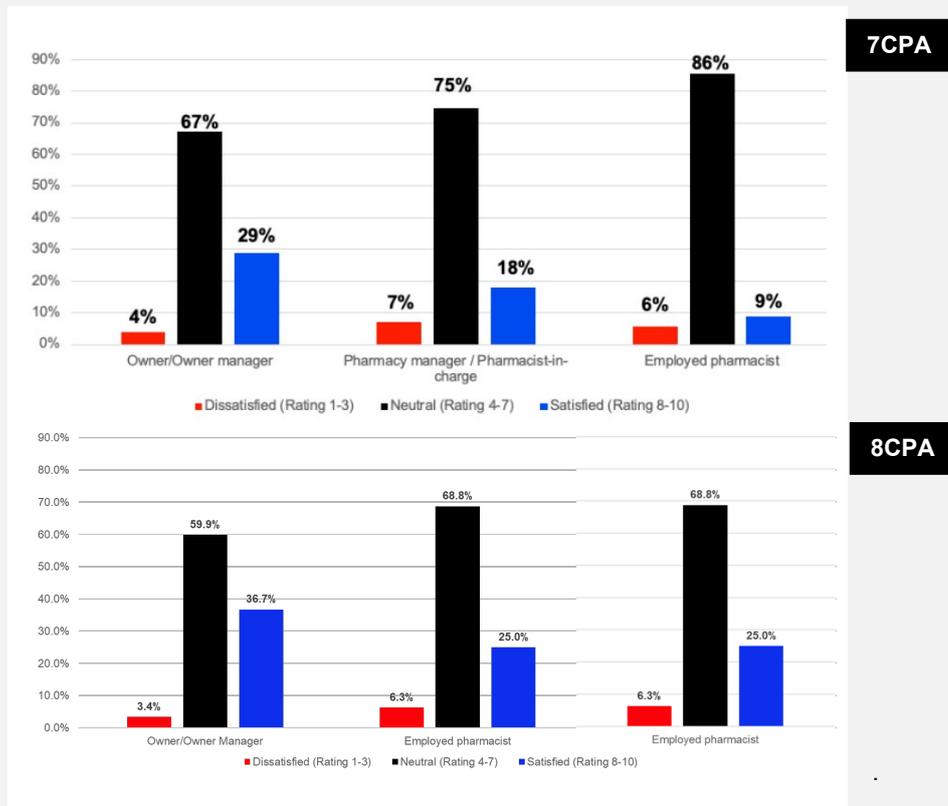
Owner/owner-managers remain the “most satisfied”, with an increase to the 8CPA from the 7CPA (31.6% compared to

22.0%). This is followed by employed pharmacists (18.8%, up from 6.0% and pharmacy managers/pharmacists-in-charge (17.0%, up from 14.0%).

Correspondingly dissatisfaction with the 8CPA has also decreased compared to the 7CPA, except for pharmacy managers/pharmacists-in-charge (8.9% compared to 6.0%).

“What is your level of satisfaction with the 8CPA on a professional level?”

Figure 21. Professional satisfaction with the 7CPA and 8CPA



Note: N Wave 10 (2020)=360, N Wave 14 (2024)=360

Similarly to economic satisfaction, owner/owner-managers remain the most satisfied professionally (36.7% compared to 29.0%). Both employed pharmacists and pharmacy managers/pharmacists-in-charge showed a professional satisfaction rate of 25.0% (n=90). The increase in satisfaction

from the previous 7CPA was higher for employed pharmacists.

Percentages of dissatisfaction with the 8CPA have decreased or remained stable compared to the 7CPA.

EXPERT COMMENTARY

“It’s possible that pharmacists have a different understanding of what constitutes professional services, especially since some of these services are no longer included in the 8CPA.”

Kylie Williams

“It is interesting to note that the satisfaction rate for professional services is higher in the 8CPA than in the 7CPA. Notwithstanding that the 8CPA has no new services. It is possible that the scope or practice services, although not included in the 8CPA, is having an effect on responses.”

Charlie Benrimoj

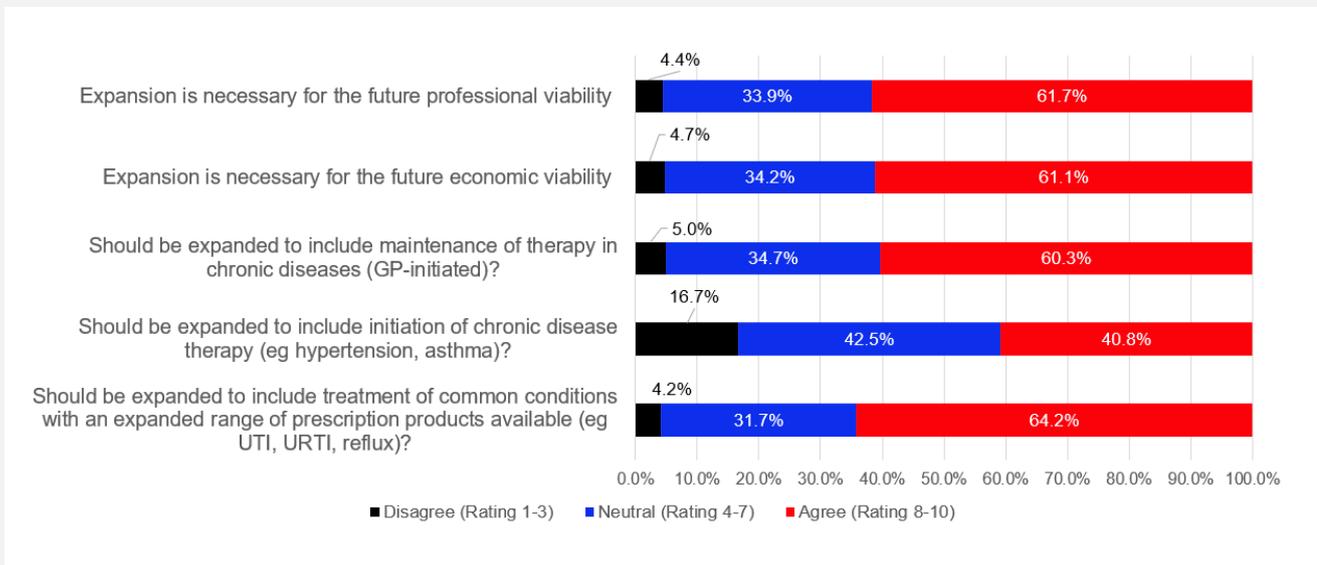
Expanded scope of practice



Impact of the extended scope of practice

“What is your opinion on the expansion of pharmacist scope of practice?”

Figure 22. Pharmacists’ opinion on the extended scope of practice



N Wave 14=360

Most pharmacists (about 60%) agree that the expansion of their scope of practice is necessary for the future professional and economic viability of community pharmacists, with over 20% of pharmacists fully agreeing (10 out of 10) on both aspects. A further 30 to 40% gave a neutral rating between 4 to 7 out of 10.

Greatest support (score of 8 to 10 out of 10) is for prescription medication to be available for common conditions such as UTI and the maintenance of therapy initiated by a general medical practitioner. Over 60% of respondents agreed on the maintenance of therapy for

chronic diseases (60.3%, n=217) and the initiation of treatment for common conditions (64.2%, n=231). However, there was less support for the initiation of chronic disease therapy (40.8%, n=147). When these results were analysed for the three states with higher participation numbers, Victoria was the state that agreed the most with the initiation of treatments for chronic conditions (X=6.7, SD=2.6 from 94 respondents), followed by Queensland (X=6.4, SD=2.7 from 55 respondents) and NSW (X=6.2, SD=2.6 from 126 respondents).

EXPERT COMMENTARY

“This is indeed about perception and confidence. When you look at the media and news, the comments from policymakers about the impact of the trials are reaching pharmacies. This definitely influences their confidence and perception of their role.”

Victoria Garcia Cardenas

“The vast majority of pharmacists believe that the expansion of their scope of practice is beneficial for their future. While some are unsure whether it will make a significant difference, very few are saying that it is the wrong direction.”

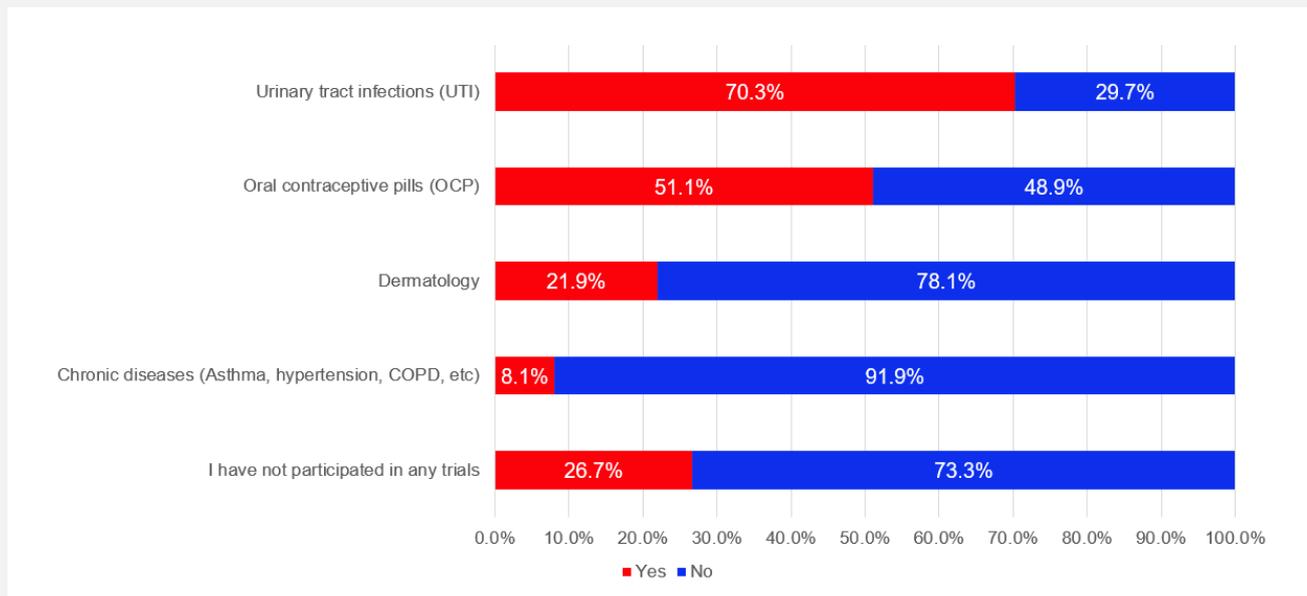
Warwick Plunkett

“The expansion of the of the scope of practice is a wonderful and progressive evolution for patients, pharmacists and the health care system. However, since the policy driver is the accessibility of community pharmacies, we must ensure that we progress at a pace which brings all if not the majority of the profession, patients and stakeholders along. Evidence that pharmacist led prescribing is safe and effective for patients is the foundation for progress.”

Charlie Benrimoj

“Has your pharmacy participated in any of the following scope of practice trials in your state?”

Figure 23. Participation in pharmacy trials for the expanded scope of practice (all states)



N Wave 14=360

Most respondents participated in the service for managing uncomplicated urinary tract infections (70.3%, n=253). This was followed by the maintenance of therapy, with 51.1% of pharmacists (n=184) providing the resupply of oral contraceptive pills. All states have at least those two services available as permanent or pilot services¹. When results were compared by state, higher percentages and

numbers of participation were obtained in New South Wales.

Over a quarter of pharmacists stated that they were not participating in any pharmacy trials (26.7%, n=96). The main reasons, in order of frequency, were lack of time or staff, not being invited to participate, lack of appropriate facilities (consultation rooms), or not being interested.

EXPERT COMMENTARY

“The lack of staff as a reason for not providing services could be related to the requirement that an available pharmacist offering the service must be present for a reasonable amount of time. This includes weekends and bank holidays.”

Charlie Benrimoj

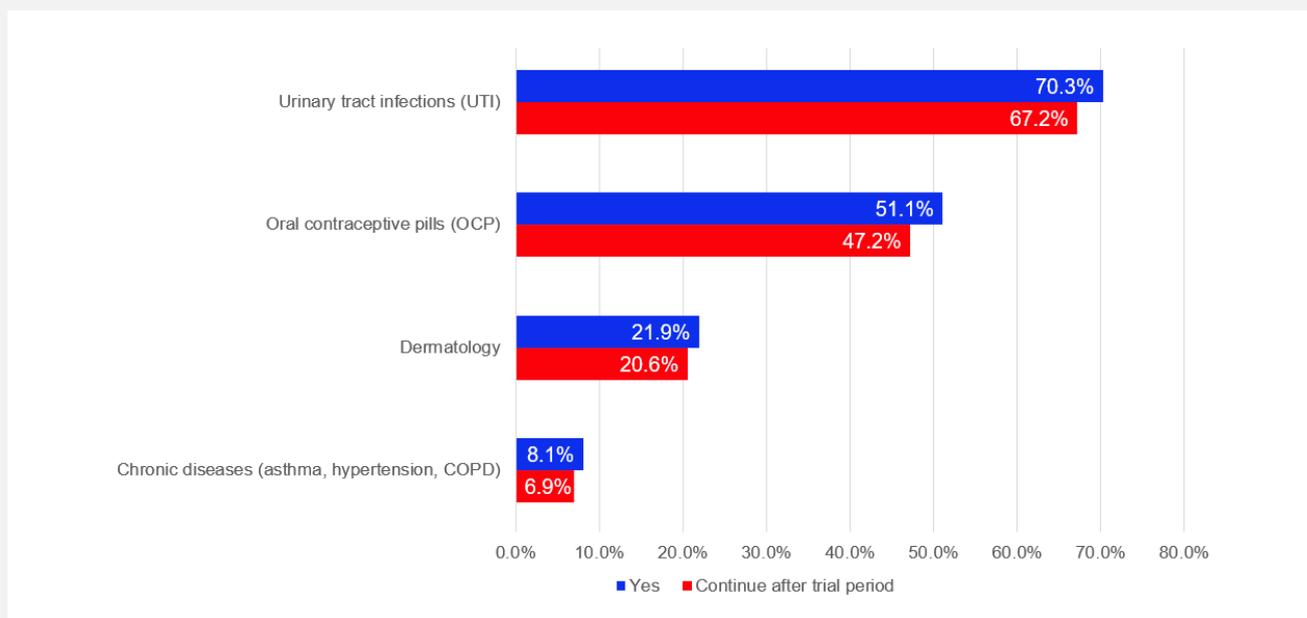
“The level of non-participation combined with a third of pharmacists who are neutral, would indicate that there is a significant group who are not convinced regarding expanded scope.”

John Montgomery

¹ The Pharmacy Guild of Australia. 2025. The Role of Community Pharmacy in Primary Health Care. 2025. <https://www.guild.org.au/programs/scope-of-practice>. Accessed 30 Mar 2025.

“Will you continue the service after the trial period?”

Figure 24. Continuity in the provision of prescribing services after the conclusion of pharmacy trials



Most pharmacists involved in the uncomplicated urinary tract infection trials plan to continue after the trial (67.2%, n=242), representing 95.5% of the participants.

Similarly, of those providing the oral contraceptive pills, 47.2% (n=170) of the pharmacists will continue the provision after the trial, representing 92.4% of the participants.

The average price that participants considered that they would charge, ranged from \$24.90 for the management of dermatological conditions to \$28.20 for the management of chronic conditions (Table 4). In all cases, the pricing was based on factors such as time spent with the patient, additional costs involved/viability, comparability with GP consultation fees, and/or patient affordability.

Table 3. Potential service charge if service to be continued after trials

Service	Service Charge (\$)		N
	Average	Median	
Urinary tract infections	\$26.10	\$25.00	253
Oral contraceptive pills (OCP)	\$25.40	\$25.00	185
Dermatology	\$24.90	\$25.00	79
Chronic disease (asthma, hypertension, COPD)	\$28.20	\$25.00	29

EXPERT COMMENTARY

“Expanded scope of practice seems to have given pharmacists more confidence that their role is being better recognised by both governments and the community. This might translate into greater confidence in the future viability of community pharmacy.”

John Bell

“Interestingly pharmacists who say they will continue services once they are business as usual are largely considering pricing them at similar levels to the remuneration in the trials.”

Kylie Williams

Conclusions

The 14th UTS Community Pharmacy Barometer™ conducted in October-November 2024 is an early snapshot of the expected impact 8th Community Pharmacy Agreement. It shows:

- 1) **Increased confidence:** The UTS Pharmacy Barometer™ score has continue to rise to 148.3 out of 200, the highest level of confidence ever reported, indicating a significant recovery in confidence in 2024 among pharmacists after the dramatic decline caused by the 60-day dispensing policy announcement in 2023 and the subsequent announcement of the 8CPA.
- 2) **60-day dispensing policy:** The effect of the 60-day dispensing from 2023 and to 2024, in order of priority, has been charging for professional services previously offered for free (66.2%), increasing the number of professional services (51.4%), with an associated reduction in the number or hours of pharmacy assistants (45.0%).
- 3) **60-day dispensing policy:** Pharmacists have not acted on their intention to decrease pharmacists and pharmacy staff, opening hours and decreasing the number of services provided. There is a small percentage of pharmacists who have reversed their decisions.
- 4) **Sustained service expansion:** Despite the challenges, many pharmacists have increased the number of services provided and have started charging for services that were previously free.
- 5) **Impact of the 8CPA:** Satisfaction with the 8CPA at both economic and professional levels is greater compared to the 7CPA. This applies to all respondent groups. However, in the 7CPA, the satisfaction group (rating 8 to 10) was ordered as follows: owners/owner managers, followed by pharmacy managers/pharmacists-in-charge, and then employed pharmacists. While in the 8CPA, although there is a higher percentage of owners/owner managers in the satisfaction group, the gap between pharmacy managers/pharmacist-in-charge and employed pharmacists has closed, resulting in similar satisfaction levels.
- 6) **Support for Scope Expansion:** There is majority support among pharmacists for the expansion of their scope of practice, with approximately 60% of respondents agreeing. This support includes the initiation of treatment for common conditions with prescription-only medications and the maintenance of therapy for chronic diseases. However, there is less support (40% of pharmacists agree) for the initiation of therapy for chronic diseases.

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