Pharmacy Daily
Monday 10th Aug 2026

Today's issue of *PD*

Pharmacy Daily today features three pages of news.

RUM breaks 1,000 tonnes

THE Return Unwanted Medicine (RUM Project) has set a new record for medicines taken in, with more than one million kilograms of unwanted medicines collected in one year.

During the 2025-26 year, 1,003,612kg of unwanted or expired medicines was collectively dropped off at more than 6,000 pharmacies across the country, with over 12 million kilograms collected since the program began in 1998.

RUM Project Manager Toni Riley thanked the thousands of pharmacists and pharmacies across the country that have contributed to the success of the RUM Project, especially during the past year.

"Community pharmacies play an integral role in the success of the RUM Project, in supporting customers' access to the RUM Project," Riley said.

"We want to thank each and every one of them for their hard work and dedication."

Riley encouraged pharmacies that are already participating in the RUM Project to ensure that their pharmacy is included in the pharmacy locator, which allows customers to easily find their business.

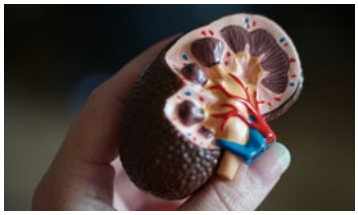
Learn more **HERE**.

Setting the standard for treating CKD

ADVANCED Pharmacy Australia (AdPha) has released a new pharmacy practice standard for treating nephrology, putting greater emphasis on the role of pharmacists in supporting people with kidney disease.

New sections featured in the updated standards cover quality statements and elements for best practice nephrology clinical pharmacy services, how to prioritise nephrology clinical pharmacy services during workforce shortages and other constraints, anthropocentric practices, and the role of pharmacy technicians in nephrology clinical pharmacy services.

Leading the curation of the updated standards was Dr Carla Scuderi, chair of AdPha's Nephrology Leadership Committee, who believes pharmacists have the potential to play a bigger role in kidney disease management.



"Medicines are central to both preventing and managing chronic kidney disease, from slowing disease progression to managing complications and symptom burden," Dr Scuderi said.

"Pharmacists bring a unique combination of clinical expertise, systems thinking and practical problem-solving to the interprofessional team.

"We are well positioned to identify opportunities for medicines optimisation and turn them into safer, more effective care for patients," she added.

According to research from AdPha, chronic kidney disease (CKD) affects around 11% of adults in Australia, with CKD accounting for 18% of all hospitalisations during 2021/22.

AdPha also noted that First Nations people are twice as likely to suffer from CKD compared to the rest of the population, 5.3 times likely to be hospitalised and four times more likely to die from CKD.

AdPha president Assoc Prof Tom Simpson said that early intervention is critical, explaining that CKD can progress significantly before the first symptoms appear and that a greater role played by pharmacists can reduce the number of hospitalisations.

A webinar on the new standards will take place Thu 01 Sep. *JB*

The new standards are **HERE**.

Out-of-pocket costs add to cancer burden

CHILDHOOD cancer is leaving Australian families facing substantial out-of-pocket costs, lost income and financial hardship that can persist long after treatment ends, according to new national research by childhood cancer support organisation, Redkite.

Families incurred an average $33,000 in cancer-related out-of-pocket costs, with one in five spending $50,000 or more, the research found.

Redkite called for coordinated action to deliver timely financial and psychosocial support to families throughout the course of the disease.

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GBMA calls for shortages action

A NEW white paper released by the Generic and Biosimilar Medicines Association (GBMA) has called for coordinated action to strengthen Australia's medicine supply in the face of shortages.

The affordable medicines peak body argued in the white paper that Australia must move beyond managing medicine shortages after they become visible, and strengthen the domestic settings that can help prevent more shortages from reaching patients.

GBMA independent chair, Professor Jane Halton acknowledged that Australia could not control every global manufacturing or supply-chain disruption, but said it could ensure its domestic policy settings helped the country withstand them.

"Australia has developed important mechanisms for managing medicine shortages once they occur," Professor Halton said.

"The next stage of reform must focus on prevention: addressing the market, pricing, stockholding and regulatory settings that can make Australia more vulnerable, before a shortage reaches patients.

"Affordability, availability and resilience must be considered together - a medicine is only accessible if it remains available to the patient who needs it."

The white paper outlines three interconnected reforms to strengthen Australia's medicines supply system.

It recommends improving the long-term sustainability of the Pharmaceutical Benefits Scheme (PBS) by reviewing floor-price

settings, introducing targeted indexation for vulnerable low-cost medicines, and ensuring Minimum Stockholding Requirements are risk-based and proportionate.

It also outlines measures for better identification, coordination and communication of medicine shortages designed to enable earlier intervention before shortages impact patients.

In addition, it proposes enhancing the TGA Medicine Shortages Database by grouping shortages by active ingredient and providing clearer information, including guidance on suitable alternatives where appropriate.

Finally, the paper advocates streamlining regulation without reducing standards by expanding reliance and recognition pathways, accelerating the processing of supply-critical changes, and creating a more predictable and proportionate section 19A emergency import pathway.

"This is not about choosing between affordable medicines and reliable supply," GBMA CEO, Nikki Lorenz, said.

"It is about creating settings that deliver both, and reducing the patient, workforce and system costs that arise when action occurs only after a shortage is already affecting care," she concluded.

Access the white paper **HERE**.

Submissions urge caution on prescribing

THE Royal Australian College of General Practitioners (RACGP) has renewed calls for caution over pharmacist prescribing in its submission to the Pharmacy Board of Australia, saying the proposal does not include sufficient system-level safeguards to manage diagnostic uncertainty, continuity of care, follow-up or accountability.

The peak body called on the Pharmacy Board to clarify how it would detect, monitor and respond to delayed diagnostic harm should a registration-level endorsement proceed.

"The key question for regulators is not whether pharmacists are skilled professionals or whether they can follow protocols," RACGP president Dr Michael Wright said.

"It is whether the regulatory model ensures diagnostic uncertainty is recognised, and how risk is reassessed and managed over time in a way that protects patients and supports high-quality care."

Its submission outlined a number of scenarios designed to demonstrate how pharmacist prescribing, even in strict adherence to protocols, can unintentionally contribute to serious negative outcomes for patients, and reiterated concerns about fragmented care.

It is also opposed to the inclusion of Schedule 8 medicines in the endorsement.

MEANWHILE, the Australian Medication Association (AMA) has raised concerns over accreditation standards for pharmacist prescriber education being implemented before national standards and guidelines prescribing are finalised.

While welcoming several key aspects of the Australian Pharmacy Council's proposed accreditation standards for pharmacist prescriber education programs, the AMA's submission argued that consultation should be paused until the Pharmacy Board's prescriber endorsement arrangements are finalised.

The AMA noted that without knowing the scope or requirements of the endorsement, it is difficult to determine what educational standards will be necessary to support and meet those requirements.

Both the RACGP and AMA emphasised their preference that pharmacist prescribing occur within collaborative models that provide continuity, shared records, clear accountability and established clinical governance.

"Where prescribing is embedded within a coordinated healthcare team, with shared records, clear escalation pathways and defined accountability, there can be significant benefits for patients," Dr Wright said.

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Dispensary Corner

FOR many of us, a holiday at a luxury resort means indulging in fine food and drinking cocktails by the pool - unless you're taking GLP-1 RAs, in which case you might be looking on with envy.

If you go at all.

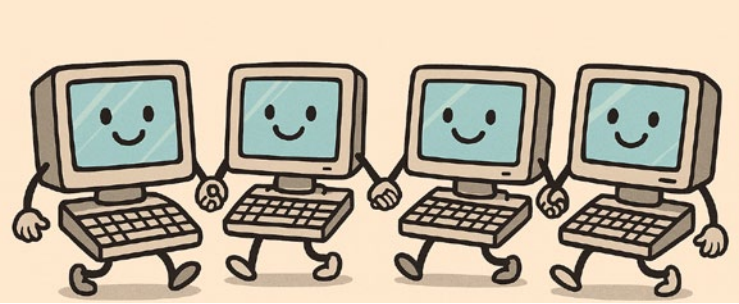
But just as nature abhors a vacuum, some resorts have started offering special GLP-1 holidays at eye-wateringly high prices, ensuring that such guests have somewhere to spend their hard-earned.

Several resorts in the US have packages ranging from A$5,500 to over A$8,500 per week - with activities such as yoga, Pilates, meditation, journalling, personal training and the like.

Cooking classes, blood tests, body composition scans and psychosocial support may also be provided.

While sceptics have suggested these resorts are simply taking advantage of vulnerable people, others point to the benefits of re-educating habits, so people may at some point be able to kick the meds and stay healthy.

New interoperability standards



THE Australian Digital Health Agency (ADHA) has announced new national interoperability standards for connections to My Health Record, aimed at improving the safety, consistency and reliability of health information sharing across Australia's healthcare system.

The reforms will define how Australian healthcare systems should structure and exchange common clinical information in My Health Record, as well as a minimum set of health information that should be consistently available and shareable across the health system.

According to ADHA CEO Amanda Cattermole, the reforms will help ensure clinicians can access trusted health information when needed, improving clinical governance, reducing complexity and supporting safer patient care.

"Connected healthcare depends on clinicians being able to access the right information at the right time, in a format that can be trusted and used safely," Cattermole said.

"By establishing a national baseline for interoperability, we are supporting better clinical governance, reducing legacy complexity, strengthening clinical safety by reducing variation in how health information is captured, shared and used, and helping create a safer, more connected digital health system for all Australians"

Gillian Giles, executive director clinical governance at the Australian Commission on Safety and Quality in Health Care, welcomed the new baseline, highlighting the importance of nationally consistent standards and strong clinical governance for safer, more connected care.

"Australia's health system is complex, and we know clinicians and consumers can still face gaps when information does not flow safely and consistently between services," Giles said.

"That is why nationally consistent standards and strong clinical governance matter - they help build trust in the information clinicians use and support safer, better-connected care for people wherever they receive treatment."

Learn more **HERE**. *KB*

Weekly Comment

Welcome to ***Pharmacy Daily's*** weekly comment feature. This week's contributor is **John Le, head of growth at LIGHT.**

Less duplication, stronger governance

AS PHARMACISTS' clinical role expands, patient expectations increase and the range of services we provide continues to grow, the time we have has not increased.

Less documentation or weaker oversight is not the answer - in an expanding clinical environment, auditability, defensibility and records are more important than ever.

The opportunity is to reduce the unnecessary administration around those requirements.

Moving between systems, entering the same info more than once, managing booking tools and relying on manual workarounds create friction without improving care or governance.

Technology should make practice easier to manage while strengthening consistency, visibility and accountability.

LIGHT connects bookings, clinical workflows, claiming, patient engagement and governance in one platform.

For pharmacy, that means less duplication, clearer processes and stronger records, while preserving more time for patient care.

Expanded scope will succeed when pharmacists have systems that support efficient care and the clinical governance needed to deliver it confidently and safely.

Find out more HERE.

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