

**INQUIRY INTO FOUNDATIONAL AND DISABILITY  
SUPPORTS AVAILABLE FOR CHILDREN AND YOUNG  
PEOPLE IN NEW SOUTH WALES**

**Organisation:** Pharmaceutical Society of Australia  
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**Parliament of New South Wales Select Committee*****Inquiry into foundational and disability supports available for children and young people in New South Wales*****27 APR**  
**2025****Purpose of this submission**

The Pharmaceutical Society of Australia (PSA) makes this submission to the Select Committee inquiring into foundational and disability supports available for children and young people in New South Wales. PSA's submission is informed by the roles, expertise, professional practice experience and perspectives of pharmacists.

**About PSA**

The Pharmaceutical Society of Australia (PSA) is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 40,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the health care needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

In NSW, there are approximately 11,000 registered pharmacists working in community pharmacies, hospitals, general practices, aged care facilities, disability care organisations, Aboriginal Community Controlled Health Organisations, primary health networks, government departments and agencies, and within other private sector organisations.

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## Background about pharmacists

The practice of pharmacists is governed and supported by a comprehensive framework of legislation, and professional and ethical standards. PSA is the profession's standards-setting body and custodian of the *National competency standards framework for pharmacists in Australia*,<sup>1</sup> and also develops, maintains and promulgates its own suite of documents, including: *Code of ethics for pharmacists*,<sup>2</sup> *Professional practice standards*,<sup>3</sup> *Clinical governance principles for pharmacy services*,<sup>4</sup> and various guidelines to support professional practice activities and pharmacist-delivered health services. The pharmacist workforce is fundamentally committed to person-centred care, evidence-based practice, collaborative team care arrangements and quality improvement.

Pharmacists practise in a wide range of settings within health care, aged care and disability care. The accessibility of pharmacists as frontline healthcare professionals in the community provides significant value to patients, carers and the public. Pharmacists support timely access to care and medicines, provide advice on public health information, deliver preventive health care including vaccinations to individuals, assist in improving health and digital literacy, and triage care and refer to other healthcare practitioners to facilitate the best possible care.

In primary care, pharmacists can be readily accessed through the well-distributed network of over 2,000 community pharmacies in NSW. It is reported that, on average, every person visits a community pharmacy 18 times per year. Community pharmacies are considered to be vital healthcare hubs. This was particularly evident during the COVID-19 pandemic as well as other public health emergencies such as floods and bush fires. Pharmacists are regarded as essential frontline healthcare service providers supporting the Government's policy objectives and implementing statewide healthcare responses.

## Foundational supports in the context of pharmacist services

PSA notes the NDIS Review final report<sup>5</sup> (Figure 1 on p. 35 of the report; reproduced below) outlines a three-tiered model of supports for all people with disability. The middle tier (shown in purple) is proposed to make available two levels of foundational supports:

- general foundational supports – for all people with disability under 65 years of age.
- targeted foundational supports – for people with disability under 65 years of age who are not eligible for the NDIS.

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<sup>1</sup> National competency standards framework for pharmacists in Australia. Canberra: PSA; 2016. At: [www.psa.org.au/wp-content/uploads/2018/06/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-2016-PDF-2mb.pdf](http://www.psa.org.au/wp-content/uploads/2018/06/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-2016-PDF-2mb.pdf)

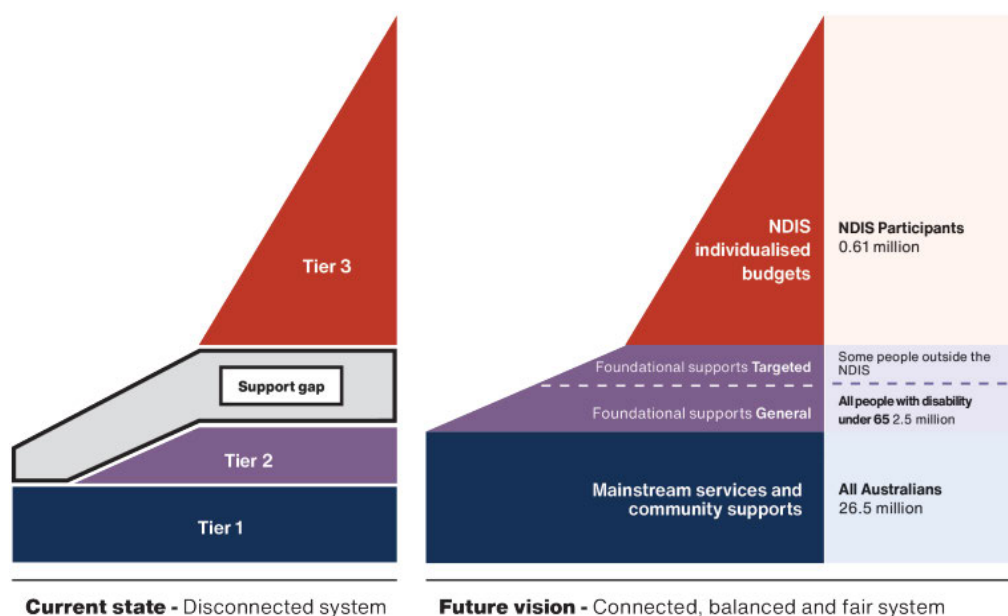
<sup>2</sup> Pharmaceutical Society of Australia. Code of ethics for pharmacists. Canberra: PSA; 2017. At: [www.psa.org.au/wp-content/uploads/2018/07/PSA-Code-of-Ethics-2017.pdf](http://www.psa.org.au/wp-content/uploads/2018/07/PSA-Code-of-Ethics-2017.pdf)

<sup>3</sup> Pharmaceutical Society of Australia. Professional practice standards. Version 6. Canberra: PSA; 2023. At: [www.psa.org.au/wp-content/uploads/2023/07/5933-Professional-Practice-Standards\\_FINAL-1.pdf](http://www.psa.org.au/wp-content/uploads/2023/07/5933-Professional-Practice-Standards_FINAL-1.pdf)

<sup>4</sup> Pharmaceutical Society of Australia. Clinical governance principles for pharmacy services. Canberra: PSA; 2018. At: [www.psa.org.au/wp-content/uploads/2019/05/PSAClinicalGovernancePrinciples2018\\_FINAL.pdf](http://www.psa.org.au/wp-content/uploads/2019/05/PSAClinicalGovernancePrinciples2018_FINAL.pdf)

<sup>5</sup> Commonwealth of Australia, Department of the Prime Minister and Cabinet. Working together to deliver the NDIS – Independent review into the National Disability Insurance Scheme: final report. Oct 2023. At: [www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf](http://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf)

**Integrated, graduated model of mainstream, foundational and NDIS disability supports**  
(reproduced from the [NDIS Review final report](#)<sup>5</sup> for illustrative purposes)



In this submission, PSA highlights the types of services and programs that are accessible through pharmacists, particularly in the primary care setting. PSA suggests a range of established medicine safety and medication management services as well as preventive activities could assist children and young people with medication requirements, and their carers, as foundational and disability supports.

The use of medicines is the most common intervention made in health care and is steadily increasing. Safe and appropriate use of medicines can help improve people's health and quality of life, treat infectious diseases, reduce likelihood of heart attacks or strokes, provide temporary relief from debilitating pain or ease the impacts of chronic diseases. Pharmacists have unique expertise in quality use of medicines and medicine safety. In addition, pharmacists make vital contributions to prevention and early intervention, triaging care, supporting health literacy, and have a strong public health role.

Pharmacists encounter situations where the healthcare needs of people with disability are not being met in a timely and appropriate manner because services in health care and arrangements in disability care do not integrate, connect or complement in a logical or accessible manner. Too often, attention or care may only be provided after a person has experienced harm or when a healthcare response has become more urgent. These situations are even more difficult and potentially critical in children and young people. Unless a person needs to visit a community pharmacy regularly, for example, to have their prescriptions dispensed, many patients with disability and their carers are not informed about the broader healthcare services and supports that are available from pharmacists who are accessible frontline healthcare professionals.

PSA suggests that many pharmacist-delivered mainstream services could be regarded to fulfil the objectives of general foundational supports such as activities providing information and advice (e.g. on health care and medicines), building capability and confidence in managing a health issue or in navigating the health system (e.g. supporting health literacy, digital literacy and medicine literacy) or peer support (e.g. providing information and resources to parents and carers of children and young people). Therefore, PSA advocates for investment in boosting information and access to mainstream services (Tier 1, dark blue, in the diagram above) as part of implementation of general foundational supports. PSA believes this would provide a more seamless continuum of supports for children and

young people with disability, and help patients and parents to receive more integrated care as part of their mainstream daily living.

By way of example at a high level, PSA submits that pharmacists can support people with disability through mainstream healthcare activities and services, such as:

- timely access to, and safe and appropriate supply of prescribed and over-the-counter medicines, and therapeutic devices
- provision of tailored advice to parents and carers who support children and young people with disability on the safe use and handling of medicines and therapeutic devices
- targeted pharmacist interventions to optimise the benefits of medication therapy and prevent or minimise medication-related harm
- quality use of medicines services across a spectrum of care needs to help maintain and improve health and wellbeing, and support independence and self-management.

Further detail on examples of specific services or activities delivered by pharmacists are outlined later in this submission.

PSA also has a strong track record of partnering with government and non-government organisations. Thus, this could include, for example, working with NSW Government departments and agencies, as well as disability service organisations to:

- co-design, develop and deliver education and training on health and medicine information to disability support workers and staff of disability sector organisations
- jointly advocate for collaborative practice arrangements or models of care to formally include pharmacists as a member of the multidisciplinary team to support and improve care for children and young people with disability
- develop resources for pharmacists to implement disability-friendly pharmacies
- promote stronger connections between the pharmacy profession and the National Disability Insurance Scheme.

### ***PSA's medicine safety report***

While not directly related to the purpose of this Inquiry, Committee Members may be interested to know that PSA published the *Medicine safety: disability care* report<sup>6</sup>, in 2022, as part of its medicine safety publication series. The report focused on the challenges that people with disability face in using medicines safely and effectively, and made a series of recommendations to improve medicine safety across the disability sector.

PSA's recommendations (listed below) are intended to ensure equity of access for all people with disability to be supported to use medicines that they need, safely and effectively:

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<sup>6</sup> Pharmaceutical Society of Australia. *Medicine safety: disability care*. Canberra: PSA; 2022. At: [www.psa.org.au/wp-content/uploads/2022/07/PSA\\_DISABILITY-Report\\_2022\\_DIGITAL-FINAL.pdf](http://www.psa.org.au/wp-content/uploads/2022/07/PSA_DISABILITY-Report_2022_DIGITAL-FINAL.pdf)

**Recommendation 1:** Ensure disability service providers have access to quality use of medicine (QUM) services by funding on-site pharmacists' roles in disability provider organisations.

**Recommendation 2:** Enable pharmacists to register as providers under the National Disability Insurance Scheme (NDIS) to increase access for people with disability to medication management services tailored to their needs, referred by suitably qualified NDIS service providers.

**Recommendation 3:** Allow suitably trained pharmacists to administer vaccines and other injectable medicines to people with disability in a setting of their choice, including their home.

**Recommendation 4:** Enhance the set of quality indicators for disability care to facilitate continuous improvement of medicine safety initiatives.

### ***Pharmacist services to support the needs of people with disability and carers***

Pharmacists are uniquely positioned to contribute to the support and care of children and young people with disability through proactive interventions, education and multidisciplinary collaboration. The table below outlines several areas where pharmacists practise in medicine safety, medication management, disease prevention, and improving mental health care. PSA also partners with governments and other organisations.

As mentioned earlier in this submission, many of these activities and interventions are part of mainstream professional practice of pharmacists. However, it is critical to note that much of these pharmacist services sit outside the NDIS framework and arrangements – that is, currently, there is no specific funding available through the NDIS for pharmacists to deliver services and support to people with disability.

Type of support	Contribution of pharmacists
<b>Supporting children and young people with disability</b>	
Facilitating access to medicines and tailored advice	<p>Timely access to prescribed or over-the-counter medicines is facilitated by a well-distributed network of hospital and community pharmacies across NSW. A core tenet of pharmacy practice is to promote quality use of medicines. Pharmacists support and tailor advice on how to take or use medicines safely and correctly so that outcomes are optimised and risks of medication misadventure minimised. Pharmacists address any specific challenges with medication adherence due to factors such as:</p> <ul style="list-style-type: none"><li>• impaired physical dexterity – difficulty opening medicine packaging, halving tablets, or operating therapeutic devices</li><li>• impaired sight, hearing and cognition – difficulty reading medicine labels and understanding or remembering dosing instructions.</li></ul> <p>This type of support can help maintain and improve the health of people with disability, support their independence and self-management, and improve health literacy.</p>
Dose administration aids (DAAs) and medicine management	<p>A dose administration aid (DAA) is a tamper-evident, well-sealed device or packaging system that allows organisation of doses of medicine according to the time of administration. The service aims to support safe and effective administration of a person's medication, improve adherence and reduce medication misadventure.</p>

	<p>Pharmacists play a key role in packing medicines into DAAs for children who attend day services or live in care settings, ensuring appropriate dosing and administration.</p> <p>Collaboration with education providers and teachers can improve medication management for children who require medicines while at school.</p>
Managing swallowing difficulties and reformulation requests	<p>Pharmacists support children with swallowing difficulties by recommending suitable medicine formulations.</p> <p>Pharmacists facilitate the compounding of medicines, such as converting tablets into liquid preparations when commercial alternatives are unavailable.</p> <p>Pharmacists collaborate with prescribers to ensure appropriate formulations for paediatric patients.</p>
Preventive care services	<p>Pharmacist-delivered vaccination services continue to expand in terms of the range of funded vaccines. PSA suggests there must be regular promotion and dissemination of information to children and young people with disability, and their carers, regarding availability of vaccination services.</p>
Collaboration with healthcare providers	<p>Collaborative care is a cornerstone of best practice pharmacist care.</p> <p>Pharmacists work closely with prescribers to optimise medicine formulations for paediatric patients.</p> <p>Pharmacists also support community pharmacy teams in delivering essential medication management services tailored to young people.</p>
Home Medicines Reviews (HMRs) for children and young people	<p>An HMR is a structured, critical examination of a person's medicines conducted by an appropriately trained and credentialed pharmacist in collaboration with the prescriber.</p> <p>While there is limited literature on HMRs in paediatric populations, the concept holds significant potential, particularly for children with complex or chronic conditions such as asthma, chronic pain, and palliative care needs or those on long term medicines.</p> <p>Pharmacists already conduct HMRs for children, particularly those with disability, who often require multiple medicines. However, awareness remains low, with a common misconception that HMRs are only for older adults.</p> <p>Some literature:</p> <ul style="list-style-type: none"> <li>• <a href="#">Medication review of children on long term medications: a review of the literature</a></li> <li>• <a href="#">Hospital pharmacist-led review of medication in the home in the paediatric palliative care population</a></li> </ul>
Emerging models of care to support people with disability and youth mental health	<p>There are several examples of novel or emerging models of pharmacist care:</p> <ul style="list-style-type: none"> <li>• <b>Positive Behaviour Support and Credentialed Pharmacist Model</b> This is an emerging approach where a dual-credentialed practitioner operates within the 'behaviour support framework' while also providing medicine-related consultations. This model could bridge the gap between behaviour support strategies and medication management, offering a more integrated approach to care.</li> </ul> <p>Currently, there are several pharmacists in South Australia who are actively working as Positive Behaviour Support Practitioners (PBSPs). PSA suggests the potential for this model to enhance medicine safety, particularly in disability and paediatric settings, warrants exploration in NSW.</p>

	<ul style="list-style-type: none"> <li> <b>Pharmacist in General Practice: Headspace Frankston Case Study</b>  As part of PSA's collaborative project in south eastern Melbourne, a pharmacist has been integrated into the multidisciplinary team at <b>Headspace Frankston</b> to provide: <ul style="list-style-type: none"> <li>better medication management support for young people</li> <li>prescribing support and policy development regarding medicines.</li> </ul> This Headspace clinic allows young people to nominate it as their main GP service, offering a unique opportunity for pharmacists to contribute to medication safety in youth mental health care and also their general health and wellbeing. </li> </ul>
Disability-friendly pharmacies	The pharmacy profession has been engaging in efforts to continue to improve pharmacies as a healthcare service destination which provides a safe and respectful environment for all patients and carers. This is particularly important for vulnerable population groups, including people with disability. As an example, PSA worked with Dementia Training Australia to develop Dementia Friendly Pharmacy training and resources for pharmacists and pharmacy staff, and assessment of the physical pharmacy environment. PSA believes a similar initiative or resource to support all people with disability should be a priority.
<b>Supporting parents, family members, friends and carers</b>	
Education and support for carers	<p>Pharmacists provide guidance to parents and other carers on medicine use, medication management, and access to primary care services, including immunisation through the National Immunisation Program.</p> <p>Pharmacists can support and deliver education to disability support workers, foster carers, and staff in child support services to ensure safe and effective medication administration. A significant proportion of support workers and informal carers have minimal understanding or training in medicines.</p> <p>PSA has been working to deliver information for pharmacists to support carers (generally) and to improve their experience in pharmacy settings. Under the NSW Carers Strategy (2020–2030), Third Action Plan 2025–2026, Carers NSW has been commissioned, in partnership with PSA, to develop online, self-directed care awareness learning resources for pharmacists in NSW. This body of work relates to Priority 1 of the Strategy that “Carers have better access to information services and supports”. PSA, in collaboration with Carers NSW, has recently published an article in <i>Australian Pharmacist</i> (PSA's professional publication for pharmacists) and delivered a webinar on “Identifying and supporting family and friend carers in pharmacy settings”. An e-learning module for pharmacists is scheduled to be launched in May 2025.</p>
<b>Working with governments and disability support organisations</b>	
Expanding the pool of registered providers	Some community pharmacies are registered providers under the NDIS and support participants primarily through provision of assistive technology (aids and equipment). However, it would be ideal to provide more proactive information to the pharmacy profession and support more pharmacies to consider the option of becoming a registered provider. PSA can assist with communication and information dissemination to the pharmacy profession.
Supporting disability service providers and organisations, and disability care workforce	PSA has supported organisations such as Aruma to assist with review of policies and procedures on medicines management for disability care homes. PSA suggests there should be standard arrangements to provide similar support for all providers of disability services to children and young people in NSW.



	PSA is also keen to explore opportunities to provide quality use of medicines support to staff of disability care facilities. This could cover medication advisory activities, education sessions (e.g. medicine handling, storage) or continuous improvement activities (e.g. medication administration audits, meeting legislative requirements or any accreditation standards).
Supporting pharmacist medication management services through the NDIS	As referred earlier, PSA strongly believes there is scope to connect children and young people with disability (and carers) with a range of pharmacist interventions. If patients are recognised to require more than foundational supports, it is essential that they can receive appropriate pharmacist care through the NDIS. While consideration of NDIS arrangements is out of scope for this Inquiry, PSA suggests it is important that available supports are considered in the context of a continuum of equitable access to care for patients. Therefore, PSA advocates for the NDIS to support people with disability through access to pharmacist-delivered medication management services, if required.
Improving gaps in data	<p>In previous work associated with PSA's medicine safety report, we encountered significant gaps in data on disability care. In the context of advancing medicine safety in vulnerable population groups including the disability sector, PSA was unable to locate adequate data to show the current state of play with regards to the care that people with disability receive through government-subsidised medicines (i.e. the Pharmaceutical Benefits Scheme) or pharmacist-delivered services which optimise the benefits of those medicines and prevent medicine-related harm.</p> <p>PSA suggests it is fundamentally important that there is appropriate data collection and clear understanding of use of medicines or pharmacist-delivered services by people with disability of any age.</p>

## Summary

PSA supports the recommendation and proposal to develop an improved connected system of support for all people with disability.

PSA strongly suggests that mainstream pharmacist care is readily accessible in the community and can be regarded to fulfil some of the support that may be classified as foundational supports for children and young people with disability in NSW who require medication therapy as well as other pharmacist-delivered prevention services and public health activities. In this regard, PSA advocates for greater awareness-raising activities to be implemented to promote pharmacist services in an equitable and timely manner. PSA also recommends investment in measures that facilitate coordination and connect patients to multidisciplinary care models, including a clear pathway or continuum to NDIS services for those requiring support beyond the proposed foundational supports.

PSA would welcome the opportunity to further discuss this submission and to work in partnership with the NSW Government and other health and disability care organisations.

(End of submission)