



# Pharmacy Barometer

2025

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# 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 two master's degrees by coursework, the Master of Pharmacy, leading to eligibility to register as a pharmacist; and another catering to professionals in pharmaceutical manufacturing and regulatory affairs, the Master of Good Manufacturing Practice. Additionally, in 2026, aligning with emerging trends in pharmacists' scope of practice, the School has launched a third program, the UTS Graduate Certificate in Pharmacist Prescribing.

With a commitment to producing career-ready graduates, UTS

Pharmacy integrates team-based learning, simulated environments, and interdisciplinary workshops to bridge theory with real-world application.

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 93,000 employees, IQVIA conducts

operations in more than 100 countries. Learn more at [www.iqvia.com](http://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 emag
- 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 June 2025, there are 6,013 community pharmacies operating across Australia, representing an increase of 78 pharmacies compared to the previous year. Community pharmacies remain the most frequently accessed primary healthcare destination, with more than 443.6 million individual patient visits annually. On average, Australians visit a community pharmacy approximately 18 times per year, irrespective of whether they reside in metropolitan, rural, or remote areas<sup>1</sup>. Geographic distribution is a defining strength of the sector: approximately 96% of the population in capital cities live within 2.5 kilometres of a pharmacy, and 74% of those in regional and remote Australia have similar proximity. Accessibility is further enhanced by extended trading hours, with 2,127 pharmacies operating after hours and on weekends<sup>1</sup>. Collectively, these factors underscore the pivotal role of community pharmacies in delivering timely, accessible primary healthcare services nationwide.

The Eighth Community Pharmacy Agreement (8CPA), which commenced on 1 July 2024 and will conclude in June 2029, represents a landmark \$26.44 billion investment over five years, compared to \$18.3 billion under the Seventh Community Pharmacy Agreement (7CPA)<sup>2</sup>. The 8CPA allocates \$24.55 billion for remuneration associated with dispensing Pharmaceutical Benefits Scheme (PBS) subsidised medicines, \$1.3 billion for professional pharmacy programs, and \$589 million for additional policy commitments<sup>2</sup>.

Professional pharmacy programs administered under the 8CPA include<sup>3</sup>:

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

The 8CPA has been in operation for over a year at the time of this survey. The Pharmacy Barometer™ 2025 seeks to capture the profession's perspectives on its early

implementation, perceived impact, and future direction within this evolving scope-of-practice landscape.

In parallel with these funding arrangements, community pharmacists are increasingly recognised as integral contributors to Australia's primary healthcare system. State and territory governments have expanded pharmacists' roles to enable the delivery of a broader range of clinical services. Pharmacist-led management of uncomplicated urinary tract infections and the resupply of oral hormonal contraception are now implemented across all Australian jurisdictions<sup>3</sup>. In addition, services addressing acute conditions (such as allergic and non-allergic rhinitis and impetigo) and selected chronic conditions (including asthma) are being piloted or progressively implemented<sup>4</sup>. These reforms reflect a coordinated national effort to enable pharmacists to practise to their full scope, improve access to care, reduce pressure on general practice and emergency departments, and enhance the overall efficiency of the health system.

Accordingly, the utilisation of community pharmacies as accessible hubs for primary healthcare continues to gain momentum, with significant implications for workforce capability, professional identity, and health system integration at both state and national levels.

The expansion of pharmacists' scope of practice has been accompanied by the development of postgraduate training pathways designed to equip practitioners with the competencies required for safe and effective prescribing. Several Australian universities, including UTS, now offer accredited graduate certificates aligned with national prescribing competency frameworks. The courses aim to develop competencies in clinical assessment, therapeutic decision-making, and evidence-based prescribing, aligned with the Australian Health Practitioner Regulation Agency (AHPRA) Prescribing Competencies Framework. These programs, accredited with conditions by the Australian Pharmacy Council, reflect a broader national effort to ensure pharmacists are appropriately trained to practise to an extended scope. The emergence of university-based prescribing education signals a structural shift in workforce development, supporting the safe integration of pharmacist prescribing into Australia's primary healthcare system.

<sup>1</sup> The Pharmacy Guild of Australia. 2025. Vital Facts on Community Pharmacy. [https://www.guild.org.au/\\_data/assets/pdf\\_file/0028/132994/PharmacyGuild-Vital-facts-on-Community-Pharmacy-2026-January.pdf](https://www.guild.org.au/_data/assets/pdf_file/0028/132994/PharmacyGuild-Vital-facts-on-Community-Pharmacy-2026-January.pdf) Accessed 23 Feb 2026.

<sup>2</sup> The Pharmacy Guild of Australia. 2025. 8<sup>th</sup> Community Pharmacy Agreement, <https://www.guild.org.au/programs/8cpa> Accessed 23 Feb 2026.

<sup>3</sup> Australian Government, Department of Health, 2026, Eighth Community Pharmacy Agreement, <https://www.health.gov.au/topics/primary-care/what-we-do/8cpa?language=en> Accessed 23 Feb 2026

<sup>4</sup> The Pharmacy Guild of Australia. 2026. The Role of Community Pharmacy in Primary Health Care. <https://www.guild.org.au/programs/scope-of-practice> Accessed 23 Feb 2026.

# The UTS Community Pharmacy Barometer™

The UTS Pharmacy team developed the Community Pharmacy Barometer™ in response to emerging industry challenges and to address critical knowledge gaps regarding the impact of policy and practice reforms on community pharmacy businesses and professional practice.

The UTS Community Pharmacy Barometer™ is the first independent and comprehensive research instrument available to all stakeholders within the Australian pharmacy sector. It systematically captures and analyses the confidence, perceptions, and perspectives of pharmacy owners and employees, providing longitudinal insight into the state of the profession.

Conducted annually, the Barometer monitors sentiment regarding the economic viability and sustainability of community pharmacy, as well as perceptions of how current and forthcoming reforms may affect the present and future value of pharmacy businesses. In addition to tracking core indicators over time, each edition includes an in-depth exploration of a contemporary priority issue affecting the sector.

Fieldwork for the 15th edition of the Barometer was completed in November 2025.

The expert advisory panel comprises leading figures from academia, professional organisations, and industry, including UTS Graduate School of Health Head of Discipline (Pharmacy) and Professor of Pharmacy Practice Kylie Williams; UTS Adjunct Professor John Montgomery; Pharmaceutical Society of Australia (PSA) Board Director Warwick Plunkett; former PSA National President John Bell; Emeritus Professor Shalom Benrimoj; Professor Victoria Garcia-Cardenas; and Australian Journal of Pharmacy (AJP) editor Chris Brooker. Collectively, the panel provides strategic oversight and expert interpretation to ensure the Barometer's methodological rigour, relevance, and sectoral impact.

# Methodology and analysis

The survey instrument was designed to assess pharmacists' confidence in the short term (one year) and medium term (three years) with respect to both business performance and professional sustainability. Since the inaugural study, successive Barometer™ reports have consistently examined the range of services delivered within community pharmacy, the evolution of pharmacists' scope of practice, and the professional and economic implications of successive Community Pharmacy Agreements (CPAs). In its fifteenth wave (2025), the Barometer™ includes a dedicated focus on the implementation and early impact of the Eighth Community Pharmacy Agreement (8CPA), as well as the continued expansion of pharmacists' scope of practice across Australian jurisdictions. The 2025 UTS Community Pharmacy Barometer™ survey was developed by UTS Pharmacy in collaboration with IQVIA and the University of Technology Sydney Pharmacy Expert Panel to ensure methodological robustness and sectoral relevance.

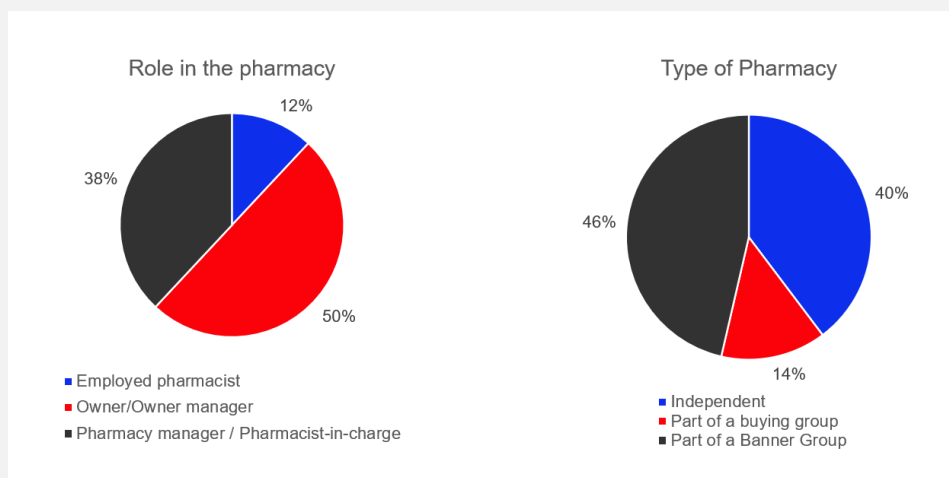
A total of 360 pharmacists participated in the 2025 survey, providing a sample size sufficient to achieve a ±5% margin of error at a 95% confidence level. Responses to open-ended

questions were analysed using thematic coding, enabling the systematic grouping of comments into key themes and the concise synthesis of participants' views and perspectives.

Data collection was undertaken in September-October 2025. Invitations to participate in the online survey were distributed to pharmacists registered on the IQVIA online panel, from a sampling frame of approximately 1,000 pharmacists. Respondents working primarily in community pharmacy were categorised by role as owner or owner–manager (50%), pharmacist-in-charge or pharmacy manager (38%), and employed pharmacist (12%) (Figure 1). The 2024 sample, was closely comparable, differing by only one percentage point, with a marginally lower proportion of owners/owner–managers and a correspondingly higher proportion of employed pharmacists.

Participants also reported the type of pharmacy in which they practised: independent (40%), banner group (46%), or buying group (14%) (Figure 1). This distribution is consistent with previous Barometer™ waves, supporting the longitudinal comparability of findings.

**Figure 1. Type of pharmacy and role in the pharmacy (N=360)**



The survey was administered to various types of community pharmacist (n= 360). Selected questions were administered exclusively to respondents identified as owners/owner–managers (n = 180) and managers/pharmacists-in-charge (n = 137), considered in this report as decision-makers (n = 317). This represents a different categorisation approach from previous waves, in which participants self-identified as “decision-makers.”.

Items were analysed using cross-tabulations to explore potential relationships and emerging themes across respondent characteristics. Subgroup analyses were also conducted by practice location to assess potential differences in perspectives between metropolitan, regional, and rural pharmacists (Table 1).

The geographic distribution of respondents in 2025 closely mirrors that of previous Barometer™ waves. Consistent with earlier surveys, the sample comprised a greater proportion of metropolitan-based pharmacists (75%, n = 270) compared with those practising in rural and regional areas (Table 1). New South Wales accounted for the largest share of respondents, representing 34% of the sample (n = 122) (Table 2).

**Table 1. Location of respondent pharmacists in wave 13 (N=250), wave 14 (N=360) and wave 15 (N=360)**

Location	Wave 13 (2023)	Wave 14 (2024)	Wave 15 (2025)
Inner Regional Australia	15%	15%	17%
Major Cities of Australia	76%	78%	75%
Outer Regional Australia	7%	6%	7%
Remote Australia	2%	1%	1%

**Table 2. State and Territory breakdown of respondent pharmacists in wave 13 (N=250), wave 14 (N=360) and wave 15 (N=360)**

State of Territory	Wave 13 (2023)	Wave 14 (2024)	Wave 15 (2025)
Australian Capital Territory	1%	1%	2%
New South Wales	37%	36%	34%
Northern Territory	0%	0%	0%
Queensland	17%	15%	16%
South Australia	9%	10%	9%
Tasmania	3%	2%	3%
Victoria	23%	26%	24%
Western Australia	10%	10%	12%

# UTS Community Pharmacy Barometer™ - 2025

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.

# 8th Community Pharmacy Agreement (8CPA)

1. A year after the signing of the 8CPA, what is your level of satisfaction with the agreement on an economic and professional level?

Strongly dissatisfied = 1 - 3

Neutral = 4 - 7

Strongly satisfied = 8 - 10

2. Could you please provide reasons for your overall level of satisfaction?

## Expanded Scope of Practice

There has been much discussion at state and national level regarding pharmacists' scope of practice. These discussions have been around providing the authority for pharmacists to prescribe additional medications which were previously only available through medical prescribing. Some of the conditions for which pharmacists are being authorised to prescribe these medications, were previously being treated using S2 or S3 medications. However, there are also some conditions that were not being managed by pharmacists. To add to this debate, we would like your views.

1. Which of the following services have you provided in the last 6 months?

Urinary tract infections (UTI) / Hormonal contraception / Mild plaque psoriasis / Nausea and vomiting / Minor wound management / Otitis externa / Otitis media / Allergic and non-allergic rhinitis / Gastro-oesophageal reflux and Gastro-oesophageal reflux disease (GORD) / Impetigo / Management for overweight and obesity / Mild-moderate acne / Mild-moderate atopic dermatitis / Mild acute musculoskeletal pain / Shingles / Treatment of nicotine dependence / Travel health / Management of hypertension and lipids / Management of asthma / Management of diabetes / Management of chronic obstructive pulmonary disease (COPD) / None of the above.

2. Which of those services do you intend to provide when available in your state?

3. What were the key factors that enabled you to provide these services?

4. What is your pharmacy's usual charge for these services?
5. Are there any factors that influence how you set or vary your charges for these services? If yes, please describe how your pricing changes, e.g., based on the type of condition, patient characteristics, service complexity, or other considerations.
6. Could you provide reasons why you do not wish to provide these services?
7. What types of support do you need to provide these services:  
Economic Support: Financial support to undertake educational training / Financial support to modify infrastructure in my pharmacy / Financial support for technology requirements.  
Professional support: Time off to attend training / Mentoring / Feedback on performance.  
Other, please specify.
8. To what extent do you think your patients / customers are aware of the currently available pharmacist prescribing services in your area?  
Not aware of any of the services / Aware of some of the services / Fully aware of all the services available.
9. What could be done – either within your pharmacy or by others – to raise awareness of pharmacist prescribing services among customers / patients?
10. For currently registered pharmacists, what level of qualification do you think is necessary to undertake pharmacist prescribing safely and effectively?  
CPD course / Graduate Certificate / Doctor of Pharmacy / Other, please specify.
11. For future pharmacists, what do you believe is the most effective way to deliver training in prescribing?  
The pre-registration courses (Bachelor or Master of Pharmacy) / An additional CPD course post university training / A Graduate Certificate / A Doctor of Pharmacy program.
12. Do you believe pharmacists who hold prescribing rights should receive a higher hourly rate than those without prescribing rights?  
Yes (If so, what do you believe their hourly rate should be? / No / Not sure.

# 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 85 refereed papers, 9 major research reports and has co-authored over 95 conference presentations. Alongside her research expertise, Kylie is internationally recognized 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 Adjunct Professor 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 Founding Chair of the Australian Self-Care Alliance. John also works in a community pharmacy in the Eastern suburbs of 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 pharmacies. 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 15th wave of the UTS Community Pharmacy Barometer™ marks fourteen years since the inaugural study and continues to track the confidence, expectations, and perspectives of pharmacy owners and employees across Australia. Conducted annually, the Barometer™ monitors sentiment within the sector while examining key policy and practice developments affecting community pharmacy. The current wave focuses particularly on the first year of implementation of the 8th Community Pharmacy Agreement (8CPA) and the ongoing expansion of pharmacists' scope of practice, including prescribing and the management of a range of conditions through routine services and state-based pilot programs. Wave 15 was conducted in September-October 2025 and included responses from 360 participants, of whom 317 were classified as decision-makers, consistent with the composition observed in previous waves.

## Results:

- Overall confidence in the community pharmacy sector continues to increase following the decline observed after the announcement of the 60-day dispensing policy in 2023. The UTS Pharmacy Barometer™ score reached 155.1 out of 200 (where 100 represents neutral confidence), indicating sustained positive sentiment and a continued upward trend since Waves 12B and 13. This recovery suggests that the sector has not only stabilised following earlier policy disruptions but is increasingly becoming more confident. The confidence score is the highest achieved since the Pharmacy Barometer commenced.
  - More than one year after the implementation of the 8CPA, the results reveal differences in satisfaction across employment categories. Owner/Owner Managers reported higher levels of economic satisfaction (ratings 8-10) (39.4%), whereas employed pharmacists reported lower satisfaction (11.6%), suggesting a divergence in perceived benefits of the agreement.
  - At a professional level, satisfaction appears to be improving across the sector, with gains reported across all employment categories.
  - A large proportion of respondents reported that they managed a wide range of conditions, with urinary tract infections (82.8%), allergic and non-allergic rhinitis (68.9%), and gastro-oesophageal reflux disease (65.3%) being the most frequently supported areas. These findings highlight strong professional endorsement for an expanded scope of practice, particularly in the management of common acute conditions. In contrast, lower levels of support were observed for the management of more complex or chronic conditions.
- The findings also indicate that successful implementation of expanded pharmacy services will require both financial investment and workforce support. Pharmacists placed greater emphasis on structural facilitators, with 88.0% identifying financial support for educational training as necessary, compared support such as mentoring (53.0%) and feedback on performance (40.8%). These results reinforce observations from previous Barometer™ waves that resource availability and operational capacity remain key barriers to service expansion in community pharmacy.
  - Patient awareness of pharmacy services is reported to remain low. Most pharmacists reported that patients were only partially aware of the services offered by community pharmacies (77.0%), suggesting that further efforts are required to improve public understanding of the profession's evolving role. Advertising, flyers, and in-pharmacy promotional materials were the most frequently identified strategies to increase patient awareness.
  - Pharmacists demonstrated a preference for practical, competency-based training pathways for prescribing and extended services. The most commonly supported qualification for currently practising pharmacists was a Graduate Certificate (46.0%), followed by Continuing Professional Development (CPD) courses (38.0%), while only 13.0% supported a Doctor of Pharmacy qualification. However, there was no clear consensus regarding the optimal training model for future pharmacists, reflecting ongoing debate within the profession regarding how prescribing competencies should be integrated into pharmacy education.
  - Finally, most respondents indicated that pharmacists with prescribing competencies should receive higher remuneration. Seventy-three percent of participants supported additional pay for prescribing pharmacists, with the suggested average hourly rate of \$70.80 (SD = \$20.40). This reflects a widely held perception that expanded clinical responsibilities should be accompanied by appropriate financial recognition.

Overall, Wave 15 of the UTS Community Pharmacy Barometer™ indicates continued sector confidence, growing professional support for expanded pharmacy services, and debate around workforce capability, training pathways, and remuneration associated with pharmacist prescribing and expanded scope of practice.

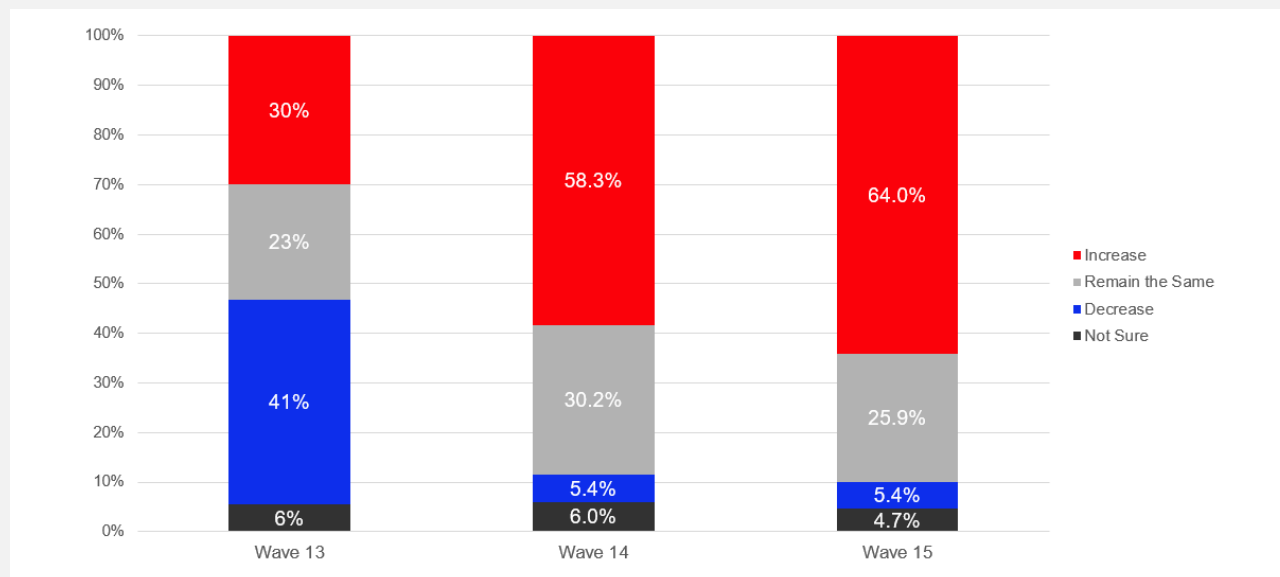
# UTS Pharmacy Barometer™ 2025



# 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



N Wave 13 (2023)=250, N Wave 14 (2024)=331, N Wave 15 (2025)=317

The 2025 Barometer (Wave 15) indicates an increased optimism among decision-makers regarding the expected value of their community pharmacies over the next year. Specifically, 64.0% of respondents anticipate an increase in pharmacy value, up from 58.3% in Wave 14 (2024). This appears to represent a shift from respondents in the previous wave who anticipated that the value would remain stable over the next twelve months.

This is in contrast to the previous year, 2023, when only 30% of decision-makers anticipated an increase in value, a notable decline following the 60-day dispensing policy. Sixty-four percent is the highest ever observed (55.0% in wave 12, 49.0% in wave 11, 37.1% in wave 10, 25.2% in wave 9, and 20.9% in wave 8), representing a growth in sector confidence.

The proportion of respondents who expect their pharmacy's value to remain unchanged declined slightly to 25.9% in Wave 15, compared with 30.2% in Wave 14. Meanwhile, the proportion of respondents who were not sure decreased marginally from 6.0% in Wave 14 to 4.7% in Wave 15.

Overall, these results suggest growing confidence among pharmacy decision-makers in the short-term business outlook, reflecting a broadly positive perception of sector stability and potential growth.

### EXPERT COMMENTARY

“Business confidence has rebounded strongly from the sharp decline several years ago.”

**John Montgomery**

“Service expansion appears to be now driving short-term value expectations.”

**Charlie Benrimoj**

“The profession appears to have absorbed the earlier shock of the 60-day dispensing policy.”

**Warwick Plunkett**

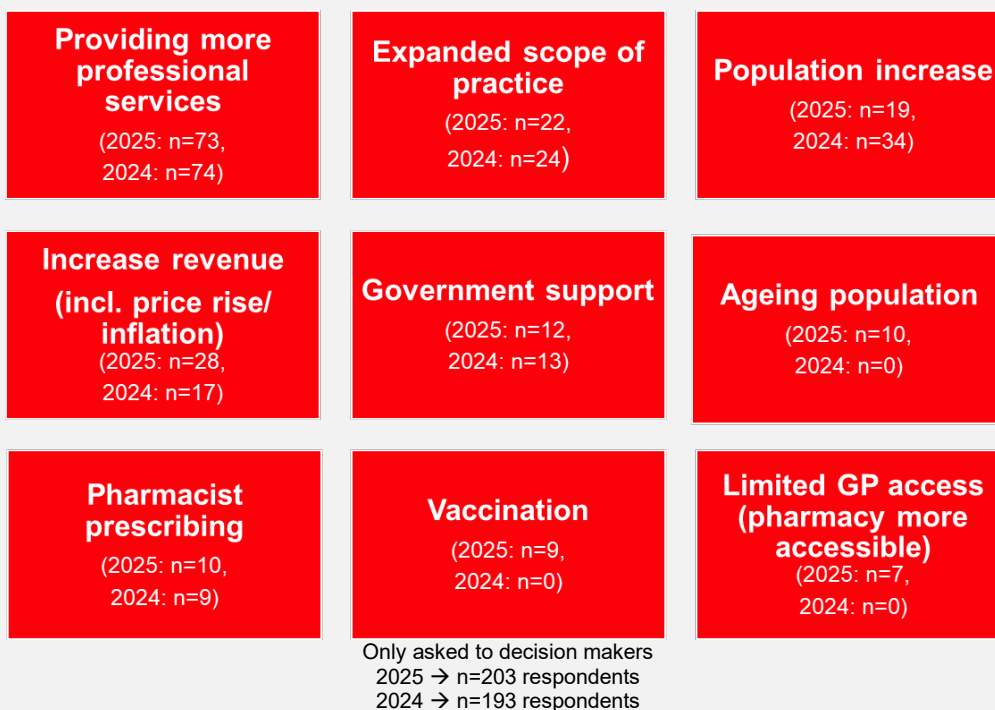
Contributing factors to the positive financial outcomes include the continued uptake of new professional, pharmacist-led services (n=73), most notably pharmacist prescribing (n=10) vaccinations (n=9) and expanded scope of practice (n=22).

However, these findings represent an analytical interpretation of pharmacists' own descriptions rather than direct quantitative measures. Additionally, it is important to recognise that certain concepts (such as professional services, extended scope of practice, and pharmacy prescribing) represent distinct aspects of practice. While these terms are sometimes aggregated in survey analyses, they reflect different professional activities. Overall, while the categorised responses provide useful trends for insights into pharmacists' perspectives, there are limitations in these findings.

Other important contributors to positive performance included increases in pharmacy revenue attributable to price rises and inflation (n = 28), and population growth (n = 19) (Figure 3).

The anticipated impact of the 60-day dispensing policy continues to diminish relative to earlier Barometer waves, with respondents increasingly attributing value outcomes to proactive service diversification and professional service delivery. This trend is consistent with evidence that community pharmacies have adapted operationally and strategically to the policy through strengthening vaccination and other remunerated professional services mitigating anticipated negative effects on revenue.

**Figure 3. Main reasons for increased value in the next twelve months (comparison between 2024 and 2025)**



Competition from discount pharmacy chains has emerged as a contributing factor to the expected decline in projected business value over the coming twelve months. While only a minority of community pharmacists (n=8) identified discount pharmacies as a primary concern, their growing presence remains an important consideration within the broader competitive landscape

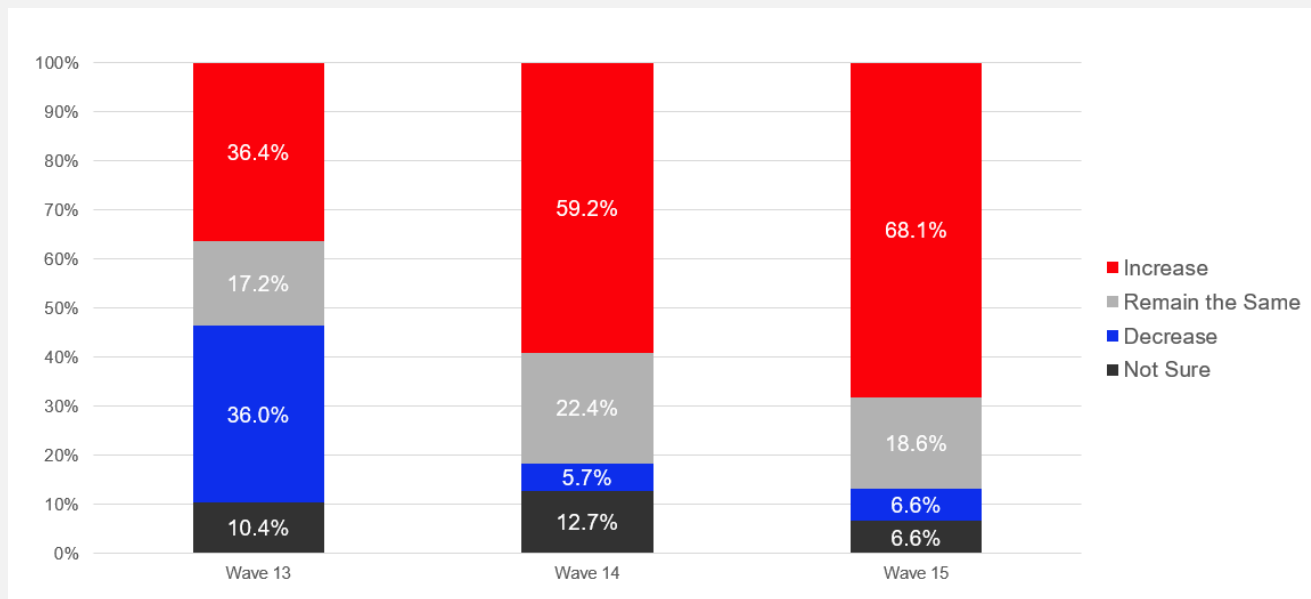
A plausible interpretation of these differing responses is that community pharmacists are progressively adapting to the presence of discount competitors. Tactics such as strategic

price matching, enhanced service differentiation, and reinforced professional value propositions may be mitigating the perceived impact of discount pharmacy models on business expectations.

While discount competition remains an important contextual factor, the relatively low frequency with which it is mentioned in this Barometer suggests that, for many practitioners, its influence on short-term business forecasts may be less immediate than other operational pressures.

# “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



N Wave 13 (2023)=250, N Wave 14 (2024)=331, N Wave 15 (2025)=317

In previous waves, longer-term projections regarding the expected value of community pharmacy were characterised by greater uncertainty, as evidenced by higher proportions of decision-makers reporting being unsure over three years compared to short-term projections over the next twelve months. In contrast, the current Barometer indicates much smaller differences between short- and long-term uncertainty, with 4.7% of respondents uncertain about the next twelve months and 6.6% uncertain about the next three years (a difference of less than two points) compared with a 6.7-point gap observed in Wave 14. This

convergence suggests that decision-makers now have greater confidence in the medium-term outlook for their pharmacies, potentially reflecting increasing stability in policy and market conditions.

A comparison of changes in expected value over twelve months and three years reveals consistently positive trends. In 2025, most decision-makers (86.7%, n = 312) anticipate that the value of their pharmacy will either increase or remain stable over the next three years. This represents an upward trajectory from 81.0% in 2024 and 53.6% in 2023, highlighting growing optimism within the sector.

When asked to indicate the drivers behind their projected changes in pharmacy value over the next three years, respondents highlighted patterns consistent with those reported for twelve-month projections. Pharmacist-led services and expanded scope of practice were consistently identified as the primary drivers. Government support also emerged as a key contributing factor, underscoring the continued importance of policy incentives and funding programs in shaping medium-term pharmacy value.

## EXPERT COMMENTARY

“The narrowing gap between 12-month and three-year uncertainty is significant.”

**Charlie Benrimoj**

“There is greater clarity around three-year projections compared to previous waves.”

**Kylie Williams**

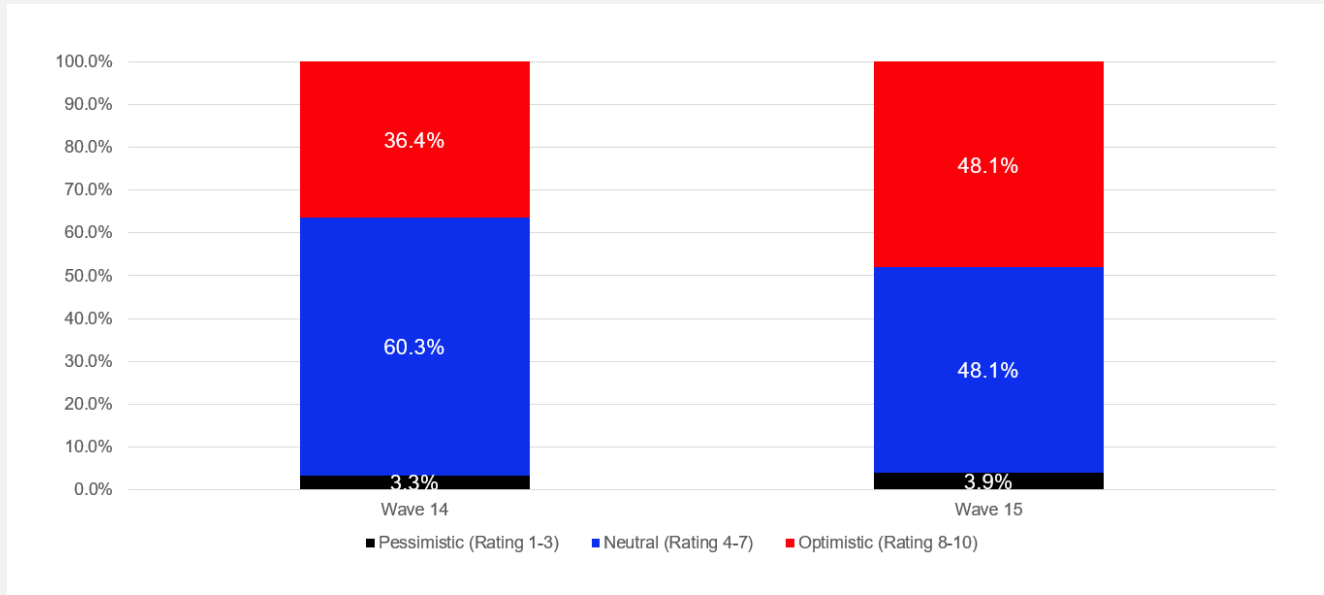
“Pharmacists are showing a remarkably high level of confidence in their mid-term prospects despite the risks inherent in any business”

**John Montgomery**

# 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



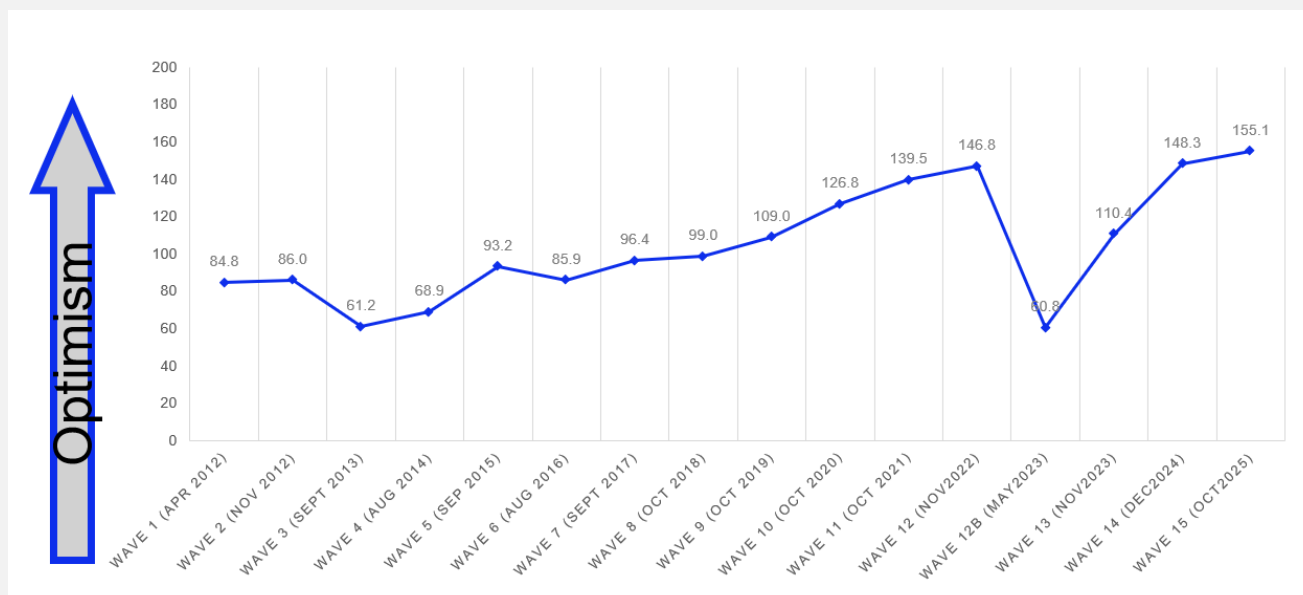
Note: N Wave 14 (2024)=360, N Wave 15 (2025)=360

Respondents were asked to indicate their level of confidence in the future viability of community pharmacy (Figure 5). Confidence continued its upward trajectory in 2025, building on the substantial improvement observed in 2024. Notably, the proportion of highly optimistic pharmacists (rating their confidence between 8 and 10) increased by nearly 12% compared with the previous year. In contrast, the proportion of pessimistic respondents (ratings between 1 and 3) remained relatively stable, shifting only marginally from 3.3% to 3.9%.

Across the 15 waves of the Barometer™, including the current edition, responses have consistently demonstrated a modest but persistent skew towards greater optimism among owners/owner-managers and pharmacy managers or pharmacists in charge, compared with employed pharmacists. This could suggest that individuals with strategic or financial oversight of pharmacy operations may perceive greater opportunity in service expansion and evolving remuneration frameworks, whereas employed pharmacists may remain more cautious in their outlook.

# UTS Community Pharmacy Barometer™

Figure 6. Community Pharmacy Barometer™ index



The Barometer Index is derived from responses provided by participants who completed all three core measures: (1) perceived value of the pharmacy over the next twelve months, (2) perceived value over the next three years, and (3) confidence in the future viability of community pharmacy (Barometer Index Wave 15, N = 291). This composite indicator provides an integrated measure of sector sentiment, capturing both short- and medium-term expectations alongside overall confidence.

A significant rebound was observed in 2024, when the Pharmacy Barometer™ Index rose to 148.3 from the decline seen in 2023; the upward trajectory has continued in 2025.

The Index reached 155.1 (out of 200), representing the highest value recorded to date.

The strengthening of the Index aligns with the improvements observed in pharmacists' reported confidence and value expectations across both time horizons. As highlighted previously, increasing confidence could be associated with service expansion, implementation of pharmacist prescribing initiatives, vaccination programs, and evolving remuneration frameworks that support professional service delivery. Collectively, these structural and professional developments appear to be reinforcing perceptions of long-term sustainability and growth within the community pharmacy sector.

## EXPERT COMMENTARY

"Confidence at the highest ever level. The reality of being able to do other professional new activities, could be boosting the profitability."

**Chris Brooker**

"The upward trend of the Barometer reflects structural longer-term resilience rather than short-term recovery after the drop seen due to the 60-day dispensing policy."

**Charlie Benrimoj**

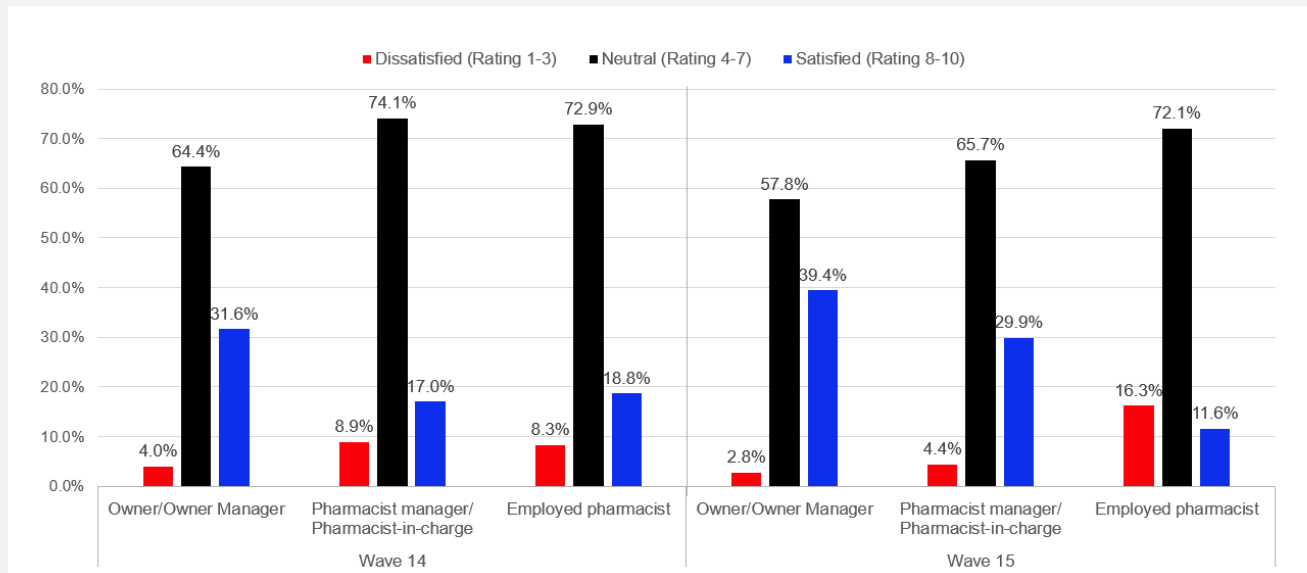
# The 8<sup>th</sup> Community Pharmacy Agreement



# The 8<sup>th</sup> Community Pharmacy Agreement (8CPA)

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

Figure 7. Economic satisfaction with the 8CPA



N Wave 15=360

Figure 7 presents satisfaction levels (ratings 1–3 = dissatisfied; 4–7 = neutral; 8–10 = satisfied) by professional role across Wave 14 and Wave 15.

Owner/owner managers demonstrate a modest positive improvement between waves. Satisfaction increased from 31.6% in Wave 14 to 39.4% in Wave 15, accompanied by a decline in neutrality (64.4% to 57.8%) and a slight reduction in dissatisfaction (4.0% to 2.8%). This shift potentially reflects adaptation to policy and market changes or improved business stability compared with the previous wave.

In contrast, employed pharmacists show a clear deterioration in sentiment. Satisfaction declined from 18.8% in Wave 14 to 11.6% in Wave 15, while dissatisfaction nearly doubled from 8.3% to 16.3%. Neutral responses remained relatively stable (72.9% to 72.1%), indicating that the increase in

dissatisfaction appears to have come largely from those previously satisfied. This pattern points to increasing pressure among employed pharmacists and highlights a widening divergence in outlook between ownership and non-ownership roles.

Pharmacist managers/pharmacists-in-charge occupy an intermediate position. While satisfaction increased from 17.0% to 29.9% and dissatisfaction decreased from 8.9% to 4.4%, neutrality remains comparatively high (74.1% to 65.7%).

Overall, Wave 15 suggests emerging differences in satisfaction with the 8CPA on an economic level across employment categories, with owners reporting greater optimism and employed pharmacists demonstrating heightened dissatisfaction.

### EXPERT COMMENTARY

“The satisfaction level has slightly gone up among the pharmacy owners and pharmacist managers. However, it has gone down for the employed pharmacists.”

**Chris Brooker**

“Employed pharmacists’ professional satisfaction is quite good, but their perception is that they should be getting paid more for it.”

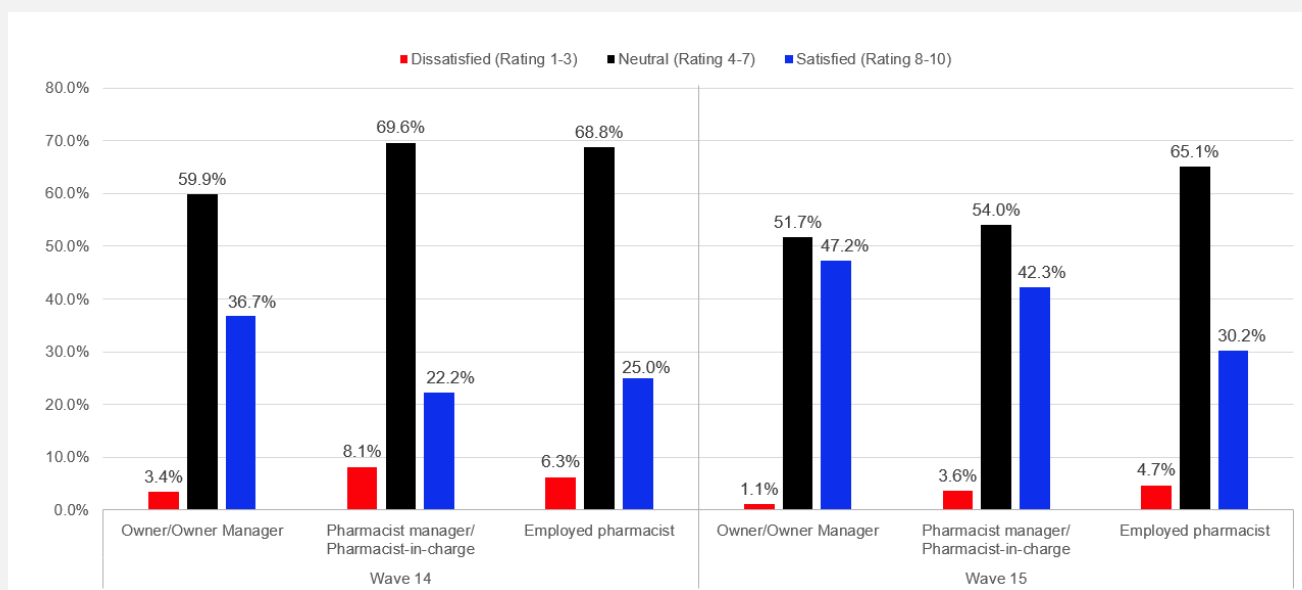
**John Bell**

“This continuing trend in dissatisfaction by employed pharmacist will inevitably create challenges for pharmacy owners, it is a high-risk factor.”

**Charlie Benrimoj**

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

**Figure 8. Professional satisfaction with the 8CPA**



N Wave 15=360

The 8CPA has generated a high level of satisfaction from a professional perspective. In contrast to the economic satisfaction (Figure 7), Wave 15 demonstrates a clear upward shift in professional satisfaction across all roles, accompanied by a reduction in neutral responses, although still substantial, and consistently low levels of dissatisfaction.

Owner/owner managers show a pronounced improvement, with satisfaction increasing from 36.7% in Wave 14 to 47.2% in Wave 15, and neutrality declining from 59.9% to 51.7%. Dissatisfaction remains minimal (3.4% to 1.1%).

Pharmacist managers/pharmacists-in-charge display the highest increase, with satisfaction rising markedly from

22.2% to 42.3%, and neutrality decreasing from 69.6% to 54.0%. Dissatisfaction also fell from 8.1% to 3.6%, indicating a broad-based positive shift within leadership roles.

Employed Pharmacists also report improved sentiment, with satisfaction increasing from 25.0% to 30.2% and neutrality declining slightly from 68.8% to 65.1%. Dissatisfaction decreased modestly from 6.3% to 4.7%. However, satisfaction among employed pharmacists remains lower than that of owners in Wave 15. The overall pattern suggests a sector-wide improvement in outlook, with gains evident across all employment categories and no corresponding rise in dissatisfaction.

## EXPERT COMMENTARY

“These results may reflect perceptions of the professional role of the 8CPA rather than its actual scope, as the 8CPA does not encompass many of the professional services currently delivered in community pharmacy.”

**Warwick Plunkett**

“The availability of professional services delivered in community pharmacies may be a key driver of the professional satisfaction observed.”

**Charlie Benrimoj**

# Expanded scope of practice

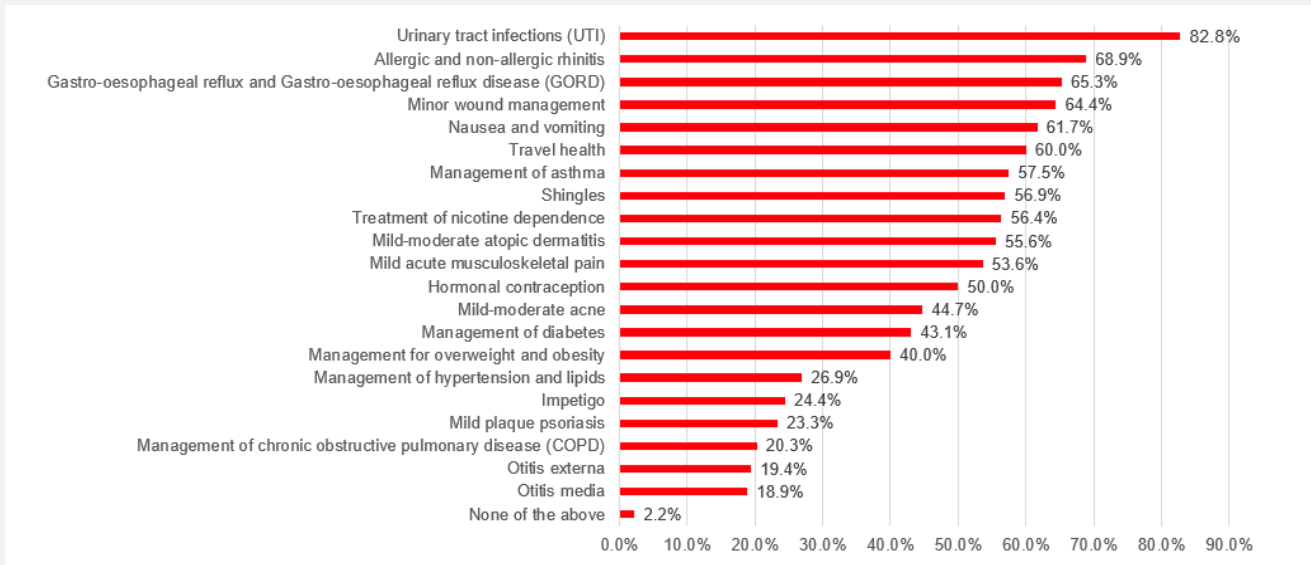


Credit: David Silva/Studio Commercial

# Impact of the extended scope of practice

## “Which of the following services have you provided in the last 6 months?”

Figure 9. Professional services provided by pharmacists in the last six months



N Wave 15=360

The findings suggest strong support for an expanded scope of practice in community pharmacy, particularly for common acute conditions and preventive or primary care services.

Management of urinary tract infections (UTI) was the most frequently provided service (82.8%), followed by allergic and non-allergic rhinitis (68.9%) and gastro-oesophageal reflux disease (GORD) (65.3%). Other commonly provided services included minor wound management (64.4%), nausea and vomiting (61.7%), travel health (60.0%), asthma management (57.5%), shingles (56.9%), treatment of nicotine dependence (56.4%), and mild-moderate atopic dermatitis (55.6%). Several additional conditions also received moderate support, including mild acute musculoskeletal pain (53.6%), hormonal contraception (50.0%), mild-moderate acne (44.7%), diabetes management (43.1%), and management of overweight and obesity (40.0%).

In contrast, fewer pharmacists were managing more complex or chronic conditions: hypertension and lipid management (26.9%), mild plaque psoriasis (23.3%), chronic obstructive pulmonary disease (COPD) (20.3%). This could be related to the fact that these services were only available in Queensland at the time of the survey.

Only a small proportion of respondents selected “none of the above” (2.2%), indicating broad agreement that community pharmacies could play a role in managing at least some of the listed conditions. Overall, the pattern of responses suggests that a high number of pharmacists took the available opportunities for expanded practice in the management of common, lower-acuity conditions and preventive care.

Additionally, the high proportion of pharmacists reporting the provision of a wide range of services may indicate that the question was interpreted more broadly than intended. The item was designed to refer specifically to services delivered under an expanded scope of practice. However, it is possible that some respondents understood it as relating to usual practice activities. This distinction is subtle but important, as usual practice encompasses the full set of practice standards, whereas expanded scope refers to services beyond those traditionally delivered.

### EXPERT COMMENTARY

“There is significant potential for pharmacists to play a greater role in the management of acute conditions.”

**Charlie Benrimoj**

“Scope of practice expansion is central to future sustainability as pharmacy value is increasingly linked to clinical services.”

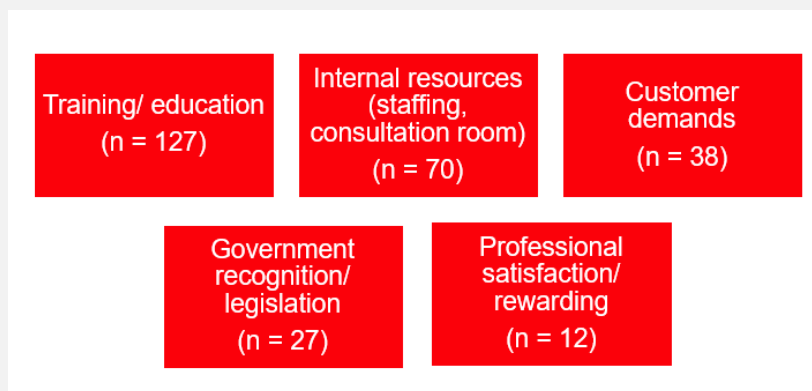
**Chris Brooker**

Pharmacists identified several key enablers for the provision of professional services. Training and education were most frequently cited (n=127), underscoring the central importance of workforce capability in supporting expanded practice. This was followed by internal pharmacy resources (n=70), including workflow, staffing capacity, and the availability of appropriate infrastructure such as consultation rooms. These results reinforce the view that structural and competency-related factors remain foundational to the sustainable delivery of professional services in community pharmacy.

Patient demand was identified by 38 respondents, suggesting that while consumer interest is recognised, further efforts may be required to raise public awareness of the availability and scope of pharmacy-based services.

Notably, although professional satisfaction was previously reported as high across all roles (owners, owner-managers, pharmacists-in-charge, pharmacy managers, and employed pharmacists), only 12 respondents identified professional satisfaction as a key driver of service provision. This suggests that, while expanded services may contribute significantly to professional fulfilment, they are not primarily motivated by intrinsic satisfaction alone. Rather, implementation appears to be driven more strongly by structural, educational, and system-level considerations than by professional morale, reflecting a pragmatic orientation towards service sustainability and sector development.

**Figure 10. Key factors for the provision of professional services**



N Wave 15=360

**EXPERT COMMENTARY**

“Professional satisfaction alone will not drive change; sustainable service delivery requires appropriate remuneration and structural support.”

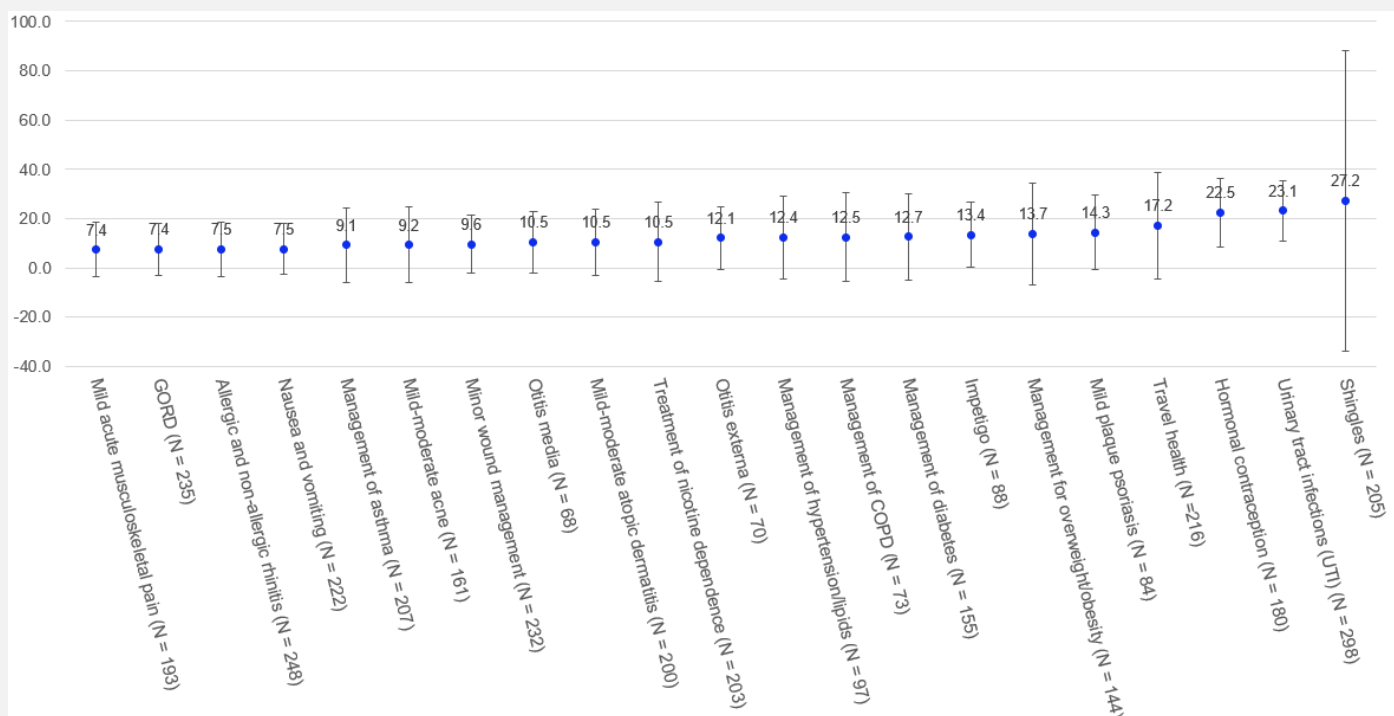
**Kylie Williams**

“Although pharmacists report being motivated by professional satisfaction, practical barriers still hinder their ability to deliver these services.”

**Charlie Benrimoj**

# “What is your pharmacy’s usual charge for these services”

Figure 11. Professional services’ out of pocket cost



N Wave 15=360

GORD: Gastro-Oesophageal Reflux Disease; COPD: Chronic Obstructive Pulmonary Disease

For the majority of services, the mean reported price clusters between approximately \$7 and \$15, indicating a broadly consistent pricing structure for common clinical consultations provided in community pharmacies. These low prices could suggest that there are relatively few clearly defined services currently being delivered. If pharmacists were providing well-defined services, one would expect fees to be significantly higher than \$7 or \$8.

The higher-end fees appear to relate only to prescribed services with an established, set remuneration. Travel health, hormonal contraception, urinary tract infection (UTI) management, and shingles show the highest average prices, with shingles in particular displaying both the highest mean

value and the greatest variability among respondents. The larger standard deviations for some services indicate variability in how pharmacies price these consultations, possibly reflecting differences in time required or resource use. Prices may also have been influenced by recommendations arising from pilot trials, including those conducted in New South Wales and Queensland, where structured service models were tested with pricing frameworks. These pilots may have provided reference points that informed pharmacy pricing practices as services were progressively implemented across jurisdictions.

## EXPERT COMMENTARY

“An expanded scope of practice is strengthening community pharmacy as a sector, rather than individual community pharmacists, by enhancing its long-term economic sustainability, which may also reduce the market influence of discount-focused competitors within the system.”

**Charlie Benrimoj**

“Service-based revenue streams are strengthening viability perceptions.”

**Warwick Plunkett**

“Realisation of the aspiration for greater remuneration for services will depend on the sustainability of these expanded scope practices. This will necessitate changes in whole of pharmacy workplace practices which will enable a greater time commitment by pharmacists to undertake the new services.”

**John Bell**

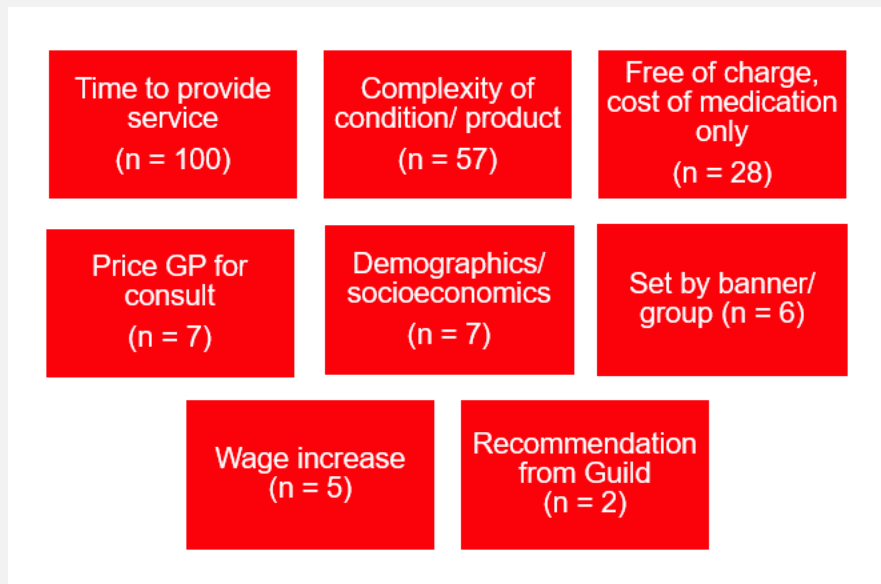
Respondents were asked, through an open-ended question, to identify the key drivers influencing the cost of professional services.

Time required to deliver the service emerged as the primary determinant of pricing, with 100 respondents identifying staff time as the main cost component. This reflects the reality

that professional service fees are largely driven by workforce inputs.

Other important factors included the complexity of the condition being managed and, in some cases, the cost of the product supplied as part of the service (n=28). These findings suggest that both resource utilisation and clinical intensity play a role in shaping service remuneration.

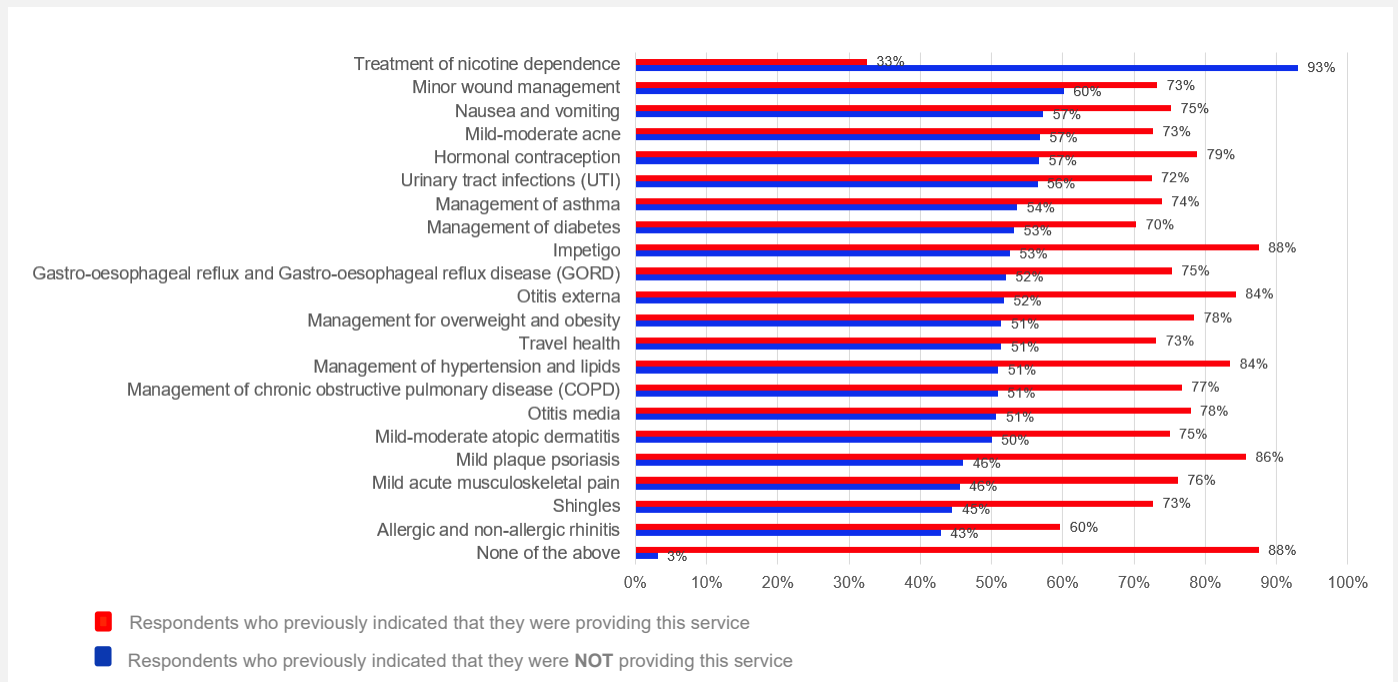
**Figure 12. Factors influencing the costs of professional services**



N Wave 15=360

# “Which of the following services do you intend to provide when available in your state?”

Figure 13. Intended professional services to be provided by pharmacists



N Wave 15=360

When these results are compared with those presented in Figure 9, three potential hypotheses emerge:

- Differences in interpretation of service provision: pharmacists may have interpreted the question as referring either to services they had not previously delivered, or to continuation of services already implemented. Variability in interpretation could partially explain the discrepancy observed between the two sets of results.
- Intention to discontinue certain services: the data may suggest that a proportion of pharmacists who have provided specific services do not intend to continue. For example, the provision of urinary tract infection services decreased from 82.8% of pharmacists reporting delivery to 72% indicating willingness to continue. This represents a potential reduction of approximately one in seven pharmacists ceasing provision of this service.
- Relative prioritisation of services: Alternatively, the data may reflect areas of greatest professional interest, with pharmacists effectively ranking services according to their perceived relevance, feasibility, or strategic importance moving forward.

In any case, respondents who were already delivering the service consistently show higher levels of willingness to continue providing it in the future. For most services, between around 70% and almost 90% of current providers indicate they would continue offering them. This is particularly evident for services such as the management of impetigo (88.0%), mild plaque psoriasis (86.0%), otitis externa (84.0%), and management of hypertension and lipids (84.0%). These high proportions suggest that once implemented, these services are generally perceived as feasible and sustainable within community pharmacy practice. However, neither management of otitis externa or hypertension and lipids had high provision in the previous six months, only 19.4% to 26.9% of pharmacies reported providing them.

In contrast, respondents who previously indicated that they were not providing these services report substantially lower levels of willingness to introduce them, generally ranging

between approximately 45% and 60%. However, some services still show moderate willingness among non-providers, including hormonal contraception, minor wound management, and urinary tract infection (UTI) management, suggesting potential for further uptake if barriers to implementation are addressed. Overall, the results highlight how prior exposure and operational experience appear to play an important role in shaping pharmacists' willingness to expand the range of clinical services offered in community pharmacy.

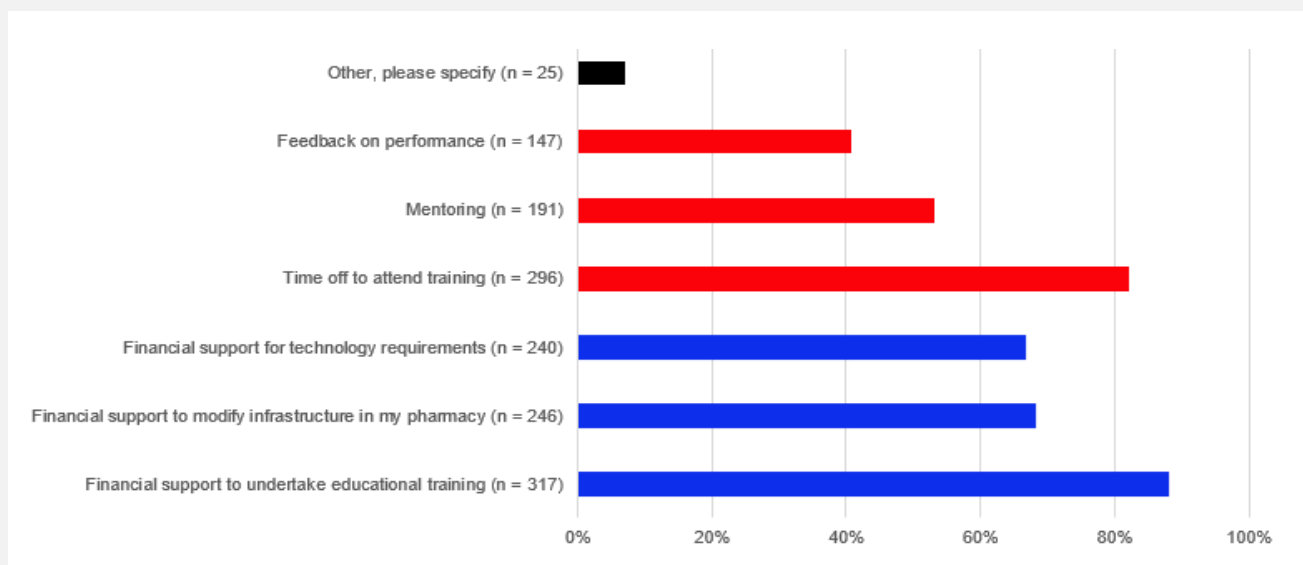
### EXPERT COMMENTARY

“Professional services are increasingly seen as core business. However, the sustainability of service provision should be considered.”

Charlie Benrimoj

# “What types of support do you need to provide these services?”

Figure 14. Support needed for the provision of the services



N Wave 15=360

Financial support to undertake educational training was the most frequently identified requirement, with 88.0% of the respondents indicating its importance. This was followed by financial support (68.3%) to modify pharmacy infrastructure as the consultation room is generally considered mandatory for the provision of the service and support for technology requirements, as the documentation of service information requires the use of an appropriate IT platform (66.7%). There is an obvious need for support with the significant resource investment required to implement expanded services.

Workforce and organisational support were also identified as important factors. Time off to attend training was the most frequently cited non-financial support mechanism, with 82.2% of the respondents indicating its importance. Mentoring (53.0%) and feedback on performance (40.8%) were selected by a smaller but still notable proportion of

pharmacists, suggesting that professional development support structures remain relevant, though secondary to financial and operational considerations.

A marginal number of pharmacists (6.9%) responded that other types of support were needed including “more financial support”, “staff”, “more space” and “more time”.

Overall, the results reinforce the view that successful expansion of community pharmacy services requires a combination of financial investment and workforce support mechanisms. Pharmacists appear to prioritise structural facilitators, over professional development measures. This suggests that while professional capability is recognised as essential, the principal barriers to service implementation remain related to resourcing and operational capacity within community pharmacy settings.

## EXPERT COMMENTARY

“If the extended scope of practice services are to be universally delivered by pharmacy, there is a clear need to consider matters other than legislative changes. Financial and workplace barriers need to be actively prosecuted.”

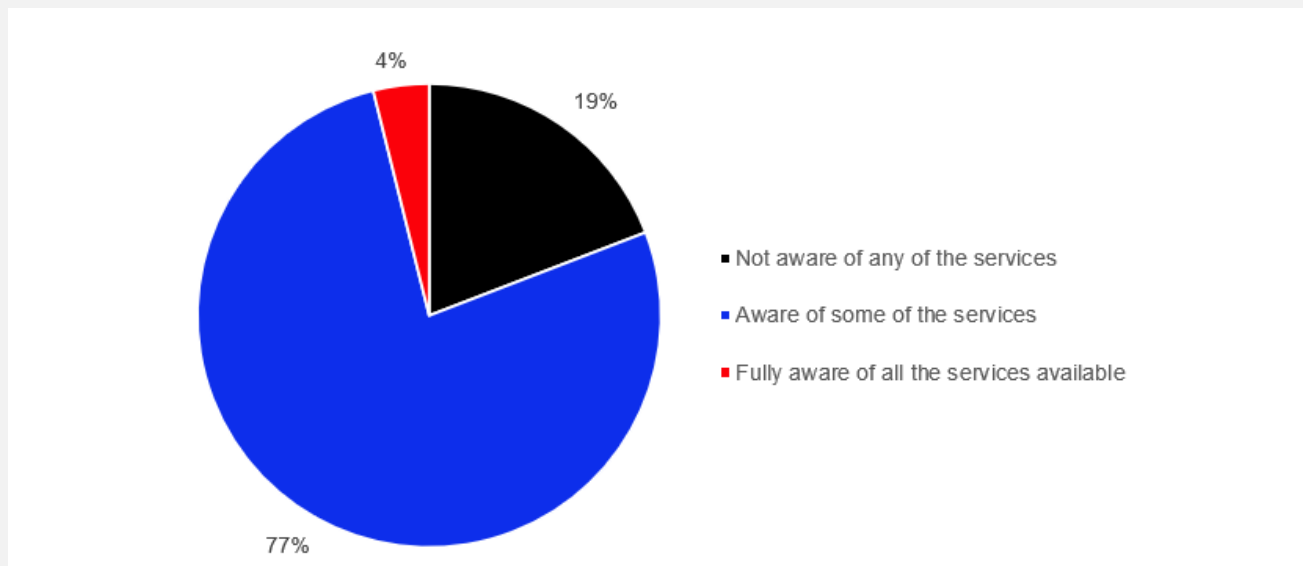
**Charlie Benrimoj**

“There seems to be an unmistakable message – give pharmacists the structural and financial tools they need to succeed.”

**John Montgomery**

## “To what extent do you think your patients or customers are aware of the currently available pharmacist prescribing services in your area?”

Figure 15. Patient awareness of pharmacist prescribing services



N Wave 15=360

Most respondents consider that patients have partial awareness of the services offered by community pharmacies. A large majority (77%) reported that patients were only aware of some of the services, indicating that while community pharmacies are visible to the public, the full scope of their services may not be completely understood. This suggests that although pharmacies are recognised as healthcare access points, many people may primarily associate them with traditional roles such as dispensing medicines, rather than the broader range of clinical and professional services they provide.

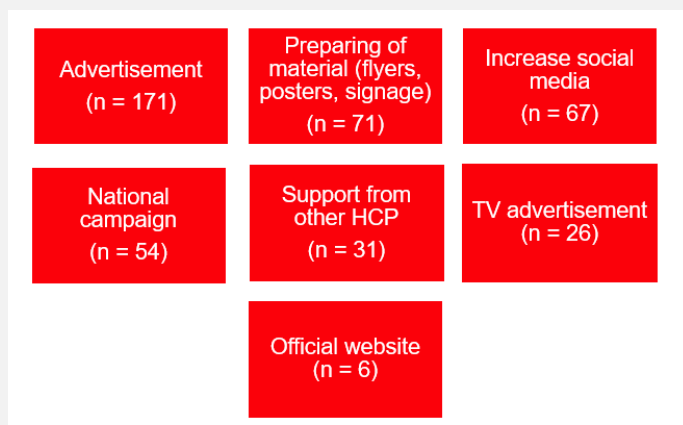
Additionally, 19% of respondents indicated that in their opinion consumers were not aware of any of the services, highlighting a notable gap in public awareness.

Only 4% reported being fully aware of all services available, demonstrating that comprehensive knowledge of pharmacy services is very limited among the population.

There is a need for stronger communication and public engagement strategies to increase awareness of the full range of services provided by community pharmacies and to better position pharmacists as accessible healthcare providers within the primary care system.

In line with these results, pharmacists were asked about possible actions to raise patient awareness (Figure 16) with most respondents including advertisement, flyers and posters. Other actions mentioned were increasing information in social media and national campaign.

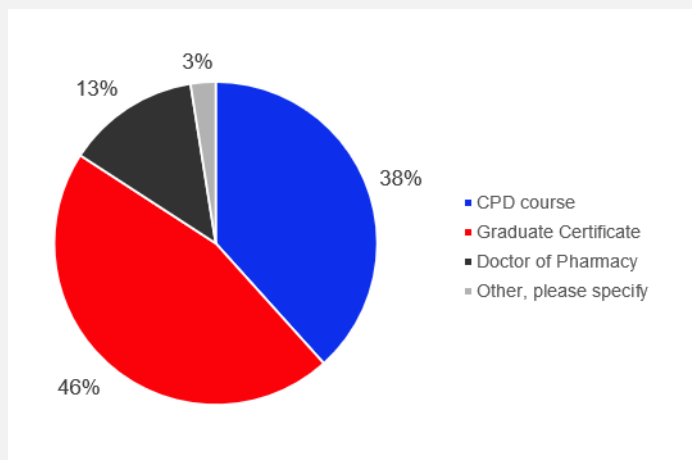
Figure 16. Possible actions to raise patient awareness of pharmacist prescribing services



N Wave 15=360

## “For currently registered and future pharmacists, what level of qualification do you think is necessary to undertake pharmacist prescribing safely and effectively?”

**Figure 17. Perceived qualification level required to undertake pharmacist prescribing for currently registered pharmacists**



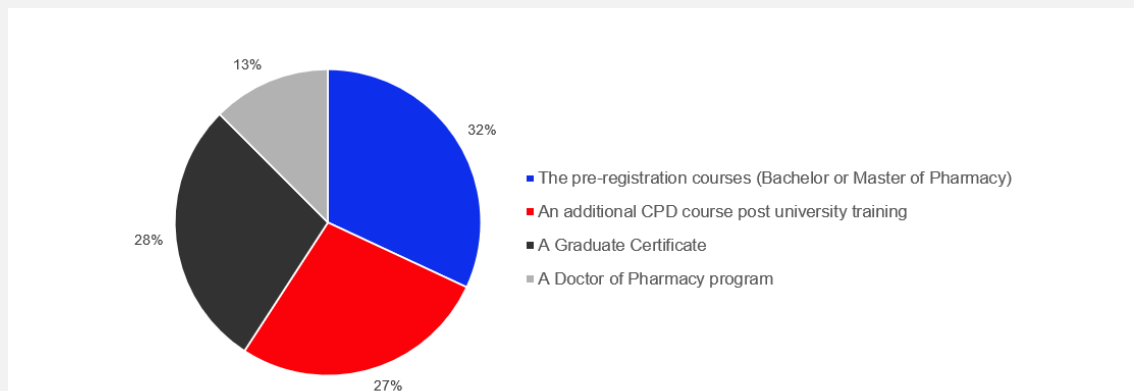
For currently registered pharmacists wanting to undertake prescribing activities, the most frequently identified qualification was a Graduate Certificate (46%), followed by a Continuing Professional Development (CPD) course (38%). A smaller proportion considered a Doctor of Pharmacy qualification necessary (13%). These results suggest that pharmacists broadly support additional formal training for prescribing, although the preferred level of qualification tends to be at the postgraduate certificate level rather than a full doctoral qualification.

The prominence of the Graduate Certificate reflects a perception that pharmacist prescribing requires structured postgraduate education while remaining accessible and feasible for the existing workforce. The relatively high proportion of

respondents identifying CPD courses also indicates that many pharmacists consider targeted professional training sufficient to develop the competencies required for prescribing.

Pharmacists tend to favour practical, competency-based training pathways over more extensive academic qualifications when implementing expanded scope of practice initiatives.

**Figure 18. Perceived qualification level required to undertake pharmacist prescribing for future pharmacists**



N Wave 15=360

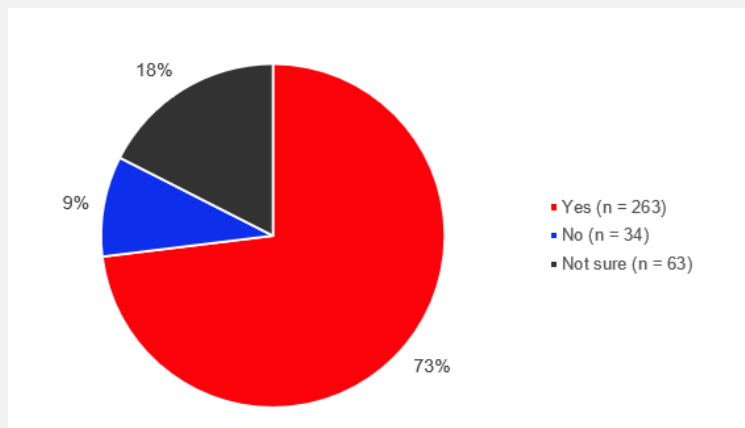
However, when respondents were asked about the most appropriate training pathway for future pharmacists to undertake prescribing (Figure 18), the results were relatively evenly distributed across several educational levels. Approximately one-third of respondents indicated that prescribing training should be incorporated into pre-registration pharmacy programs (32.0%). Similar proportions supported postgraduate or professional development pathways, including a Graduate Certificate (28.0%) and CPD

courses (27.0%). As seen previously, only a small proportion (13.0%) considered that prescribing should be taught as part of a Doctor of Pharmacy program.

There is no clear consensus within the profession regarding the optimal training model for future pharmacist prescribing. Rather, respondents appear to support a range of educational pathways that could accommodate both future graduates and the existing workforce.

# “Do you believe pharmacists who hold prescribing rights should receive a higher hourly rate than those without prescribing rights?”

Figure 19. Higher perceived salary for pharmacists who hold prescribing rights

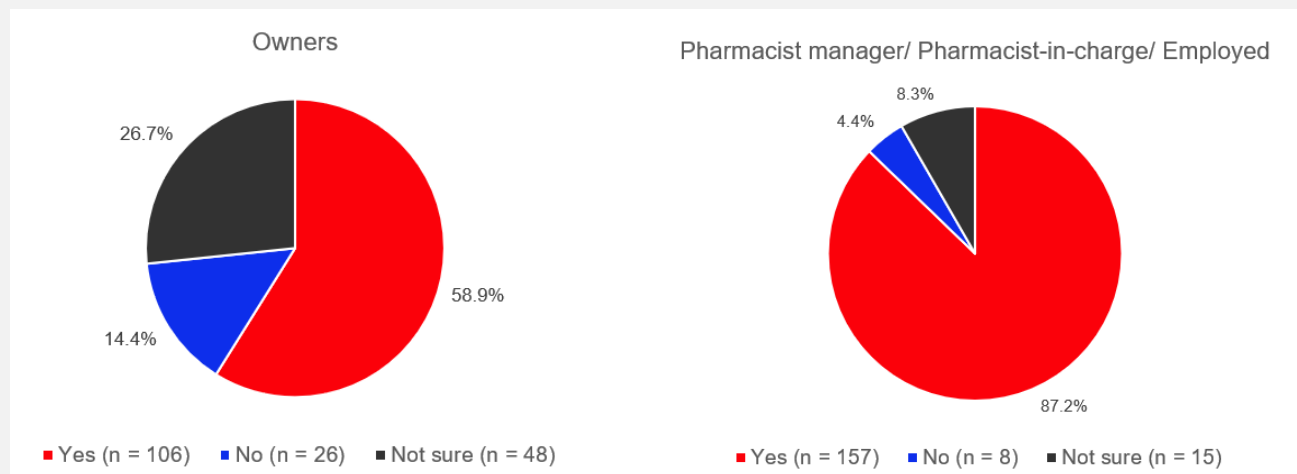


N Wave 15=360

Most respondents indicated that pharmacists with prescribing competencies should receive higher remuneration, with 73.0% of participants (n = 263) supporting additional pay for this expanded role. Among those respondents, the average suggested hourly rate for prescribing pharmacists was \$70.80 (SD = \$20.40). This finding reflects a broad perception within the profession that prescribing represents an advanced clinical responsibility that should be recognised financially, particularly given the additional training, accountability, and clinical decision-making involved.

However, when these results were analysed according to respondents' role in the pharmacy (Figure 20), a clear difference was observed. Managers and employed pharmacists were far more supportive of an additional salary for those holding prescribing rights (87.2%) compared with pharmacy owners (58.9%). Additionally, only 4.4% of managers and employed pharmacists believed that pharmacists with prescribing rights should not receive a higher salary, compared with 14.4% of pharmacy owners.

Figure 20. Higher perceived salary for pharmacists who hold prescribing rights according to the role in the pharmacy



## EXPERT COMMENTARY

“Prescribing will ultimately determine the value it delivers within the pharmacy. If it does not contribute significantly, pharmacists are unlikely to receive substantially higher remuneration for providing it.”

**Warwick Plunkett**

It is important to consider that if prescribing competencies become embedded within standard pharmacy education pathways, the distinction between prescribing and non-prescribing pharmacists may diminish over time. In such a scenario, prescribing could become a core professional competency rather than an advanced or specialised skill, potentially resulting in a more uniform remuneration structure across the workforce despite the expanded scope of practice.

# Conclusions

The 15<sup>th</sup> UTS Community Pharmacy Barometer™ in September-October 2025 is a snapshot of opinions on the 8<sup>th</sup> Community Pharmacy Agreement after one year of being implemented and the expanded scope of practice for community pharmacists. The key points were:

1. Sector confidence continues to recover, with the UTS Pharmacy Barometer™ score reaching 155.1, indicating sustained positive sentiment following the decline observed after the introduction of the 60-day dispensing policy in 2023.
2. Perceptions of the 8th Community Pharmacy Agreement (8CPA) differ across pharmacy owners and pharmacy managers vs employed pharmacist, with pharmacy owners reporting greater economic satisfaction, while employed pharmacists show lower levels of satisfaction, suggesting uneven perceived benefits across the workforce.
3. There is strong professional support for an expanded scope of practice in community pharmacy, particularly for the management of common acute conditions and primary care services.
4. Implementation of expanded pharmacy services will require structural and financial support, with pharmacists prioritising funding for training, infrastructure, and operational capacity over softer professional development mechanisms.
5. Pharmacists broadly support prescribing roles but expect appropriate training and remuneration, favouring practical postgraduate or CPD-based training pathways and recognising the need for financial recognition for expanded clinical responsibilities.

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## Data Analysis Lead: Chloé Corrie Hans Smit

Chloé Corrie Hans Smit is an Associate Lecturer at the Graduate School of Health (UTS). Her research focuses on pharmacoepidemiology and the use of real-world data to evaluate medication use, safety, and health outcomes. In this project, she conducted the data analysis, applying strong analytical expertise to examine and interpret the study data in support of the research objectives.



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