

Carlene McMaugh (00:01):

Welcome to the AJP Podcast, a podcast for pharmacists by pharmacists, where we discuss current events, relevant topics, and emerging issues in pharmacy practise. I'm your host, Carlene McMaugh, and together with the AJP, I'm bringing you the opinions, experiences, and expertise of pharmacists across the profession. Each episode offers insightful perspectives on the issues that matter most to us as pharmacists. Please like, rate and subscribe so you never miss an episode, and we hope you enjoy the podcast. If it's okay, I always start the podcast with you just introducing yourself, if that's okay.

Mark Naunton (00:41):

Thanks, Carlene. I'm Mark Naunton, and my current role is a professor of pharmacy at the University of Canberra, and I'm the newly elected PSA president.

Carlene McMaugh (00:57):

So congratulations, Mark, on your new appointment. And thank you for agreeing to appear on the podcast today. I wanted to ask you some questions and find out about your views about translating pilots to permanent practise. The PSA has been central to advocating for expanded scope. And as we look back at 2025, what was the single biggest patient-centric success story from the various state-based prescribing trials such as UTIs or oral contraceptives that the PSA will use as a primary evidence to push for national consistency in 2026?

Mark Naunton (01:36):

I always get stuck when people ask things around single biggest and this single that, Carlene, but it's always hard to carve out single achievements when there's so many achievements that the profession has collectively achieved. But I think the pharmacist-led UTI trial has been a significant success. I think it's clear across the country, so it's clearly demonstrated high satisfaction from patients. So I think that for me has probably been one of the largest achievements in the expanded scope domain. I mean, there's obviously lots more happening, and I think we'll see more of that happening over the next 12, 24 months.

Carlene McMaugh (02:41):

Has it achieved the levels that you thought it would've achieved or has it surprised you?

Mark Naunton (02:48):

I think for me, it has surprised me. And I just think the pace at which this or these trials have been rolled out and the impact that they've been having has occurred a lot faster than I expected, I think so. And that's a good thing. Often we get stuck in pilots and then they take years and years to implement and manifest, but I think we are going through a very dynamic phase in pharmacy in the profession. And I think it is good sometimes just to get things done and get it done quickly.

Carlene McMaugh (03:36):

With the full-scope benchmark and upskilling, so with the introduction of full-scope pharmacist training at some universities from 2026, how would the PSA practically support the upskilling of the existing experienced workforce who serve the majority of patients now to ensure that they are not left behind?

Mark Naunton (03:56):

So I think there's a limit on places where universities can train pharmacists. So PSA can help fill that gap, and there's a big gap to fill. There's a lot of pharmacists. We've got 41,000 pharmacists across the country. Now, not all of those pharmacists are going to be needing to be upskilled naturally, but the PSA has

developed an excellent prescribing training programme. It's also got the clinical component to that programme as well. And I think we can nicely fill that gap. It's got flexible learning modules, so that allows people or pharmacists to work through the training in their own time. There's the recognition of prior learning for those that have done other components that are required through those programmes. There's obviously ongoing support for pharmacists that are doing that training. So we'll continue to promote our programme and encourage people to complete that full scope training because it will be increasingly required to have more and more pharmacists across the country upskilled in this area.

Carlene McMaugh (05:33):

Looking at the ACP acquisition, what role would the PSA's recent acquisition of the Australian Australisian College of Pharmacy play in delivering this large-scale nationwide upskilling and training for new scope of practise, and how will this acquisition create a more unified, high quality, and accessible education pathway?

Mark Naunton (05:56):

PSA is a trusted brand for CPD and training. It has been for a long time. We'll ensure that there's high quality education for those pharmacists that enrol into our courses. The infrastructure allows for that training to be rolled out across the country. And the acquisition, you said, how will it create a more unified, accessible education pathway? I think we've got options now of removing some of the duplication and driving efficiencies across our organisation. So I think that's what the strength of the acquisition from PSA will have.

Carlene McMaugh (06:58):

So if we're looking at the profession, increased scope of practise has highlighted the natural collaboration between pharmacists and other health professionals at the grassroots level, yet some peak bodies remain resistant. How does a PSA under your leadership plan to move representative bodies and policymakers to the same place their members are demonstrating on the ground regarding effective interprofessional referral pathways and working with pharmacists?

Mark Naunton (07:28):

Yeah, I think it's important that we work with our colleagues. We collaborate and we inform, we communicate. I think all those things are important. So under my leadership, that will be my approach. I think people would describe me as someone that listens. And I think once you've listened, you can then respond appropriately. So I think that's what people would see under my leadership.

Carlene McMaugh (08:10):

So the PSA serves pharmacists across all sectors, community, hospital, and general practise. Given the potential for tension and differing priorities among these groups as scope expands, what is your vision for unifying the profession in 2026 and how will the PSA ensure its advocacy equally benefits pharmacists in all practise settings?

Mark Naunton (08:36):

It's another good question. And I guess I want to highlight that I try and avoid labelling pharmacists by where they work and rather than more towards the specialty areas of practise that they work in, I guess. And I think trying to unify, it probably relates to your previous question. Collaboration is, for me, obvious, but it can take discipline. That's an easy word to use, collaboration, but it does take time and discipline. So all professions have that internal tension. I don't think pharmacy is any different. We're made up of different identities. We've got different incentives and values. And I think when some groups

or people feel undervalued or misunderstood, that's where the attention can arise. So I think, again, we'll continue to listen and respond appropriately and advocate for all our pharmacists, all our members, regardless of where they work. And I advocate very strongly and for the education that they need.

(10:23):

I mean, that's one of the main things that PSA does. It provides the education, training, and advocacy. So if I can continue to do that, which under the previous leadership of Fei [Sim] who did that really, really well, then I think all pharmacists will benefit because we saw the progress that Fei did under her leadership that did benefit many pharmacists in all those settings that you laid out.

(10:59):

And I think if I can continue to do that, then I'll be very happy with the progress.

Carlene McMaugh (11:12):

PSA's 2025 Strategic Projects Impact Report highlighted key focus areas like palliative care, mental health first aid, and vaping reform. What practical measurable impact has a PSA seen in these areas in 2025, and what is the goal for embedding these specialised skills into the routine workflow of the average Australian pharmacist in 2026?

Mark Naunton (11:36):

Yeah, so they're all projects that you listed there that I think were really well done by the PSA team. The palliative care project, there were over 1,500 enrollments, and from memory, there were over a thousand or so just over the first month or so. So that was a really successful project and had great impact. The Mental Health First Aid, there were over 600 pharmacists and staff completing that training in South Australia and Western Australia, and the engagement was really high and the measurements, all the outcomes from that project, the participants reported increased confidence following completion of that project, and over 90% reported a positive impact on their professional practise. So again, another strong project delivered by PSA. The vaping reforms, I mean, that was an interesting period of time, and PSA responded very quickly, I thought, in terms of developing materials, webinars around that time of the regulatory change, and I think prepared pharmacists and provide pharmacists with support at a very high level in a short period of time.

(13:27):

And I think that they're all good examples of how PSA has been a professional body for all pharmacists and can help the pharmacists comprehend at times really complex changes to practise and support their practise in an evidence-based way. So in 2026, I hope that the team at PSA, the project team will continue to grow and deliver high impact partnerships with or projects with partners that are all framed around improving and supporting the quality use of medicines.

Carlene McMaugh (14:18):

So the consultation for the review of the Pharmacist Code of Ethics opened in 2025, what key modern ethical challenges, such as the use of AI and decision-making or navigating the intense commercial pressure of modern pharmacy is the PSA aiming to robustly address in the updated 2026 document, funding and workforce sustainability?

Mark Naunton (14:42):

The first thing that I can say is this is the first review of the code of ethics since or update since 2017, and it's important because it needs to align with contemporary pharmacy practise, and it needs to align with the expectations of the profession and the wider community. With some of the changes in the profession, I guess there's more grey areas and therefore more ethical dilemmas going forward. So some of the key

ethical challenges that we'll see are around that expanding scope of practise, greater responsibility around prescribing, but we've also seen that rapid growth in digital systems and now the AI-driven decision support tools. So these are all challenges or challenges for pharmacists in making decisions at times. In the era of this, we're not always going to have a full history. There might be conflicts of interest.

(16:08):

We've got to deal with the human expertise versus some of the algorithms that are used in the AI. There's the biases with AI, where the data comes from with the AI and privacy, those sort of things. Patients may worry about the computer or AI replacing human judgement. So I think all these things are important for pharmacists to consider, and that's, I guess, where the code of ethics, the updated one, will assist pharmacists. And so PSA will support the implementation of this through various resources and educations and webinars so that those pharmacists at the coalface can implement these into their daily practise.

Carlene McMaugh (17:13):

Beyond the 8CPA, as the peal professional body, how is a PSA advocating for the funding of professional services that fall outside of the scope of community pharmacy agreement 8CPA, such as expanded clinical consultation fees as seen in some state models and the continuation of aged care programmes?

Mark Naunton (17:36):

So we're still in negotiation with the pharmacy programmes agreement. That's definitely going to be a priority for me in my term, in an initial term as president. Late last year, we saw PSA sign the heads of agreement with government, and that's given us a pathway forward in reforming some of these programmes. We've got a great team leading the negotiations with government, so I've got great confidence in how those negotiations are occurring and have occurred up until now. And there's a number of things that we'll be advocating strongly for, and our credential pharmacist need to know that they are at the forefront of our minds. When we are doing these negotiations, our credentialed pharmacists have a great impact in trying to improve patient safety, which is, as medicine safety is as national health priority area, all pharmacists have a responsibility to do this, but under the first PPA, our credentialed pharmacist, those pharmacists doing HMRs, RMMRs, they do need special attention.

(19:16):

There's been years where they've had no increase in their pay. They're limited by the amount of work they can do, and we know that they do great work, but not all patients are getting benefit from these because there's caps, for example, on the amount of HMRs that they can do. So we'll be strongly advocating for things like removal of caps, indexation of payments, back pay for programmes that have not had increases in pay over the last five or six years. There needs to be greater flexibility in how those programmes are delivered. And for example, some of these programmes could be developed through telehealth, so there needs to be greater flexibility in that area.

(20:26):

We know some of our patients are disadvantaged in rural regions because they haven't got the pharmacists and pharmacists who are travelling, aren't getting paid to go and travel to these areas. And there's stories of pharmacists taking a whole day to complete an HMR through travel, doing the review, to travel back and writing the report. I mean, that's just not acceptable. So we'll be strongly advocating for changes into these programmes so our patients get the care that they deserve. And now for someone like myself, I come from a rural background, I absolutely understand the challenges that are faced in those areas, and we need to do better.

Carlene McMaugh (21:22):

Workforce retention was a major issue in 2025. Beyond remuneration, what is the PSA's main 2026 goal for improving the value proposition and career pathways for employee and early career pharmacists, ensuring they see a long-term diverse future within the profession?

Mark Naunton ([21:43](#)):

So yeah, career pathways and choice are important. There's no question about that. Remuneration, I know you said beyond remuneration, but we can do better in that, and we need to do better in that in many areas, but we need the roles first. I know this might be challenging for some people, but my view is that we need to develop the roles. And I mean, effectively what's happening now, we need to see that scope of practise expand. And then I think some of the remuneration will also follow as well. We need to continue to support that scope of practise and prescribing. Many patients are left behind because we don't have opportunities to do some of those things. Sometimes there's a timing thing, and I think the work that's happened to date with advocating for that scope of practise has been terrific. And I think it's important that I highlight the work by our colleagues at the Guild.

([23:12](#)):

They've been really good at advocating for the profession in that space, and I look forward to continuing to work with them around this issue as well. And I equally look forward to working with other significant bodies, pharmacy bodies like AdPhA, because I think, like I said earlier, that collaboration on areas of mutual interest is really important.

Carlene McMaugh ([23:50](#)):

So speaking on your newly appointed role, what would you like to achieve during your term now as a PSA resident?

Mark Naunton ([24:02](#)):

So I think I said earlier, we are going through a massive transformation. Pharmacy has not gone through this sort of change for a long time. So the sort of things that I'm looking at prioritising is one, it has to be around education and training, and that really specifically relates around the full scope. We need our pharmacists well-equipped and able to deliver the services that patients need and are starting to expect. So that's higher my priority, the full-scope training. The pharmacy programme agreement is critical. So that's also on my priority list. It's not an insignificant element of our workforce to deliver the HMR, RMMR type services, the ACOP services, but these programmes need enhancement. And it comes to things like pay, and I know I touched on that a little bit earlier, where we haven't seen changes in pay in this area. We do need to see change.

([25:38](#)):

We've got a highly feminised workforce, and that area in particular, those pharmacists delivering HMRs and RMRs and now working in aged care homes as ACOP pharmacists haven't seen increases in pay. So I am fully committed to ensuring that we get the best outcome possible for those pharmacists.

([26:09](#)):

So they're the first two things. And then the third thing is the PSA having acquired the College, it's now got to be integrated. These things will never be easy. There will be bumps along the road, like any integration. So I'm fully committed to ensuring that we are able to do that as smoothly as possible and welcome our new members into PSA. So they're probably the top three things as key priority areas. Delivering benefits to our members has always been a priority for me, but that will continue to be a priority. I'm cognizant of things like cost of living challenges with our pharmacists. I mean, it's quite across the country, but with our pharmacist, so I'd like to ensure that we continue to deliver benefits at a cost that's reasonable to assist pharmacists. And it really touches on one of your previous questions. I'd

like to continue to ensure that as a profession, we grow stronger and I drive that unity across our profession.

[\(27:42\)](#):

I want to make sure that PSA remains that peak body representing all pharmacists. That's what we've stood for for a long time, that it doesn't matter where you work. All your work is important as a pharmacist. There's a place for every pharmacist. We've heard the term, wherever there's a medicine, there needs to be a pharmacist, and I'm a strong believer in that, and I will continue to advocate strongly for pharmacists wherever they work, because it's all important work that they do.

Carlene McMaugh [\(28:23\)](#):

What are you most proud of what the PSA has achieved in 2025?

Mark Naunton [\(28:31\)](#):

Well, I think under Fei's leadership, we saw exceptional growth in our membership. We saw strong attendance, one of the largest at the national conference. We had strong, I think it was the largest also, the CPC, the Credentialed Pharmacist Conference as well. So I'm very proud to be part of PSA that delivered on those. The team at PSA delivered many projects that we spoke about earlier, so I'm really proud of what was achieved there. Launching the prescribing course, again, these things are not easy to put together and start to deliver. So I'm very proud of the team that was involved in that.

[\(29:29\)](#):

We've seen more pharmacists embedded into places like general practise, and that's, as I said earlier, all those roles are really important, so I'm proud of what PSA has done in that space. We've had the ACOF credentialing being rolled out, and we've seen more and more pharmacists continue to complete that, so I'm really proud about that. The PSA Foundation which was set up a couple of years ago, has now become operational. It's now got over a million dollars to invest in pharmacists and their research study or postgraduate education with the goal to improve public health outcomes. So I'm really proud of that. The signing of the heads of agreement late last year, I think that's really a great outcome. And I think the last thing was acquiring the Australasian College of Pharmacy. I think bringing their members into our organisation and streamlining education, I think in the future, it hasn't quite happened yet, but the acquisition of the college is something that I'm also proud of.

Carlene McMaugh [\(31:02\)](#):

Brilliant. And what do you hope or what do you think 2026 has in store for pharmacists and the PSA?

Mark Naunton [\(31:10\)](#):

Oh, that's a good question. I think I said earlier, it's a pretty dynamic environment at the moment. Things are moving very quickly and you can expect PSA to be at the forefront of that change. And primarily we're there to support pharmacists in their work and their education, so members can expect that. In terms of what's in other things that are in store, which I think is what you're asking around the profession, I think we'll just see more movement in that scope of practise across the nation. I think there's that change happening across it, but it will be happening rapidly, and therefore as an organisation, we'll have to respond to that. We've got a great team that will respond to it.

[\(32:14\)](#):

There'll be a need for strong advocacy, again, when it comes to things like the pharmacy programme agreement. So that will continue to roll out into 2026. I think there will be opportunities like there has been for pharmacists to connect with other pharmacists at our educational events like CPC, PSA 26. I haven't mentioned the offshore conference. That will be one of the biggest offshore events this year, given

the 50th anniversary that's being led by our national vice president, Caroline Diamantis. So deep down, I hope that PSA becomes bigger, it becomes better, and our profession continues to be united. And that's, I guess, what really excites me coming into the role as that opportunity to lead the organisation through this period of growth and change. And I think it's important just to highlight that a lot of this work has been commenced by or led by Fei, our immediate past president.

Carlene McMaugh ([33:44](#)):

Is there anything that you would like to share that I haven't asked you?

Mark Naunton ([33:52](#)):

There probably is so much more that we could talk about getting into the granular detail, but no, I think at this stage, Carlene, I think you could perhaps invite me back at a later stage, but I don't have any more to pass apart from that. I am really looking forward to taking on this role. There's much to do. It requires commitment and dedication, and the organisation at PSA is well equipped with people to deliver on what our members need. But no, I'm looking forward to growing the organisation and strengthening it from an already strong place that was brought to by Fei.

Carlene McMaugh ([34:56](#)):

Thank you. Thank you for tuning in to this episode of the AJP Podcast by Pharmacists for Pharmacists. We hope you found the conversation valuable and relevant to your everyday practise. If you enjoyed the episode, please like, subscribe and share it with your colleagues. Be sure to follow us on X, formally Twitter, to stay up to date and join the conversation by leaving a comment on the AJP website. Your feedback helps shape future episodes and your support keeps us connected as a profession. Until next time, take care and keep making a difference in healthcare.