Government of **Western Australia**
Department of **Health**

Classification:
Official

Enhanced Access Community Pharmacy Pilot

Application Information Pack

September 2026

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Overview

This document provides information related to the application process for pharmacy owners and pharmacists seeking to participate in the Enhanced Access Community Pharmacy Pilot (EACPP). The EACPP will allow pharmacists to prescribe for a range of acute common conditions, health and wellbeing services, and chronic conditions management services.

Eligibility

WA community pharmacies and pharmacists working within these pharmacies may apply to participate in the EACPP. The pilot has specified participation requirements for both the participating pharmacies and participating pharmacists who wish to provide pilot services.

Community pharmacies located in WA, and pharmacists who are employed at a community pharmacy located in WA, are eligible to participate once they have met the participation requirements and have been informed by the Department of Health (the department) of their eligibility to participate in the EACPP. It is the responsibility of the pharmacists and pharmacy owners (or pharmacist with overall responsibility) to ensure these requirements are met and remain in place for the duration of their participation in the EACPP.

Pilot requirements

The Requirements for participating pharmacists and Requirements for participating pharmacies are mandatory requirements to participate in the EACPP.

Requirements for participating pharmacists

The following requirements must be met by participating pharmacists to provide services under the EACPP:

1. The pharmacist must hold general registration with the Pharmacy Board of Australia, with no conditions on practice.
2. The pharmacist must hold appropriate professional indemnity insurance to cover the services provided as part of the EACPP.
3. The pharmacist must hold, for the duration of the EACPP, certification for First Aid and CPR.
4. The pharmacist must demonstrate successful completion of an approved training program that covers the knowledge and skills required to deliver EACPP services.

   An approved training program must be:
   a. Accredited by the Australian Pharmacy Council (APC) in accordance with the Accreditation Standards for Pharmacist Prescriber education programs.
   b. Recognised as an Australian Qualifications Framework (AQF) Level 8 Graduate Certificate.
   c. Assessed and approved by the department and published on the EACPP website.
5. The pharmacist must agree to the rules and conditions set out in the EACPP Handbook, including:

a. Providing services in accordance with the relevant EACPP Clinical Practice Guideline or Protocol at a participating pharmacy.
b. Using an approved EACPP Clinical Information System to record clinical consultations and collect data for the evaluation of the EACPP.
c. Participation in other activities that are required to enable quality and safety monitoring and evaluation of the EACPP.

6. The pharmacist must agree to their full name and Australian Health Practitioner Regulation Agency registration number appearing in the EACPP participating pharmacist database.

Requirements for participating pharmacies

The following requirements must be met by participating pharmacy owners (or pharmacist with overall responsibility) for the pharmacy to provide services under the EACPP:

1. The pharmacy be accredited against or actively progressing towards accreditation against the *AS85000:2024 Australian Community Pharmacy Standard* through an approved pharmacy or primary care accreditation program, such as the Quality and Safety Pharmacy Program (QSPP). Participating pharmacies are to hold or actively progress towards QSPP accreditation that includes Full Scope of Practice certification (or equivalent):
   - Pharmacies currently holding Quality Care Pharmacy Program (QCPP) accreditation will transition to QSPP on 1 October 2026:
     - QSPP has advised that these pharmacies that wish to be considered for EACPP must apply for a QSPP Expansion of Service, Full Scope of Practice assessment.
     - These pharmacies must submit the QSPP Accreditation Certificate that includes Full Scope of Practice certification as part of their EACPP application.
     - QSPP has advised that where a QSPP accredited pharmacy is found to have been offering or advertising a service which is not within the service level for which they are QSPP accredited, a sanction may be issued by QSPP.
     - Please refer to the QSPP Knowledge Hub (member log-in required) for more information.
   - Pharmacies with no current accreditation must attain a QSPP Accreditation Certificate that includes Full Scope of Practice certification (or equivalent) by 30 June 2027.
2. The pharmacy owner must demonstrate compliance with appropriate infrastructure requirements as set out in the EACPP Handbook.
3. The pharmacy must have access to an approved EACPP Clinical Information System software to record clinical consultations and collect data for the evaluation of the EACPP.
4. The pharmacy owner must hold, for the duration of the EACPP, professional indemnity insurance that explicitly covers the pharmacy's involvement in the EACPP.
5. The pharmacy owner must provide access for participating pharmacists to the required resources and reference materials.

6. The pharmacy owner must provide access for participating pharmacists to the current online version of the Therapeutic Guidelines.
7. The pharmacy owner must agree to their pharmacy information appearing on the EACPP participating pharmacy premises database and Find a Pharmacy website.

Consultation room requirements

Pilot services must be delivered in a private consultation room for patient privacy and to ensure confidential conversations and patient examinations can be conducted.

These requirements are for a consultation area that:

- Allows for confidential sit-down consultations between the participating pharmacist and patient and/or substitute decision maker.
- Allows the participating pharmacist and patient and/or substitute decision maker to talk at normal speaking volumes without being overheard by others.
- Is not within the dispensary.

The EACPP accepts the Quality and Safety Pharmacy Program (QSPP) Level 3 accreditation (or equivalent) as evidence that the consultation room requirements for delivering EACPP services outlined in the Table 1 below have been met.

Table 1: Pilot service room requirements

Category	Requirement
Privacy	The room is fully enclosed and ensures auditory privacy so the patient and the pharmacist can talk at normal speaking volumes without being overheard by any other person.
	Entry to and exit from the consultation room must avoid any area where a patient has access to any scheduled medicines, including walking through or near stock in the dispensary.
	The room must be clearly identified as a private consultation room. Ensure entry to the room is restricted so that consultations are not interrupted by customers/staff.
Space	There is sufficient floor area clear of equipment and furniture to accommodate the pharmacist, the patient and a carer, documentation, and consumables. The room must allow the pharmacist adequate space to manoeuvre and provide sufficient space for the patient to lie down, and for the staff to safely perform resuscitation procedures.
	The room must be used for pharmacy services and consultations only. It must not be used as a dispensary, storeroom, staff room, or Dose Administration Aids filling room.
Furniture, general equipment, and ambience	A desk and office chair for the pharmacist that has appropriate space for a computer and to appropriately conduct the consultation.
	Ensure adequate and functional seating for the patient and a carer with minimum capacity of 150 kg.
	An examination table or all-purpose fully reclinable bed-chair.
	A computer with an approved clinical information system available and accessible during the consultation.
	Locate computer screens so they don't block patient interactions, but keep private information out of sight.

	Must have access to a printer, or be located near one, to provide printed documentation to patients when required.
	Must contain a height-measurement device and a scale.
	Must have lockable storage if storing clinical equipment, medicines, and consumables in the room. Medicines must not be clearly visible to prevent unauthorised access.
	Sufficient bench space with an impervious surface.
	Recommended handwashing facilities in the room. If handwashing facilities are not in the room, you must have hand sanitisation facilities in the room and ready access to handwashing facilities.
	Flooring that is easy to clean.
	Sufficient lighting to effectively examine the patient and conduct the consultation.
	Ensure the consultation room is maintained at a comfortable ambient temperature.
Accessibility	Ensure easy access for patients with disability who are accompanied by a family member or a carer.
Emergency equipment	Up to date first-aid kit and anaphylaxis kit. Access within the premises to an Automated External Defibrillator is preferred, but not mandatory.
Other safety features	The room must offer unhindered access for emergency staff to attend and perform resuscitation procedures.
	Consider doors that open outwards or sliding doors to ensure that outside emergency access cannot be blocked from inside the room.
	A medical waste and sharps container that meets Australian standards must be stored in a safe location.
	Ensure safe location of cables, power cords, and power points.

Application process

To participate in the EACPP, community pharmacists and community pharmacy owners (or pharmacist with overall responsibility) must apply and be informed by the department of their eligibility to participate.

Pharmacists are required to complete the Pharmacist Application Form indicating they have met the requirements to participate.

Pharmacy owners (or pharmacist with overall responsibility) are required to complete the Pharmacy Application Form on behalf of their pharmacy. The pharmacy owner (or pharmacist with overall responsibility) must provide declarations in the application process, in relation to the readiness of the pharmacy to provide pilot services.

Pharmacist and Pharmacy Application Forms are available on the EACPP website.

EACPP Application Form requirements

Pharmacist details and Pharmacy details set out the details that the community pharmacist and pharmacy owner (or pharmacist with overall responsibility) will respectively be required to provide through the application process.

Declarations describes the declarations that the pharmacist and pharmacy owner (or pharmacist with overall responsibility) will be required to confirm prior to submitting the completed application forms.

Pharmacists and pharmacy owners (or pharmacist with overall responsibility) will be required to upload documentation during the application process. The department will undertake checks against the information provided in the application forms, including verification with education providers regarding training courses completed. Compliance checks will also occur to ensure information that is provided through the application forms remains current for the duration of a pharmacist's and pharmacy's participation in the EACPP.

Pharmacist details

- Pharmacist name and sex
- Pharmacist contact information
- Pharmacist Australian Health Practitioner Regulation Agency (Ahpra) registration number
- Confirmation of registration type with the Pharmacy Board of Australia and any conditions or undertaking
- Practice location/s information including number of work hours
- Confirmation of completed training
- Whether the pharmacist is a recipient of the WA Government training subsidy.

Pharmacy details

- Pharmacy names including registered name on Premises Register of Pharmacy Registration Board of WA and trading name
- Pharmacy address
- Pharmacy contact details
- Pharmacy website and online link to book appointments if available
- Pharmacy owner/pharmacist with overall responsibility name
- Confirmation of pharmacy accreditation status
- Confirmation of the suitability of the private consultation room and a completed statutory declaration (if not QSPP Level 3 accredited).

Declarations

Pharmacists are required to make the following declarations:

1. The information I have provided in this application form is complete, true, and correct.
2. I understand that my full name and Ahpra registration number will appear in the publicly available EACPP participating pharmacist database.
3. I understand that in order to participate in the EACPP:
    a. I must meet the pharmacist participation requirements.
    b. I must be informed by the department of my eligibility to participate in the EACPP, prior to commencing the delivery of EACPP services.

    c. I must adhere to the rules and conditions set out in the EACPP Handbook, including to provide services in accordance with the relevant EACPP clinical practice guideline or protocol issued by the department.
    d. I must continue to meet the requirements for participating pharmacists for the duration of my participation in the EACPP.
    e. I must only deliver EACPP services at a participating pharmacy, which must continue to meet all pharmacy requirements for the duration of its participation in the EACPP.
4. I agree to participate in monitoring and evaluation activities, and provide consent for data from an approved clinical information system to be shared and used for monitoring, evaluation, and reporting purposes related to the EACPP.
5. I understand that this application only relates to EACPP in WA, and it does not extend to pharmacist prescribing in other states and territories.
6. I will notify the department within 5 business days if there are any changes to my name, contact, Ahpra registration details, or ability to meet any of the pharmacist participation requirements.
7. I will notify the department within 5 business days if I become aware of any investigation by a regulatory authority relating to my practice as a pharmacist.
8. I understand that giving false or misleading information may result in removal from EACPP participation.

Pharmacy owners (or pharmacist with overall responsibility) are required to make the following declarations:

1. I own or am otherwise authorised to act on behalf of the pharmacy named in this application form.
2. The information I have provided in this form is complete, true, and correct.
3. I understand that my pharmacy details will appear in the publicly available EACPP participating pharmacy premises database and on the Find a Pharmacy website.
4. I understand that in order to participate in the EACPP:
    a. Both my pharmacy and the participating pharmacist/s providing EACPP services at my pharmacy must meet the participation requirements.
    b. Both my pharmacy and the participating pharmacist/s providing EACPP services at my pharmacy must be informed by the department of our eligibility to participate in the EACPP, prior to commencing the delivery of EACPP services.
    c. My participating pharmacist/s and I must adhere to the rules and conditions set out in the EACPP Handbook, including to provide services in accordance with the relevant EACPP clinical practice guideline or protocol issued by the department.
    d. My pharmacy must continue to meet the requirements of participating pharmacies for the duration of participation in the EACPP.
    e. My participating pharmacist/s must continue to meet the pharmacist requirements for the duration of their participation in the EACPP, at my pharmacy.

5. I agree to participate in monitoring and evaluation activities, and provide consent for data from an approved clinical information system to be shared and used for monitoring, evaluation, and reporting purposes related to the EACPP.
6. I understand that this application only relates to EACPP in WA, and it does not extend to pharmacist prescribing in other states and territories
7. I will notify the department within 5 business days if there are any changes to the business name, contact details for the pharmacy, a change in the EACPP services provided by the pharmacy named in this application form, or ability to meet any of the pharmacy participation requirements.
8. I understand that giving false or misleading information may result in removal from EACPP participation.

Notification of change in details

Details provided through the application process are used to inform the publicly available EACPP participating pharmacist and pharmacy premises database, and participating pharmacies will also appear on the Find a Pharmacy website.

Pharmacists are required to notify the Pilot Coordination Team at DOH.EACPP@health.wa.gov.au if any of the following details of the participating pharmacist change:

- the name of the pharmacist
- the contact details of the pharmacist
- the Ahpra registration details or any change in conditions on the registration
- criminal history
- no longer meet any of the pharmacist participation requirements
- the pharmacist wishes to stop providing services and withdraw from the EACPP.

Pharmacy owners (or pharmacist with overall responsibility) are required to notify the Pilot Coordination Team at DOH.EACPP@health.wa.gov.au if any of the following details for a participating pharmacy change:

- the contact details for the pharmacy owner (or pharmacist with overall responsibility)
- the address of the pharmacy
- contact details for the pharmacy
- pharmacy website or consultation booking details
- no longer meet any of the pharmacy participation requirements
- the pharmacy premises wishes to stop providing services and withdraw from the EACPP.

Version control

Version	Date	Details
1.0	August 2026	First version
1.1	September 2026	Revised version, updated QSPP requirements

This document can be made available in alternative formats on request for a person with disability.

health.wa.gov.au