

## Media release

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### Medical indemnity insurer Avant calls for national prescribing safety framework as pharmacist prescribing proposals pushes into complex care

Avant Mutual, Australia's largest medical indemnity insurer, has warned proposals to significantly expand pharmacist prescribing into complex areas such as cardiovascular disease had crossed a critical safety threshold and highlighted the overdue need for nationally agreed "red lines" around prescribing.

Noting the Pharmacy Guild's *Rewriting the Script* report, Avant has concerns about the potential for a corresponding increase in patient harm arising from misdiagnosis or inappropriate prescribing.

This comes at the same time as the Pharmacy Board is proposing to endorse pharmacists' registration to prescribe all medications, including high risk Schedule 4 and Schedule 8 "drugs of addiction" medication, after completing just ten additional hours of professional training.

Avant Chief Medical Officer, Professor Steve Robson, said improving access to healthcare was an important objective, but policymakers should understand that prescribing is already a significant driver of medical negligence claims and regulatory notifications, even among highly trained and experienced doctors.

An analysis of Avant's medical indemnity claims found medication related issues were involved in one in six matters resulting in regulatory action or patient compensation, making them one of the leading drivers of medical negligence claims and one of the higher risk activities in healthcare.

"Avant would not normally enter these public debates with pharmacists, but we've reached the point where medical indemnity insurers need to highlight the very real risk of patient harm," Professor Robson said.

"Prescribing sits at the intersection of diagnosis, clinical judgement and treatment decisions, and when it goes wrong the consequences for patients can be tragic.

"Policymakers need to pause before assuming prescribing responsibilities can continue to expand into increasingly complex areas based primarily on projected efficiency gains or theoretical cost savings, rather than patient safety. Affordability should not come at the cost of quality, good patient care and ultimately lives.

"Every expansion of prescribing authority should be accompanied by an equally rigorous assessment of the risks that expansion creates," Professor Robson said.

Professor Robson said the debate had now moved beyond whether pharmacists had a prescribing role to where the boundaries should be drawn.

"The question isn't who can prescribe. The question is what level of diagnostic capability, clinical training and ongoing oversight is required to prescribe safely," he said.

"From our perspective as an insurer, the greater the complexity, uncertainty and potential consequences of error, the higher the threshold should be for expanding prescribing.

"We believe a nationally consistent prescribing framework is overdue, developed by doctors, pharmacists, regulators, patient representatives and governments, with input from Avant and other indemnity insurers to establish clear, evidence-based principles for prescribing."



Dr Mark Woodrow, a senior emergency physician and General Manager Medical Advisory Services at Avant, said pharmacists played a critical role in Australia's healthcare system and were trusted members of the patient care team.

“Pharmacists are highly skilled professionals and make an important contribution to medication safety, patient education and improving access to care, particularly as part of multidisciplinary teams,” he said.

“Improving access should never be at the expense of quality and safety systems that have been developed over years for the benefit of patients. We should never underestimate the complexity of prescribing or the importance of getting the diagnosis right.

“As an emergency physician, I regularly see patients whose presentation is the result of inappropriate prescribing or missed diagnosis rather than the condition that was initially suspected.

“I’ve seen patients arrive at emergency departments after blood pressure medications have worsened their kidney disease or heart failure. I’ve also seen patients treated for what appeared to be a urinary tract infection who were in fact suffering an alternative diagnosis requiring urgent emergency care.

"Those examples aren't an argument against pharmacists. They're a reminder that prescribing can never be separated from diagnosis and clinical judgement," Dr Woodrow said.

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## About Avant

As Australia’s largest medical defence organisation and a member owned mutual, Avant represents more than 95,000 members—over half the nation’s medical workforce—across general practice and every specialty. Alongside medical indemnity, we provide services such as private health insurance and practice management support, giving us unique insight into the healthcare system in which doctors work.

For further information, please visit [www.avant.org.au](http://www.avant.org.au)

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