



# Access without safety isn't reform – it's risk

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The expansion of pharmacy prescribing is being sold as convenient, modern, and patient-centred. But behind the messaging lies a more uncomfortable truth. This is a fundamental shift in how we define safe medical care, and it is happening without the level of scrutiny it deserves.

Prescribing is not a retail service. It is not a checklist. And it is not risk-free.

Yet that is exactly how it is being reframed.

Take the oral contraceptive pill often dismissed as 'routine'. It is anything but that.

Safe prescribing requires identification of contraindications that are not always visible, not always disclosed, and not always understood by patients themselves.

Migraine with aura. Stroke risk. Thromboembolic disease. Cardiovascular risk. Drug interactions, to name a few. Miss one, and the consequences are real. This is where clinical judgement matters. Not protocols. Not algorithms. Because patients don't walk in with perfectly packaged histories. They present with fragments. It is the clinician's role to connect them.

A 16-year-old asking for the pill may not mention visual aura. She may not recognise it as relevant. She may not even be asked the right question in the right way. That gap between what is said and what needs to be known is where medicine happens.

And it is exactly what we risk losing. Because let's call this what it is: a shift from clinical care to transactional care.

**This is not reform. It is fragmentation dressed up as access.**

When prescribing is detached from longitudinal care, we don't just lose nuance, we lose opportunity.

The opportunity to screen for STIs.

The opportunity to initiate cervical screening.

The opportunity to identify coercion, violence, or mental health concerns.

The opportunity to intervene early.

These are not optional extras. They are core to women's healthcare. And once gone, they're not easily replaced.

We also need to be honest about what's driving this agenda.

The Pharmacy Guild is one of the most powerful political lobby groups in the country. Their donations are substantial. Their influence is undeniable.

At the same time, independent clinical advice has raised concerns about the safety of down-scheduling oral contraceptives. So, the question becomes: *When evidence and influence collide, who is the government listening to?*

**Donations don't equal data – and they should never outweigh safety.**

Australians deserve an answer to that.

Because, if we are serious about women's health, we cannot afford policy that is shaped by commercial interests ahead of clinical evidence.

**Women should not be used as a testing ground for policy driven by commercial interests.**

Let's also be clear this is not about pharmacists or turf war. This is about patient safety and outcomes.

Pharmacists are highly trained professionals and essential members of the healthcare system. But prescribing is not an isolated act. It is part of a broader clinical responsibility; one that includes diagnosis, risk assessment, follow-up and continuity.

Strip prescribing out of that context and you don't simplify care, you dilute it. Diluted care is not safer care.

If the goal is better access, then invest where it matters. Strengthen General Practice. Support longer, more complex consultations. Build multidisciplinary teams around continuity, not fragmentation.

Because access and safety are not competing priorities. But access without safety is not reform. It's risk.

This is a line-in-the-sand moment. Because once standards shift, it is very hard to shift them back. ■

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